

# BREDON

## SCHOOL

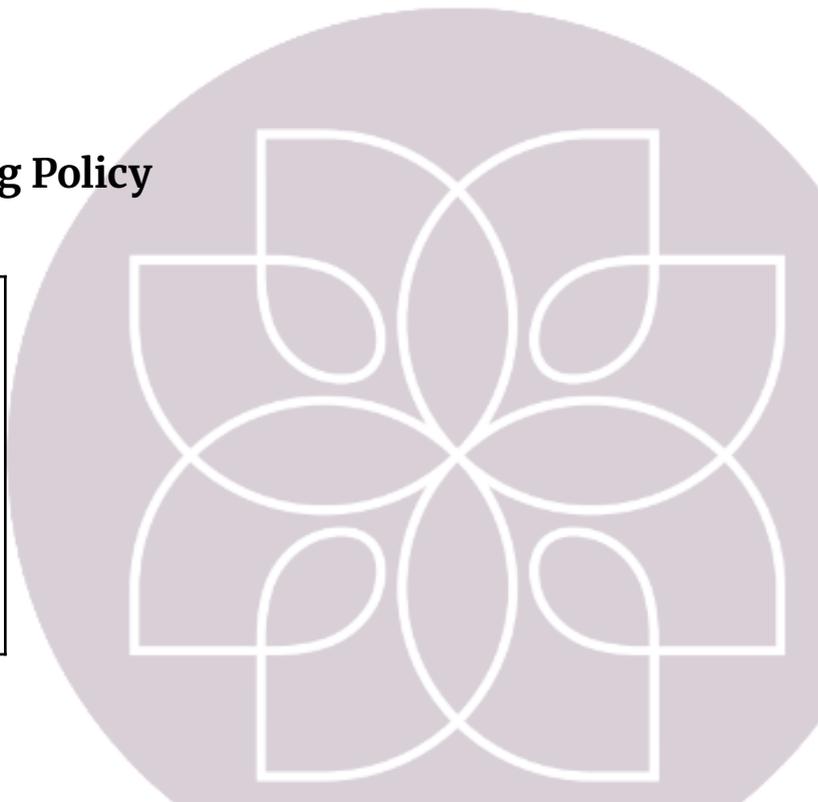
### **Positive Mental Health and Wellbeing Policy**

**Reviewing Member of Staff:** Mental Health Lead / Director of Pastoral and Wellbeing / Deputy Head (Pastoral & Safeguarding)

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**Review Cycle:** Annually



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# 1. Introduction

Bredon School is owned and operated by Cavendish Education.

This policy is one of a series of school policies that, taken together, are designed to form a comprehensive statement of the school's aspiration to provide an outstanding education for each of its pupils and of the mechanisms and procedures in place to achieve this. Accordingly, this policy should be read alongside these policies. In particular, it should be read in conjunction with the policies covering equality and diversity, Health and Safety, safeguarding and child protection.

All of these policies have been written, not simply to meet statutory and other requirements, but to enable and evidence the work that the whole school is undertaking to ensure the implementation of its core values:

'To be a small, family school that genuinely focuses on the individual; ensuring each pupil reaches his or her personal potential and destination by way of a rich and diverse journey based on breadth of opportunity, support and continuously striving towards excellence.'

While this current policy document may be referred to elsewhere in Bredon School documentation, including particulars of employment, it is non-contractual.

In the school's policies, unless the specific context requires otherwise, the word "parent" is used in terms of Section 576 of the [Education Act 1996](#), which states that a 'parent', in relation to a child or young person, includes any person who is not a biological parent but who has parental responsibility, or who has care of the child. Department for Education guidance [Understanding and dealing with issues relating to parental responsibility updated August 2023](#), considers a 'parent' to include:

- all biological parents, whether they are married or not
- any person who, although not a biological parent, has parental responsibility for a child or young person - this could be an adoptive parent, a step-parent, guardian or other relative
- any person who, although not a biological parent and does not have parental responsibility, has care of a child or young person

A person typically has care of a child or young person if they are the person with whom the child lives, either full or part-time, and who looks after the child, irrespective of what their biological or legal relationship is with the child.

