



BRIDGEWATER
PRIMARY SCHOOL

Positive Mental Health Policy

September 2025

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 aim to promote positive mental health for every member of staff and our children providing information and support. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. We wish to create a shared understanding of all aspects of mental health and create a culture to support and maintain positive mental health and wellbeing.

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.

Aims

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 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.

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

Lead Members of Staff

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

- ♣ Emma Henderson - Designated Safeguarding Lead

- ♣ Erin Lovell – Wellbeing Lead Ambassador/ Senior Mental Health Lead
- ♣ Karen Hopkins – Learning Mentor/Mental Health First-Aider
- ♣ Rebecca Cope – SENDCo/Mental Health First Aider
- ♣ Georgia Whitfield – PSHCE Subject Leader

Any member of staff who is concerned about the mental health or wellbeing of a child should speak to a member of the Safeguarding Team 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. 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 Rebecca Cope, SENDCo/Mental Health First Aider.

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

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 and our Jigsaw scheme of work. 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. Children receive a weekly 'Positive Post' from Miss Whitfield which will contain a positive affirmation for the children and classes to discuss and a reflection task to complete. The aim of this is to enable children to openly discuss their

emotions and mental health so that conversations around this are normalised and children see the importance of both a healthy mind and a healthy body.

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. We will advise parents of relevant sources of support where required and advice will be given to staff following initial discussions or signposting from the Safeguarding team or a member of the Emotionally Friendly Schools team (see Appendix A). As an Emotionally Friendly School, we have access to a range of resources to support whole class and individual discussions and support in regards to mental health. We regularly remind children about who they can speak to within school, we have posters around school signposting children to support and our School Council are also Emotionally friendly Schools Ambassadors and playtime 'buddies'.

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 should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the Safeguarding Team or Mrs Cope. 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
- ♣ Missing 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

Managing disclosures

A student 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 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 and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix B. All disclosures should be written down and then recorded 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 Safeguarding team who will offer support and advice about next steps.

Confidentiality

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

- ♣ 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 student without first telling them. It is always advisable to share disclosures with a member of the Safeguarding team, 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. 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 at this point, but the 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 should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets or document of signposting to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing.

Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums. We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call as parents often have many questions as they process the information.

Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's 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 via Parent App
- ♣ Ensure that all parents are aware of who to talk to, if they have concerns about their own child or a friend of their child

- ♣ Make our mental health policy easily accessible to parents

Supporting Peers

When a student 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 low-self-esteem, 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 student 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

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

Training

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

We will keep our staff updated with where to access information on children's mental health through regular bulletins and e.mail. The MindEd learning portal 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 where it becomes appropriate due developing situations with one or more students. Where the need to do so becomes evident, we will source appropriate training sessions for 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 Sean Doherty, our Wellbeing Lead Ambassador who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed where necessary and every 3 years as a minimum.

Appendix A:

Emotionally Friendly Schools Team 2025-2026	
Staff Member	Role
Miss Lovell	KS1 Phase Leader
Miss Hopkins	Learning Mentor
Mrs Cope	SENDCo
Miss Grice	Finance & Operations Admin Assistant
Mrs Kay	EYFS Teaching Assistant
Miss Ford	EYFS Teaching Assistant
Miss Davies	EYFS Teacher
Miss Cunliffe	EYFS Teacher
Miss Tattersall	KS1 Teacher
Miss Morris	KS1 HLTA
Miss Whitfield	KS2 Teacher
Mr Hargreaves	KS2 Teacher
Miss Tanker	KS2 Teacher

If you ever wish to speak to someone, you can speak to one of these adults at school. However, you can speak to one of our amazing **School Council** members who are also **wellbeing Ambassadors**.

Appendix B:

Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside our Child Protection policy on and discussed with relevant colleagues as appropriate.

Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem. Don’t talk too much “Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.” The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the

situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.