OUR LADY OF LOURDES

CATHOLIC MULTI-ACADEMY TRUST

Pupil Mental Health & Wellbeing Policy

Sept 2026

Nottingham Diocese Multi Academy Trusts

CATHOLIC SCHOOLS Moving Forward Together

Title of policy:	Pupil Mental Health & Wellbeing Policy
Author and policy owner in the Executive Team:	Lisa Floate (Director of Performance & Standards)
Reviewer:	
Normal review frequency:	Annual, or sooner in response to statutory guidance, local safeguarding updates, or Trust review.
Version number:	1.1
Committee approval date:	10th July 2026
Trust Board approval date:	17th July 2026
Date of next review:	June 2027

Document review and editorial updates:			
Version control	**Date**	**Reason for Revision**	**Key revisions included**
2025/26 1.0	**1.6.26**	**Annual Review**	**Policy updated for 2026/27 academic year.** **Updated guidance links, graduated response, attendance and behaviour links, risk assessment and safety planning, confidentiality wording, postvention/critical incident response, monitoring and review, and revised appendices.**

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Our Mission Statement

We are a partnership of Catholic schools.

Our aim is to provide the very best Catholic education for all in our community and so improve life chances through spiritual, academic and social development.

By placing the person and teachings of Jesus Christ at the centre of all that we do, we will:

- Follow the example of Our Lady of Lourdes by nurturing everyone in a spirit of compassion, service and healing
- Work together so that we can all achieve our full potential, deepen our faith and realise our God-given talents
- Make the world a better place, especially for the most vulnerable in our society, by doing ***'little things with great love'*** *St Thérèse of Lisieux*

Corinthians 1:3-4 "Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God".

Policy Statement

"Good 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 Trust, our primary goal is to foster positive mental health for every pupil. We strive to achieve this objective by employing both broad, school-wide strategies and specialised, targeted approaches tailored to support vulnerable pupils.

In addition to promoting positive mental health, our mission is to identify and respond to instances of mental ill health. Statistics show that, on average, three children in a typical classroom are grappling with diagnosable mental health issues. By crafting and implementing practical, relevant, and effective mental health policies and procedures, we create a safe and supportive environment for pupils directly or indirectly affected by mental ill health **(Refer to Appendix F for examples of mental health conditions).**

Scope

This document outlines the Trust's approach to promoting positive mental health and well-being. This policy serves as a guiding document for all staff, including non-teaching staff and governors.

It is essential to consider this policy alongside our safeguarding policy and PSCHE/RSHE policy, especially when a pupil's mental health presents concern regarding their general well-being and safety. Additionally, the SEND policy comes into play when dealing with pupils who have identified special educational needs.

This policy should also be read alongside the Trust Attendance Policy, Behaviour Policy, Online Safety Policy, SEND Policy, Safeguarding and Child Protection Policy, and any relevant critical incident or bereavement procedures. Mental health concerns may overlap with safeguarding, SEND, attendance, behaviour, medical needs, trauma, neurodiversity, family circumstances and online harm. Staff should avoid viewing mental health concerns in isolation and should seek advice from the DSL, SENCo, Mental Health Lead or relevant senior leader where concerns are complex or escalating.

Policy Aims

Our policy aims to:

- Foster positive mental health in all pupils.
- Raise awareness and understanding of common mental health issues.
- Enable staff to recognise early warning signs of mental ill health.
- Offer support to staff working with young people facing mental health challenges.
- Provide support to pupils struggling with mental ill health, as well as their peers and parents or carers.

Lead Members of Staff and all Staff Responsibilities

While all staff members share the responsibility for promoting pupils' mental health, our Trust expects each school to designate staff with specific and relevant roles, appropriate to the academy's size and educational phase. Some staff members may hold multiple roles in this regard.

These responsibilities generally encompass:

- The Designated Safeguarding Lead (DSL)
- The Senior Mental Health Lead (MHL)
- The Youth Mental Health First Aider (YMHFA)
- The Adult Mental Health First Aider (AMHFA)

Any staff member who becomes concerned about a pupil's mental health or well-being should consult the Senior Mental Health Lead, a staff member trained as a Youth Mental Health First Aider, or a member of the Safeguarding team, especially in safeguarding cases. In situations where a pupil is at immediate risk of harm, standard child protection procedures must be followed, with an immediate referral to a member of the Safeguarding team and utilising CPOMS. In the case of a medical emergency, standard procedures for medical emergencies should be observed, including notifying first-aid staff and, if necessary, contacting emergency services.

When a referral to CAMHS (Child and Adolescent Mental Health Services) is deemed necessary, this will be led and managed by the SENCo, the Mental Health Lead, or a member of the Safeguarding Team in cases involving safeguarding issues **(Refer to Appendix E for guidance on referring to CAMHS).**

Graduated response to pupil mental health and wellbeing concerns

Schools will use a graduated response when concerns are identified about a pupil's mental health or wellbeing. This ensures that support is proportionate, timely and regularly reviewed.
Universal support may include tutor support, pastoral check-ins, Personal Development / PSHCE curriculum, assemblies, chaplaincy support, signposting, wellbeing resources and whole-school approaches to belonging and emotional wellbeing.

Early support may include discussion with parents/carers, pastoral mentoring, ELSA support where available, support from a Youth Mental Health First Aider, reasonable adjustments, monitoring through CPOMS, and review by the Mental Health Lead, SENCo or safeguarding team as appropriate.
Targeted support may include an agreed support plan, Early Help, involvement of the SENCo, referral to school-based counselling or wellbeing provision where available, liaison with external agencies, or referral to the Mental Health Support Team where this is available.

Specialist or urgent support may include referral to CAMHS, GP, crisis services, social care, police or emergency services, depending on the level of risk and need. Where there is immediate risk of harm, staff must follow safeguarding and emergency procedures without delay.
Support should be reviewed regularly, and schools should keep clear records of concerns, actions taken, parental contact, pupil voice, professional advice and agreed next steps.

Teaching about Mental Health

The skills, knowledge and understanding pupils need to keep themselves and others physically and mentally healthy and safe are taught through the school's Personal Development / PSHCE curriculum. This learning is also promoted through wider whole-school opportunities, including World Mental Health Day, Mental Health Awareness Week and Children's Mental Health Week, as well as through assemblies, Celebration of the Word, chaplaincy provision and other relevant pastoral and curriculum activities.

Schools should also include any additional school-specific approaches to teaching and promoting mental health and wellbeing, for example through tutor time, enrichment, peer mentoring, targeted workshops, external speakers or local pastoral provision.

Mental health education will be delivered in line with the current statutory Relationships Education, Relationships and Sex Education and Health Education guidance, including any updated requirements implemented from September 2026. Schools will ensure that teaching is age-appropriate, carefully sequenced and responsive to the needs of pupils.