The school contracts the services of third-party organisations to ensure regulatory compliance and implement best practices for:

- HR and Employment Law
- Health & Safety Guidance
- DBS Check processing
- Mandatory Safeguarding, Health & Safety, and other relevant training
- Data protection and GDPR guidance
- Specialist insurance cover

Where this policy refers to 'employees', the term refers to any individual who is classified as an employee or a worker, working with and on behalf of the school (including volunteers and contractors).

The school is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, pupils and visitors to share this commitment.

All outcomes generated by this document must take account of and seek to contribute to safeguarding and promoting the welfare of children and young people at Bredon School.

The policy documents of Bredon School are revised and published periodically in good faith. They are inevitably subject to revision. On occasion, a significant revision, although promulgated in school

separately, may have to take effect between the republication of a set of policy documents. Care should therefore be taken to ensure, by consultation with the Senior Leadership Team, that the details of any policy document are still effectively current at a particular moment.

## 2. Policy Statement

*Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organisation)*

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

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In 2023 1 in 5 school aged children had a diagnosable mental health condition (NHS England 2023). By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health.

### 2.1 Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as a guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

### 2.2 The Policy Aims to:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental ill health
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers
- Link with equality, diversity and inclusion policies

## 3. Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play
- Risk Assessment
- Safety Plan

## 4. School Based Support (Positive Mental Health and Wellbeing Pathway – Child)

Bredon School operates a structured Mental Health and Wellbeing Pathway to ensure that concerns are responded to consistently, proportionately and in line with safeguarding procedures. The flow chart of the pathway is set out in Appendix C and should be read alongside the School's Child Protection and Safeguarding Policy.

Support delivered within school may include one-to-one intervention through the Health and Wellbeing Centre, pastoral support from Heads of House / Head of Sixth Form, structured care planning, targeted group interventions and referral to local mentoring services such as Mentor Link in Worcestershire or Talk Well in Gloucestershire.

Where a pupil's needs exceed the scope of school-based support, referral to external agencies will be made in accordance with Worcestershire or Gloucestershire procedures, depending on the pupil's home address.

### 4.1 Referral and Triage

Concerns may arise through a staff referral, an allegation or disclosure from a pupil (child) or parent or guardian (PG), or through the MyConcern safeguarding system. All concerns are recorded promptly to ensure appropriate oversight.

Following referral, a triage process takes place. Triage is a structured discussion or meeting led by appropriate pastoral and safeguarding staff. This may include the Designated Safeguarding Lead (DSL), a Deputy Designated Safeguarding Lead (DDSL), Director of Pastoral and Wellbeing, Director of Boarding, the Mental Health and Wellbeing Lead, the School Nurse, the relevant Head of House (HoH) or the Head of Sixth Form (HoSF). This may include the child's parent/guardian (PG).

The purpose of triage is not to diagnose, but to assess the level of support required and to determine whether safeguarding thresholds are met. Consideration is given to:

- The intensity of presentation
- The severity of symptoms
- The duration of concerns
- The impact on the pupil's safety
- The impact on learning and day-to-day functioning

Where appropriate, the pupil and their parent or guardian are involved in this discussion. The outcome of triage determines the level of intervention required.

### 4.2 Levels of Support

The pathway identifies three broad levels of need. These are not fixed categories but guide professional judgement.

- **Low Risk**

Low risk concerns typically involve emerging or mild emotional difficulties where there is no immediate safeguarding concern and no indication of significant risk of harm.

Support at this stage may include monitoring by the form tutor, short-term intervention from the Head of House and signposting to appropriate services. Communication with parents will usually take place. Progress is reviewed after an agreed period to ensure that concerns are resolving and not escalating.

- **Medium Risk**

Medium risk concerns involve more sustained or escalating difficulties which are impacting on wellbeing, relationships or educational engagement but where there is no immediate crisis.

In these cases, a case owner will be allocated and a Pastoral Support Plan (PSP) or Care Plan will be developed in partnership with the pupil and their parent or guardian. Support may include intervention from the Mental Health Nurse or a trained Mental Health First Aider. A Multi-Disciplinary Team (MDT) meeting may be convened to ensure a coordinated approach.

Progress will be formally reviewed, typically after six sessions or six weeks, and may include the use of the Outcome Rating Scale (ORS) to monitor the effectiveness of the intervention.

