Mental Health and Wellbeing Policy

for adoption by all CDAT schools

This policy is informed by the Christian values which are the basis for all of CDAT's work and any actions taken under the policy will reflect this.

'Blessed are those who act justly, who always do what is right'

Psalm 106:3

Approved by	Date	Review Schedule	Date of next review
Education Effectiveness committee	September 25	Every 3 years	September 2028

1. Introduction

At Chester Diocesan Academies Trust (CDAT), we are committed to nurturing the emotional, psychological, social, and spiritual wellbeing of every pupil. Rooted in our Christian vision of **"life in all its fullness,"** we aim to create schools that are inclusive, safe, and compassionate places where all children and adults flourish.

In each of our Trust schools, it is our role to ensure that children and adults are able to manage times of change and stress, be resilient, are well supported and can access help when they need it. The Trust also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects it, how they can help to reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Across CDAT, our aim is to help to develop the protective factors which build resilience to mental health problems for both children and adults and have schools where:

- Everyone feels valued
- Everyone has a sense of belonging and feels safe
- Everyone feels able to talk openly with a trusted person about their problems, without feeling any stigma
- Positive mental health is promoted and valued

2. Legislative and Statutory Framework

This policy has due regard to the following legislation:

- Human Rights Act 1998
- The Equality Act 2010
- Children and Families Act 2014

It adheres to statutory and non-statutory guidance, including:

- DfE (2014): *'The Equality Act and schools'*
- DfE (2014): *'Equality Act 2010: advice for schools'*
- DfE (2018): *'Mental health and behaviour in schools'*
- DfE (2018): *'Mental health and wellbeing provision in schools'*
- SEND Code of Practice: 0 to 25 years (2015)
- Public Health England (2021): *'Promoting children and young people's mental health – a whole school or college approach'*

This policy works alongside:

- Safeguarding and Child Protection Policy
- Inclusion Policy & SEND Information Report
- Behaviour Policy
- Relationships and Sex Education (RSE) Policy
- Supporting Pupils with Medical Conditions

- Anti-Bullying, Attendance, and Accessibility policies
- Equality and Data Protection policies

3. Aims of This Policy

- Promote whole-school wellbeing.
- Develop an inclusive and compassionate environment that builds resilience.
- Identify and respond to emerging mental health needs swiftly and sensitively.
- Reduce stigma and promote a culture of openness around emotional health.
- Provide targeted support for pupils at risk or experiencing difficulties.
- Train staff to fulfil their responsibilities confidently and effectively.

4. Definition of Mental Health and Wellbeing

Mental health is defined by the World Health Organisation as:

"A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to the community."

In our schools, this definition is deepened by our understanding of children as unique individuals made in God's image, deserving of dignity, care, and a life of flourishing.

Mental health and well-being are not just the absence of mental health problems. The Trust want all pupils and adults to:

- Feel confident in themselves
- Be able to express a range of emotions appropriately
- Be able to make and maintain positive relationships with others
- Cope with the stresses of everyday life
- Manage times of stress and be able to deal with change
- Learn and achieve

5. Whole School Approach

Across CDAT, our schools take a whole school approach to promoting positive mental health that aims to help pupils and staff to become more resilient, be happy and successful and prevent problems before they arise.

Our schools follow the 8 Principles to Promoting a Whole School Approach to Mental Health and Wellbeing recommended by Public Health England:

1) Leadership and management that supports and champions efforts to promote emotional health and well-being
2) Curriculum teaching and learning to promote resilience and support social and emotional learning
3) Enabling student voice to influence decisions

4) Staff development to support their own wellbeing and that of students
5) Identifying need and monitoring impact of interventions
6) Working with parents and carers
7) Targeted support and appropriate referral
8) An ethos and environment that promotes respect and values diversity

The Trust also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues.

6. Key Roles and Responsibilities

The Trust believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some pupils and adults will require additional help and support, and staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils and adults with mental health needs get early intervention and the support they need.

In our Trust schools, staff understand about possible risk factors that might make some children and adults more likely to experience problems, such as physical and long-term illness, having a parent or family member who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They also understand the factors that protect pupils from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy.

Each Trust school has a designated Mental Health Lead, SENDCO, and Safeguarding Lead who all have a part in the following:

- Working with staff to coordinate whole school activities to promote positive mental health.
- Providing advice and support to staff and organising professional development.
- Keeping staff up to date with information about what support is available.
- Liaising with other Subject Leaders on the teaching of mental health where there may be overlap e.g. Relationships and sex education.
- Co-ordinating school based mental health services.
- Being the first point of contact with external mental health services.
- Making referrals to external services.
- Signposting to mental health services e.g. useful websites and charities.