Teaching will also help pupils understand how online experiences can affect mental health and wellbeing. This includes learning about social media use, cyberbullying, harmful content, body image, peer pressure, online abuse, self-harm content and exposure to distressing material. This will be taught in line with the school's Online Safety Policy, Safeguarding and Child Protection Policy and Personal Development / PSHCE curriculum.

Our message to pupils is that mental health matters and should be regarded with the same importance as physical health.

Isaiah 41:10 "So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you".

Signposting

We will ensure that staff, pupils, and parents are aware of sources of support within school and in the local community and support access to these services as outlined in **Appendix C – Sources of support within the local community.**

Relevant support resources will be displayed in communal areas, such as display boards and toilets, and pupils will be regularly informed about these resources through the curriculum. When highlighting support resources, we will ensure that pupils understand:

- What help is available.
- Who it is intended for.
- How to access it.
- Why they should access it.

- What to expect after seeking help.

Warning Signs

School staff may notice warning signs indicating that a pupil is experiencing mental health or emotional well-being issues. These signs should **always** be taken seriously, and any staff member observing them should communicate their concerns with our mental health lead or a member of the safeguarding team in cases of safeguarding issues.

Possible warning signs include (*this list is an indicator of possible signs and not limited to other behaviours that may be exhibited by the pupil*):

- 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 participation.
- Changes in mood including both low mood and hyperactivity.
- 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.
- Avoiding PE or getting changed secretively.
- Repeated physical pain or nausea with no evident cause.
- An increase in lateness or absenteeism.

(See Appendix F for warning signs of selected mental health illnesses)

Mental health, attendance and behaviour

Where mental health concerns appear to be affecting attendance, punctuality, behaviour, engagement or participation in school life, leaders will work with the pupil, parents/carers and relevant professionals to understand the barriers and agree proportionate support.

This may include pastoral support, reasonable adjustments, phased reintegration, Early Help, SEND review, health advice, support from the Mental Health Support Team where available, or referral to external services. Schools should avoid assuming that absence, behaviour or disengagement is solely the result of a mental health need without appropriate discussion, assessment and review.

Where a pupil's mental health is affecting attendance, schools will continue to follow the Trust Attendance Policy and statutory attendance expectations, while ensuring that support is compassionate, individualised and appropriately recorded.

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff. All staff should know how to respond calmly, supportively and in line with the school's normal safeguarding procedures.
If a pupil discloses concerns about their own mental health or that of another pupil, the member of staff should listen carefully, remain calm, be non-judgemental and avoid making promises of confidentiality. Staff should prioritise the pupil's emotional and physical safety and should not attempt to investigate, diagnose or resolve the issue themselves.

The Trust promotes the use of the ALGEE approach, outlined in Appendix D, to support sensitive initial responses to mental health concerns. This approach should be used alongside, and not instead of, the school's Safeguarding and Child Protection Policy.

Any concern arising from a disclosure should be recorded and shared in line with the school's normal safeguarding, pastoral and CPOMS procedures. Where there is any indication of risk of harm, self-harm, suicidal thoughts, abuse, neglect, exploitation or significant vulnerability, staff must report this to the Designated Safeguarding Lead or safeguarding team without delay. Not all mental health disclosures will meet the threshold for a child protection referral; however, any disclosure which indicates risk of harm, abuse, neglect, exploitation, suicidal ideation, self-harm, significant vulnerability or immediate danger must be managed in line with the Safeguarding and Child Protection Policy.

The safeguarding team will assess the concern and determine the appropriate next steps, which may include parental contact where safe and appropriate, pastoral support, Early Help, SEND involvement, external agency advice, CAMHS referral, crisis support or emergency action. **Further guidance on CAMHS referrals is included in Appendix E.**

Risk assessment, safety planning and urgent concerns

Where a pupil presents with significant distress, self-harm, suicidal thoughts, eating disorder concerns, panic attacks, risk-taking behaviour or any indication that they may be at risk of harm, staff must seek advice from the DSL or safeguarding team immediately and follow the procedures outlined in the Safeguarding and Child Protection Policy.

A risk assessment or safety plan should be considered where appropriate and recorded in line with school safeguarding procedures. This should identify the presenting concern, known triggers, protective factors, agreed support, parental contact, external agency involvement, actions to reduce risk, and arrangements for review.

Where there is immediate risk of harm, staff must not delay action. Emergency services, crisis services, parents/carers, social care or other relevant professionals should be contacted in line with safeguarding procedures. Staff should not manage high-risk mental health concerns in isolation.

Where a pupil returns to school following a mental health crisis, hospital attendance, extended absence, CAMHS involvement or significant safeguarding concern, leaders should consider whether a reintegration plan, risk assessment, reasonable adjustments, pastoral support or multi-agency meeting is required.

Confidentiality

At the earliest opportunity, we should be transparent regarding the issue of confidentiality. Pupils need to understand that information may need to be shared if the staff member believes that either the child themselves or others are at risk, as per the safeguarding policy.

If it is necessary to share concerns about a pupil, we should discuss this with the pupil, explaining:

- Who we are going to talk to.
- What we are going to tell them.
- Why we need to tell them.

Wherever safe and appropriate, staff should explain to the pupil what information needs to be shared, with whom, and why. However, staff must not promise confidentiality. Where there is a safeguarding concern, or where informing the pupil, parent or carer may increase risk, **staff must seek advice from the DSL and follow the Safeguarding and Child Protection Policy**. Ideally, we should obtain their consent, although there are situations where information must always be shared with another staff member and/or a parent or carer, as outlined in the Safeguarding Policy. If in doubt, **consult your DSL** for guidance.

If a pupil provides reason to believe that there may be underlying child protection issues within the family, parents should not initially be contacted, but the safeguarding team must be informed immediately.

Working with Parents & Carers

When it is deemed appropriate to inform parents or carers, we should approach the situation with sensitivity. Before disclosing to parents or carers, we should consider the following questions on a case-by-case basis:

- Can the meeting happen face to face? This is preferable.
- Where should the meeting take place? At school, at their home, or in a neutral location?
- Who should be present? Consider parents or carers, the pupil, and other staff members.
- What are the goals of the meeting?

It can be shocking and distressing for parents to learn of their child's mental health issues, and many may initially react with anger, fear, or sadness. We should be accepting of their emotional responses within reasonable limits and allow them time to process the information.

We should always provide further information sources and share leaflets with parents or carers, when possible, as they may struggle to absorb much information during this emotional period. Sharing specific sources of support for parents, such as helplines and forums, can also be beneficial **(Refer to Appendix A and C for examples).**

We should make it easy for parents to contact us with additional questions and consider scheduling a follow-up meeting or phone call right away, as parents often have many questions as they digest the information. Each meeting should conclude with agreed-upon next steps, and a brief record of the meeting should be recorded in CPOMS.

Parents are often appreciative of the support and information they receive from the school regarding their children's emotional and mental health. To support parents, we will:

- Highlight information and support resources related to common mental health issues on our school website.
- Ensure that all parents know who to contact and how to do so if they have concerns about their own child or a friend of their child.
- Make our Pupil Mental Health & Wellbeing policy easily accessible to parents.

