Fletewood School Mental Health and Emotional Wellbeing Policy

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I can do all things through Him who strengthens me. Philippians 4:13

1. Policy Statement

At Fletewood School, we are committed to promoting positive mental health and emotional wellbeing to all our students, their families and members of staff and governors. Our Christian ethos and values promote and encourage an open culture that allows students' voices to be heard, and with effective policies and procedures we ensure a safe and supportive environment for all affected – both directly and indirectly – by mental health issues.

2. Scope

This policy is a guide to all staff – including non-teaching and governors – outlining Fletewood School's approach to promoting mental health and emotional wellbeing. It should be read in conjunction with other relevant school policies.

3. Policy Aims

This policy aims to:

- Promote positive mental health and emotional wellbeing in all staff and students.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in students.

- Enable staff to understand how and when to access support when working with children and young people with mental health issues.
- Provide the right support to students with mental health issues and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing, instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

4. Key Staff Members

This policy aims to ensure all staff take responsibility to promote the mental health of students, however key members of staff have specific roles to play:

Safeguarding Team:

- Designated Safeguarding Lead & Inclusion – Mrs Rachel Gray
- Head Teacher – Mrs Rachel Gray
- Wellbeing and Senior Mental Health Lead – Miss Samantha Dainty
- RE/PSHE & RSHE Lead & DDSL – Rachel Gray, Samantha Dainty, Gaynor Rowe

Wellbeing and Mental Health Support Team:

- Wellbeing and Mental Health Governor – Sarah Phillips
- School Chaplain – Pastor Daniel Amakye

If a member of staff is concerned about the mental health or wellbeing of a student, in the first instance they should speak to a member of the safeguarding team. If there is a concern that the student is high risk or in danger of immediate harm, the school's child protection procedures should be followed. If the child presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

5. Individual Care Plans

When a pupil has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the pupil, parents, and relevant professionals.

Suggested elements of this plan include:

- Details of the pupil's situation/condition/diagnosis
- Special requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role of the school and specific staff involved.

6. Teaching about Mental Health

The skills, knowledge and understanding our students need to keep themselves – and others – physically and mentally healthy and safe are included as part of our PSHE curriculum and our pastoral care support programme.

Incorporating quality lessons about mental and emotional health into our curriculum (including the EYFS) at all stages is a good opportunity to promote student's wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people.

Additionally, we will use such lessons as a vehicle for providing students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support their friends who are facing challenges. **See Section 14 for Supporting Peers**

7. Signposting

We will ensure that staff, students and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school (noticeboards, displays, toilets etc) and through our communication channels (newsletters, website), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why they should access it
- What is likely to happen next.

8. Sources or support at school and in the local community

School Based Support

Fletewood School has a full range of support available. This includes:

- An appointed wellbeing lead, as part of the safeguarding team. We offer one to one and group sessions with the wellbeing lead where a need or concern has been raised. The support provided can differ for each child/or class from a daily check-in to a weekly session.
- Pastoral support and mentoring are offered by our school chaplain, where a child is highlighted to need weekly sessions, where they can talk one to one with someone and have someone listen to what it is they may be going through.
- The school Inclusion Lead/DSL works closely with staff, parents/carers and students to ensure that a student's needs are being met, and that there is opportunity to thrive in the school environment.
- The school communicates wellbeing information through displays around the school, newsletters, and websites.
- Working with a Christian counselling service when extra support is required for a student or family.

Local Support

In Plymouth, there are a range of organisations and groups offering support, including the CAMHS partnership, a group of providers specialising in children and young people's mental health and wellbeing. These partners deliver accessible support to children, young people and their families, whilst working with professionals to reduce the range of mental health issues through prevention, intervention, training and participation.

https://www.livewellsouthwest.co.uk/childrens-services/camhs

9. Warning Signs

All staff should be aware that mental health problems can, in some cases, develop into safeguarding concerns. This could include self-harm, suicidal ideation or risk of suicide. They could also be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Education staff, however, are well placed to observe children day-today and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. If a child is struggling with their mental health, self-harming, has an eating disorder or is experiencing suicidal ideation and making plans to end their life, there are likely to be potential warning signs which education staff are well placed to recognise.

Possible warning signs, which all staff should be aware of include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating/sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm and/or suicide
- Physical sings of self-harm or neglecting themselves§
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively
- Lateness to, or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

10. Targeted Support

We recognise some children and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

When targeted support is in place, we work in partnership with all agencies involved in supporting the emotional and mental needs of school-aged children. Those involved must be equipped to work

at community, family and individual levels, with skills that cover identifying issues early, determining potential risks and providing early intervention to prevent issues escalating.