The schools in our Trust recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals, Other staff such as Pastoral Leads, Behaviour Leads and Emotional Literacy Support Assistants (ELSAs) may also support those leaders identified above.

7. Support Positive Mental Health

The Trust believe our schools have a key role in promoting positive mental health and helping to prevent mental health problems. By having a whole school approach to mental health and wellbeing, our schools will be better placed to respond to the individual needs of their community and will create a culture that supports emotional well-being and resilience within their setting.

Our approaches include the following, in line with good practice recommended by the Anna Freud Mental Health Charity:

- Having a named senior mental health lead to have strategic oversight of the school ethos which promotes positive mental health and wellbeing.
- Through structured lessons via the RSHE curriculum.
- Promoting key events across the academic year, like Children's Mental Health Week (held every year in February), World Mental Health Day (held every year on 10 October) and Mental Health Awareness Week (held in May).
- Including mental health and well-being as a standing agenda item in meetings with staff, governors, the senior leadership team, parents/carers, as well as in any newsletters.
- Giving pupils regular opportunities to talk about mental health and well-being.
- Regularly celebrating learning that is not only associated with attainment.
- Making sure that pupils and adults know the routes available for them to get support if they need it.
- Offering enrichment activities that support well-being such as art club, yoga or colouring.
- Providing safe spaces for both pupils and adults at times of stress.

8. Early Identification and Referral

Our identification system involves a range of processes. The Trust aim to identify pupils and adults with mental health needs as early as possible to prevent things getting worse. The Trust do this is different ways including:

- Monitor behaviour, attendance, and achievement data
- Enable pupils, parents, and staff to raise concerns
- Use structured systems such as CPOMS, screening tools (e.g., SDQ, Boxall)
- Prioritise pupil voice, e.g., through surveys, safe spaces, worry boxes
- Gathering information from a previous school/nursery/pre-school (if applicable) at transfer or transitional periods.
- Enabling pupils to raise concerns to their class teacher or other staff members.
- Enabling parents and carers to raise concerns through the class teacher, Mental Health Lead, SENDCO or other staff members.
- Enabling staff members to raise concerns to the Mental Health Lead, Pastoral staff member or Senior Leadership Team.
- Discussions with Outside Agencies

Indicators of concern include:

- Non-verbal behaviour
- Isolation from friends and family and becoming socially withdrawn
- Lowering academic achievements
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or loss of hope
- An increase in lateness or absenteeism
- Excessive worrying or fear
- Feeling excessively sad or low
- Confused thinking or problems concentrating and learning
- Extreme mood changes, including uncontrollable “highs” or feelings of euphoria
- Prolonged or strong feelings of irritability or anger
- Difficulties understanding or relating to other people
- Changes in sleeping habits or feeling tired and low energy
- Changes in eating habits such as increased hunger or lack of appetite

If there is a concern that a pupil is in danger of immediate harm, then the school’s child protection and safeguarding procedures are followed in line with each school’s suite of safeguarding policies.

9. Graduated Response and Targeted Support

In line with the graduated approach in the SEND Code of Practice, our schools provide:

- In-School Support: examples include ELSA sessions, nurture groups, Zones of Regulation
- Individual Plans: for pupils with enduring or complex needs
- Referral Pathways: to CAMHS, Mental Health Support Teams (MHST), Educational Psychology, etc.
- Crisis Protocols: in line with safeguarding policies where risk of harm is suspected

All interventions are monitored for impact and reviewed regularly with input from the pupil, family, and multi-agency professionals.

In some cases, a pupil or adult’s mental health needs require support from a specialist service. These might include anxiety, depression, school refusal and other complex needs. Our Trust schools have close links and regular contact with a range of specialist services who can provide a range of small group and individual support, and expert advice. School referrals to a specialist service can be made by the SENDCo following the assessment process and with permission from the parent/carer.

10. Individual Care Plans

For pupils experiencing ongoing or complex mental health difficulties, it is recommended that an At the Heart document be developed. This plan should be created in collaboration with the pupil, their parents/carers, and relevant external professionals. The plan may include:
- Details of the pupil's condition
- Special requirements and precautions
- Any prescribed medication and potential side effects
- Emergency contact information and procedures
- The role the school can play in supporting the pupil

Trust schools should keep these plans up-to-date and ensure they are shared appropriately with relevant staff.

11. Managing Disclosures

When a pupil makes a disclosure about mental health, staff must respond with compassion, without judgement. All disclosures should be recorded and logged via the school's safeguarding system (e.g. CPOMS), and the Mental Health Lead must be notified.

