St Edward's School

Unity - Achievement - Faith

Positive Mental Health and Wellbeing Policy

Reviewed and Approved by Personal Development, Behaviour and Attitudes Committee
On: 16 April 2026

Next review date: Spring 2027

SLT is responsible for oversight of this policy's implementation

Mission Statement

MAY WE BE ONE
In purpose – educating for life in all its fullness.
In faith – encountering God who lives among us, calling us to unity in dignity – nurturing confidence and maturity.
In community – striving together for justice, love and peace.

Our Mission Statement challenges us to provide a culture and curriculum within which students and staff thrive and feel safe, so that they might live life to the full. Schools are busy and complex environments, and demands upon their resources are significant. We understand that students in our school have different starting points in their young lives; they have unique capabilities, sensitivities, and vulnerabilities and because of this, young people will demonstrate different emotional states and reactions. External accountability for performance and outcomes places pressure upon staff, and students alike, and yet every member of our school community brings with them, each day, their story, and experiences of their wider life, which to varying degrees exerts pressures of its own. The school will always try to maintain a balanced approach to the various expectations that are placed upon it, as it prepares young people for a successful future, and cares for the wellbeing of every person.

The school acknowledges that it can only play a small part in the whole provision for wellbeing within a person's wider life. Many aspects of wellbeing are beyond a school's ability to influence or control, and the school must look to the individual, and their wider context, such as family, friends, lifestyle etc. to take responsibility for wellbeing and mental health. Beyond its immediate means, the school will signpost services and wider support available for students, parents and carers and staff, and will work with external support agencies to the fullest extent possible.

It is in the context of community that the individual will find support and strength through belonging, so that all may recognise that we are one body in Christ (1Cor 12:12)

Rationale:
Our priority is to ensure psychological and environmental safety first: it is the foundation on which everything else depends. In an average classroom, three children will have a diagnosable mental health condition. Every student is susceptible to poor mental wellbeing at some time during their time at St Edward's School. By developing and implementing targeted, evidence-based responses we can promote a safe and stable environment for the many students affected both directly, and indirectly by mental ill health.

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 contribute to her or his community." (World Health Organization)
Love, care and unity embody the ethos and principles of our school; we weather challenging times together. We know that good mental health and wellbeing are essential in forming happy, confident, and fulfilled individuals; supporting the mental health and wellbeing of every member of our staff and student body is crucial. School staff have an ethical responsibility to uphold essential maintenance on their own wellbeing first so that they have the capacity to respond to the wellbeing challenges of young people.
Positive wellbeing is multi-faceted and can include physical health and mental health as well as social, emotional, and spiritual well-being. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at students who may be susceptible.
In partnership with parents and carers and the wider community, we aim to support students to:

- Foster relationships (relational practice): they are the most powerful intervention that we can offer; safe relationships in school are a lifeline to students who have experienced relational trauma ~~adverse~~

~~relationships~~ in their lives and have the power to transform **all** young people regardless of their backgrounds.

- Regulate: this may involve providing co-regulation for students who are heightened and supporting them to use strategies to regulate independently
- Reflect and name their emotions so that they can tame their emotions (emotional literacy). This includes an understanding of the teenage brain and related challenges.
- Repair ruptured relationships with support
- Understand the evolving challenges of growing up in our society.
- Develop confidence and master resilience.

Scope

This policy describes the school's approach to promoting positive mental health and wellbeing. It is intended as guidance for all stakeholders. This policy should be read in conjunction with Supporting Students with Medical Needs policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy, where a student has an identified special educational need.

The Policy Aims to:

- Promote positive mental health and well-being.
- Increase understanding and awareness of common mental health challenges.
- Alert everyone to the early warning signs of deteriorating mental health.
- Provide information about how mental health is triaged at St Edward's School
- Signpost parents, carers, and students to further sources of support and information.

Staff Member	**Role**
Mrs Pirie	DSL/ Wellbeing Lead/ AHT Pastoral/ DT LAC/Designated Senior Lead Mental Health
Ms Morgan, Mr Kemish and Mrs Lord	DDSLs
Mr Dawson/ Mrs Clarke Mrs Hale Mrs Rogers Mrs Napper	SENCos ELSA
Mrs Angemi-Knowlton Hillary Vianna (maternity cover)	~~Wellbeing Lead/~~ School Counsellor
Miss Oxford	LAC and Young Carer Officer/Mental Health First Aider
Ms Morgan Mr Kemish Mr Elliot Mrs Newton Miss Perks Mr Cockwell Mr Kelley Mrs Lord Mrs Hale/Mrs Drumm Mr Hanna Mrs Rogers and Mrs Napper Miss Young	Director of Learning KS3/ Designated Senior Lead Mental Health Director of Learning KS4 Director of Learning KS5 Year Leaders year 8, 9, 10 and 12 DDSL/E-Safety Champion/Engagement Support Worker Engagement Support Worker Engagement Support Worker/Child Criminal Exploitation Champion Young Carer Champions Mental health First Aiders Champion for students who are Post Looked After Child/have a

Chaplaincy Team	Special Guardianship Order ~~Father James~~ Harry Vincent

Any member of staff who is concerned about the mental health or wellbeing of a student should alert the relevant Director of Learning, Year Leader or Engagement Support Worker in the first instance. If there is a fear that the student is in danger of immediate harm, child protection and safeguarding procedures will be followed with an immediate referral to the Designated Safeguarding Leads or the Headteacher and a report on My Concern.