We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for those children most at risk, or already showing signs of social, emotional and behavioural problems.
- Working with Plymouth City Council Children's Services, Plymouth CAMHS and other agencies' services to follow various protocols including assessment and referral.
- Identifying and accessing, in line with the Early Help Assessment Tool, children who are showing early signs of anxiety, emotional distress, or behavioural problems.
- Discussing options for tackling these problems with the child and their parents/carers. Agree an Individual Care Plan as the first stage of a 'stepped care' approach.
- Providing a range of interventions that have been proven to be effective to the child's needs.
- Ensure children and young people have access to pastoral care and support, as well as specialist services, including Plymouth CAMHS, so that emotional, social and behavioural problems can be dealt with as they occur.
- Provide children and young people with clear and consistent information about the opportunities available to them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality.
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it.
- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

11. Managing Disclosures

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental. All disclosures should be recorded confidentiality on the student's personal file. It should include:

- Nature of the disclosure and main points from the conversation
- Agreed next steps

The information will be shared with the safeguarding team. Where there may be a peer monitoring programme in place, any disclosures made will also map with this process.

12. Confidentiality

If a member of staff feels it necessary to pass on concerns about a student to either someone within or outside of school, then this will be first discussed with the student. We will tell them:

- Who we are going to tell
- What we are going to tell them
- Why we need to tell them
- When we're going to tell them

Ideally, consent should be gained from the student first; however, there may be instances when information must be shared, such as students who are in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff is not solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents must always be informed, but students may choose to tell their parents themselves. If this is this case, a timescale of 24 hours is recommended to share this information before the school contacts parents/carers. However, if a pupil gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, and instead the child protection procedures should be followed.

13. Whole School Approach

13.a Working with Parents/Carers

If it is deemed appropriate to inform parents, there are questions to consider first:

- Can we meet with the parents/carers face to face?
- Where should the meeting take place – some parents are uncomfortable in school premises so consider a neutral venue if appropriate.
- Who should be present – students, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agreed are added to the pupil's record and Individual Care Plan created if appropriate.

We encourage all of our parents to keep us updated with any difficulties, no matter how small, their child may be experiencing, e.g. a bad night's sleep, running late in the morning, a death in the family, and so on, so that we can fully support them. For our part, we will inform parents if their child has had a difficult day in school.

13.b Supporting Parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing. We will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware and have access to promoting social and emotional wellbeing and preventing mental health problems.

- Highlighting sources of information and support about common mental health issues through our communication channels (newsletter, website etc).
- Offering support to help parents or carers develop their parenting skills. This may involve providing information or offering small, group-based programmes run by appropriately trained health or education practitioners.
- Ensuring parents, carers and other family members living in disadvantaged circumstances are given the support they need to participate fully in activities to promote social and emotional wellbeing. This will include support to participate in any parenting sessions, by offering a range of times for the sessions, and providing help where appropriate with transport or childcare. We recognise this might involve liaison with family support agencies.

14. Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conservations by the student who is suffering and their parents with whom we will discuss:

- What is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing/saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

15. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. A nominated member of staff will receive professional Mental Health First Aid Training or equivalent. We will host relevant information on our website for staff who wish to learn more about mental health. The MindEd Learning portal provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school CPD should be discussed with The Headteacher – headteacher@fletewoodschool.co.uk, who can also highlight sources of relevant training and support for individuals as needed.

16. Policy Review

This policy will be reviewed every two years as a minimum. The next review date is October 2027.

In between scheduled updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of the headteacher and Wellbeing Lead. Any personnel changes will be implemented immediately.

Policy Date: September 2026

Renewal Date: September 2028

Appendix 1

Support pathways for children with potential mental health needs

Identification and Initial Concern (Stage 1)

- **Staff recognition:** Teachers and support staff spot early warning signs (such as sudden clinginess, withdrawal or behavioural shifts).
- **Logging the concern:** Staff log observations in 'incident log' and report them to the designated mental health lead (Miss S Dainty).
- **Initial screening:** Tools like the Strengths and Difficulties Questionnaire (SDQ) or Boxall Profile help measure the scale of need.

Internal Support and Escalation (Stage 2)

- **Graduated response:** The school implements targeted in-house interventions (such as pastoral mentoring or emotional literacy support) following an assess-plan-do-review cycle.
- **Parental engagement:** Staff discuss observations and strategies with parents or carers (providing this doesn't put the child at risk through safeguarding guidelines).
- **Internal escalation:** If in-house support proves insufficient, the case escalates to senior leadership and the designated safeguarding lead (DSL – Mrs R Gray) if safety or abuse is a factor.

Specialist and External Referral (Stage 3)

- **Local early intervention:** Schools refer children to local services such as the specialised Mental Health Support Teams, or to local counselling.

- **Statutory and clinical services:** High-level or complex needs are escalated to external clinical services like Child and Adolescent Mental Health Services (CAMHS) or Plymouth City Council social care if statutory thresholds are met.