



Eastlands Primary School

Mental Health & Wellbeing Policy (including self-harm)

DATE	REVIEW DATE	NOMINATED PERSON	NOMINATED GOVERNOR
July 2026	July 2028	Head teacher	Chair of Governors
	School's Mental Health SLT Lead	SENCo – Katie McGuire	
	School's Mental Health First Aid Lead	Pastoral Lead - Karina Huggins	
	(annual/biannual) Unless guidance changes.	Website publication Yes /No	Committee Full Governing Body

Context and Rational

This mental health policy explains and sets out the school's commitment to its students' mental health. It outlines how the school will support its pupils, its ongoing commitment to staff training, and how it will work with the wider community to promote student wellbeing. This policy has regard to statutory guidance: Keeping Children Safe in Education (most recent version), Working Together to Safeguard Children, the DfE Mental Health and Behaviour in Schools guidance (2018) and Relationships, Sex and Health Education (2025). It complies with the Equality Act 2010 and GDPR when recording and storing sensitive information.

1. Policy Statement

At Eastlands Primary, we are committed to promoting a positive mental health for every member of our staff and student body, their families and governors. We pursue this aim using universal, whole school approaches and specialised targeted approaches aimed at vulnerable students and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues. We know that everyone experiences life challenges that make us vulnerable, and at times anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play. The school recognises staff wellbeing is integral. The policy commits to: annual staff wellbeing survey, access to occupational health, a staff mental health champion and a clear process for staff to request reasonable adjustments.

2. Scope

This policy 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. It should be read in conjunction with other relevant school policies.

3. Accessibility

We will publish policy on website and make a parent/carer summary available. We will provide translated versions or summaries for families where English is not the first language on request.

4. Policy aims

- Promote positive mental health and well-being in our school community, including pupils, parents, staff and governors
- Increase understanding and awareness of common mental health and wellbeing issues
- Alert staff to early warning signs of mental ill health



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- Provide the right support to students with mental health issues, sending referrals and working with the Mental Health in Schools team.
- Mental Health in School First Aider to signpost the pupils 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.
- Ensure mental health provision is accessible to pupils with SEND and EAL. Reasonable adjustments should be applied (e.g., differentiated resources, visual supports, interpreter where needed) and liaison with the SENDCo to adapt Risk plans

5. Responsibilities for Positive Mental health and Wellbeing

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

Headteacher: overall responsibility for mental health policy implementation, staffing and resource allocation.

Governing Body: Ensure policy oversight and monitoring; receive termly briefings from the Mental Health Lead and Safeguarding Lead.

Mental Health SLT Lead – Katie McGuire - operational lead for mental health strategies, CPD, multi-agency liaison, monitoring referrals and producing an annual mental health impact report for governors.

Mental Health first Aid Lead: Karina Huggins: Produce and monitor referrals, complete the Mental Health in school annual audit for Mental Health in Schools Team, multi-agency liaison.

DSLs: lead safeguarding decisions, including where mental health concerns indicate possible abuse or significant risk.

Class teachers and pastoral staff: first point of contact, record concerns, use school systems for escalation."

- Mrs Warrington –Designated safeguarding Lead
- Miss Huggins – Mental Health First Aid Lead + Pastoral Lead and DDSL
- Mrs McGuire– SENDCo + Mental Health SLT lead
- Mrs Vikmanis – PHSE Lead
- Miss Friswell-Friel – Health & Safety and Wellbeing governor

6. Identification, managing disclosures, record-keeping and data protection

School staff could become aware of changes in behaviour which may indicate a student is experiencing mental health or emotional wellbeing issues.

These changes may include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- Skipping PE or getting changed secretly



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- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

6.1 Managing Disclosures

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Mental Health First Aid lead (Karina Huggins) in the first instance. If there is a concern that the student is in danger of immediate harm then the school's child protection procedures will be followed.

If a child discloses intent to self-harm or suicide, staff must:

- Stay with the child (if safe), keep them calm, and seek immediate help from a DSL
- If there is immediate danger, call emergency services
- Inform parent/carer unless doing so would place the child at greater risk (DSL decision)
- Record the disclosure immediately on the school record system and follow the agreed risk management plan

If the student presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting emergency services if necessary.