Essential steps include:
- Remain calm and listen actively
- Record key details including date, staff involved, and next steps
- Reassure the pupil of support while explaining limits to confidentiality
- In cases of immediate risk or harm, follow child protection protocols

These steps protect the pupil and provide a consistent response across Trust schools.

12. Curriculum and Teaching

In accordance with **RSE/PSHE statutory guidance**, we teach mental health through:

- Structured PSHE (following PSHE Association guidelines)
- RE and Collective Worship, addressing spiritual and emotional literacy
- Assemblies and theme weeks (e.g., Children's Mental Health Week)
- Promotion of Christian values such as hope, compassion, and forgiveness

13. Working with Parents and Carers

Trust schools should work proactively with families, respecting their perspectives and supporting them to engage with their child's mental health journey. We work in partnership with parents by:

- Offering support, resources, and guidance
- Involving them in constructing care plans and making referrals
- Hosting sensitive and supportive meetings and workshops
- Encouraging open and respectful communication

When a concern has been raised, each school will:

  - Share their concerns with the parent/carer (unless it is a child protection issue).
  - Offer clear information to take away and places to seek further information

- Discuss and agree next steps collaboratively.
- Keep parents/carers up to date and informed about any support and interventions in place.
- Keep records of communication and follow-up actions.

Empowering parents and carers helps build a consistent support network around each child.

14. Pupil Voice

Children and young people can offer unique perspectives on what it is like to be a pupil at one of our Trust schools. Involving them in decision-making can create meaningful change and better academic outcomes, as well as facilitating a sense of empowerment and inclusion. In line with PHE and DfE best practice, we:

- Provide regular opportunities for pupils to share their experiences, views and hopes e.g. through school council, pupil questionnaires and other pupil voice activities.
- Reassure pupils that it is safe and important for them to express their views on what happens at school.
- Assure pupils what they say is valued and that they will be listened to, and their views considered.

15. Staff Training and Supervision

To ensure staff fulfil their statutory safeguarding and SEND duties, we:

- Offer specialist CPD to Mental Health Leads, DSLs, and SENDCos
- Signpost staff to support (e.g., Education Support Partnership)

16. Monitoring, Review and Evaluation

This policy's effectiveness will be monitored by each school's Leadership Team which may include the Mental Health Lead, SENDCo and Safeguarding Lead. It will be reviewed every three years or sooner if deemed necessary.

17. Complaints

An individual wishing to make a complaint regarding the school's actions in relation to this policy, should discuss this with the head teacher in the first instance. If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in the CDAT's complaints policy.

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

Below, we have sign-posted information and guidance about the issues most commonly seen in schoolaged children. The links will take you through to the most relevant page of the listed website. Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to 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

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

Depression Alliance: www.depressionalliance.org/information/what-depression

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-to-day life, intervention is needed.

Online support Anxiety UK: www.anxietyuk.org.uk

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 in order 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

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

On the edge: ChildLine spotlight report on suicide.

Eating problems

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.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-inyounger-children.

Appendix B: Guidance and advice documents

Promoting and supporting mental health and wellbeing in schools and colleges - departmental advice for school staff. Department for Education (2021)

Mental health issues affecting a pupil's attendance: guidance for schools - departmental advice for school staff. Department for Education (2023)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education

Guidance on teaching about mental health and emotional well-being – PSHE Association

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education 2014.

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

Appendix C: Sources or support at school & local community

School Based Support

Schools to list. Examples could include:

Activities to engage and work with vulnerable pupils in small groups

Cool Connections and The Resilient Classroom intervention groups.

Nurture group

Safe Play for those who find playtime and lunchtime difficult and noisy

Supportive classrooms with positive reward systems

Quiet areas

Forest School- weekly sessions for each class

Social groups

Ensuring prejudice of any kind is challenged

Teaching children and young people to value and respect the views of others

Use of restorative approaches

PHSE schemes of work –HeartSmart, PSHE Association, No Outsiders

Children actively encouraged to lead an active lifestyle through PE at school including a range of before and after school clubs

Residential trips and visits

Representing the school at events

Celebration assemblies

Emails/messages home to parents or carers for positive behaviour choices and achievements in school

Weekly newsletter highlighting achievements and celebrations both within school and outside of school

Childline posters

Home-School link reading diary

Mental Health page on the school website with useful links for both pupils and parents to access

Local Support Used

Schools to add.

Appendix D:

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 relevant school policies on pastoral care and child protection 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 theymight 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.

Appendix E: What makes a good 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 CMHS 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/carer 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 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?