



MENTAL HEALTH & WELLBEING POLICY

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Version	Date	Notes on Revisions
1	Feb 2019	
1.2	Sept 2020	Information on staff training added.
1.3	Sept 2021	Information on support measures added.
1.3	Sept 2022	Reviewed- No amendments needed
1.4	Sept 2023	Information on BeeWell Champions and student support email added.
1.4.	July 2024	Reviewed by SLT – no amendments
1.5	July 2025	Bolton Mental Health Support Team (MHST) information included.
1.6	September 2026	Updated in line with current DfE guidance, including KCSIE 2026, revised RSHE guidance, the eight-principle whole-school approach, safeguarding escalation, attendance, SEND and targeted support.

Mental Health and Wellbeing

At Mount St Joseph, in partnership with the St Teresa of Calcutta Catholic Academy Trust and Bolton Schools Catholic Education Partnership (BOSCEP), we believe that every member of our community is created in the image and likeness of God and should be valued, loved and treated with dignity. Our Catholic mission shapes a culture in which pupils and staff are known, included and supported to flourish. This policy explains the school's whole-school approach to promoting positive mental health and wellbeing, identifying emerging needs, providing early and targeted support, and responding safely when concerns may indicate a safeguarding risk. It applies to all pupils and staff. Pupil safeguarding procedures take precedence whenever there is a concern about a child's safety or welfare.

1. Purpose and aims

Good mental health and wellbeing support attendance, relationships, engagement in learning, attainment and longer-term outcomes. The school will promote wellbeing for all, reduce stigma, notice concerns early and help pupils and staff obtain appropriate support.

We aim to:

- create a safe, respectful and inclusive environment in which everyone has a sense of belonging
- teach pupils the knowledge and skills needed to understand emotions, build resilience, seek help and support others safely
- use pupil voice, family partnership and appropriate data to understand need and improve provision
- identify concerns early and provide proportionate, evidence-informed support
- make timely referrals and work effectively with health, social care, local authority and voluntary-sector partners
- ensure that mental health needs are considered alongside safeguarding, attendance, behaviour, SEND and equality duties
- support staff wellbeing through an organisational approach to workload, professional support and a healthy working culture.

2. Definitions and guiding principles

Mental health is a continuum. Everyone experiences changes in emotional wellbeing, and a pupil may need support without having a diagnosed mental health condition. A mental health condition may be a special educational need where it creates a learning difficulty requiring special educational provision, and 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.

School staff do not diagnose mental health conditions or provide clinical treatment unless appropriately qualified and commissioned to do so. Their role is to notice, listen, record, safeguard, support access to learning and refer to appropriate services. Behaviour may communicate an unmet need, but this does not remove the school's duty to maintain clear, consistent and safe expectations.

Support will be child-centred, trauma-aware, culturally responsive and proportionate. The school will avoid assumptions, consider intersectional needs and listen to the pupil's views, taking account of age, maturity, communication needs and capacity to participate.

3. Whole-school approach

Our approach reflects the DfE and Office for Health Improvement and Disparities eight principles for promoting children and young people's emotional health and wellbeing:

- leadership and management that support and champion mental health and wellbeing
- an ethos and environment that promote respect and value diversity
- curriculum, teaching and learning that promote resilience and social and emotional learning
- enabling pupil voice to influence decisions
- staff development to support their own wellbeing and that of pupils
- identifying need and monitoring the impact of interventions
- targeted support and appropriate referral
- working with parents and carers.

These principles are embedded through the school improvement cycle, safeguarding arrangements, pastoral systems, curriculum planning, behaviour and attendance practice, SEND provision, staff development and evaluation of interventions.

4. Roles and responsibilities

The governing body and headteacher

The governing body and headteacher provide strategic oversight, ensure appropriate resources and training, monitor the effectiveness and equality impact of provision, and make sure this policy operates consistently with statutory safeguarding, attendance, SEND, equality and RSHE requirements.

Senior Mental Health Lead

The designated Senior Mental Health Lead oversees the whole-school approach and has sufficient authority, capacity and support to influence strategic change. The lead will:

- coordinate the eight-principle whole-school approach and an evidence-informed action plan
- work closely with the Designated Safeguarding Lead (DSL), SENDCo, attendance lead, pastoral team, RSHE/PSHE lead and senior leaders
- map universal, targeted and specialist provision and clarify referral routes
- use appropriate data and pupil, parent and staff voice to identify priorities and inequalities
- monitor implementation and impact, including unintended consequences
- coordinate liaison with the Bolton Mental Health Support Team (MHST) and other partners.