- **High Risk**

High risk concerns involve significant risk to the pupil's safety, evidence of serious deterioration in mental health, or complex presentation requiring specialist assessment.

In such cases, safeguarding procedures are followed immediately. A risk assessment and safety planning process will be undertaken. The concern will be discussed within safeguarding meetings and reviewed regularly. Referral to Child and Adolescent Mental Health Services (CAMHS) will be considered where thresholds are met and in consultation with parents, unless safeguarding considerations require otherwise.

At all times, the safety and welfare of the pupil remain paramount.

## **5. Teaching About Mental Health**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are to be included as part of our PSHE curriculum. This is integral to a whole school approach and can also be embedded into other subject curricula.

The specific content of lessons will be determined by the needs and developmental stage of the cohort being taught. However, there will always be a clear emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help when needed, both for themselves and for others. In the Senior School and Sixth Form, mental health and emotional wellbeing education is delivered through the Life Lessons programme. This provides structured opportunities to explore topics such as stress management, healthy relationships, resilience, self-esteem, risk awareness and preparation for adult life in a way that is appropriate to older adolescents. In the Junior School, pupils follow the Jigsaw programme, which offers a progressive and age-appropriate framework for developing emotional literacy, self-regulation, empathy and positive relationships. Both programmes are adapted where necessary to respond to emerging needs within particular year groups. We follow PSHE Association guidance to ensure that mental health and emotional wellbeing topics are taught in a safe, supportive and sensitive manner that promotes understanding and reduces stigma, while taking care not to cause distress or harm.

## **6. Signposting**

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it.

We will display relevant sources of support in communal areas such as common rooms and notice boards and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at

- How to access it
- Why to access it
- What is likely to happen next

## 7. Warning Signs

School staff may become aware of changes in behaviour, presentation or engagement which indicate that a pupil may be experiencing mental health or emotional wellbeing difficulties. Such warning signs must always be taken seriously. Any member of staff who has a concern must record this promptly on the MyConcern electronic safeguarding system and inform the pastoral team in the first instance.

The pastoral team includes the Deputy Head (Pastoral and Safeguarding), the Director of Pastoral and Wellbeing, the Mental Health and Wellbeing Lead, the School Nurse, all Heads of House, the Head of Sixth Form and the Junior School Coordinator. Recording and sharing concerns in a timely manner ensures that pupils receive early support and that patterns of behaviour are identified and reviewed appropriately.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

## 8. Managing Allegations and Disclosures

Pupils may choose to speak to any member of staff about concerns relating to their own emotional wellbeing or that of a friend. All staff should therefore understand the importance of responding in a calm, supportive and proportionate manner. Please see Appendix D for advice on talking to pupils who are making a Mental Health disclosure.

Where a pupil talks about a concern, staff should listen carefully, avoid judgement and prioritise the pupil's immediate emotional and physical safety. Staff are not expected to investigate or resolve the concern themselves. Their role is to listen, reassure appropriately and follow school safeguarding procedures.

All mental health disclosures must be managed in line with the School's [Safeguarding and Child Protection Policy](#). Concerns must be recorded promptly on the MyConcern electronic safeguarding system to ensure appropriate oversight and continuity of care. Records should reflect the key points of the disclosure and any agreed next steps.

If a pupil raises a concern about a member of staff, this must be treated as a safeguarding matter and managed strictly in accordance with the Low-level Concerns Policy and the Child Protection and Safeguarding Policy. Such concerns must not be addressed informally.

Following an allegation or disclosure, information will be shared with the Designated Safeguarding Lead and, where appropriate, the Mental Health and Wellbeing Lead in order to determine the next steps.

## **8.1 Confidentiality and Information Sharing**

Staff must be clear with pupils from the outset that confidentiality cannot be guaranteed where there are concerns about safety. The principles of information sharing are set out fully in the School's Safeguarding and Child Protection Policy and reflect national and Worcestershire safeguarding guidance.

Where it is necessary to share information, staff should, wherever possible, explain:

- Who the information will be shared with
- Why it needs to be shared
- What is likely to happen next

Consent will normally be sought before sharing information with parents or external agencies. However, where there is risk of significant harm, concerns must be shared without delay in accordance with safeguarding procedures.

