EASTCOURT INDEPENDENT SCHOOL
MENTAL HEALTH POLICY

This policy applies to the whole school including the Early Years Foundation Stage (EYFS)

This Policy is publicly available on the School's website and, upon request, a copy (which can be made available in large print or another accessible format if required) may be obtained from the School Office. All who work, volunteer or supply services to our school have a responsibility to understand and implement this policy and its procedures, as relevant to their role. All staff must read this policy alongside the School's Safeguarding and Child Protection Policy, Staff Code of Conduct and Part One of Keeping Children Safe in Education 2026. The School also has regard to Working Together to Safeguard Children 2026. Our approach is child-centred and, at all times, we will act in the best interests of the child.

Monitoring and Review: This policy is subject to continuous monitoring, refinement and audit by the Headteacher, who will undertake a full annual review of this policy and procedures, inclusive of its implementation and the efficiency with which the related duties have been discharged. This discussion will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay.

Signed: E. Redgrave Reviewed: September 2026

Miss Emma Redgrave
Headteacher

This policy will be reviewed no later than September 2027, or earlier if changes in legislation, statutory guidance, regulatory requirements, local safeguarding arrangements or best practice require.

Introduction
Mental health is an integral part of children's health and wellbeing. At Eastcourt we aim to create a culture in which pupils feel safe, valued, listened to and able to seek help. We recognise that emotional wellbeing can affect learning, behaviour, relationships, attendance and safeguarding, and that schools have an important role in promoting wellbeing, noticing emerging concerns and helping pupils and families access appropriate support.

Factors that put children at risk
Research has taught us that particular groups and individuals are at increased risk of having mental health problems. Table 1 demonstrates these risk factors for the child, family, school and local community and also highlights some protective factors that are thought to make developing a mental health problem less likely. Longitudinal studies propose that the more risk factors a child has, the more likely they are to develop a mental health or behavioural problem. In particular there is a correlation between socio-economic disadvantage, family breakdown and a child having cognitive or attention problems increasing the likelihood of these children developing behavioural problems (Brown, Khan and Parsonage, 2012). Data highlights that five or more risk factors increases eleven times the risks for boys aged 10 or under to develop a mental health disorder compared with boys with no risk factors. For girls of the same age range with five risk factors makes them nineteen times more likely to develop a disorder (Murray, 2010).

Table 1: Mental Health and Behaviour in Schools: Departmental Advice for School Staff

Department of Education, (November 2018)

	Risk Factors	Protective Factors
In the child	• Genetic influences • Low IQ learning and disabilities • Specific Development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual neglect or abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent – child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of a severe discord
In the school	• Bullying • Discrimination • Breakdown of a lack of positive relationships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider support network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Mentally healthy pupils are able to progress emotionally within the normal scope. Pupils acquiring behavioural difficulties beyond this normal scale are defined as experiencing mental health problems or disorders. These disorders can critically damage academic performance.

Schools are in a position to influence the mental health of children and young people as well as being best placed to identify the indicators of mental health problems at an early stage. They can increase the social and emotional development of children and nurture their mental wellbeing through their everyday involvement with pupils. At Eastcourt we understand our responsibilities and ensure that such pupils are not discriminated against, making sure that we provide reasonable adjustments to support their learning in accordance with the Equality Act (2010).

At Eastcourt we aim to offer an empathetic environment that will support and aid pupils with mental health struggles to accomplish their greatest academic potential. We do this by:
Our whole-school approach includes a safe and respectful culture; positive relationships; age-appropriate teaching through the curriculum, including PSHE; early identification of emerging needs; proportionate pastoral support; reasonable adjustments where required; partnership with parents and carers; and appropriate liaison or referral to external services.

- Providing a range of support services such as pastoral support team that oversees the health and wellbeing of all pupils
- Having an 'open door' policy to encourage pupils with mental health difficulties to seek support
- Promoting understanding and recognition of mental health difficulties
- Providing support and education to staff
- Having effective procedures in place to deal with disclosures and confidentiality (and guidance on when information will be passed onto other people/parents if immediate health and safety concerns are raised)
- Having an effective Child Safeguarding Policy to work alongside this policy

Eastcourt is committed to providing a supportive environment, however it is important to recognize that we are not a mental health facility and there are limits to the extent of support we can provide and in some cases we will need pupils to seek outside support from the NHS and from within the community.

Mental Health and Emotional Wellbeing Needs
Pupils may experience a wide range of emotional wellbeing or mental health needs. Staff are not expected to diagnose mental health conditions. Concerns may include, for example, persistent anxiety or low mood, significant changes in behaviour or engagement, eating difficulties, self-harm, suicidal thoughts, difficulties associated with trauma or bereavement, or other changes that affect a pupil's day-to-day functioning. Neurodevelopmental conditions such as autism and ADHD are not, in themselves, mental health disorders, although some pupils may also experience co-occurring mental health needs. Any concern about a pupil's safety or welfare must be considered through the School's safeguarding procedures.

Prevention
Eastcourt has arrangements in place to promote positive mental health and to identify and support pupils whose needs are emerging. These include the Mental Wellbeing Coordinator, pastoral support, safeguarding procedures, behaviour and anti-bullying arrangements, PSHE, staff training, reasonable adjustments and liaison with parents, carers and external agencies where appropriate.

Identification of Mental Health Difficulties
Mental health concerns do not always present in an obvious way. Staff should be alert to changes in a pupil's behaviour, mood, appearance, attendance, friendships, learning, communication or engagement. Staff must report concerns promptly through the School's agreed pastoral or safeguarding route. In accordance with Keeping Children Safe in Education 2026, staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Where there is a safeguarding concern, the School's Safeguarding and Child

Protection Policy takes precedence and the Designated Safeguarding Lead (DSL), or a deputy, must be informed immediately.

