Pupil Mental Health and Wellbeing Policy

2026 to 2027

Love Learn and Shine together with Jesus

Policy information	Details
School	St Matthew's Catholic Primary School
Policy owner	Headteacher and Senior Mental Health Lead
Approved by	Governing Body
Approval date	September 2026
Review date	September 2027 or sooner if guidance or provision changes

This policy explains how the school promotes good mental health for every pupil, identifies emerging needs, provides a graduated offer of support and responds safely when a child may be at risk. Mental health support does not replace safeguarding action, specialist assessment or emergency care.

1 Purpose and commitment

At St Matthew's Catholic Primary School, pupils' mental health and emotional wellbeing are central to learning, relationships, attendance, safety and their ability to flourish. We aim to give every child the best start in life through a welcoming, inclusive and nurturing school culture in which children feel known, listened to and able to seek help.

We use a whole-school and graduated approach. All pupils receive a universal offer. Pupils who need more help may receive Level 1, Level 2 or Level 3 support according to need, risk, impact and professional advice. The levels are not a waiting list or a rigid ladder. A child may move between levels, receive support from more than one level, or be referred directly for specialist or emergency help.

The school does not diagnose mental-health conditions. Staff notice, listen, record, support, consult and refer. Clinical assessment and diagnosis are undertaken by appropriately qualified health professionals.

2 Aims

- promote positive mental health, emotional literacy, resilience, belonging and help-seeking for all pupils;
- embed a culture in which mental health is discussed safely and without stigma;
- identify emerging needs early and respond proportionately;
- make the school's graduated offer and referral routes clear to pupils, families and staff;
- recognise that behaviour, attendance, physical symptoms and changes in learning may communicate an unmet need;
- work in partnership with parents, carers, the Mental Health Support Team, Seedlings, CAMHS and other agencies;
- ensure mental-health concerns that may indicate abuse, neglect, exploitation, self-harm or risk of significant harm are treated as safeguarding concerns; and
- review whether support is making a meaningful difference to the child.

3 Legal and statutory framework

This policy has been prepared with regard to the school's duties and current national guidance, including:

- sections 175 and 157 of the Education Act 2002, requiring governing bodies and proprietors to make arrangements to safeguard and promote pupils' welfare;
- the Children Act 1989 and Children Act 2004, including inter-agency safeguarding duties;
- Keeping Children Safe in Education 2026, including the requirement for staff to recognise 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;
- Working Together to Safeguard Children 2023 and subsequent updates;
- the Equality Act 2010, including the duty not to discriminate and to make reasonable adjustments for disabled pupils;
- the Children and Families Act 2014 and the SEND Code of Practice 0 to 25 years, recognising social, emotional and mental health as an area of special educational need;
- statutory Relationships Education and Health Education requirements;
- the Human Rights Act 1998 and the United Nations Convention on the Rights of the Child;
- the UK General Data Protection Regulation and Data Protection Act 2018; and
- Department for Education guidance on mental health and behaviour in schools and the national eight principles for a whole-school approach to mental health and wellbeing.

This policy should be read alongside the Child Protection and Safeguarding, SEND, Behaviour, Anti-Bullying, Attendance, Supporting Pupils with Medical Conditions, Online Safety, Data Protection, First Aid and Staff Wellbeing policies.

4 Key principles

- The child's welfare and voice are central. Support will be explained in a way the child can understand and their views will be considered.
- Mental health exists on a continuum and can change. Distress is not automatically a disorder, but concerns must never be minimised.
- Support will be trauma-informed, neurodiversity-aware, culturally sensitive and free from discrimination.
- Children with SEND, disabilities, caring responsibilities, experience of care, bereavement, abuse, poverty, discrimination or other adversity may face additional barriers and vulnerabilities.
- Absence, lateness or behaviour may be a sign of need. Expectations remain clear, while the school seeks to understand and remove barriers.
- Safeguarding thresholds and urgent clinical need override the graduated offer. A pupil will not be left at a lower level where risk requires immediate action.
- Referral acceptance and the type or duration of external intervention are determined by the receiving service's criteria and clinical judgement.

