



THE ECCLESBOURNE SCHOOL

Learning Together for the Future

Mental Health and Wellbeing

May 2026

This policy is by the Student and Curriculum Governors Sub-Committee

This policy will be reviewed annually

This is a non-statutory policy

1. Statement of intent

This policy outlines the framework through which The Ecclesbourne School meets its duty to promote, support and protect the mental health and wellbeing (MHWB) of all pupils.

The school is committed to:

- Promoting positive mental health and emotional wellbeing
- Reducing stigma and prejudice
- Ensuring early identification of need
- Providing effective and appropriate support
- Ensuring equality of opportunity for all pupils

We recognise that mental health is integral to safeguarding and to pupils' ability to learn, thrive and succeed.

The school will work in partnership with pupils, parents/carers and external agencies to ensure:

- Early intervention
- Collaborative decision-making
- Appropriate and timely support
- Pupil voice and participation

2. Legal and statutory framework

This policy should be read alongside the school's safeguarding duties and has regard to the following:

2.1 Legislation

- Children and Families Act 2014
- Equality Act 2010
- Education Act 2002 (Sections 175/157 – safeguarding duties)
- Children Act 1989 and 2004
- Mental Capacity Act 2005

2.2 Statutory Guidance

- Keeping Children Safe in Education (KCSIE) 2025
- Working Together to Safeguard Children (2023)
- SEND Code of Practice (2015)
- Mental Health and Behaviour in Schools (DfE, 2018)

2.3 Linked School Policies

- Child Protection and Safeguarding Policy
- SEND Policy
- Behaviour Policy
- Anti-Bullying Policy
- Self-Harm Policy
- Equality, Diversity and Inclusion Policy

Important: All mental health concerns will be considered within the school's safeguarding framework. Where there is risk of harm, safeguarding procedures will always take precedence.

3. Definitions

Mental health and wellbeing (MHWB) refers to how a person thinks, feels and behaves. Pupils may experience a range of MHWB needs including (but not limited to):

- Anxiety disorders
- Depression
- Attention deficit hyperactivity disorder (ADHD)
- Attachment difficulties
- Eating disorders
- Self-harm
- Trauma and post-traumatic stress

The school recognises that:

- Mental health exists on a continuum
- Needs may be temporary or long-term
- Only qualified medical professionals can diagnose conditions

Please see appendix 1 for more details of MHWB needs.

4. Roles and responsibilities

4.1 Governing Body

- Provide strategic oversight
- Monitor safeguarding and MHWB provision
- Appoint a link governor for safeguarding and mental health

4.2 Headteacher

- Ensure effective implementation of this policy
- Appoint a Mental Health Lead
- Promote an inclusive school culture

4.3 The DSL and Senior Deputy DSL are the Senior Mental Health Leads for the school.

- Coordinate whole-school MHWB provision
- Lead strategy and staff training
- Liaise with external agencies
- Monitor the impact of interventions
- Ensure communication with staff and parents
- Determine when MHWB concerns become safeguarding concerns
- Lead safeguarding responses
- Ensure appropriate recording and referrals

4.4 SENDCO

- Support students whose MHWB needs relate to SEND
- Coordinate provision and interventions

4.6 The pastoral leadership team

- Undertaking MHWB training as appropriate
- Being aware of the signs of MHWB difficulties.
- Planning and reviewing support for their pupils with MHWB difficulties in collaboration with the DSL and, where appropriate, the pupils themselves.
- Being responsible and accountable for the progress and development of the students in their year group.
- Being aware of the needs, outcomes sought, and support provided to any students with MHWB difficulties.
- Informing the DSL or Deputy DSL immediately when a mental health concern becomes a safeguarding concern
- Liaising with parents of pupils with MHWB difficulties
- Liaising with educational psychologists, health and social care professionals, and independent or voluntary bodies
- Supporting MHWB CPD

4.7 All staff

- Recognise signs of MHWB needs
- Record concerns promptly on MyConcern
- Follow safeguarding procedures
- Maintain professional boundaries (no confidentiality promises)

5. Identification of Need

The school is committed to early identification.