If the student presents a medical emergency, then the normal procedures for medical emergencies will be followed, including alerting the first aid staff and contacting the emergency services if necessary. Where a referral to external support is appropriate, this will be led and managed by members of the Safeguarding Team, the Pastoral Team or the SENCo.

Child's Plan

When a child or young person is diagnosed as having a mental health condition, it is important that an individualised plan is created via a TAC (Team Around the Child). This will be drawn up by a lead professional: either a member of the school's pastoral staff or by an outside partner agency if external support has been sought, and it will involve the student, the parents or carers and other relevant health professionals.
The plan may include:

- Named partners to the plan (other agencies)
- Reason for the plan - including details of a student's condition, special requirements & precautions, medication, and any side effects.
- Summary of the child's strengths and needs against well-being indicators
- Desired outcomes
- Resources
- Timescales for action and change
- What needs to be done and by whom - who to contact in an emergency
- Any contingency arrangements, if necessary
- Arrangements for reviewing the plan.
- A risk assessment or safety plan may also be completed.

Teaching about Mental Health and Wellbeing

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of PSHE Curriculum, the tutor programme and in safeguarding assemblies. Students can also access information about wellbeing via the school's website page https://st-edwards.poole.sch.uk/mental-health-and-wellbeing and the schools wellbeing cards. The specific content of lessons will be determined by the age of the cohort we are teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language, and confidence to seek help, as needed, for themselves or others. We teach mental health and emotional wellbeing in a safe and sensitive manner which helps rather than harms.

Signposting

We acknowledge the national and international calendared events and awareness raising dates ensuring that staff, students, and parents and carers are aware of current issues and sources of support within school and in the local community. We will display links and information to support self-referral through the tutor programme and sources of support are posted on social media and in communal areas such as tutor rooms ~~toilet doors~~ and noticeboards and we will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs will always be taken seriously, and staff observations will be communicated to the pastoral team in a timely manner and parents and carers will be alerted.

Possible warning signs include:

- Distressed behaviours in the classroom including dysregulation.
- Self-harm.
- 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
- Reduced concentration
- Lowering of academic achievement
- Talking, joking, or researching about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness, or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather (hides self-harm)
- Secretive behaviour
- Skipping PE or getting changed secretively.
- An increase in lateness to or absence from school
- Repeated physical pain or nausea with no evident cause.
- Spending more time at the bathroom
- Discontinued hobbies or interests
- Failure to take care of personal appearance.
- Seemingly overly cheerful after a bout of depression

Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff know how to respond appropriately to a disclosure. If a student 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 will be calm, supportive, and non-judgemental. Staff will listen, rather than advise and their first thoughts will be of the student's emotional and physical safety rather than of exploring the 'Why?' Pastoral staff and/or designated safeguarders ~~staff~~ will triage and determine the right pathway for support.

Working with Parents and Carers

Working in partnership with parents and carers is ~~in~~ essential in forming strong and emotionally courageous young people. Parents and carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health.

To support parents and carers, we will:

- Highlight sources of information and support about common mental health issues on our school website https://st-edwards.poole.sch.uk/mental-health-and-wellbeing
- Ensure that all parents and carers are aware of who to talk to, if they have concerns about their own child or a friend of their child.
- Make our positive mental health policy and other related policies easily accessible to parents and carers.

- Share ideas about how parents and carers can support positive mental health in their children through our new parent information evenings.
- Keep parents and carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home where appropriate.

Staff Training

Staff at St Edward's School understand through their training that relationships are the most powerful intervention we can offer; they are a lifeline to students who have experienced adverse relationships in their lives and have the power to transform all young people regardless of their backgrounds. Powerful relationships are essential for emotional growth and positive wellbeing as they provide a buffering effect to stress and strengthen resilience.

Positive relationships in the classroom have the power to build young brains, to transform the experience of learning, and support young people in practising and achieving desirable behaviour both in school, with their families and communities and for their future adult lives and relationships.