- Keep parents informed about the mental health topics their children are learning about in Personal Development / PSHCE and provide ideas for extending and exploring this learning at home.

Where there are safeguarding concerns, staff should seek advice from the DSL before contacting parents or carers. In some circumstances, contacting parents or carers without advice may increase risk to the pupil or compromise safeguarding action. Decisions about parental contact should be clearly recorded.

Supporting Peers

When a pupil is grappling with mental health issues, it can be a challenging time for their friends. These friends often want to offer support but may not know how to. In the case of self-harm or eating disorders, friends may even inadvertently learn unhealthy coping mechanisms from each other.

To ensure the safety of peers, we will consider on a case-by-case basis which friends may require additional support. This support can be provided through one-on-one or group settings and should be guided by discussions with the pupil experiencing mental health challenges and their parents.

Topics covered in these conversations may include:

- What friends should know and what should be kept confidential.
- How friends can best provide support.
- Actions and statements to avoid, as they may inadvertently cause distress.
- Signs indicating that their friend may need help, such as signs of relapse.

Additionally, we should inform peers about:

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

Postvention, bereavement and critical incidents

Where a serious mental health incident, attempted suicide, death by suicide, sudden bereavement or traumatic event affects the school community, the school will follow safeguarding, critical incident and bereavement procedures. Leaders will seek specialist advice where required and will carefully consider communication, support for affected pupils and staff, management of peer impact, signposting, and any risk of contagion or further harm.

Support will be coordinated by senior leaders, the DSL, Mental Health Lead and relevant external professionals. Information will be shared sensitively and only with those who need to know.

Training

All staff members should receive regular training on recognising and responding to mental health issues as part of their standard Safeguarding training to ensure they can safeguard pupils effectively.

Additional professional development opportunities will be considered for staff who require more in-depth knowledge as part of our performance management process. Throughout the year, further Continuing

Professional Development (CPD) will be supported as needed based on evolving situations with one or more pupils.

Selected staff, primarily pastoral staff, have access to Youth Mental Health First Aid England Training, as detailed in Appendix D.

As a Trust, we will compile data on mental health and well-being issues in all schools to provide a comprehensive overview. Schools will use CPOMS or similar mechanisms to track pupil data. When the need arises, we will organise central training sessions for lead staff to enhance their understanding of specific issues related to pupil mental health and well-being. School Youth Mental Health First Aiders are encouraged to suggest individual, group, or whole school/Trust professional development opportunities, which will be discussed with the Trust Youth Mental Health Lead First Aider, Helen Flint, who can also point out relevant training and support sources as needed.

Mental Health First Aiders are not counsellors, therapists or clinical practitioners. Their role is to provide initial support, listen non-judgementally, encourage appropriate help, signpost to support and escalate concerns where needed. They should not be expected to hold complex cases alone or replace safeguarding, pastoral, SEND, medical or specialist mental health services.

Our Lady of Lourdes Catholic Multi Academy Trust aims for each Primary School to have an Emotional Literacy Support Assistant (ELSA) trained TA working within the school.

Monitoring and review

The implementation of this policy will be monitored through school and Trust quality assurance processes. This may include review of CPOMS data, safeguarding and pastoral trends, attendance and behaviour information, training records, pupil voice, parent/carer feedback, staff feedback and evaluation of support for vulnerable groups.

The nominated Mental Health Governor will provide appropriate oversight by seeking assurance that the school has clear systems for identifying need, responding to concerns, signposting support, recording actions, reviewing impact and escalating safeguarding concerns. Trust-level themes may be reviewed to identify further training, resource or support needs across schools.

Appendices

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

National context

Children and young people's mental health remains a significant national concern. The information below provides useful context for schools, staff, governors, parents and carers. It should be used to support awareness and signposting, but it should not replace school safeguarding procedures, professional advice or referral pathways.

Key national information

• In 2023, around one in five children and young people in England aged 8 to 25 had a probable mental disorder. This included 20.3% of 8 to 16-year-olds, 23.3% of 17 to 19-year-olds and 21.7% of 20 to 25-year-olds.

• The NHS survey series shows that rates of probable mental disorder increased between 2017 and 2020 and remained high between 2022 and 2023.

• Children and young people can experience long waits for specialist mental health support. NHS Digital published further information in 2025 on waiting times for children and young people accessing secondary mental health, learning disability and autism services in England.

• The Children's Commissioner's 2025 briefing on children's mental health services reported that children who were still waiting for support at the end of 2023–24 had waited, on average, nearly six months for treatment to begin, with almost a third waiting over a year.

• Suicide remains the leading cause of death for young people under the age of 35 in the UK. PAPYRUS reports that 1,866 young people under 35 died by suicide in the UK in 2024.

• Self-harm and suicidal thoughts should always be taken seriously. Any concern about self-harm, suicidal ideation, immediate risk, or significant emotional distress must be shared with the Designated Safeguarding Lead or safeguarding team without delay.

• Schools have an important role in promoting wellbeing, reducing stigma, identifying concerns early, supporting pupils to seek help and working with parents/carers and external agencies where additional support is needed.

Useful national information links

• NHS Digital: Mental Health of Children and Young People in England, 2023

• NHS England: One in five children and young people had a probable mental disorder in 2023

• NHS Digital: Waiting times for children and young people's mental health services, 2023–24

• Children's Commissioner: Children's mental health services 2023–24

• Department for Education: Promoting and supporting mental health and wellbeing in schools and colleges

• Department for Education: Relationships Education, Relationships and Sex Education and Health Education statutory guidance

• Keeping Children Safe in Education

• PAPYRUS: Suicide statistics

• YoungMinds: Mental health statistics

Sources of support and further guidance

The following organisations provide useful information, guidance or support. Schools should check links and local referral routes annually before publication, as services and access arrangements may change.

Organisation	Website	Support offered
Anna Freud	annafreud.org	Evidence-informed resources, training and guidance on children and young people's mental health.
Mentally Healthy Schools	mentallyhealthyschools.org.uk	Practical resources for schools to support mental health and wellbeing.
YoungMinds	youngminds.org.uk	Mental health information for young people, parents/carers and schools, including a parent helpline.

Childline	childline.org.uk	Free, confidential support for children and young people.
Mind	mind.org.uk	Mental health information, guidance and signposting.
The Charlie Waller Trust	charliewaller.org	Mental health training, resources and guidance for families, schools and professionals.
PAPYRUS	papyrus-uk.org	Suicide prevention information and support for young people and those concerned about them.
HOPELINE247	papyrus-uk.org/hopeline247	Confidential suicide prevention support for young people and anyone concerned about a young person.
Samaritans	samaritans.org	24-hour emotional support for anyone in distress.
Shout	giveusashout.org	Free, confidential 24/7 text support for anyone struggling to cope.
Beat	beateatingdisorders.org.uk	Information and support for eating disorders.
Harmless	harmless.org.uk	Support, training and resources linked to self-harm and suicide prevention.
Hub of Hope	hubofhope.co.uk	National database for finding local mental health support.
Kooth	kooth.com	Online mental health and wellbeing support for young people, where locally commissioned.
NHS 111	111.nhs.uk	Urgent health advice, including mental health crisis support routes where available.
NHS mental health services	nhs.uk/mental-health	NHS information about mental health conditions, support and services.