Designated Safeguarding Lead

The DSL retains responsibility for safeguarding decisions. Any concern that a pupil has suffered, is suffering or is likely to suffer harm—including concerns involving self-harm, suicidal thoughts, abuse, exploitation, neglect or significant deterioration—must be reported immediately through the school's safeguarding procedure. The DSL will decide on information sharing, parental contact, referrals and immediate safety action in accordance with Keeping Children Safe in Education 2026 and the school's Safeguarding and Child Protection Policy.

SENDCo, attendance lead and pastoral team

- The SENDCo coordinates assessment and provision where social, emotional or mental health needs may constitute SEND, contributes to graduated assess-plan-do-review cycles, and seeks specialist advice where appropriate.

- The attendance lead ensures that mental-health-related absence is addressed through early, supportive work with the pupil and family, while maintaining high expectations for attendance and following statutory attendance guidance.
- The pastoral team provides early help and targeted support within competence, keeps appropriate records, agrees outcomes with pupils and families, and escalates concerns promptly.
- The RSHE/PSHE lead ensures that mental wellbeing is taught through a planned, sequenced and age-appropriate curriculum in line with the revised statutory RSHE guidance effective from September 2026.

All staff

All staff must read Part One of Keeping Children Safe in Education 2026, complete required training, know the school's reporting routes and act on concerns. Staff should listen calmly, avoid promising confidentiality, record facts accurately and pass concerns to the appropriate lead. They must not attempt diagnosis or provide support beyond their training and role.

5. Promotion, prevention and curriculum

The school promotes protective factors including safe relationships, belonging, participation, predictable routines, high expectations, physical activity, sleep, healthy use of technology, problem-solving and help-seeking. Mental wellbeing is taught through RSHE/PSHE and reinforced across the curriculum, tutor time, assemblies, enrichment and pastoral provision.

Provision may include:

- pupil campaigns, assemblies, BeeWell Champions, peer support and structured pupil voice
- transition programmes, particularly for pupils who are vulnerable or have additional needs
- nurture, mentoring, resilience work, supervised group support and access to counselling
- clear information around school about trusted adults and routes to help
- anti-bullying, online-safety and inclusion work
- staff training and communication that build confidence without expecting staff to become mental health specialists.

Peer-led or group activities will be appropriately selected, supervised and risk assessed. Pupils will not be placed in roles that require them to manage disclosures, keep unsafe secrets or provide therapeutic support.

6. Identifying emerging needs

No single sign proves that a pupil has a mental health problem. Staff will consider patterns, context, the pupil's voice and changes from their usual presentation. Possible indicators include:

- withdrawal, isolation or significant relationship changes
- persistent changes in mood, behaviour, eating, sleep, hygiene, presentation or activity
- declining engagement, attainment, attendance or punctuality
- repeated physical complaints without an identified cause
- increased distress, anxiety, agitation, risk-taking, substance misuse or unexplained injuries
- talking, writing, drawing, posting or joking about self-harm, suicide, hopelessness or being a burden
- disclosures or signs of abuse, neglect, exploitation, bullying or harmful online experiences.

The school may draw on attendance, behaviour, safeguarding, SEND, progress and pastoral information, pupil and family views, transition information and appropriate screening or assessment tools. Tools will only be used for their intended purpose by trained staff; they do not provide a clinical diagnosis. Information will be interpreted carefully to avoid bias and disproportionate identification.

7. Responding to a concern or disclosure

When a pupil shares a concern, the member of staff will:

- listen calmly and take the pupil seriously
- use open, non-leading questions only where clarification is needed
- not promise secrecy; explain that information will be shared only with people who need it to help keep the pupil safe
- reassure the pupil that they have done the right thing by speaking
- make a factual, timely record using the school's safeguarding or pastoral recording system
- report safeguarding concerns immediately to the DSL or a deputy DSL and follow their direction
- continue to provide appropriate day-to-day support and avoid asking the pupil to repeat their account unnecessarily.

If there is reason to believe that a pupil is in immediate danger, has taken an overdose, sustained a serious injury, has an immediate plan or means to end their life, or requires urgent medical help, staff must remain with the pupil, summon the DSL and senior staff immediately, call 999 or arrange emergency medical assistance as required, and follow the school's emergency and safeguarding procedures. A pupil at immediate risk must not be left alone or sent home unaccompanied.

8. Assessment, support and referral

The school will use a graduated response: universal support for all; early or targeted school-based support where need is emerging; and specialist referral or multi-agency support where needs are complex, persistent, severe or outside the school's competence. Support will be based on an assessment of need rather than waiting for a diagnosis.

Where targeted support is agreed, the school will identify the desired outcomes, named lead, actions, timescale, review date and arrangements for communication. The pupil and parents or carers will normally be involved. The school will monitor impact and adapt or stop an intervention where it is ineffective, burdensome or may be causing harm.