We do all we can to give young people opportunities to succeed in our school. As best we can, we try not to place students in situations they are unable to manage. It is crucial that our response to their distress and related behaviours is supportive and focuses on how to quieten the sympathetic nervous system (fight, flight, or freeze). We do this by facilitating long-term relationships which allow strong attachment bonds to grow. Our staff have a responsibility to be physically, and emotionally present, attentive, attuned, and responsive to students based on their understanding of the Neuro-Sequential Model of Education and their training in trauma informed practice. By being curious, attentive, engaged, and playful, staff aim to cultivate trust with our students, this increases students' levels of oxytocin, positively and permanently impacting the developing teenage brain.

As a minimum, all staff receive regular termly training about recognising and responding to behaviours rooted in trauma and mental health and wellbeing challenges ~~issues~~ and receive annual child protection training to enable them to keep themselves and students safe. Recently, training has included trauma informed practice in responding to adverse childhood experiences (ACEs) and currently training is focused on the 'Neuro-Sequential Model of Education' (Dr Bruce Perry) and PACEful strategies in the classroom (Dr Dan Hughes).
Training opportunities for staff who require more in-depth knowledge is offered as part of our performance management process. Additional CPD may be needed throughout the year where it becomes apparent that an individual or a group of students need targeted support.

This policy should be read in conjunction with the following policies: Policies | St Edward's School

- Safeguarding policy
- SEND policy
- Supporting Students with Medical Needs policy
- Promoting Positive Behaviour policy
- LAC and Post LAC policy
- Anti-bullying policy
- Equality and Diversity policy
- Attendance policy
- PSHE policy
- Appraisal Policy

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

1. **Prevalence of Mental Health and Emotional Wellbeing Issues**

Source: Young Minds

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder – that is around three children in every classroom.
- 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 seen in school-aged children. The links will take you to the most relevant page of the listed website.

Support on all these issues can be accessed via:

- The school website's mental health and wellbeing page: https://st-edwards.poole.sch.uk/mental-health-and-wellbeing
- Young Minds (www.youngminds.org.uk)
- Mind (www.mind.org.uk)
- Minded (www.minded.org.uk) for e-learning opportunities

2. **SELF-HARM**

Self-harm describes any behaviour where a young person causes harm to themselves to cope with thoughts, feelings, or experiences they cannot 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
- www.selfinjurysupport.org.uk
- www.harmless.org.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*
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publisher*

3. 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

- www.depressionalliance.org/information/what-depression
- www.mind.org.uk
- www.mindfull.org
- www.youngminds.org.uk
- www.childline.org.uk
- www.getconnected.org.uk
- ~~www.therelationshipcentre.co.uk/talkdontwalk~~
- ~~www.depressioninteenagers.co.uk~~
- ~~www.thestudentsagainstdepression.org~~
- www.thecalmzone.net
- www.youthhealthtalk.org
- www.youth2youth.co.uk

Books

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

4. 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-today life, intervention is needed.

Online support

- Anxiety UK: www.anxietyuk.org.uk
- www.nopanic.org.uk
- www.ocdaction.org.uk
- www.ocduk.org
- www.getselfhelp.co.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*

5. 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 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
  In addition, see list under Anxiety heading.

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

6. 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
- www.samaritans.org
- ~~www.cwmt.org~~
- www.stampoutsuicide.org.uk
- ~~www.asist.org.uk~~
- Cruse Bereavement Care: www.cruse.org.uk or www.rd4u.org.uk
- Survivors of Bereavement by Suicide: ~~www.sobs.org.uk~~ Survivors of Bereavement by Suicide - Overcoming the isolation of people bereaved by suicide
- Sane/Saneline: www.sane.org.uk
- On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/researchand-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*

7. CHALLENGES AROUND EATING

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.beat.co.uk/about-eating-disorders~~ The UK's Eating Disorder Charity - Beat
- ~~Eating Difficulties in Younger Children and when to worry:~~ **www.inourhands.com/eating-difficultiesin-younger-children**
- ~~Anorexia and Bulimia Care (ABC): www.anorexiaandbulimiacare.org.uk~~ Anorexia and Bulimia Care - Association of Mental Health Providers
- Boy Anorexia: www.boyanorexia.com
- ~~Student Run Self Help: www.srsh.co.uk~~
- Men Get Eating Disorders Too: www.mengetedstoo.co.uk
- Personal Stories | East London NHS Foundation Trusthttp://guidance.nice.org.uk/CG9

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 21*

8. OTHER CHALLENGES:

Rethink Mental Illness: **www.rethink.org**

IRIS**:** ~~**www.iris-initiative.org.uk**~~ **iris -**

~~**Hearing Voices Network: www.hearing-voices.org**~~ **National Hearing Voices Network – For people who hear voices, see visions or have other unusual perceptions**

BipolarUK: **Useful contacts for bipolar disorder**

~~**Voice Collective: www.voicecollective.co.uk**~~

Mental Health Care: **www.mentalhealth.org.uk** **Mental Health Foundation | Everyone deserves good mental health**