5 Roles and responsibilities

Role	Key responsibilities
Governing Body	Approve and monitor the policy; assure itself that safeguarding, equality, SEND and data-protection duties are met; challenge leaders on provision, impact, training and resources.
Headteacher	Set expectations and culture; ensure suitable staffing, training and supervision; allocate resources; oversee serious concerns, complaints and partnership working.
Senior Mental Health Lead	Lead the whole-school approach; coordinate the graduated offer; support staff; maintain referral pathways; review provision and impact; liaise with pupils, families, MHST and other services.
Designated Safeguarding Lead	Lead safeguarding decisions; review mental-health concerns that may indicate harm; decide on referrals to Children's Social Care or police; coordinate safety planning and information sharing.
SENDCo	Consider whether needs amount to SEND; coordinate assess-plan-do-review support; advise on reasonable adjustments and the graduated SEND response; liaise with professionals and families.
Pastoral team and counsellor	Deliver agreed, time-limited or ongoing support within competence; keep appropriate records; maintain professional boundaries; report safeguarding concerns immediately; contribute to reviews.
Teachers and all staff	Promote wellbeing; know pupils; notice changes; listen without investigating; record and report concerns promptly; implement agreed strategies; never promise secrecy or diagnose.
Pupils	Treat others with respect; use taught regulation and help-seeking strategies; tell a trusted adult when they or another child may need help.
Parents and carers	Share relevant information; work with the school and services; support agreed plans and appointments; tell the school promptly about changes, risk or treatment.

6 The whole-school approach

The school's approach reflects the eight national principles: leadership and management; ethos and environment; curriculum, teaching and learning; pupil voice; staff development; identifying need and monitoring impact; working with parents and carers; and targeted support and appropriate referral.

The school will use pupil voice, attendance and behaviour information, safeguarding themes, pastoral data, SEND information, parent feedback and staff observations to understand need. Information will be considered proportionately and will not be used to label pupils or make clinical diagnoses.

7 The graduated mental health and wellbeing offer

The following offer provides a shared framework for decision-making. The examples are not exhaustive and do not create an entitlement to a particular service. Decisions will reflect the child's presentation, duration and frequency of concern, impact on daily functioning, protective factors, risk, previous support, pupil and parent views, SEND and safeguarding information, and service criteria.

Stage	Who it is for	Possible provision	Planning and review
Universal offer	Every pupil. Promotion, prevention and early recognition.	Emotionally safe classrooms; trusted adults; Zones of Regulation; Relationships and Health Education and PSHE; Jigsaw; circle time; worry boxes or other reporting routes; positive behaviour and belonging; anti-bullying work; online-safety teaching; movement, play and enrichment; attendance support; staff modelling and signposting.	Embedded in ordinary school practice. Whole-school provision is monitored through pupil voice, observations, curriculum review and relevant school information.
Level 1 School-based targeted support	A pupil with an emerging, mild or situational need, or a concern affecting learning, relationships, attendance or wellbeing that can reasonably be supported in school.	Check-ins with a trusted adult; pastoral intervention; individual regulation plan; friendship, bereavement, confidence or emotional-literacy work; adapted classroom strategies; parent meeting; SEND assess-plan-do-review where relevant; a defined number of sessions with the school counsellor, followed by review.	A named adult records the concern, agreed outcomes, support, frequency, duration and review date. The child and parent are involved, subject to safeguarding considerations. Escalate, adapt or step down according to impact and risk.
Level 2 MHST consultation referral and intervention	A pupil whose low mood, anxiety or related difficulty is persistent or causing a greater impact, and whose needs may fit the local MHST offer.	Consultation with the school's MHST practitioner; evidence-based early intervention; guided work with the child and/or parent; group work where suitable; advice and training for staff; joint planning with school support.	Referral follows current MHST criteria and consent arrangements. School support continues while awaiting or receiving intervention. Outcomes and next steps are reviewed with the practitioner, family and pupil.