Emergency and urgent support

If a pupil is at immediate risk of harm, staff must follow the school's safeguarding and emergency procedures without delay. This may include contacting the Designated Safeguarding Lead, parents/carers where appropriate, emergency services, crisis services, social care or other relevant professionals.

Where there is an immediate risk to life, call 999.

Appendix B: Guidance and Advice documents

This appendix is not intended to provide an exhaustive list of all national or local guidance. It highlights key documents and pathways that are relevant to this policy. Schools must continue to use professional judgement, follow current statutory guidance and check the relevant local authority, NHS and safeguarding partnership information where a pupil's circumstances require more specific advice.

The following guidance and advice documents should be used to support the implementation of this policy. Schools should check links, referral routes, service thresholds and contact details annually, or sooner where national or local guidance is updated.

National statutory and Department for Education guidance

Document / guidance	Source	Relevance to this policy	Link
Keeping Children Safe in Education	Department for Education	Statutory safeguarding guidance for schools and colleges. This should be followed where mental health concerns may indicate a safeguarding concern, risk of harm, abuse, neglect, exploitation or vulnerability.	https://www.gov.uk/government/publications/keeping-children-safe-in-education--2
Relationships Education, Relationships and Sex Education and Health Education statutory guidance	Department for Education	Sets out statutory expectations for teaching pupils about physical health, mental wellbeing, relationships, online safety and how to seek help. Revised guidance was published in July 2025 for implementation from September 2026.	https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education
Promoting and supporting mental health and wellbeing in schools and colleges	Department for Education	Provides guidance on developing a whole-school or college approach to mental health and wellbeing, including the role of senior mental health leads and evidence-informed practice.	https://www.gov.uk/guidance/promoting-and-supporting-mental-health-and-wellbeing-in-schools-and-colleges
Mental health and wellbeing support in schools and colleges	Department for Education	Provides practical resources to support schools and colleges in developing a whole-school approach to mental health and wellbeing.	https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges
Mental Health and Behaviour in Schools	Department for Education	Non-statutory advice for schools on the link between mental health and behaviour, identifying possible mental health concerns, putting support in place and working with external agencies.	https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2
Mental health issues affecting a pupil's attendance: guidance for schools	Department for Education	Provides guidance for schools on supporting attendance where pupils are experiencing social, emotional or mental health issues.	https://www.gov.uk/government/publications/mental-health-issues-affecting-a-pupils-attendance-guidance-for-schools
Working together to improve school attendance	Department for Education	Statutory guidance for schools, trusts, governing bodies and local authorities on improving school attendance, including working with families and other agencies.	https://www.gov.uk/government/publications/working-together-to-improve-school-attendance
Behaviour in schools: advice for headteachers and school staff	Department for Education	Provides advice on maintaining high standards of behaviour and should be read alongside mental health and behaviour guidance where behaviour may indicate unmet need or vulnerability.	https://www.gov.uk/government/publications/behaviour-in-schools--2

Supporting pupils with medical conditions at school	Department for Education	Statutory guidance on supporting pupils with medical conditions, including where mental health needs may interact with medical needs, individual healthcare plans or reasonable adjustments.	https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
Special educational needs and disability code of practice: 0 to 25 years	Department for Education / Department of Health	Statutory guidance on SEND. This should be considered where mental health needs may overlap with SEND, SEMH, neurodiversity, disability or reasonable adjustments.	https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Whole-school mental health and wellbeing guidance

Document / guidance	**Source**	**Relevance to this policy**	**Link**
Promoting children and young people's mental health and wellbeing: a whole-school or college approach	Public Health England / Office for Health Improvement and Disparities	Sets out the eight principles of a whole-school and college approach to promoting emotional health and wellbeing.	https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing
Anna Freud: Schools and colleges mental health resources	Anna Freud	Provides evidence-informed resources, toolkits and guidance for schools and colleges, including whole-school approaches, targeted support and practical classroom resources.	https://www.annafreud.org/resources/schools-and-colleges/
Mentally Healthy Schools	Anna Freud	Provides practical resources to support mental health and wellbeing in schools, including resources for staff, pupils and parents/carers.	https://www.mentallyhealthyschools.org.uk/
Measuring and monitoring children and young people's mental wellbeing	Anna Freud / CORC	Provides guidance and tools to help schools and colleges understand, measure and monitor pupil mental wellbeing.	https://www.annafreud.org/resources/schools-and-colleges/measuring-and-monitoring-children-and-young-peoples-mental-wellbeing/
Make it Count: Guide for pupils	Mental Health Foundation	Provides accessible advice for children and young people about looking after their mental health and seeking help when needed.	https://www.mentalhealth.org.uk/explore-mental-health/publications/make-it-count-guide-pupils
Make it Count: policy briefing	Mental Health Foundation	Sets out the importance of placing mental health and wellbeing at the heart of children's school experience.	https://www.mentalhealth.org.uk/sites/default/files/2022-09/make-it-count-policy-briefing.pdf

NHS mental health support	NHS	Provides information about mental health conditions, urgent support and routes to NHS mental health services.	https://www.nhs.uk/mental-health/
NHS urgent mental health support	NHS	Provides information about how to access urgent mental health help.	https://www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/

Local guidance and referral information

Schools should refer to the local authority and NHS guidance relevant to the pupil's home address, GP registration and local service arrangements. Across the Trust, pupils may live in, attend school in, or be registered with services across different local authority and NHS areas. Schools must therefore check the relevant local authority, NHS, CAMHS, Early Help, SEND and safeguarding partnership pathways for the pupil's home address, school location, GP registration and local service arrangements.

Nottinghamshire and Nottingham City

Document / guidance & Link	**Source**	**Relevance to this policy**
Nottinghamshire CAMHS	Nottinghamshire Healthcare NHS Foundation Trust	Provides information about Child and Adolescent Mental Health Services for children and young people up to the age of 18 in Nottinghamshire.
Nottinghamshire CAMHS self-referral	Nottinghamshire Healthcare NHS Foundation Trust	Provides the online referral route for Nottinghamshire CAMHS. Referrals are reviewed by the service and schools should follow local safeguarding and consent procedures.
Nottinghamshire CAMHS Mental Health Support Teams	Nottinghamshire Healthcare NHS Foundation Trust	Provides information about Mental Health Support Teams where these are available locally.
Nottingham City CAMHS	Nottingham City Council	Provides information about CAMHS support for children and young people across Nottingham City.
Nottingham City CAMHS referral information	Nottingham City Council	Provides information about how children, young people, parents/carers and professionals can access CAMHS support in Nottingham City.