If there are concerns that informing parents may increase risk to the pupil, the Designated Safeguarding Lead will take the lead in determining the appropriate course of action in line with Worcestershire Safeguarding Children Partnership procedures.

Staff are encouraged to seek advice and supervision from the Designated Safeguarding Lead, Deputy DSL, Mental Health Lead or School Nurse where needed. Sharing concerns ensures that responsibility does not rest with one individual and supports consistent and appropriate decision-making.

## **8.2 Recording, Immediate Response and Escalation**

Any member of staff who has a concern regarding a pupil's mental health or emotional wellbeing must inform the pupil's Head of House / Head of Sixth Form and where necessary, record this promptly on the MyConcern electronic safeguarding system. Accurate recording ensures that concerns are reviewed appropriately and patterns are identified at an early stage.

Where there is concern that a pupil may be at risk of immediate harm, staff must follow the School's Child Protection and Safeguarding Policy without delay. This includes immediate referral to the Designated Safeguarding Lead (DSL) or a Deputy Designated Safeguarding Lead (DDSL).

If a pupil presents with a medical emergency, staff must follow established first aid and medical procedures. This may include contacting the Health and Wellbeing Centre, alerting trained first aiders and, where necessary, contacting emergency services.

Following the initial recording, concerns will be reviewed through the school's triage process and discussed with appropriate pastoral and mental health staff. Where specialist assessment is required, referral to Child and Adolescent Mental Health Services (CAMHS) may be initiated in consultation with the Designated Safeguarding Lead and parents, in line with local procedures.

## **9. Working with Parents**

Bredon School recognises that parents and carers are key partners in promoting and supporting their child's emotional wellbeing. Wherever appropriate, concerns regarding a pupil's mental health will be discussed with parents in a timely and sensitive manner.

Decisions about informing parents are made on a case-by-case basis and in accordance with the School's Safeguarding and Child Protection Policy. In most circumstances, working openly with parents supports positive outcomes for the pupil. However, where there are safeguarding concerns, or where informing

parents may place the pupil at increased risk, the Designated Safeguarding Lead will determine the appropriate course of action in line with Worcestershire Safeguarding Children Partnership procedures.

When concerns are shared with parents, the school aims to do so in a supportive and professional way. Meetings will usually take place face to face wherever possible, as this allows for clearer communication and the opportunity to respond to questions sensitively. Consideration will be given to who should attend the meeting and what the intended outcomes are, ensuring that the discussion remains focused on the pupil's wellbeing and agreed next steps.

It is recognised that parents may experience a range of emotions when informed of concerns about their child. Staff will approach such meetings with empathy and professionalism, allowing time for parents to process information and ask questions. Clear explanations of the support already in place, and any proposed next steps, will be provided.

Where appropriate, parents will be offered information about additional sources of support, including local and national services. Contact details will be shared so that parents can seek further advice if required. A follow-up meeting or call will usually be arranged to review progress and maintain communication.

All discussions with parents relating to pupil wellbeing will be recorded on Provision Maps or on the MyConcern safeguarding system, where applicable, to ensure continuity of care and appropriate safeguarding oversight.

## **10. Supporting Peers**

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

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g., signs of relapse)

Additionally, we will want to highlight with peers:

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

In addition to the above the Mental Health Action Group will be working at on-going development of a peer support programme which will be inclusive of the above and include support and supervision for pupils acting as peer mentors.

## **11. Training and Professional Development**

Bredon School recognises that staff confidence and awareness are central to effective early identification and support.

All staff receive regular safeguarding training in line with statutory requirements. This includes guidance on recognising indicators of emotional distress, responding appropriately to disclosures and understanding the school's reporting and referral procedures. Safeguarding updates are provided throughout the year to ensure staff remain aware of current expectations and local procedures.

Key pastoral and safeguarding staff, including the Designated Safeguarding Lead, Deputy DSLs, Heads of House and the Mental Health and Wellbeing Lead, undertake additional training appropriate to their roles. This may include training provided by Worcestershire Safeguarding Children Partnership, CAMHS or other recognised providers. Key pastoral staff are trained in Mental Health First Aid.