Staff will be trained to recognise indicators such as:

- Persistent low mood or anxiety
- Withdrawal or isolation
- Behavioural changes
- Attendance concerns
- Decline in academic performance

Certain groups may be more vulnerable, including:

- Looked After Children (LAC)
- Students with SEND
- Disadvantaged students

6. Procedures: Cause for Concern Pathway

Step 1: Identification

- Concern identified by staff, peer, parent or student

Step 2: Recording

- Immediate recording on MyConcern

Step 3: Assessment

- Reviewed by DSL / Mental Health Lead
- Consideration of risk level

Step 4: Intervention

- Classroom-based support
- Pastoral intervention
- MH First Aid support
- Targeted programmes

Step 5: Referral

Where appropriate:

- Early Help
- CAMHS
- First Contact / Starting Point

Step 6: Review

- Ongoing monitoring and evaluation

7. Intervention and support

The school adopts a graduated approach:

Universal Support

- Positive school culture
- PDC curriculum (personal development)
- Assemblies and awareness events
- Staff training

Targeted Support

- Pastoral interventions
- Small group support including the nurture and wellbeing groups
- Peer mentoring
- MH First Aid

Specialist Support

- External agency involvement (e.g. CAMHS)
- One-to-one therapeutic interventions
- Education, Health and Care Plans (EHCPs) where appropriate

The school will:

- Work closely with parents/carers
- Continue support while awaiting external services
- Follow professional advice from specialists

8. Safeguarding and Risk

Mental health concerns may become safeguarding concerns where there is:

- Risk of harm to self or others
- Self-harm
- Suicidal ideation
- Abuse or neglect

In these cases:

- The DSL must be informed immediately
- Safeguarding procedures will be followed
- Consent may be overridden if a student is at risk
- A risk assessment must be completed and a child's safeguarding concern level changed to 3 or 4 dependent upon the complexity of the mental health lead.

9. Training

All staff will receive:

- Safeguarding training (including MHWB indicators)
- Regular updates
- Access to MHWB CPD if requested

Key staff will receive enhanced training including:

- Mental Health First Aid
- Safeguarding training

10. Working with Parents and External Agencies

The school will:

- Communicate concerns sensitively with parents
- Seek consent for information sharing where appropriate
- Work with:
 - CAMHS
 - Local Authority services
 - Health professionals

11. Monitoring and Evaluation

The school will monitor:

- Attendance
- Behaviour data
- Academic progress
- Student voice
- Intervention outcomes

This policy will be reviewed annually by the Mental Health Lead and Governing Body.

Appendix 1 Definitions of mental health disorders

- **Anxiety:** For the purpose of this policy, anxiety refers to feeling fearful or panicky, breathless, tense, fidgety, sick irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn or sustain and maintain friendships. Specialists reference a number of diagnostic categories:
- **Generalised anxiety disorder:** a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- **Panic disorder:** a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder:** a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- **Specific phobias:** the excessive fear of an object or a situation, to the extent that it causes an anxious response, such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder:** involves worrying about being away from home or about being far away from parents, at a level that is much more than normal for a student's age.
- **Social phobia:** an intense fear of social or performance situations.
- **Agoraphobia:** refers to a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.

Depression: For the purpose of this policy, depression refers to feeling excessively low or sad. Depression can significantly affect a student's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** a person who will show a number of depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** is less severe than MDD, but characterised by a person experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders: For the purpose of this policy, hyperkinetic disorders refer to a student who is excessively easily distracted, impulsive or inattentive. If a student is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** has three characteristic types of behaviour; inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is then called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder:** a more restrictive diagnosis but is broadly similar to a severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school or home.

Attachment disorders: For the purpose of this policy, attachment disorders refer to the excessive upset experienced when a child is separated from a special person in their life, like a parent. Researchers generally agree that there are four main factors that influence attachment problems, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

Eating disorders: For the purpose of this policy, eating disorders are defined as a serious mental illness which affects an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

Substance misuse: For the purpose of this policy, substance misuse is defined as the usage of harmful substances.

Deliberate self-harm: For the purpose of this policy, deliberate self-harm is defined as a person intentionally inflicting physical pain upon themselves.

Post-traumatic stress: For the purpose of this policy, post-traumatic stress is defined as recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

Appendix 2 – Key Staff

DSL and Senior Mental Health Lead - Clarissa Ourabi

Senior Deputy DSL and Senior Mental Health Lead- Oliver Quail

SENDCO- Rachel Wiggins

Appendix 3 Mental Health and Wellbeing Concern Pathway

All staff must follow the process outlined below when responding to a mental health concern:

1. **Identify concern** (staff, student, or parent)
2. **Record immediately** on MyConcern
3. **DSL / Senior Deputy DSL Lead review**
4. **Risk assessment determines next steps:**
 - **Low to medium risk** → Pastoral and MHWB support in school
 - **High risk / safeguarding concern** → Immediate DSL action
5. **Ongoing response:**
 - Monitor and review (internal support)
 - or Refer to external agencies (e.g. CAMHS, First Contact, Starting Point etc)

MHWB Concern & Referral Pathway