Nottinghamshire SEND Local Offer	Nottinghamshire County Council	Provides information about SEND services and support for children and young people with additional needs.
Nottingham City SEND Local Offer	Nottingham City Council / Ask Lion	Provides information about local support for children and young people with SEND in Nottingham City.
Emotional Health and Wellbeing	Nottingham Schools	Provides local information and resources linked to emotional health, resilience and whole-school approaches.

Lincolnshire

Document / guidance & Link	Source	Relevance to this policy
Lincolnshire Young Minds	Lincolnshire Partnership NHS Foundation Trust	Provides information for children, young people, parents/carers and professionals about emotional wellbeing and mental health services in Lincolnshire.
Lincolnshire self-referral information	Lincolnshire Partnership NHS Foundation Trust	Explains how children, young people and families can self-refer to children and young people's services, including CAMHS, Healthy Minds Lincolnshire and Mental Health Support Teams.
Lincolnshire Children and Young People Access Team	Lincolnshire Partnership NHS Foundation Trust	Reviews referrals into Healthy Minds, Mental Health Support Teams and CAMHS to identify the most appropriate support.
Lincolnshire Healthy Minds	Lincolnshire Partnership NHS Foundation Trust	Provides support for children and young people experiencing emotional wellbeing difficulties, including early intervention support.
Lincolnshire CAMHS	Lincolnshire Partnership NHS Foundation Trust	Provides specialist support and treatment for children and young people experiencing mental health difficulties.
Lincolnshire Here4You advice line	Lincolnshire Partnership NHS Foundation Trust / Lincolnshire services	Provides mental health and emotional wellbeing advice for children, young people, families and professionals.
Lincolnshire Emotional Based School Avoidance guidance	Lincolnshire County Council	Provides guidance for schools on emotional based school avoidance, including early intervention and support where emotional wellbeing affects attendance.
Lincolnshire SEND Local Offer	Lincolnshire County Council	Provides information about support for children and young people with SEND and their families.

North Lincolnshire

Document / guidance & Link	Source	Relevance to this policy
North Lincolnshire young people's mental health	North Lincolnshire Council	Provides information for young people and parents/carers about mental health support, self-care, bereavement, suicide prevention and local services.
North Lincolnshire CAMHS	Rotherham Doncaster and South Humber NHS Foundation Trust	Provides Child and Adolescent Mental Health Services for children and young people in North Lincolnshire.
North Lincolnshire SEND Local Offer: Health and wellbeing	North Lincolnshire Council	Provides local information about health, wellbeing, medical needs and support for children and young people with SEND.
North Lincolnshire SEND Local Offer	North Lincolnshire Council	Provides information for families, children and young people with SEND aged 0 to 25.
North Lincolnshire Children's Multi-Agency Resilience and Safeguarding arrangements	North Lincolnshire local safeguarding partnership	Provides local safeguarding partnership information and should be considered where mental health concerns overlap with safeguarding risk.

Additional note for schools

Schools should also refer to local safeguarding partnership guidance, local CAMHS referral pathways, Mental Health Support Team information where available, Early Help guidance, SEND local offer information, and any Trust safeguarding, attendance, behaviour, online safety, medical needs and SEND policies.

Where there is immediate risk of harm, staff must follow the school's safeguarding and emergency procedures without delay. This may include contacting the Designated Safeguarding Lead, parents/carers where appropriate, emergency services, crisis services, social care or other relevant professionals.

Where there is an immediate risk to life, call 999.

Appendix C: Sources of support at school and in the local community

This appendix is not intended to list every possible source of support. Schools should include the services most relevant to their local context and pupil community, and should signpost families to the appropriate local authority, NHS, safeguarding, Early Help, SEND and commissioned support pathways where more specific information is required. Schools must check local support information, referral routes, phone numbers, email addresses and service thresholds annually before publication, and sooner if local services or pathways change.

This appendix should be localised by each school so that pupils, parents/carers and staff can clearly see what support is available in school and in the local area. Schools should ensure that the information reflects the local

authority area, NHS pathway and commissioned services relevant to their pupils. Across the Trust, this may include Nottinghamshire, Nottingham City, Lincolnshire and North Lincolnshire.

School-based support

Schools should list the full range of in-school support available to pupils. This may include pastoral staff, tutor support, chaplaincy support, ELSA support, Youth Mental Health First Aiders, counselling, safeguarding support, SEND support, school nursing, Mental Health Support Teams where available, and other local provision.

Name of support	What does it offer?	Who is it for?	How is it accessed?
Mental Health Lead	Oversight of the school's mental health and wellbeing approach, support planning, signposting and liaison with relevant staff and external services.	Pupils where there are concerns about mental health or wellbeing.	Staff referral, pastoral referral, safeguarding referral, parent/carer contact or pupil request, in line with school procedures.
Pastoral / Progress Team	Non-specialist pastoral support, check-ins, mentoring, emotional support and signposting.	Pupils experiencing general low mood, anxiety, friendship issues, stress, bereavement, family worries or other wellbeing concerns.	Tutor, Progress Leader, Head of Year, parent/carer contact or pupil request.
Youth Mental Health First Aider	Initial support, non-judgemental listening, reassurance, signposting and escalation where needed.	Pupils who may need initial support with emotional wellbeing or mental health concerns.	Staff referral, pupil request or through the pastoral/safeguarding team.
ELSA / Emotional Literacy Support	Planned emotional literacy support, usually delivered through individual or small-group work.	Pupils who would benefit from support with emotional regulation, resilience, social skills, bereavement, self-esteem or anxiety.	Referral through pastoral team, SENCo or Mental Health Lead.
School Counselling / Wellbeing Support, where available	One-to-one emotional wellbeing or counselling support, depending on school provision.	Pupils experiencing specific emotional or mental health difficulties who may benefit from more targeted support.	Referral through the Mental Health Lead, pastoral team, SENCo or Designated Safeguarding Lead.
SENCo / SEND Team	Assessment of need, reasonable adjustments, ordinarily available provision, SEND support and liaison with external professionals.	Pupils where mental health concerns may overlap with SEND, SEMH, neurodiversity, disability, learning needs or an EHC plan.	Referral through school SEND procedures, pastoral team, Mental Health Lead or safeguarding team.
Safeguarding Team	Safeguarding support, risk assessment, referral to external agencies and response to concerns	Pupils where there are safeguarding concerns, risk of harm, self-harm, suicidal ideation, abuse, neglect,	Speak directly to a member of the safeguarding team. Immediate concerns must be reported without delay.

	where a pupil may be at risk of harm.	exploitation or significant vulnerability.	
Chaplaincy / Catholic Life Team	Pastoral, spiritual and emotional support, including opportunities for reflection, prayer, belonging and community support.	Pupils who would value pastoral or spiritual support as part of their wellbeing.	Pupil request, staff referral or through school chaplaincy arrangements.
Mental Health Support Team, where available	Early intervention mental health support in school, usually through Education Mental Health Practitioners.	Pupils with mild to moderate mental health or emotional wellbeing needs, where the school is supported by an MHST.	Referral through the school's named MHST link or EMHP, in line with local arrangements.