The school reviews training needs annually as part of safeguarding oversight and pastoral planning. Where emerging patterns or specific concerns are identified, targeted training or professional guidance will be sought to ensure that staff are equipped to respond appropriately.

Staff are encouraged to seek advice from the Designated Safeguarding Lead, Mental Health Lead or School Nurse if they are uncertain about how to respond to a concern. Access to reputable external guidance, including national safeguarding and mental health resources, is made available where appropriate.

## **12. Bredon Mental Health Action Group**

Whilst all staff share responsibility for promoting positive mental health and emotional wellbeing, Bredon School has established a Mental Health Action Group to provide structured leadership and strategic oversight in this area.

The purpose of the group is to ensure that the school's approach to mental health remains responsive, proportionate and consistent with safeguarding expectations and local procedures. The group supports the development of a whole school approach, ensuring that promotion, prevention, early identification and targeted support are considered collectively rather than in isolation.

The Mental Health Action Group is responsible for:

- Implementing and reviewing the school's whole school approach to mental health and wellbeing.
- Advising senior leadership on strategy and areas for development.
- Monitoring emerging trends and identifying patterns of need.
- Promoting staff and pupil wellbeing initiatives.
- Strengthening partnership working within school and with external agencies.

Membership reflects representation from across the school community and includes:

- Rachel Slevin, Governor.
- Candie Thorley, Support Staff Representative.
- Charmain Eaton, Deputy Head (Pastoral and Safeguarding) and Designated Safeguarding Lead.
- Josh Stafford, Director of Pastoral and Wellbeing.
- Salena Fletcher, Mental Health and Wellbeing Lead and Deputy Designated Safeguarding Lead.
- Jill Blakeney, School Nurse and Deputy Designated Safeguarding Lead.
- Jacqueline Judd, Junior School Coordinator and Class Teacher.
- Kathryn Morris, Head of PSHE.

The group meets at least once per term. Key themes, developments and areas for improvement are reported to Senior Leadership and Governors. An annual review of mental health provision forms part of the school's wider safeguarding and pastoral oversight processes. Pupil voice is incorporated where appropriate to ensure that the perspectives of young people inform ongoing development.

## **13. Supporting Staff**

Bredon School is committed to fostering a working environment that promotes positive mental health and professional fulfilment. When staff feel supported, valued and able to perform at their best, this benefits individuals, pupils and the wider school community.

The school recognises that wellbeing is not solely the absence of illness, but includes a sense of purpose, engagement and manageable workload. A culture of openness and professional respect is encouraged.

### **13.1 Roles and Responsibilities for Staff Wellbeing**

The school recognises that promoting staff wellbeing is a shared responsibility. A healthy working environment depends upon collective awareness, supportive leadership and professional conduct.

Line managers hold day-to-day responsibility for supporting the wellbeing of their teams. This includes maintaining open communication, recognising early signs of stress, considering reasonable workplace adjustments where appropriate, and fostering a culture of mutual respect. Managers are expected to model healthy professional behaviours and to understand the influence their leadership style has on staff morale and organisational culture.

Individual members of staff also have a responsibility to take reasonable care of their own health and wellbeing. Staff are encouraged to engage with the support available and to seek advice where concerns arise.

### **13.2 Staff Disclosures and Wellbeing Concerns**

Members of staff may, at times, experience mental health or emotional wellbeing difficulties. The school promotes a culture in which colleagues can seek support in a respectful and professional environment.

If a member of staff discloses concerns about their mental health to a colleague or line manager, the response should be supportive, respectful and proportionate. Colleagues are not expected to provide therapeutic support; their role is to listen appropriately and ensure that the staff member is aware of available sources of help.

In most circumstances, staff experiencing difficulty should be encouraged to speak with their line manager. Where appropriate, this may lead to:

- Consideration of temporary adjustments to workload or duties.
- Signposting to the Employee Assistance Programme.
- Advice to seek support from a GP or relevant health professional.
- Consultation with Human Resources where necessary.

Confidentiality will be respected wherever possible. However, if a staff member's wellbeing presents a potential risk to their own safety or to others, this cannot remain confidential and must be escalated to a senior leader in line with safeguarding and safer working practice expectations.