Stage	Who it is for	Possible provision	Planning and review
Level 3 Specialist or therapeutic support	A pupil with more complex, persistent, escalating or significantly impairing needs, or where Level 1 or 2 support is insufficient or unsuitable.	Seedlings therapeutic support where appropriate; CAMHS referral; GP or paediatrician involvement; neurodevelopmental, bereavement, trauma, family help or other specialist services; coordinated multi-agency plan.	The school supports a clear referral with evidence of presentation, impact, risk, support tried and pupil/parent views. The receiving service determines eligibility and urgency. School remains involved and reviews educational, pastoral, SEND and safety support.

Urgent and safeguarding route. Any immediate danger, serious self-harm, suicidal intent or plan, psychosis, serious injury, acute inability to remain safe, or concern that a child may be suffering or at risk of abuse or neglect must be passed to the DSL immediately and managed under section 13. Staff must not wait for a review meeting or progress through Levels 1 to 3.

8 Universal provision

8.1 Zones of Regulation

Zones of Regulation is used as a shared language to help pupils notice and describe their emotional and physiological state, identify triggers, select safe regulation strategies and understand that all feelings are valid while not all behaviours are safe or acceptable. It is not used to diagnose, shame, publicly label or punish a child. Staff will avoid assuming that every child experiences or communicates emotion in the same way.

8.2 Curriculum and culture

- age-appropriate teaching about emotions, relationships, healthy coping, sleep, movement, online experiences, asking for help and where support can be found;
- safe, respectful classrooms with predictable routines and calm responses;
- opportunities for play, creativity, physical activity, responsibility, friendship and pupil voice;
- consistent action on bullying, discrimination, harassment and harmful online behaviour;
- support for transitions, bereavement, family change and other known pressures; and
- visible, accessible routes to trusted adults and support.

9 Identifying need

Staff remain alert to changes from a pupil's usual presentation. A single sign does not necessarily indicate a mental-health difficulty; patterns, context, duration and impact matter. Staff should notice and report concerns rather than attempt diagnosis.

Possible signs	Examples
Emotional	Persistent sadness, anxiety, fear, irritability, hopelessness, shame, unusually heightened or flattened mood.
Behavioural	Withdrawal, loss of interest, dysregulation, risk-taking, aggression, repeated conflict, compulsive behaviour, substance use or marked change.
Learning and attendance	Reduced concentration, sudden change in attainment, avoidance, frequent absence or lateness, difficulty entering class or school.

Possible signs	Examples
Physical and self-care	Unexplained pain or nausea, sleep or eating change, weight change, reduced hygiene, fatigue, concealing the body or unexplained injury.
Communication and safety	Talking or joking about self-harm, death or suicide; giving possessions away; expressing worthlessness; disclosure of self-harm, abuse or exploitation.

Staff must consider whether a child's presentation may also relate to SEND, communication needs, physical health, medication, bereavement, trauma, bullying, discrimination, family circumstances, attendance, online harm or safeguarding. These possibilities may overlap and should not be used to dismiss the child's experience.

10 Referral and support process

The school uses the following route so that concerns are considered consistently and children receive support at the right level. This is a graduated process, not a barrier to help. A child may enter at any level according to need, and safeguarding or urgent concerns must bypass the ordinary referral route.

10.1 Universal offer for every pupil

All pupils access the universal offer without a referral. Class teachers and other staff deliver the agreed whole-school approaches, including Zones of Regulation, emotionally safe classroom practice, curriculum teaching, trusted-adult support and ordinary pastoral care.

1. The class teacher notices and responds to day-to-day emotional needs, uses appropriate classroom strategies and speaks with the pupil.
2. The teacher monitors patterns and considers learning, relationships, attendance, behaviour, communication, SEND, physical health and known family circumstances.
3. Where a concern is brief and resolves through universal support, no internal referral is required, although relevant actions may be recorded in the usual school record.
4. Where a concern persists, recurs, increases, affects daily functioning or requires planned individual support, the teacher begins the Level 1 referral process.

10.2 Referral to Level 1 school-based support

The class teacher, or another member of staff who knows the pupil well, completes the school's Pupil Mental Health and Wellbeing Referral Form. The form is passed securely to the Senior Mental Health Lead. Completing the form does not replace an immediate CPOMS entry or direct contact with the DSL where there is a safeguarding concern.