Local and external support

Schools should include the local services most relevant to their pupils and families. The services listed below are examples and should be checked, amended or removed by each school depending on local availability and commissioned provision.

Name of support	What does it offer?	Who is it for?	How is it accessed?
GP	Guidance, assessment and access to wider health and mental health support, including referrals where appropriate.	Pupils and families concerned about mental health, wellbeing or medical needs.	Contact the pupil's GP surgery.
NHS 111	Urgent health advice, including advice about mental health support routes where available.	Pupils or families needing urgent advice but where there is not an immediate risk to life.	Call 111 or visit https://111.nhs.uk/
Emergency services	Emergency response where there is immediate risk to life or serious harm.	Anyone at immediate risk of harm, or where urgent medical or emergency support is required.	Call 999.
CAMHS	Specialist NHS assessment and treatment for children and young people experiencing significant emotional, behavioural or mental health difficulties.	Pupils requiring specialist external mental health support.	Access routes vary by area and may include self-referral, parent/carer referral, GP referral, school referral or professional referral. Schools should follow the relevant local CAMHS pathway.

Mental Health Support Team, where available	Early intervention mental health support linked to schools.	Pupils, families and staff in schools supported by an MHST.	Through the school's named Education Mental Health Practitioner or local MHST referral route.
Kooth, where locally commissioned	Online counselling and emotional wellbeing support.	Young people wanting online support.	Visit https://www.kooth.com/
Childline	Free, confidential support for children and young people.	Children and young people needing someone to talk to.	Call 0800 1111 or visit https://www.childline.org.uk/
YoungMinds Parent Helpline	Advice and support for parents/carers worried about a child or young person's mental health.	Parents and carers.	Visit https://www.youngminds.org.uk/parent/
PAPYRUS HOPELINE247	Confidential suicide prevention advice and support for young people and anyone concerned about a young person.	Young people experiencing suicidal thoughts, or adults concerned about a young person.	Call 0800 068 4141, text 88247, or visit https://www.papyrus-uk.org/hopeline247/
Samaritans	Emotional support for anyone in distress.	Anyone who needs to talk.	Call 116 123 or visit https://www.samaritans.org/
Shout	Free, confidential 24/7 text support for anyone struggling to cope.	Anyone needing immediate text-based emotional support.	Text SHOUT to 85258 or visit https://giveusashout.org/
Beat	Information and support for eating disorders.	Pupils, families and staff seeking advice about eating disorders.	Visit https://www.beateatingdisorders.org.uk/
Harmless	Support and resources linked to self-harm and suicide prevention.	Young people, families and professionals seeking support or guidance linked to self-harm.	Visit https://harmless.org.uk/
Cruse Bereavement Support	Bereavement information and support.	Pupils and families affected by bereavement.	Visit https://www.cruse.org.uk/
Hub of Hope	National mental health support database.	Pupils, families and staff looking for local mental health services.	Visit https://hubofhope.co.uk/
CGL / Change Grow Live,	Drug and alcohol support.	Pupils affected by drug or alcohol misuse.	Access routes vary by local area. Schools should check the relevant local CGL service.

where locally available			
Healthy Families Team / School Nursing, where locally available	Health advice, wellbeing support and signposting for children, young people and families.	Pupils and families needing health or wellbeing advice.	Referral routes vary by local area and may include school referral, parent/carer contact or self-referral.
Domestic abuse support services	Advice, support and advocacy for those affected by domestic abuse.	Pupils and families affected by domestic abuse.	Schools should include the relevant local domestic abuse service for their area, for example Juno Women's Aid, Nottinghamshire Women's Aid, EDAN Lincs or other commissioned local provision.
Early Help	Coordinated support for children and families where additional needs are emerging.	Pupils and families who may benefit from multi-agency support.	Referral routes vary by local authority. Schools should follow the relevant Early Help pathway.

Local area information to include

Each school should add the most relevant local contacts for its area. This may include:

• Nottinghamshire CAMHS, Healthy Families, Mental Health Support Teams, Early Help, SEND Local Offer and domestic abuse support.
• Nottingham City CAMHS, CityCare Healthy Families, Mental Health Support Teams, Early Help, SEND Local Offer and domestic abuse support.
• Lincolnshire Here4You, Lincolnshire CAMHS, Healthy Minds Lincolnshire, Mental Health Support Teams, Early Help, SEND Local Offer and domestic abuse support.
• North Lincolnshire CAMHS, young people's mental health services, SEND Local Offer, Early Help and domestic abuse support.

Urgent concerns

If a pupil is at immediate risk of harm, staff must follow the school's safeguarding and emergency procedures without delay. This may include contacting the Designated Safeguarding Lead, parents/carers where appropriate, emergency services, crisis services, social care or other relevant professionals.

Where there is an immediate risk to life, call 999.

Appendix D: Mental Health First Aid England (MHFA)

A qualified Youth Mental Health First Aider is someone who has undertaken a two-day training course approved by MHFA England and holds a valid certificate of competence. MHFA is used in over 16 countries worldwide and was introduced into England by the National Institute for Mental Health England (NIMHE) in 2007. MHFA does not prepare people to become therapists. It does, however, enable people to recognise the symptoms of mental ill health, how to provide initial help (first aid) and how to guide a person towards appropriate professional help.

Mental Health First Aid England promote the following approach when supporting a young person experiencing poor mental health:

ALGEE:

Approach, assess, assist.

Listen non judgementally.

Give support and information.

Encourage appropriate professional help.

Encourage other support.



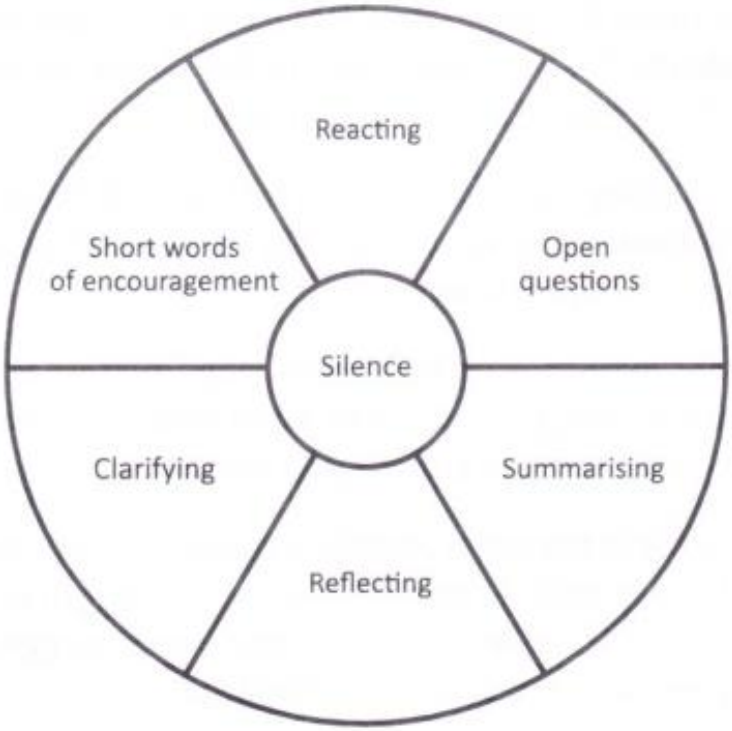
Non-judgmental listening

The way you respond to a young person when they disclose a potential mental health concern will greatly affect their willingness to access support in the future, so it is important that you are visibly non-judgmental in any interaction. Guidance given by MHFA includes the following:

