Mental Health and Wellbeing Policy

Loatlands Primary School

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March 2026	Alison Willis	Basic update of staff names

Introduction

At Loatlands Primary School we recognise the important role mental health plays in learning and wellbeing. The World Health Organisation defines mental health and wellbeing as:

… a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

We are committed to supporting the mental/emotional health and wellbeing of our pupils, staff and wider school family. We have a protective behaviours ethos to support and care, alongside educate and develop personal abilities and skills. We know that everyone's life experiences are different and some of us will face difficulties that can make us vulnerable and may shrink our window of tolerance at times meaning anyone may need additional wellbeing or mental health support. We take the view that positive mental health is everybody's business and that we all have a role to play.

Our Aims

At Loatlands Primary School we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents and carers). We pursue this aim by using both universal, whole school approaches and specialised, targeted approaches aimed at those in further need. Pupils and staff will be taught skills to increase their awareness of mental health and emotional wellbeing. In addition to promoting positive mental health, we aim to recognise and respond to those experiencing mental health issues. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for children and staff affected both directly, and indirectly by mental ill health.

This policy describes the school's approach to positive mental health and emotional wellbeing and it is intended as guidance for all staff including non-teaching staff and governors. It should be read in conjunction with our SEND policy, where a student may have an identified special educational need; the behaviour for learning policy, RSE policy, because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to unmet mental health needs and the Safeguarding policy, in relation to prompt action and wider concerns of vulnerability.

The Policy aims to support children by:

- Help children understand their own emotions, develop their emotional literacy and embed strategies to deal with challenging times.
- Help children understand that they can talk with someone about anything even if it feels awful or small, with an understanding they have the right to feel safe at school and at home.
- Support children in developing strong and safe relationships with other

children and adults.
- Promote a growth mind set so that our children may deal with setbacks with resilience and determination and develop self-esteem and confidence so that our children have self-worth and value.
- Encourage our children to celebrate diversity and be comfortable to be themselves and explore their own identities safely.
- Provide additional support outside of the universal offer for those children identified as in need.

The Policy aims to support adults by:

- Promote a strong team ethos where everyone feels valued in their work.
- Celebrate a job well done either in day to day work life or recognising an act above and beyond.
- Ensure open lines of communication for any issue both at work and at home to be voiced.
- Consider the work-life balance of our staff.
- Provide staff with the guidance/training so they feel equipped to deal with mental heath and wellbeing needs as they emerge.
- Provide support and or signposting for parents and carers where their children or they themselves alert us to their needs.
- Enable adults to work in an environment that promotes equality and diversity and protects the protected characteristics of staff.

Responsibilities

All staff have a responsibility to promote the mental health and emotional wellbeing of pupils. Staff with a specific, relevant responsibility includes:

- Mrs WIllis - Headteacher, Deputy Designated Safeguarding Lead
- Miss Heald – Deputy Headteacher and Deputy Designated Safeguarding Lead
- Mrs Robinson – Assistant Headteacher, SENDCo and Designated Safeguarding Lead
- Mrs Davidson – Family Support Worker, mental health lead, and Deputy Designated Safeguarding Lead
- Mrs Looker – Mental Health First Aider

Whole School Culture

At Loatlands Primary School, we recognise that our school environment and culture influence the wellbeing and mental health of our school community. By providing a structured, inclusive, open, safe and calm environment, we recognise the difference this can have on children's emotional wellbeing. By promoting respect and resilience alongside acceptance and kindness, we are able to go beyond the classroom and impact on multiple areas of a pupil's life. We do this through:

- All staff recognising their role to play in providing a predictable and safe environment for children by following policies and procedures, along with the values of the school and the wider trust values. This includes ensuring the school remains a calm and safe place to learn and recognising the value of strong relationships with the children we teach.
- Emotional wellbeing through PSHE lessons, Zones of Regulation, ELSA and taking part in Children's Mental Health Week as well as providing modelling and scripting for children through day to day interactions.
- Establishing effective working relationships with external partners and outreach services and keeping up-to-date with the local offer around mental health and wellbeing.
- Being supportive colleagues and leaders to establish a mentally healthy place to work (please see Appendix 3 Staff Wellbeing and Workload Charter for a comprehensive list off staff support).

Definition of Mental Health

(Taken from the DfE Publication Mental Health and Behaviour)

Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders.
Mental health professionals have classified these as:

- emotional disorders, for example phobias, anxiety states and depression;
- conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders, for example disturbance of activity and attention;
- developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect;
- other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic depressive disorder.