The referral form should include:

- the reason for referral and the specific change or concern observed;
- the pupil's strengths, wishes and views;
- the duration, frequency, context and impact of the concern;
- relevant learning, attendance, behaviour, friendship, SEND, medical and safeguarding information;
- the pupil's and parent's or carer's views, where it is safe and appropriate to obtain them;
- universal strategies and adjustments already tried, for how long, and their impact; and
- the outcome the referrer hopes the support will help the pupil achieve.

The Senior Mental Health Lead discusses the referral with the SENDCo and an appropriate member or members of SLT. The group considers need, risk, impact, protective factors, equality and SEND duties, existing professional involvement, previous support and the pupil's and family's views. The DSL must be consulted where safeguarding information is relevant.

The outcome will be recorded and communicated to the referrer and, where appropriate, the pupil and parents or carers. The decision may be to:

- provide advice and continue or strengthen the universal offer;
- accept the pupil for Level 1 pastoral support or a defined number of school-counselling sessions;
- request further information or observation before deciding;
- begin or review SEND support and reasonable adjustments;
- consult or refer directly to Level 2 or Level 3 because the need is more significant or a different service is indicated; or
- take immediate safeguarding or urgent action.

For an accepted Level 1 referral, a named adult agrees intended outcomes, the type, frequency and duration of support, parental consent where required, the pupil's assent, classroom strategies and a review date. The class teacher remains responsible for day-to-day support and communication. At review, the team will continue, adapt, conclude or step support up. The decision and reasons will be recorded.

10.3 Referral to Level 2 MHST support

A Level 2 referral may follow a Level 1 review or may be considered immediately where the information suggests that the pupil's needs fit the MHST remit. The Senior Mental Health Lead coordinates the process and consults the school's identified MHST practitioner before or as part of referral where this is available.

5. The Mental Health Lead reviews the internal referral, Level 1 work and current risk with the SENDCo, relevant SLT and DSL where appropriate.
6. The school discusses the proposed referral with the pupil and parents or carers and obtains the consent required by the MHST, unless safeguarding duties require a different course of action.
7. The Mental Health Lead or agreed practitioner completes the current MHST referral or consultation documentation, including clear evidence of need, impact, support tried and intended outcomes.
8. The MHST applies its own criteria, triages the referral and decides whether to offer consultation, direct work, parent-led work, group work, advice, signposting or another pathway.
9. The school records the outcome, names a school link and agrees how school strategies and MHST work will operate together.
10. School support continues during any wait and throughout the intervention. Progress is reviewed jointly at the agreed point.

If the MHST does not accept the referral, the Mental Health Lead will record the reason, discuss alternatives with the SENDCo and SLT, explain the next steps to the family, and continue or adapt school support. A declined referral must not result in the child being left without an appropriate plan.

10.4 Referral to Level 3 Seedlings CAMHS or another specialist service

Level 3 will be considered when needs are complex, persistent, escalating or significantly affecting the pupil's everyday functioning; when specialist therapeutic or clinical assessment may be required; or when Level 1 or Level 2 support has not been sufficient or is not the correct pathway. A child does not have to complete every lower level before Level 3 is considered.

11. The Senior Mental Health Lead reviews the case with the SENDCo and SLT. The DSL contributes where risk or safeguarding information is relevant, and advice may be sought from the MHST, Seedlings, CAMHS, GP or another professional.
12. The school meets with parents or carers and, in an age-appropriate way, the pupil, to explain the proposed referral, possible outcomes, information sharing and support during any wait.
13. The school obtains the consent required by the receiving service. Consent is not required before sharing information where there is a lawful safeguarding need to protect the child or another person.
14. The Mental Health Lead, SENDCo or other agreed professional completes or supports the referral using the current local pathway. The referral includes presentation, duration, frequency, impact, risk,

attendance, SEND, relevant family and safeguarding context, support tried and its effect, and pupil and parent views.

