



CAM WOODFIELD JUNIOR SCHOOL

HEADTEACHER Mrs Louise Bennett

Mental Health & Well-being Policy 2025-28

Policy to be reviewed November 2028

Mental Health and Wellbeing Policy

2025-28

Ratified

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1 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 Organization)

At our school, we aim to promote positive mental health for every pupil and member of staff. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. 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. This document describes the school's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff including non-teaching staff and governors.

2 Links to other Links to other policies

This policy should be read in conjunction with our safeguarding policy, health and safety policy and the policy for PSHE. It should also be read in conjunction with our medical 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.

3 The Policy Aims to:

- Promote positive mental health in all staff and students
- 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 students suffering mental ill health and their peers and parents/carers

4 Lead Members of Staff

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

- Tammi Wainwright - designated safeguarding lead and SENDCO
- Emely Margetts - parent and pupil support advisor (PPSA) and deputy safeguarding lead

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead, or DSL/SENDCO, in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead or the head teacher. 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 the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by Tammi Wainwright, mental health lead and SENDCO, or Emely Margetts, PPSA and deputy safeguarding lead. Guidance about referring to CAMHS is provided in Appendix 2.

5 Individual Support Plans

It is helpful to draw up an individual My Plan or My Plan Plus, 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 in supporting the pupil in and out of class and through interventions.

6 Teaching about Mental Health

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 our PSHE curriculum. This is included in our Jigsaw PSHE scheme, which follows the [PSHE Association Guidance](#) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps rather than harms.

The specific content of mental health lessons from the 'Jigsaw' scheme for years 5 and 6, can be found in appendix 1. Further lessons on mental health are taken from the Mental Health Handbook for Primary Schools ('Sometimes my brain hurts' scheme). Additionally each 'Jigsaw' PSHE lesson begins with a 'calm me' time, which aims to still children's minds, relax them and quieten their emotions. This ability to calm themselves is an invaluable life skill.

Cam Woodfield Junior School takes part in the Gloucestershire Online Pupil Survey, which collects data from our pupils on their health and well-being. Data collected from this survey is used to identify areas of concern which can then be targeted through interventions and focused teaching.

7 Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. Within school, all pupils have access to a 'time to talk' box, which they can use to request an appointment to talk to a pastoral member of staff. If further support is required, referrals may be made to other agencies, following discussion with parents and after obtaining their consent. These may include CAMHS, Trailblazers (Young Minds Matter) - appendix 3, counselling services, mentoring programmes, Young Carers and Stroud Early Help team.

All members of staff have access to the Health Assured Employee Assistance Programme, which is a 24 hour telephone counselling service. The details of this, along with details of NHS talking therapy services, will be displayed in the staff room and all staff toilets. If a member of staff is absent from work, due to mental ill health, the head teacher will contact Occupational Health to make a referral for support, on their behalf.

8 Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 to Tammi Wainwright or to Emely Margetts; observations and concerns must be logged on CPOMS.

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
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

9 Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff members need to 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 should always be calm, supportive and non-judgemental.

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

All disclosures should be recorded in writing and held in the pupil's confidential file on CPOMS. This 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 or SENDCO/DSL who will store the record appropriately and offer support and advice about next steps. They may seek advice from the CYPs practitioner advice line on **01452 894272**. See appendix 2 for guidance about making a referral to CYPs (CAMHS).

10 Confidentiality

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

- 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 pupil without first telling them.

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

Parents must always be informed if a concern is shared about a pupil's mental health. Pupils may choose to tell their parents themselves and we should always give students the option of us informing parents for them or with them.

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 Leads, Tammi Wainwright, Emely Margetts, Louise Bennett, Sarah Milton & Lee McQuire must be informed immediately.

11 Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. 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 should be accepting of this and give the parent time to reflect.

We should always highlight further sources of information and give parents information to take away, where possible, including sources of further support aimed specifically at parents e.g. parent helplines and forums.

Next steps will be agreed and a follow up meeting or phone call will be arranged. We will always keep a brief record of the meeting in the child's confidential file.

12 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, and share ideas about how parents can support positive mental health in their children, on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Keep parents informed about the mental health topics their children are learning about in PSHE

13 Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the pupil who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset

- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

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

14 Training

The lead teacher, Tammi Wainwright, for Mental Health has completed the full 3 day Senior Mental Health Lead training course, in addition to specific training on self-harm and bereavement.

15 Policy Review

This policy was written and reviewed by Tammi Wainwright - designated safeguarding lead, mental health lead, PSHE lead and SENDCO.

This policy will be reviewed every 3 years as a minimum. It is next due for review in November 2028.

This policy will always be immediately updated to reflect personnel changes.

Appendix 1: Mental Health and Well-being Curriculum

PSHE Mental health and well-being content

The grid below shows specific mental health and well-being learning intentions in the Jigsaw PSHE 'Healthy Me' Puzzle.