- Seek to understand before you seek to be understood.
- Be non-judgemental.
- Give your undivided attention to the speaker.
- Use silence effectively (don't always rush to fill silences).
- Listen to the young person (don't assume things).
- Accept that their worries are real for them.
- Don't be critical, try not to get frustrated.
- Don't try to solve their problems (we are not the experts).
- The most common problem in communication is not listening.

(Source: Youth Mental Health First Aid England)

See below for the Listening wheel.



More information and guidance are available from the school's Mental Health First Aiders.

Appendix E: CAMHS referrals

A CAMHS referral must not be used as an alternative to safeguarding, social care, police, medical or emergency action where there is risk of harm or immediate danger. Where there is immediate risk to life, staff must follow safeguarding and emergency procedures without delay, including calling 999 where required.

Schools must check local CAMHS referral routes, phone numbers, online referral forms, service thresholds and consent requirements annually before publication, and sooner if local pathways change. CAMHS stands for Child and Adolescent Mental Health Services. CAMHS provides specialist assessment, support and treatment for children and young people experiencing significant emotional, behavioural or mental health difficulties. Access routes and thresholds vary by local area, and schools should refer to the relevant local pathway for the pupil's home address, GP registration and local NHS arrangements.

Across the Trust, relevant CAMHS pathways may include Nottinghamshire, Nottingham City, Lincolnshire and North Lincolnshire. Local pathway links are listed in Appendix B, and wider sources of support are listed in Appendix C.

When to consider a CAMHS referral

A referral to CAMHS may be considered where a pupil is experiencing significant or persistent mental health difficulties that require specialist assessment or support. This may include, but is not limited to:

- significant anxiety, low mood or emotional distress that is affecting daily functioning;
- self-harm or thoughts of self-harm;

- suicidal thoughts or concerns about risk to life;
- eating disorder concerns;
- trauma-related symptoms;
- obsessive or compulsive behaviours;
- severe emotional dysregulation;
- persistent difficulties that have not improved despite school-based or early help support;
- concerns where mental health needs are complex, escalating or linked to safeguarding, SEND, medical needs or wider family circumstances.

If the concern is urgent, schools should not wait for a written referral route. Advice should be sought immediately from the relevant crisis pathway, CAMHS advice line, GP, NHS 111, emergency services, social care or other relevant professionals, depending on the level of risk.

Where there is an immediate risk to life, call 999.

Before making or supporting a CAMHS referral

Before a referral is made, schools should consider what support has already been offered and what evidence can be shared. CAMHS services will usually want to understand what has been tried, what impact it has had and why specialist support is now being requested.

Schools should consider:

- What are the main concerns?
- How long have the difficulties been present?
- Why is support being sought now?
- Are the difficulties situation-specific or more generalised?
- What is the impact on attendance, learning, behaviour, relationships, sleep, eating, personal care or daily functioning?
- What support has already been provided by school?
- What has been the impact of this support?
- Has the pupil's voice been gathered?
- Have parents/carers been spoken to, where safe and appropriate?
- Are there any safeguarding concerns?
- Is the pupil known to social care?
- Is the pupil looked after or previously looked after?
- Does the pupil have SEND, an EHC plan, medical needs, neurodiversity or known communication needs?
- Are any other professionals or agencies involved?
- Are there any known risks to self, others or professionals?
- Are there any known protective factors?

Consent and information sharing

Where safe and appropriate, the referral should be discussed with the pupil and parents/carers. Consent requirements vary by pathway and age, so schools should check the relevant local guidance before making or supporting a referral. Where there is a safeguarding concern, or where seeking consent or informing parents/carers may increase risk, staff **must seek advice from the Designated Safeguarding Lead** and follow the school's Safeguarding and Child Protection Policy.

Recording and follow-up

Schools should record the referral, advice received, parental contact, pupil voice, risk assessment, agreed actions and next steps in line with school safeguarding and pastoral recording systems. Where a pupil is waiting for CAMHS assessment or support, the school should continue to provide proportionate support through its graduated response. This may include pastoral support, reasonable adjustments, SEND review, Early Help,

safeguarding support, attendance support, risk assessment, safety planning or referral to other appropriate services.

Schools should not assume that a referral to CAMHS removes the need for ongoing school-based support, monitoring or safeguarding action.

Appendix F: Mental health conditions, warning signs and risk factors.

This appendix provides general information to help staff recognise possible signs of mental health and wellbeing concerns. It is not intended to enable staff to diagnose mental health conditions. Staff should use this information alongside the school's safeguarding procedures, the graduated response outlined in this policy, and advice from the Designated Safeguarding Lead, Mental Health Lead, SENCo or appropriate external professionals.

Any concern about self-harm, suicidal thoughts, risk to life, significant emotional distress, abuse, neglect, exploitation or immediate risk must be shared with the safeguarding team without delay.

Anxiety

Anxiety is a natural and common response to stress, uncertainty or perceived threat. All children and young people may experience anxiety at times, particularly during periods of change, pressure or challenge. Concerns may arise when anxiety becomes persistent, overwhelming, out of proportion to the situation, or begins to affect a pupil's attendance, learning, relationships, behaviour, sleep, eating, participation or day-to-day life.

Possible signs of anxiety may include:

- frequent worry, fear or distress;
- avoidance of lessons, social situations, school events or specific places;
- repeated requests to leave the classroom or visit pastoral areas;
- physical symptoms such as stomach aches, headaches, nausea, dizziness or breathlessness;
- difficulty concentrating or making decisions;
- irritability, restlessness or becoming withdrawn;
- changes in sleep, appetite or energy levels;
- panic attacks or episodes of acute distress;
- increased reassurance-seeking;
- reduced attendance or increased lateness.

Panic attacks

A panic attack can be frightening for a pupil and may include symptoms such as rapid breathing, chest tightness, dizziness, shaking, sweating, feeling faint or feeling out of control.

Staff should:

- stay calm and speak in a reassuring manner;
- move the pupil to a quieter, safer space if possible;
- avoid crowding the pupil or drawing unnecessary attention;
- encourage slow, steady breathing;
- reassure the pupil that the feelings will pass;
- ensure an appropriate adult remains with the pupil until they are calm;
- record and report the incident in line with school procedures.