15. Seedlings, CAMHS or the relevant service triages the referral and decides eligibility, urgency and the intervention offered. The school cannot guarantee that a referral will be accepted or prescribe a clinical response.
16. A named member of school staff maintains contact with the family and, where appropriate, the service. Universal, educational, pastoral, SEND and safety support continues while the child waits and during specialist involvement.
17. The school incorporates appropriate professional recommendations into the pupil's plan and reviews progress, attendance, access to learning and safety.

If a Level 3 referral is declined, redirected or closed, the Mental Health Lead will obtain and record the reason where available, discuss revised support with the SENDCo and SLT, seek further professional advice where necessary, and tell the family what will happen next. The school will re-refer or use an urgent pathway if risk or need increases.

10.5 Review step-up and step-down decisions

Every targeted plan will have a review date. Reviews will consider the pupil's voice, parent or carer feedback, engagement, attendance, relationships, access to learning, day-to-day functioning, progress towards the agreed outcomes and any change in risk. Support may continue, change, step up, step down or end. Ending an intervention does not remove access to the universal offer or prevent a future referral.

Support should not be delayed solely because a child is awaiting assessment or a service decision. Equally, a referral does not transfer the school's safeguarding duty or responsibility to provide appropriate education and pastoral support.

11 Working with parents carers and pupils

The school will work openly and respectfully with parents and carers and will seek their knowledge of the child. Concerns, proposed support, consent, information sharing and review arrangements will normally be discussed with them. The school will also explain that a service may decline or redirect a referral according to its criteria.

The pupil will be involved in decisions in a developmentally appropriate way. Staff will seek the pupil's assent and take account of their wishes, feelings, communication needs and understanding. For school counselling and external referrals, the school will follow the consent requirements of the provider and applicable law and guidance.

Parents or carers will normally be informed of concerns. The DSL may decide that contact should be delayed, adapted or not made where informing a parent may place the child or another person at risk, prejudice a safeguarding enquiry or conflict with advice from Children's Social Care or police. A competent child's rights and confidentiality will be considered, but safety comes first.

12 Confidentiality information sharing and records

Staff must never promise secrecy. They should explain that information will be shared only with people who need it to help keep the child or others safe and secure appropriate support. Information will be accurate, relevant, proportionate, timely and shared on a need-to-know basis.

- Mental-health and safeguarding concerns, disclosures, decisions and actions must be recorded factually on CPOMS without delay.
- Records should distinguish observation, the child's own words, professional opinion and action taken. The child's words should be recorded as accurately as possible.
- Referral forms, service reports and plans will be stored securely, with access restricted according to role and need.

- Relevant alerts and operational information may also be recorded on Arbor where appropriate, but highly sensitive narrative will be held in the secure safeguarding or pastoral record.
- Records will follow the school's retention schedule and data-protection procedures. Information will not be withheld where sharing is necessary to protect a child or another person.

13 Safeguarding and urgent response

KCSIE makes clear that mental-health problems can be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should diagnose a mental-health problem, but school staff are well placed to observe children and identify behaviour suggesting that support or safeguarding action may be needed.

13.1 If a pupil makes a disclosure

18. Listen calmly and take the child seriously. Do not express shock, blame or disbelief.
19. Do not investigate, ask leading questions or require the child to repeat the account unnecessarily. Ask only open, minimal questions needed to clarify immediate safety.
20. Do not promise confidentiality. Explain what will happen next.
21. If self-harm or suicide is indicated, ask clear and direct safety questions within the member of staff's competence and seek the DSL immediately.
22. Record the child's words, context, date, time, witnesses, observable presentation and action taken.
23. Report to the DSL or a Deputy DSL without delay. If they are unavailable and a child is at immediate risk, contact emergency services or Children's Social Care directly and inform the Headteacher as soon as possible.

13.2 Immediate or acute risk

Where there is serious injury, overdose, immediate danger, suicidal intent or plan, acute psychosis, severe eating-disorder risk, or the child cannot be kept safe, staff must call 999 or arrange emergency medical care. The pupil must remain under appropriate adult supervision and must not be sent home or left alone. First aid will be given within staff competence.

Parents or carers will be contacted promptly unless doing so may increase risk or conflict with safeguarding advice. The DSL will consider Children's Social Care and police involvement, liaise with emergency or health professionals and ensure that key information accompanies the child. For urgent mental-health advice where there is not an immediate life-threatening emergency, the school may use NHS 111 and the local CAMHS crisis pathway.