On occasion, a referral to CAMHS may be appropriate, this will be led and managed by the SENDco. Guidance about referring to CAMHS is provided in Appendix A.

6.2 Recording Concerns

At times, a pupil may choose to tell a staff member concerns that they have about their own emotions or well-being. All staff know how to respond appropriately to a disclosure/concern. All staff will respond in a calm, supportive and non-judgemental way. Staff will listen carefully and focus on student's emotional and physical safety rather than of exploring 'Why?'

Where a child is identified as having a cause for concern, or a significant mental health need or self-harm risk, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, a Risk Management Plan will be produced in collaboration with the child, parent/carer and relevant professionals. The plan should include:

- Clear description of need and triggers
- Agreed daily adjustments (e.g., curriculum access, sensory needs)
- Communication plan and consent for information-sharing
- Actions if risk increases (step-up plan) and emergency contacts
- Review dates and named lead for the plan

6.3 Recording and information-sharing

All mental health concerns will be recorded centrally using a Green form, with date, person raising concern, nature of concern, actions taken and outcomes. The DSL who will store the record appropriately and offer support and advice about next steps working in conjunction with The Mental Health First Aider.

Records must be stored securely, in line with GDPR and school data-handling policies. Access is limited to DSLs, Mental Health Lead and other staff on a strictly need-to-know basis.

The Mental Health Lead will maintain a log of referrals, interventions and outcomes for monitoring and to inform the annual report to governors.



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7. Confidentiality

Staff must be honest with regards to the issue of confidentiality. They should never promise the child that they will keep this to themselves, and should inform the pupil who they are going to talk to, what they are going to tell them and why it is important that they pass these concerns on.

8. Informing Parents/Carers

Parents/carers should be informed about concerns and referrals as a default. Exceptions: where doing so would increase risk to the child (e.g., suspected abuse), in which case DSLs will follow safeguarding procedures and may withhold information from parents pending advice from social care or police. Record reasons for non-disclosure and ensure appropriate multi-agency liaison.

9. Working with parents/carers and the school community

We recognise the family plays an important 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 that all parents are aware of who to talk to if they have any concerns about their child's mental health and wellbeing
- Highlighting sources of information and support about common mental health issues through our communication channels (EPS Support For Families website, newsletters etc.)
- Keep parents informed about the topics that children are learning about in school.
- Carry out parent workshops/information sessions to raise awareness of mental health and well-being where appropriate.

10. Training

All staff will receive training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. All staff complete annual basic mental health awareness training; new staff receive induction within their first half-term. The Mental Health Lead will receive professional Mental Health First Aid training or equivalent. We will publish relevant information to staff who wish to learn more about mental health. 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.

We will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health throughout the year as appropriate.

School Business Manager and Mental Health Lead will maintain a CPD record. Priority CPD for the next 12 months: trauma-informed practice, attachment, supporting self-harm disclosures and restorative approaches to behaviour.

11. Teaching about Mental Health

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy safe are included as part of our PSHE curriculum and embedded throughout our school learning community in line with the statutory guidance (2025)

https://assets.publishing.service.gov.uk/media/6970e7e67e827090d02d42e0/Relationships_education_relationships_and_sex_education_RSE_and_health_education_for_intro_1_September_2026_.pdf

Curriculum implementation is updated regularly by Cambridge PSHE service which is used across the school, we will:

- Map mental health learning objectives across year groups in the PSHE progression document and knowledge organisers.



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- Ensure specific lessons on recognising emotions, help-seeking, and online wellbeing are in each key stage and are sequenced to build knowledge and vocabulary.
- Monitor pupil outcomes (pupil voice, wellbeing surveys) across the year to evaluate impact and review lessons where necessary.

So that by the end of Primary School pupils should know:

- that mental wellbeing is a normal part of daily life, in the same way as physical health.
- that there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different experiences and situations.
- how to recognise and talk about their emotions, including having a varied vocabulary of words to use when talking about their own and others' feelings.
- how to judge whether what they are feeling and how they are behaving is appropriate and proportionate.
- the benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness.
- simple self-care techniques, including the importance of rest, time spent with friends and family and the benefits of hobbies and interests.
- isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support.
- that bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing.
- where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online).
- it is common for people to experience mental ill health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough.

The specific content of lessons will be determined by the specific needs of each cohort 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.