If a member of staff is concerned about the wellbeing of a colleague, they should raise this sensitively with the individual where appropriate, or speak with a line manager or senior leader. Concerns relating to safeguarding, fitness to work or professional conduct will be managed in accordance with relevant employment and safeguarding procedures.

### **13.3 Employee Assistance Programme (EAP)**

We provide a confidential Employee Assistance Programme through Peninsula Group, offering health, mental health and wellbeing support via an online portal and 24-hour helpline.

The Employee Assistance Programme, provided by Peninsula Group, can be accessed via the App (<https://www.healthassured.org/wisdom-app/>). Staff can contact a confidential 24-hour freephone helpline on 0800 047 4097 / 1800 936 710.

The service offers online wellbeing resources, self-help programmes and tools, alongside a 24-hour confidential helpline for advice and support. Staff can access telephone counselling with therapists accredited by the British Association for Counselling and Psychotherapy (BACP), as well as up to six face-to-face counselling sessions if recommended following assessment.



## Appendix A – Sources of Support and Further Information

This appendix provides details of local and national services that may offer additional advice, assessment or support for children, young people and families.

The school works in partnership with local agencies mostly in Worcestershire and Gloucestershire. Referrals are made to the relevant county service depending on the pupil's home address and in accordance with safeguarding procedures.

### Local Support – Worcestershire

#### Herefordshire and Worcestershire CAMHS (Child and Adolescent Mental Health Services)

Single Point of Access for referrals and professional consultation.

Website: <https://www.hacw.nhs.uk/camhs>

#### Worcestershire Children First – Early Help

Provides coordinated family support where needs do not meet safeguarding thresholds but require multi-agency involvement.

Website: <https://www.worcestershire.gov.uk/early-help>

#### Worcestershire Safeguarding Children Partnership (WSCP)

Statutory safeguarding procedures and guidance.

Website: <https://www.safeguardingworcestershire.org.uk>

#### Mentor Link (Worcestershire)

A Worcestershire-based mentoring charity providing one-to-one support for children and young people experiencing social, emotional or behavioural difficulties.

Website: <https://www.mentorlink.org.uk>

### Local Support – Gloucestershire

Some pupils may fall under Gloucestershire services due to home address.

#### Gloucestershire CAMHS

Single Point of Access for mental health referrals.

Website: <https://www.ghc.nhs.uk/our-teams-and-services/camhs>

#### Gloucestershire Family Support, Advice and Early Help Services

Provides coordinated support for children and families where emerging needs are identified.

Website: [https://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/family.page?familychannel=1\\_1](https://www.glosfamiliesdirectory.org.uk/kb5/gloucs/glosfamilies/family.page?familychannel=1_1)

#### Talk Well (Gloucestershire)

Emotional wellbeing support for children and young people.

Website: <https://www.letstalkwell.org.uk/>

### National Support

#### YoungMinds

Advice and support for young people and parents.

Website: <https://www.youngminds.org.uk>

#### Mind

Mental health information and guidance.

Website: <https://www.mind.org.uk>

**NHS Mental Health Services**

Information about accessing NHS support.

Website: <https://www.nhs.uk/mental-health>

**Kooth**

Online counselling and emotional wellbeing support for young people.

Website: <https://www.kooth.com>

**Samaritans**

24-hour confidential emotional support.

Telephone: 116 123

Website: <https://www.samaritans.org>

**PAPYRUS HOPELINE247**

Support for young people under 35 experiencing suicidal thoughts.

Telephone: 0800 068 4141

Website: <https://www.papyrus-uk.org>

**Beat Eating Disorders**

Support for individuals and families affected by eating disorders.

Website: <https://www.beateatingdisorders.org.uk>

**The Mix**

Support service for young people offering online advice, community forums, counselling and a free confidential helpline.

Website: <https://www.themix.org.uk>

**No Panic**

Support and information for people experiencing panic attacks, phobias and obsessive compulsive difficulties.

Website: <https://www.nopanic.org.uk>

**Calm Harm App (developed by stem4)**

Evidence-informed app to help manage urges to self-harm.