13.3 Safety and return planning

Following a serious incident or return from emergency or specialist care, the school will agree a proportionate safety and support plan with the pupil, parents or carers and relevant professionals. It may cover trusted adults, triggers, early signs, coping strategies, environmental or timetable adjustments, supervision, attendance, medication or healthcare arrangements, emergency contacts, what information staff need, and review dates. The plan must not place inappropriate responsibility on peers.

14 Self-harm suicide and harmful content

Any disclosure, indication or evidence of self-harm or suicidal thinking must be taken seriously and referred immediately to the DSL. Staff must not dismiss language as attention-seeking or assume that apparent improvement removes risk. The response will consider intent, plan, access to means, previous behaviour, protective factors, current supervision and professional advice.

Where online content, group messages, images, challenges, coercion or imitation may be contributing to risk, staff will follow the school's safeguarding and online-safety procedures. Staff must not copy or

circulate harmful content. Support for affected peers will be considered without sharing confidential details.

15 SEND equality and reasonable adjustments

A mental-health difficulty may amount to a disability under the Equality Act 2010 where it has a substantial and long-term adverse effect on normal day-to-day activities. Social, emotional and mental-health needs may also be SEND. The school will not require a diagnosis before considering reasonable adjustments or SEN support.

The SENDCo will contribute where appropriate. Support may include communication adjustments, predictable routines, sensory or movement strategies, safe spaces, adapted demands, phased transitions, access arrangements, individual plans or coordinated professional advice. Adjustments will be personalised and reviewed; they will not remove the school's duty to safeguard or provide suitable education.

16 Attendance behaviour and exclusion

The school will consider whether mental health, SEND, bullying, family circumstances or safeguarding are contributing to absence or behaviour. Support and reasonable adjustments will be considered alongside clear expectations. Sanctions will not be used simply because a child is experiencing a mental-health difficulty, although unsafe or harmful behaviour will be addressed in line with the Behaviour Policy.

Where absence is linked to mental or physical health, the school will follow its Attendance Policy and, where applicable, its policy for children with health needs who cannot attend school. Decisions about suspension or exclusion will follow current statutory guidance and take account of SEND, disability, safeguarding and relevant contributing factors.

17 School counselling and pastoral intervention

Level 1 counselling or pastoral work will have a clear rationale, agreed intended outcomes, defined frequency and duration, consent or assent arrangements, and a review point. The number of sessions will be identified for the individual child rather than assumed to be open-ended. Further sessions may be agreed following review where this remains appropriate and within the service's competence and capacity.

Counsellors and pastoral staff will work within their qualifications, supervision and professional boundaries. They will explain confidentiality and its limits, maintain secure records and pass safeguarding concerns to the DSL immediately. School-based counselling is not a substitute for emergency, medical or specialist mental-health care.

18 External services and multi-agency working

Service or route	Role in the graduated offer
Mental Health Support Team	Consultation, advice and evidence-based early intervention for needs within the local MHST remit, commonly including low-level anxiety or low mood. The identified practitioner and current referral criteria will guide access.
Seedlings	Liverpool primary-school therapeutic support offering age-appropriate individual or group therapeutic work, family advice and support to staff, subject to current commissioning and referral arrangements.
CAMHS	Specialist assessment and intervention where needs meet local clinical thresholds. Referrals may be made or supported by school, health or other professionals according to the local pathway.

Service or route	Role in the graduated offer
GP paediatrician and health services	Medical assessment, consideration of physical causes or medication, referral and coordination where health input is required.
Children's Social Care police and Family Help	Safeguarding, statutory assessment, protection and family support according to level of need and risk.

The school will provide concise, evidence-based information with referrals, including the child's voice, parent or carer views, presentation, duration, frequency, impact, risk, attendance, SEND, relevant safeguarding information, support already tried and its impact. Consent will be obtained where required, unless a lawful safeguarding basis permits or requires sharing without consent.