Year Group	Piece Number and Name	Learning Intentions 'Pupils will be able to...'
5	4 – Body Image	<p>I understand how the media and celebrity culture promotes certain body types.</p> <p>I can reflect on my own body image and know how important it is that this is positive and I accept and respect myself for who I am.</p>
5	5 – My relationship with food	<p>I can describe the different roles food can play in people's lives and can explain how people can develop eating problems (disorders) relating to body image pressures.</p> <p>I respect and value my body.</p>
5	6 – Healthy me	<p>I know what makes a healthy lifestyle including...the choices I need to make to be healthy and happy.</p> <p>I am motivated to keep myself healthy and happy.</p>
6	5 – Emotional and mental health	<p>I understand what it means to be emotionally well and can explore people's attitudes towards mental health/illness.</p> <p>I know how to help myself feel emotionally healthy and can recognise when I need help with this.</p>
6	6 – Managing stress	<p>I can recognise when I feel stressed and the triggers that cause this and I understand how stress can cause alcohol misuse.</p> <p>I can use different strategies to manage stress and pressure.</p>

Appendix 2: What makes a good CYPS (CAMHS) referral?

If the referral is urgent it should be initiated by phone so that CYPS can advise of best next steps. The Gloucestershire CYPS advice line for practitioners is 01452 894272 and is available from Monday to Friday 9.00am – 5.00pm, excluding bank holidays.

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

You must also be able to provide evidence to CYPS about what intervention and support has been offered to the pupil by the school and the impact of this. CYPS 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 pupil?
- Has the referral to 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/pupil's 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 CYPS 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?

Appendix 3: Minds Matter (Trailblazer Programme)

What Will They Do?

The Mental Health Support Teams' (MHSTs') main role will be to provide earlier care for children and young people who may be experiencing mild to moderate or early symptoms of mental health problems, which tend to be outside the scope of traditional NHS services. Providing this additional resource to support early intervention, appropriate signposting and delivery of focused, evidence-based interventions will improve collaboration between schools and mental health services and enable earlier and more effective mental health support for children, young people, their families and carers. The Trailblazer programme will link a number of approaches, including working across the system to deliver a comprehensive training programme to increase knowledge and understanding of mental health, trauma and implementation of restorative practice, building resilience.



What are the Core Functions of a Mental Health Support Team (MHST)?

- Work with teachers and school staff to identify children and young people with emerging mental health needs, as part of a whole school approach to mental health and wellbeing;
- Build relationships across services to ensure joint delivery of care;
- Pilot a cultural and arts led approach as an alternative and contemporary approach;
- Provide appropriate assessment of need, signposting and referral functions to a range of relevant services;
- Provide evidence-based interventions for children and young people who present with mild to moderate mental health problems in a school or college setting;
- Provide consultation and advice to other staff in schools and colleges around understanding children and young people's mental health;
- Form part of an integrated referral system with specialist NHS children and young people's mental health services to support children and young people who may present with more complex needs, or who require a more dedicated or intensive intervention.

What is a Mild to Moderate Mental Health Problem?

A moderate mental health problem is when a person has more symptoms that can make their daily life much more difficult than usual. Examples of this can be, but not limited to:

- Low mood
- Exam stress
- Mild anxiety
- Low self-esteem
- Friendship issues
- Daily worries & upset

Young Minds Matter (Trailblazer) Training Matrix

Training Menu for Trailblazer Schools



Staff		Children and Young People		Parents and Carers
Primary School	Secondary School	Primary School	Secondary School	
TiC+		TiC+		TiC+
Trauma-Informed Approaches & Resilience		Gloucestershire Make Music/ Song Writing		Digital Technologies and MH of CYP
Restorative Practice		Restorative practice		Restorative practice
Self-Harm Awareness Training		Self-Harm Awareness Training		Self-Harm Awareness Training
Staff Wellbeing Session		Five Ways to Wellbeing		Wellbeing Sessions
Emotional Literacy		Emotional Literacy		Resilience Training
Supporting Transgender CYP		Supporting Transgender CYP		Supporting Transgender CYP
Mental Health First Aid England Training		YST Active Healthy Minds		
Yoga Training		Yoga Practice		
Mental Health E-Learning Package		Relationships and Sex Ed (RSE)		
ACES Training		OAKS Project		
		Facts 4 Life		
		Daily Mile		
New Boxall Profile Online				
Training Courses with Educational Psychologists		Peer Mediation	Mentoring Training (KS4/5)	
Reflective Supervision		Focus for Learning	Mind Full	
Healthy School/ College Accreditation		Protective Behaviours	Give and Get	
Online Pupil Survey / EHWP Tools		Sometimes my Brain Hurts	Beyond Fed Up	
		Make me a Superhero	Youth MHFA Course	
		Counting Sleep		
Regular consultation with Senior Mental Health Practitioners and clear pathways and partnerships with external organisations				