If staff are unsure whether the pupil is experiencing a panic attack, asthma attack, allergic reaction, heart-related symptoms or another medical emergency, they should seek first aid or medical assistance immediately. Where there is significant concern, call emergency services.

Low mood and depression

Low mood can be a normal response to difficult events, disappointment, stress or change. However, where low mood is persistent, intense or begins to affect a pupil's daily functioning, it should be taken seriously.

Possible signs may include:

- persistent sadness, tearfulness or emotional flatness;
- withdrawal from friends, activities or lessons;
- loss of interest in things the pupil previously enjoyed;
- changes in sleep, appetite, energy or personal care;
- reduced motivation, concentration or engagement;
- increased irritability, anger or sensitivity;
- negative self-talk, hopelessness or feelings of worthlessness;
- unexplained physical complaints;
- increased risk-taking behaviour;
- decline in attendance, punctuality or academic engagement;
- references to self-harm, death or suicide.

Staff should not dismiss concerns as "attention-seeking" or assume that a pupil's presentation is simply part of adolescence. **Any concern should be recorded and shared with the appropriate pastoral or safeguarding staff.**

Eating difficulties and eating disorders

Eating difficulties can affect pupils of any age, gender or background. Concerns may involve restriction of food, binge eating, purging, excessive exercise, intense fear of weight gain, distress about body image, or preoccupation with food, weight, shape or control.

Possible signs may include:

- noticeable weight loss, weight fluctuation or failure to grow as expected;
- skipping meals or avoiding eating in school;
- making excuses to avoid lunch or social eating;
- rigid rules around food or increased anxiety around mealtimes;
- frequent visits to the toilet after eating;
- excessive exercise or distress if unable to exercise;
- wearing baggy clothes or several layers;
- dizziness, fainting, feeling cold or tiredness;
- secrecy around food;
- increased perfectionism, control or anxiety;
- comments suggesting fear of gaining weight or distorted body image.

Staff should avoid commenting on a pupil's weight, body shape or appearance. **Concerns should be shared with the safeguarding team**, Mental Health Lead, SENCo or relevant pastoral leader. Where there are signs of significant restriction, purging, fainting, rapid weight loss, medical risk or immediate concern, urgent advice should be sought.

Self-harm

Self-harm refers to a range of behaviours where someone intentionally hurts themselves. It can include cutting, scratching, burning, hitting, hair-pulling, taking overdoses, swallowing harmful substances or other forms of self-injury. Self-harm should always be taken seriously, even where injuries appear minor.

Possible signs may include:

- unexplained cuts, burns, scratches or bruises;
- wearing long sleeves or layers in warm weather;
- avoiding PE, swimming or changing clothes;

• frequent injuries with unclear explanations;
• withdrawal, low mood, anxiety or emotional distress;
• talking or joking about self-harm;
• expressing feelings of hopelessness, failure, shame or being a burden;
• possession of sharp objects or other items that may be used to self-harm;
• online searches, posts or conversations linked to self-harm;
• sudden changes in behaviour, friendship groups, attendance or engagement.

Staff should respond calmly and non-judgementally. They should not ask the pupil to show injuries unless this is necessary for immediate first aid or safeguarding reasons, and they should not promise confidentiality. **Concerns must be recorded and shared with the safeguarding team without delay.**

Suicidal thoughts and risk to life

Any reference to suicide, wanting to die, not wanting to be here, being a burden, or life not being worth living must be taken seriously. This includes direct statements, indirect comments, written work, online posts, messages, drawings or information shared by peers.

Warning signs may include:
• talking or writing about death, suicide or wanting to disappear;
• giving away possessions or saying goodbye;
• expressing hopelessness, shame, guilt or feeling trapped;
• sudden calmness after a period of distress;
• escalating self-harm or risk-taking behaviour;
• withdrawal from friends, family or school life;
• significant changes in mood, sleep, appetite or behaviour;
• increased use of alcohol or substances;
• exposure to suicide or self-harm content online;
• concerns shared by friends or family.

Staff must not leave a pupil alone if there is concern about immediate risk. **The safeguarding team must be informed immediately.** Where there is immediate risk to life, call 999.

Trauma, bereavement and significant life events

Pupils may experience emotional distress following trauma, bereavement, family breakdown, domestic abuse, illness, accident, loss, abuse, neglect, community violence, online harm or other significant events. Responses to trauma and loss can vary and may not be immediate.

Possible signs may include:
• changes in mood, behaviour, attendance or engagement;
• becoming withdrawn, tearful, angry or unusually quiet;
• heightened anxiety, fearfulness or hypervigilance;
• difficulty concentrating or remembering information;
• sleep difficulties or tiredness;
• emotional outbursts or seeming numb;
• avoidance of reminders or certain situations;
• regression in behaviour;
• increased need for reassurance;
• physical symptoms such as headaches or stomach aches.

Schools should respond with sensitivity, avoid pressuring pupils to talk, and consider whether pastoral support, bereavement support, safeguarding action, Early Help, SEND review or external agency advice is needed.

Neurodiversity, SEND and mental health

Mental health concerns may overlap with SEND, neurodiversity, communication needs, medical needs, disability or unmet learning needs. Pupils with autism, ADHD, speech and language needs, sensory needs or other SEND may communicate distress through behaviour, withdrawal, attendance difficulties, emotional dysregulation or changes in routines.

Staff should consider:

- whether the pupil understands and can communicate how they are feeling;
- whether reasonable adjustments are needed;
- whether sensory, social or communication needs are contributing to distress;
- whether attendance, behaviour or learning concerns may indicate unmet need;
- whether the SENCo should be involved;
- whether parents/carers and external professionals should be consulted.

Concerns should not be assumed to be "just behaviour" or "just SEND". Staff should consider the whole child and seek advice where needs are complex or escalating.

Online influences and mental health

Online experiences can affect pupils' mental health and wellbeing. Concerns may arise from cyberbullying, harmful content, body image pressure, self-harm content, suicide-related content, online abuse, sexual harassment, exploitation, gambling-style content, misogyny, extremist content, social comparison or excessive use of devices.

Possible signs may include:

- distress after using a phone, device or social media;
- secrecy around online activity;
- withdrawal from friends or family;
- sleep disruption linked to device use;
- anxiety about messages, images or online posts;
- exposure to harmful content;
- changes in mood, behaviour, attendance or relationships;
- peer conflict linked to online activity.

Concerns about online harm should be reported through safeguarding procedures and considered alongside the school's Online Safety Policy and Safeguarding and Child Protection Policy.

What staff should do if they are concerned
Staff should:

- listen calmly and non-judgementally;
- take concerns seriously;
- avoid trying to diagnose or investigate;
- avoid promising confidentiality;
- reassure the pupil that support is available;
- record concerns factually in line with school procedures;
- share concerns with the safeguarding team, Mental Health Lead, SENCo or pastoral team as appropriate;
- seek urgent help where there is immediate risk.

Where there is immediate risk to life, call 999.