19 Supporting peers and preventing contagion

A pupil's distress may affect friends, siblings or classmates. Support will be offered without disclosing confidential information. Staff will discourage pupils from taking responsibility for keeping a peer safe or holding secrets about harm. Communication following a serious incident will be planned with the DSL and relevant professionals, using safe language and avoiding detail that could increase risk or imitation.

20 Staff training supervision and wellbeing

- All staff receive safeguarding training and understand the link between mental health and safeguarding, the school's graduated offer, reporting routes and urgent response.
- Relevant staff receive role-specific training in Zones of Regulation, pastoral intervention, suicide and self-harm awareness, trauma, SEND, information sharing and referral pathways.
- Staff do not work beyond their competence. They seek advice and use supervision where their role involves sustained pastoral or therapeutic work.
- Leaders recognise the emotional impact of supporting distressed pupils and provide appropriate debriefing and staff support while maintaining confidentiality.

21 Monitoring impact and quality assurance

The Senior Mental Health Lead will monitor implementation and impact using proportionate, anonymised information. This may include access to each level of support, waiting times, completion and outcomes, repeat referrals, pupil and parent feedback, attendance, behaviour, safeguarding themes, SEND patterns and equality considerations. Data will be interpreted carefully and will not be treated as proof of cause.

Leaders will review whether provision is accessible, timely, culturally responsive and effective, and whether groups of pupils face barriers. The Governing Body will receive an appropriate strategic report without personally identifiable or unnecessary sensitive information.

22 Complaints

Concerns should normally be raised with the class teacher, Senior Mental Health Lead, SENDCo or Headteacher as appropriate. Formal complaints will be considered under the school Complaints Policy. A complaint does not delay safeguarding action, emergency care or a child's access to appropriate support.

23 Review and approval

This policy will be reviewed annually by the Headteacher and Senior Mental Health Lead and approved by the Governing Body. It will be reviewed sooner following significant statutory or local pathway change, a serious incident, learning from practice or a material change to school provision.

Approval	Details
Approved by	Governing Body
Date approved	September 2026
Headteacher signature	
Chair of Governors signature	
Next review	September 2027

Appendix 1 Staff response guide

Situation	Immediate action
General or emerging concern	Listen; record on CPOMS; inform the appropriate pastoral or mental-health lead; continue normal support; agree triage and review.
Possible safeguarding concern	Report to the DSL immediately. Do not investigate. Follow the Child Protection and Safeguarding Policy.
Self-harm or suicidal thinking disclosed or suspected	Stay with the child; notify the DSL immediately; establish immediate safety using clear, minimal questions; do not promise secrecy; follow risk and referral procedures.
Immediate danger serious injury overdose suicidal intent or acute crisis	Call 999 or secure emergency medical help; provide first aid; maintain appropriate supervision; inform the DSL and Headteacher; contact parents unless unsafe; record actions and decisions.
Concern outside school hours discovered while working	If immediate risk, call emergency services. Use safeguarding contact arrangements and record and report according to school procedure.

Appendix 2 Minimum support plan content

- the pupil's strengths, wishes, communication needs and trusted adults;
- the concern, impact and known triggers or patterns;
- agreed outcomes written in clear, observable terms;
- support, adjustments, responsible people, frequency and duration;
- what the pupil can do and how adults will respond when signs increase;
- parent or carer involvement and consent arrangements;
- relevant safeguarding, SEND, medical and attendance considerations;
- external professionals and referral status;
- review date and measures of impact; and
- urgent or emergency arrangements where required.

Appendix 3 Key references

Organisation	Reference
Department for Education	Keeping Children Safe in Education 2026
Department for Education	Mental health and behaviour in schools
Department for Education and Office for Health Improvement and Disparities	Promoting children and young people's mental health and wellbeing: eight principles of a whole-school or college approach
Department for Education and Department of Health	SEND Code of Practice 0 to 25 years
HM Government	Working Together to Safeguard Children 2023 and subsequent updates
NHS England	Mental Health Support Teams in schools and colleges
Liverpool CAMHS Partnership	Education Mental Health Teams, Seedlings and local mental-health support pathways

Operational contact details and referral forms are maintained separately by the school so they can be updated promptly when services change.