Diagnosis can only be made by a medical/health care professional. Schools are best placed to observe and identify children who may be at risk and signpost and support accordingly. Staff mental health issues may fit the above definitions but will also be subject to a wider range of experiential issues such as stress, family circumstances and financial pressures etc.

Identification

Pupil Identification Wellbeing measures include:

- staff observations
- any changes in a child's behaviour, attention or presentation (see Appendix 2 for further guidance on warning signs)
- any communication from the pupils regarding their emotions, feelings or wellbeing.
- communication with parents
- annual school Children's Wellbeing Survey

Staff identification Wellbeing measures include:

- Open door policy of Phase and Senior Leaders for all staff
- Self-identification and referral to the Employee Assist Programme
- Well-being contact who will check in either face to face or digitally
- Colleague identification due to change in demeanour/attitude/appearance or conversations between colleagues

Parent/Carer/community identification measures include:

- Self-referral to family support worker
- Child disclosure about parent issue and follow up by DDSL
- Wider community suggestions of family issues followed up by DDSL

Any member of staff who is concerned about the mental health or wellbeing of a **child**, should record this on **CPOMS in the first instance**. We then implement an assessment of need to ensure that children get the support they need, either from within school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating. If there is concern that the child is in danger of immediate harm, then the normal safeguarding procedures should be followed with an immediate referral to the safeguarding lead staff. If the child presents with a medical emergency, then the normal procedures for medical procedures should be followed, including alerting the first aid staff and contacting the emergency services if necessary. Where a referral to MHST, CAMHS or the School Nurse is appropriate, this will be led and managed by the SENDCo and/or Family Support Worker. SEN support plans (One Page Profiles and/or IEPs) will identify any individual support needs for those pupils causing concern, or who receive a diagnosis pertaining to their mental health.

Staff wellbeing issues will be dealt with on a case by case need and with the agreement of the member of staff concerned. Any staff wellbeing matters recognised and reported by a member of staff about another, should be raised with the Headteacher in the first instance who will make a decision about how to move forward in consultation with the Senior Mental Health Lead where necessary.

We offer an open-door policy whereby parents are able to speak to the Family Support Worker if they have concerns over the mental health or wellbeing of their child. When parental concerns are flagged, the Family Support Worker will record this onto CPOMS, gather the views of the child and decide on the next course of action.

Procedure for concern in relation to mental health and emotional wellbeing for children

If a pupil chooses to disclose any concerns about their own mental health, safety of wellbeing, or that of a friend, a member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and our first priority should be of the pupil's emotional and physical safety. Staff will not promise a pupil that they will keep a disclosure secret – instead they will be upfront about the limits of confidentiality. Disclosures should be recorded in writing and held on the pupil's confidential file (CPOMS). This written record must include:

- Date
- The name of the member of staff to whom the disclosure was made
- Context in which the disclosure was made
- Main points from the conversation
- Agreed next steps and actions (added once review by DSL/DDSL have taken place)

Support for Children – Waves of Support

Level of Need	Action	Monitoring
Wave 1 **Low need**	Monitored through check-ins with Family Support Worker and meet and greets with classroom TA Concerns escalated to Family Support Worker.	Monitored in class by Key Adults
Wave 2 **Some Need**	Added to the wellbeing groups waiting list (anxiety, anger, self-esteem, friendship/social skills). Draw and Talk or ELSA support provided. Referral to the school nurse for a wellbeing assessment.	Weekly sessions with Family Support Worker. SDQ used to manage progress and identify emerging needs.

Wave 3 High Need	Referral to School Nursing for an assessment with a view to accessing CAMHS mental health support for the child. Signposted to Youthworks if old enough. Involvement of Outreach services and consideration of an EHCP for SEMH needs.	At least weekly 1:1 check ins with the Family Support Worker and daily check ins with classroom staff. Support plan put in place (One Page Profile and/or IEP) and shared with Key Adults. Consider safety plan/behaviour plan if required and review weekly at SLT.