Website: <https://www.stem4.org.uk/calmharm>

**Headspace (App)**

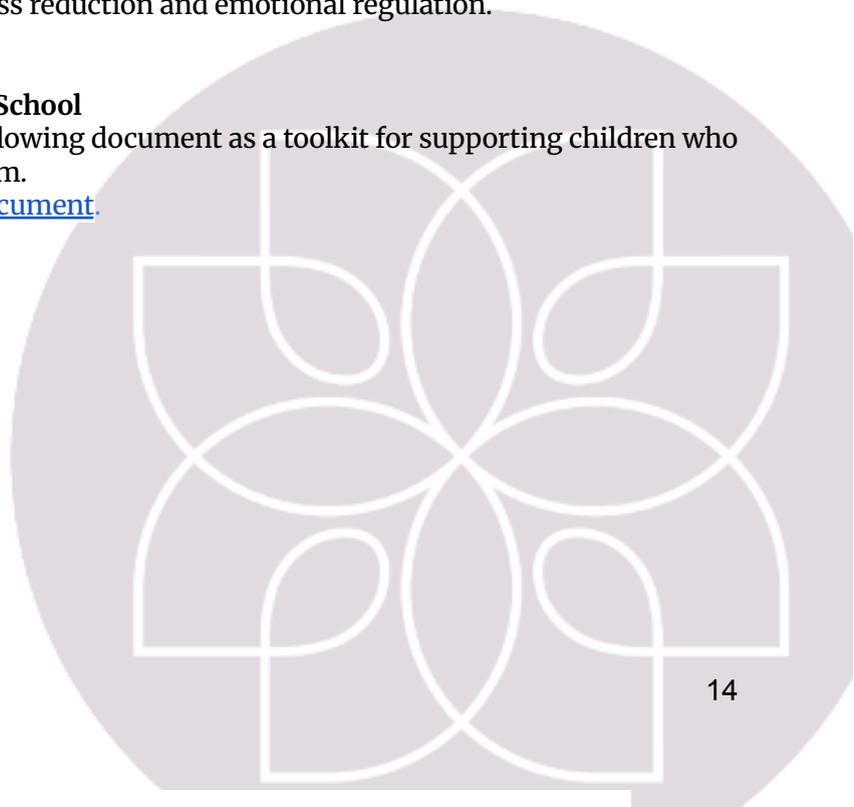
Meditation and mindfulness app supporting stress reduction and emotional regulation.

Website: <https://www.headspace.com>

**School-Based Support for Self-Harm at Bredon School**

Bredon School pastoral staff make use of the following document as a toolkit for supporting children who have self-harmed, who have thoughts of self-harm.

Link: [My Wellbeing and Safety Plan Guidance Document](#).



## Appendix B – Guidance and Advice Documents

[Mental health and behaviour in schools](#) – departmental advice for school staff. Department for Education (2018)

[Counselling in schools: a blueprint for the future](#) – departmental advice for school staff and counsellors. Department for Education (2016)

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#). PSHE Association. Funded by the Department for Education

[Keeping children safe in education](#) – statutory guidance for schools and colleges. Department for Education (2025)

[Supporting pupils at school with medical conditions](#) – statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2015)

[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 (2023)

[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 (2013)

[NICE guidance on social and emotional wellbeing in primary and secondary education](#)

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework documents written by Professor Katherine Weare. National Children’s Bureau (2015)

