



Positive Mental Health Policy

Healdswood Infant and Nursery

School

2025-2026

The Positive Mental Health Policy in respect of Healdswood Infant and Nursery School has been discussed and adopted by the Governing Board

Chair of Governing Board:

Mrs L Knott

Head Teacher:

Mrs J Renshaw

Agreed and ratified by the Governing Board on:

Policy Review Date: September 2026

Positive Mental Health Policy Healdswood Infant and Nursery School

Policy Statement

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.
(World Health Organisation)

At our school, we are committed to supporting positive mental health and wellbeing of each pupil and staff member. Our culture is supportive, caring, and respectful. We encourage both adults and children to be open and we want each adult and child to have their voice heard. At our school, we know that everyone experiences different life challenges, and that each of us may need help to cope with them sometimes. We understand that anyone and everyone may need additional emotional support. At our school, positive mental health is everybody's responsibility. We all have a role to play.

In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with other relevant policies including Safeguarding, Child Protection, PSHE, Attendance, Behaviour and Relationships, and Special Educational Needs and Disabilities Policy.

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of pupils. Staff with a specific, relevant remit include:

- Miss J Stretton-Clarke – Senior Mental Health Lead, Special Educational Needs Coordinator (SENCO) and Deputy Designated Safeguarding Lead
- Mrs J Renshaw – Headteacher/ Designated Safeguarding Lead
- Mrs N Townsend – Deputy Headteacher/ Deputy Designated Safeguarding Lead

- Mrs R Cook – Family Support Worker/ Deputy Designated Safeguarding Lead
- Mrs S Alvey – Intervention Assistant

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the mental health lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead and/or the headteacher. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by Miss Stretton-Clarke, SENCO. Guidance about referring to CAMHS is provided in Appendix C.

Individual Health Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

Teaching about Mental Health

At our school we:

- help children to understand their emotions and feelings better.
- help children feel comfortable sharing any concerns or worries.
- help children socially to form and maintain relationships.
- promote self esteem and ensure children know that they count.
- encourage children to be confident and 'dare to be different'
- help children to develop emotional resilience and to manage setbacks.

We promote a mentally healthy environment through:

- Promoting our school values and encouraging a sense of belonging.
- A trauma informed and relational approach with staff supporting co-regulation.
- Promoting pupil voice and opportunities to participate in decision-making
- Celebrating academic and non-academic achievements
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- Providing opportunities to reflect.
- Access to appropriate support that meets their needs

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum SCARF.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Targeted support

The school will offer support through targeted approaches for individual children or groups of children which may include:

- Circle time approaches
- Targeted use of exploring emotions interventions
- Managing feelings resources
- Managing emotions resources such as 'the incredible 5 point scale'
- Mental health and wellbeing groups
- Therapeutic activities including art, lego and relaxation techniques
- Take 5 breath

The school will make use of resources to assess and track wellbeing as appropriate including:

- Strengths and Difficulties Questionnaire (SDQ's)
- The Boxall Profile

Signposting

We will ensure that staff, pupils and parents are aware of what support is available within our school and how to access further support.

Warning Signs

School staff may become aware of warning signs which indicate a child is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with Miss Stretton-Clarke, our Senior Mental Health Lead.

Possible warning signs 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 or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour

- Refusal to take part in PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause

Managing disclosures

A child may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a child chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be documented on CPOMS. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the mental health lead, Miss Stretton-Clarke who will store the record appropriately and offer support and advice about next steps. See Appendix C for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a child on then we should discuss with the child:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a child without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

It is always advisable to share disclosures with a colleague, usually the mental health lead, Miss Stretton-Clarke, this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the child, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the child and discuss with them who it would be most appropriate and helpful to share this information with. Parents must always be informed.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead must be informed immediately.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We are accepting of this (within reason) and give the parent time to reflect.

It maybe necessary to highlight further sources of information and signpost parents to where further information can be found. It is possible that parents may find it hard to take much in whilst coming to terms with the news about their child. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We will always provide clear means of contacting the school with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. We aim to finish each meeting with agreed next step and always keep a brief record of the meeting on CPOMS.

Working with All Parents

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to access this support, if they have concerns about their own child or a friend of their child
- Make our Mental Health Policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home. This can be accessed via our website under PSHE.
- Warning signs that their friend needs help (e.g. signs of relapse)

Working with other agencies and partners

As part of our targeted provision the school will work with other agencies to support children's emotional health and wellbeing including:

- The school nurse
- Educational psychology services
- Behaviour support (NAP)
- Paediatricians
- CAMHS (child and adolescent mental health service)
- Counselling services
- Family support workers

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training in order to enable them to keep students safe.

The [MindEd learning portal](#)¹ 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 children.

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 Mrs Renshaw who can also highlight sources of relevant training and support for individuals as needed.

Date reviewed : September 2025

Date to be reviewed: September 2026

Completed by: Jessica Stretton-Clarke

¹ www.minded.org.uk

Appendix A: Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues²

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have 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 of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

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

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Books Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

² Source: Young Minds

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, 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/what-depression

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

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

Books

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

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 just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young 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

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or 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 disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix B: Guidance and advice documents

[Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2014)

<https://www.gov.uk/government/publications/counselling-in-schools> - departmental advice for school staff and counsellors. Department for Education (2015)

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and> (2019). PSHE Association. Funded by the Department for Education (2015)

<https://www.gov.uk/government/publications/keeping-children-safe-in-education-2> - statutory guidance for schools and colleges. Department for Education (2018)

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3> - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

[Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing](#) - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

<https://www.nice.org.uk/guidance/ph12>

<https://www.mentalhealth.org.nz/assets/ResourceFinder/What-works-in-promoting-social-and-emotional-wellbeing-in-schools-2015.pdf> - Advice for schools and framework document written by Professor Katherine Weare. National Children’s Bureau (2015)

<https://mindfulnessinschools.org/> - Training and support

<https://www.beingwellagenda.org/> - Resources and ideas- ten themes

<https://youngminds.org.uk/> - Dealing with safeguarding, bullying and mental health issues Y5/6

<https://www.minded.org.uk/> - Online training

<https://mindedforfamilies.org.uk/> - Useful resources for children, parents and staff

<https://www.mindful.org/meditation/mindfulness-getting-started/> - types of meditation

<https://positivepsychologyprogram.com/mindfulness-exercises-techniques-activities/> - mindfulness techniques

Appendix C: What makes a good CAMHS referral?

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the child by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carers' attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is there an early help offer?
- Is the child looked after?
- name and date of birth of referred child/children
- address and telephone number
- who has parental responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with CAMHS?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?