Appendix 1

DFE – Factors thought to contribute to poor mental health

	Risk factors	Protective factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord

	Risk factors	Protective factors
In the school	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Appendix 2 – Warning signs

All staff will be on the lookout for signs that a pupil's mental health is deteriorating. Some warning signs include:

- Changes in:
  - Mood or energy level
  - Eating or sleeping patterns
  - Attitude in lessons or academic attainment
  - Level of personal hygiene
- Social isolation
- Poor attendance or punctuality
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Abuse of drugs or alcohol
- Rapid weight loss or gain
- Secretive behaviour
- Covering parts of the body that they wouldn't have previously
- Refusing to participate in P.E. or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted
- Talking or joking about self-harm or suicide

Staff/adult warning signs may be seen along similar lines as those suggested above but for greater detail of adult symptoms of mental health issues please see:

Helpful resources | Mental Health Matters (mhm.org.uk)

Appendix 3 – Staff Wellbeing and Workload Charter

The following objectives are in place, where possible, to support the wellbeing, work life balance and overall mental health of our staff. This is to create a work culture which is understanding and motivating where staff feel they are supported to fulfil their job to the best of their abilities.

Whole school

- The Loatlands calendar is published in advance and created alongside middle leaders to avoid pinch points.
- There is an email recommendation that staff are not expected to check or send emails after 6pm.
- SLT and Phase Leaders all have an open door policy for staff to use informally to discuss any issues or celebrate success.

- Staff can request considerations for family leave to the Headteacher for a variety of occasions such as their children's Sports Days – which will be permitted dependent on any implications of staff cover, for example.
- A culture of peer-to-peer praise is built in through our recognition system.
- SLT make themselves available for staff to call for support when necessary, or when school expectations need re-affirming.
- Collaborative planning time enables teachers to discuss and share best practice centrally – to stop 'reinventing the wheel'.
- The feedback policy enables marking to be manageable; live marking should be utilized wherever possible to avoid demands on teachers after school.
- Staff meetings are kept to an hour (rather than 1.5 hours) to give back directed time each week.

- Teaching and support staff are offered the opportunity to have an annual review meeting with SLT to discuss any strengths, challenges and future aspirations moving forwards.
- Staff have access to a range of high quality CPD pathways linked to different stages of career progression.
- Training is offered to Learning Support Assistants (LSAs) and associate teachers that want to progress to qualified teacher status, where appropriate. We succession plan for unqualified teachers and encourage applications from anyone that has a degree and might be interested in teaching longer term.
- Targeted support plans are in place for teachers who need it. The aim here is always to highlight strengths and build on inconsistencies, not to demotivate or identify weaknesses.
- All staff build a culture where it's the norm to say 'thank you' to people for the work they've done, where ideas are welcomed and good practice is acknowledged.
- All staff develop an ethos where staff know it's fine to talk about wellbeing.
- All staff build a culture of trust, respect and openness.
- SLT and Phase Leaders support staff with manageable workload ideas.
- Conversations should be positive and supportive – explore issues and how you can help with solutions.

Added extras

- Tea and coffee is provided free of charge for all staff.
- Dinner and refreshments are provided during parents' evenings.
- Regular staff social events out-of-school are scheduled.
- All staff have access to the Employee Assistance Programme and a range of other benefits.

Appendix 3 – Support Organisations

Below is sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page on the listed website. Some pages are aimed primarily at parents but they are listed here because the links are useful for school staff too.

CAMHS - WEBSITES | CAMHS Resources (camhs-resources.co.uk)

Links to lots of helpful websites covering a range of themes.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and for e-learning opportunities Minded (www.minded.org.uk).

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support www.selfharm.co.uk National Self-Harm Network: www.nshn.co.uk

Depression

Ups and downs are a normal part of life for us all, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support Depression Alliance:
www.depressionalliance.org/information/whatdepression

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support Anxiety UK: www.anxietyuk.org.uk

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms - it is not jsu about cleaning and checking.

Online support OCD UK: www.ocduk.org/ocd

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some youtube people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support Prevention of young suicide UK PAPYRUS: www.papyrus-uk.org

Eating problems

Food, weight and shape may be used as a way of coping with, communicating about difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support Beat - the eating disorder charity: www.beateatingdisorders.org.uk/
Eating Difficulties in Younger Children and when to worry: www.youngminds.org.uk/parent/a-z-guide/eating-problems/

Support for Parents:

The Mental Health Telephone Line – Northants - The Mental Health Number | NHFT

NHS Talking Therapies Self-Referral - Northamptonshire NHS Talking Therapies | NHFT

Crisis Café – MIND – Local Venues - Crisis cafés | NHFT