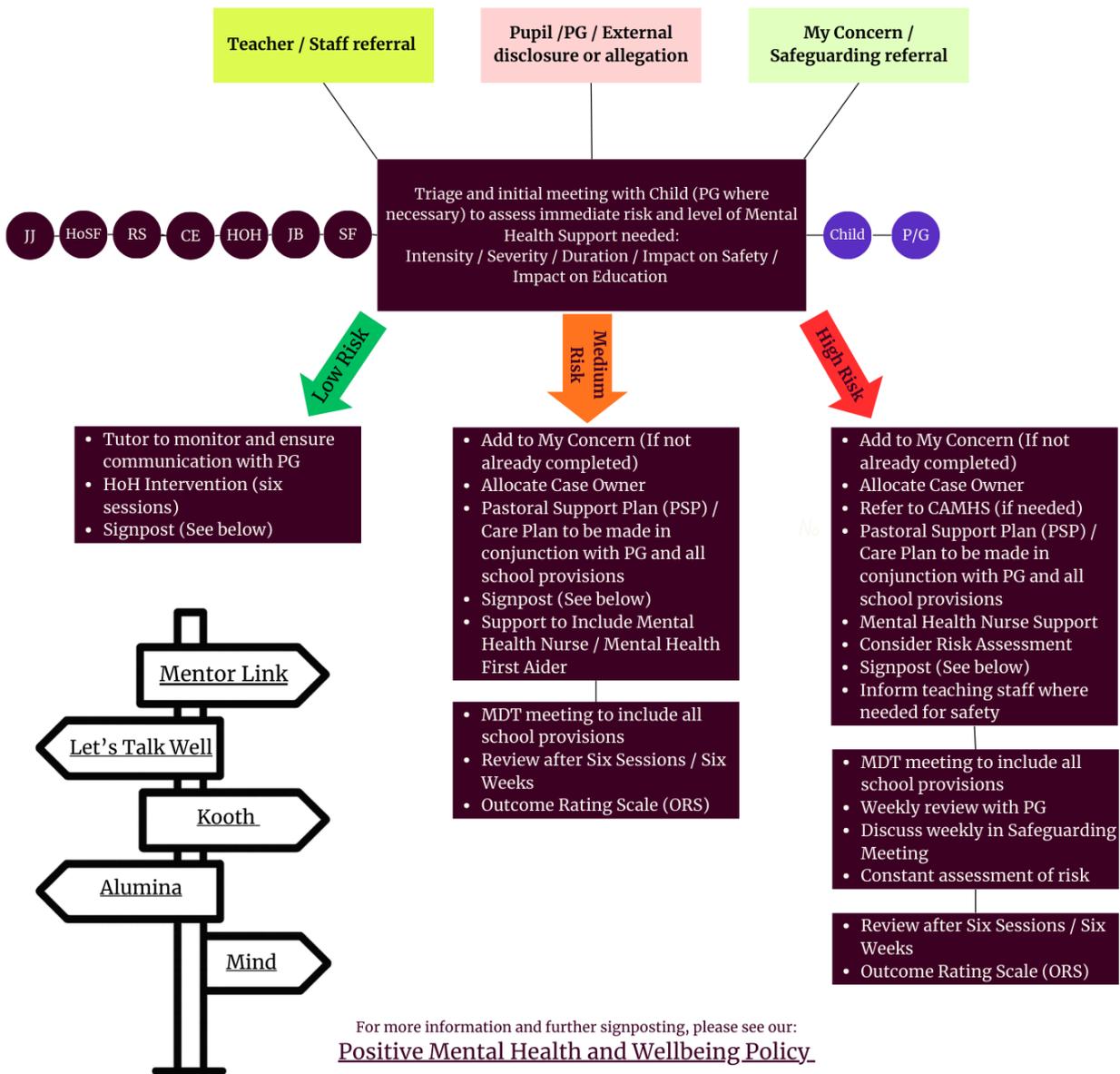
[Life Lessons](#) All PSHE teachers have access to staff training via their Life Lessons Login and will be invited to complete units by Mr J Stafford and Mrs K Morris



# Appendix C – Positive Mental Health and Wellbeing Pathway



## Positive Mental Health and Wellbeing Pathway



**Pastoral and Mental Health – Key Staff:**  
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 Mr. A Craddock (HoSE) – Interim Head of Jarrett House / Head of Sixth Form, DDSL  
 Mrs. C Thorley – Human Resources / Mental Health First Aider (Staff)  
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## Appendix D – Guidance for Staff: Responding to Mental Health Disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils 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 pupil 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 pupil 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 pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil 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 a supportive listener. So make sure you are listening.

### Don’t pretend to understand

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

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

### Don’t be afraid to make eye contact

*“She was so disgusted by what I told her that she couldn’t bear to look at me.”*

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the pupil 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 pupil 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 pupil.

### Offer support

“I was worried how she’d react, but my Mum just listened and 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 on the 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 pupil to realise that you’re working with them to move things forward.

### **Acknowledge how hard it is to discuss these issues, validate**

“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 pupil 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 pupil.

### **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 pupil 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 pupil.

### **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 pupil 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 pupil’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.

**Reviewing Member of Staff:** Mental Health Lead / Director of Pastoral and Wellbeing / Deputy Head (Pastoral & Safeguarding)

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