Lessons will also be supported by assemblies throughout the year talking about Mental Health.

12. Monitoring and Evaluation

The Mental Health SLT Lead alongside with the Mental Health First Aid Lead will produce an annual report for governors including: training completed, number and types of interventions, referral outcomes, trends by vulnerability (e.g., SEND, PP, EAL), impact measures (pupil voice, attendance, behaviour incidents) and planned actions.

Key success measures could include: reduced crisis referrals, improved attendance for vulnerable groups, positive pupil voice, increased staff confidence.

This policy will be reviewed every two years as a minimum.

13. Linked Policies

The following are linked to this policy and should be noted when dealing with cases or suspected cases of self-harm:

- Safeguarding Children and Child Protection
- Inclusion Policy
- Relationships and Sex Education Policy
- Behaviour and Anti-bullying Policy
- Online safety Policy



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Appendix A: Guidance about CAMHS referral

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

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 pupil 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 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 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 our department?
- 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?



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Appendix B – Self harming - Guidance & support sites

What is Self-Harm?

Self-harm is any deliberate behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress.

Self-harm can include:	Less obvious self-harm behaviours also include:
➤ cutting themselves; ➤ scratching themselves; ➤ burning or scalding their body; ➤ banging and bruising themselves; ➤ scrubbing or scouring their body; ➤ deliberate bone-breaking; ➤ punching themselves; ➤ sticking things into their body; ➤ swallowing inappropriate objects or liquids; ➤ taking too many tablets (overdose); ➤ biting themselves; ➤ pulling their hair or eye lashes out;	➤ controlled eating patterns – anorexia, bulimia, over-eating; ➤ indulging in risky behaviour / risky sexual behaviour destructive use of drugs or alcohol; ➤ an unhealthy lifestyle; ➤ getting into fights.

Warning Signs may Include:	Emotional/Psychological Risk Factors Associated with Self-	Other causal or risk factors
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➤ visible signs of injury (e.g. scarring) ➤ a change in dress habit that may be intended to disguise injuries (e.g. an unexpected / sudden change to wearing long sleeved tops) ➤ changes in eating or sleeping habits ➤ increased isolation from friends or family; becoming socially withdrawn ➤ changes in activity or mood (e.g. becoming more introverted or withdrawn) ➤ lowering of academic achievement ➤ talking or joking about self-harm or suicide ➤ abusing drugs or alcohol ➤ expressing feelings of failure, uselessness or loss of hope ➤ changes in clothing / image	Harm can be: ➤ recent trauma e.g. death of a friend or relative, parental divorce ➤ negative thought patterns and low self-esteem ➤ bullying ➤ abuse – sexual, physical, emotional or through neglect ➤ sudden changes in behaviour and/or academic performance ➤ relationship difficulties (with family or friends) ➤ learning difficulties ➤ pressure to achieve (from teachers or parents) ➤ substance abuse (including tobacco, alcohol or drugs) ➤ issues around sexuality	➤ inappropriate advice or encouragement from internet websites or chat-rooms ➤ experimentation, 'dares' or bravado, 'copycat behaviour' ➤ concerns by a girl that she may be pregnant (including an attempt to terminate this) ➤ a history of abuse of self-harming in the family ➤ parental separation ➤ domestic abuse and/or substance misuse in the home ➤ media influence ➤ issues surrounding religious or cultural identity
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Useful Resources and Helplines

- *Childline – 24 helpline for children and young people*
0800 1111 (free phone from landlines) or 0800 400 222 – text phone.
www.childline.org.uk

Young Minds – national charity committed to improving the mental health of children and young people. Interactive website for advice and information.
www.youngminds.org.uk

- *Recover Your Life – Self-harm support community providing support and advice to those seeking to recover from self-harm.*
www.recoveryourlife.com

- *National self-harm network – support for individuals who self-harm, friends and family.*
0800 622 6000 (Thursday – Saturday 7 p.m. – 11 p.m., Sunday 6.30 p.m. – 10.30 p.m.)
• www.nshn.co.uk

Substance Advice Service (SAS) – provides confidential advice and support to young people who are concerned about their alcohol or drug use.
01275 888 360
59-61 Oxford Street, Weston-Super-Mare, BS23 1TR.