Intervention

It is in the best interests of the pupil to offer support for mental health problems when they arise as the longer a pupil struggles the more complex the problem becomes. Supporting a distressed pupil can take up a lot of time and be challenging so please follow the guidance below:

- Think cautiously about how you can/are unable to help
- Do you have the time and expertise to help them?
- Is there a conflict with other roles you may have?
- Clarify your role/limits to the pupil
- Be ready to take a definite line about the degree of your involvement
- YOU ARE NOT ALONE. PLEASE REFER FOR SOME HELP.

If you are concerned about a pupil:

• Listen calmly and take the pupil seriously.
• Do not promise confidentiality. Explain that information may need to be shared with people who can help keep them safe.
• Record the concern factually and promptly in accordance with School procedures.
• Share the concern with the appropriate pastoral lead and, where there is any safeguarding element or uncertainty, with the DSL or a deputy.
• Do not investigate a safeguarding concern yourself or question other pupils in order to establish what has happened.
• Where there is an immediate risk of serious harm, seek urgent assistance in accordance with the School's safeguarding and emergency procedures. This may include contacting emergency services.
• Continue to provide appropriate day-to-day support while agreed next steps are put in place.

Next Steps

The appropriate staff will consider the concern and agree next steps. Depending on the circumstances, this may include pastoral support in school, discussion with parents or carers, reasonable adjustments, liaison with the pupil's GP or other health professionals, referral/signposting to appropriate local or NHS services, family help or children's social care, and/or urgent safeguarding or emergency action. Safeguarding concerns must not be delayed while waiting for a mental health assessment or diagnosis.

The team is made up as follows:

- SLT
- Mental wellbeing coordinator
- Welfare coordinator
- Relevant teaching staff (if appropriate)

Confidentiality

Recording and information sharing: Concerns, decisions, actions and the rationale for those decisions must be recorded accurately and stored securely in accordance with the School's safeguarding and data-protection procedures. Relevant information should be shared with those who need it to safeguard and support the child. Staff should follow the current statutory information-sharing requirements and the School's Safeguarding and Child Protection Policy.

Pupils will be encouraged and supported to involve their parents or carers wherever appropriate. Staff must never promise absolute confidentiality. Information will be shared on a need-to-know basis in accordance with safeguarding, data protection and information-sharing requirements. Consent should normally be sought where appropriate, but it is not required where there is a lawful safeguarding basis for sharing information. If informing a parent or carer could place a child at increased risk, staff must consult the DSL before doing so.

Reference to other legislation/documents

Brown, E., Khan, L. and Parsonage, M. (2012) *A Chance to Change: Delivering effective parenting programmes to transform lives*. Centre for Mental Health.
Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR).
Department of Education (November 2018) *Mental Health and Behaviour in Schools: Departmental Advice for School Staff.* [Online]. Available at: https://assets.publishing.service.gov.uk/media/625ee6148fa8f54a8bb65ba9/Mental_health_and_behaviour_in_schools.pdf [Accessed 19th March 2025].
Department of Health (2015) *Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing*. London: Department of Health.
Equality Act 2010. London: HMSO.
Murray, J. J. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. *Journal Of Child Psychology & Psychiatry*, 51(11), pp. 1198-1207.
Murphy, M. and Fonagy, P. (2012) Chapter 10: Mental health problems in children and young people. [Online]. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CMO_Chapter_10.pdf. [Accessed 18th April 2016].

Department for Education (2026) Keeping Children Safe in Education: statutory guidance for schools and colleges.
Department for Education (2026) Working Together to Safeguard Children: statutory guidance.
Department for Education (2018) Mental Health and Behaviour in Schools: departmental advice for school staff.
Equality Act 2010.
SEND Code of Practice: 0 to 25 years (current edition).
The School's Safeguarding and Child Protection Policy, SEND Policy, Behaviour Policy, Anti-Bullying Policy, First Aid/Medical policies and Staff Code of Conduct.

Appendix 1: How to help flow chart

Assessing if a pupil has a problem?

- Did the pupil tell you?
- Have other staff/pupils informed you of their concerns?
- Have you noticed an alteration in the pupil's appearance (weight increase/decrease, deterioration in personal hygiene)?
- Have you observed a variation in the pupil's mood (solitary, sad, depressed)?
- Has the pupil's behaviour recently declined?
- Has the pupil's academic accomplishment altered considerably?
- Has the pupil had these issues for a considerable time?

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Deal with the situation. Be ready to listen.
Speak confidentially.

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After listening to the pupil, record the concern and share it promptly with the appropriate pastoral lead. If there is any safeguarding concern, risk of harm, self-harm, suicidal thought, significant eating difficulty, disclosure of abuse, neglect or exploitation, or you are unsure, contact the DSL or a deputy immediately. Do not investigate the concern yourself. Tell the pupil what you will do next and do not promise confidentiality.

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The appropriate team, with the DSL involved whenever safeguarding may be relevant, will determine:

• whether immediate safeguarding or emergency action is required;
• what support can be provided in school;
• whether and how parents/carers should be involved;
• whether information should be shared with or a referral made to health, family help, children's social care or another appropriate service;
• what follow-up, review and recording are required.

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Support the pupil and involve parents/carers where appropriate, unless doing so may increase risk to the child. Agree who will communicate with the family and who will follow up. Record decisions and actions.
FOLLOW UP