The Bolton MHST supports participating schools through early evidence-based interventions for common mental health needs, support for the whole-school approach, timely advice and liaison with specialist services. Referrals may also be made to the GP, school nursing, educational psychology, local authority early help, children's social care, NHS children and young people's mental health services or suitable voluntary-sector services, according to need and local thresholds.

A referral does not transfer the school's safeguarding duty. While a pupil is waiting for external support, the school will maintain appropriate contact, educational access, reasonable adjustments and safety planning, and will escalate if risk increases.

9. Attendance, behaviour, SEND and equality

Attendance

Where mental health is affecting attendance, the school will work early with the pupil and family to understand barriers, agree a time-limited plan and support regular attendance. The plan may include reasonable adjustments, a trusted adult, a

predictable arrival routine, a quiet base, catch-up support or a carefully planned phased return. Reduced timetables will be exceptional, agreed in the pupil's best interests, have a clear educational purpose and end date, be regularly reviewed and comply with attendance and safeguarding requirements. The school will not routinely require medical evidence; it may seek proportionate evidence where additional support or adjustments are needed or where there is genuine doubt about the reason for absence.

Behaviour

The school will consider whether behaviour may be linked to an unmet mental health need, SEND, disability, trauma or safeguarding concern. Staff will make reasonable adjustments where required and use proportionate, lawful responses. Mental health needs do not automatically explain or excuse all behaviour, and the school will maintain safe boundaries and support affected pupils.

SEND and reasonable adjustments

Where a pupil has or may have social, emotional and mental health needs, the SENDCo will consider whether special educational provision is required and follow the graduated approach. The school will make reasonable adjustments for disabled pupils and avoid policies or practices that place them at a substantial disadvantage. Support will be coordinated with any education, health and care plan and reviewed with the pupil and family.

10. Parents, carers and pupil voice

Parents and carers are key partners. The school will communicate respectfully, share appropriate information, listen to family knowledge and involve them in planning and review. Parents and carers should inform the school of relevant needs, treatment, changes or risks and work with the school and external services to support attendance and learning.

Parents or carers will normally be informed where a pupil needs additional support or where there is a safety concern. Exceptionally, the DSL may decide that contacting a parent or carer immediately would place the pupil at greater risk or prejudice a safeguarding response. In such cases, the DSL will determine next steps and seek advice or make referrals as appropriate.

Pupils will be offered meaningful choices wherever possible and told what will happen next. Their wishes will be considered but cannot override action needed to protect them or others.

11. Confidentiality, information sharing and records

Information about mental health is sensitive personal data. It will be recorded accurately, stored securely and shared on a need-to-know basis in line with safeguarding requirements, UK data protection law and school policy. Safeguarding information may be shared without consent where necessary and proportionate to protect a child or another person. Fear about sharing information must not prevent staff from safeguarding a child.

Records should distinguish fact, observation, pupil voice, professional opinion and action taken. Staff will use the school's approved systems and will not retain informal personal files. Relevant information will be transferred securely when a pupil changes school in accordance with safeguarding and records-management procedures.

12. Supporting staff wellbeing

The school recognises that staff wellbeing is shaped significantly by organisational culture, workload, autonomy, relationships and access to support. Leaders will consult staff, review workload and working practices, promote dignity and respect, provide appropriate training and signpost confidential support such as Occupational Health,

counselling or Education Support. Staff should speak to their line manager or another appropriate leader where work is affecting their wellbeing. Staff mental health information will be handled sensitively and in accordance with employment and data protection requirements.

13. Training and supervision

All staff will receive regular, role-appropriate training on mental health awareness, safeguarding, disclosures, self-harm and suicide concerns, referral routes, SEND, equality and reasonable adjustments. The Senior Mental Health Lead, DSL, SENDCo, pastoral staff and others with enhanced responsibilities will receive training and access to consultation or supervision appropriate to their roles. Training will clarify professional boundaries and will be refreshed in response to need, learning from incidents and changes in guidance.

14. Monitoring, evaluation and review

The Senior Mental Health Lead will monitor implementation and report to senior leaders and governors. Evaluation may draw on pupil, parent and staff voice; attendance, behaviour, safeguarding and SEND information; referral patterns; intervention reach, outcomes and waiting times; equality analysis; and curriculum review. Data will be used proportionately and presented in a way that protects confidentiality.

This policy will be reviewed at least annually and sooner following significant statutory or local guidance changes, a serious incident, identified learning, or a material change to school provision. Named post-holders, local referral contacts and emergency information will be checked at least annually.

15. Related school policies

- Safeguarding and Child Protection
- Behaviour
- Attendance
- SEND and Inclusion
- Equality and Accessibility
- RSHE/PSHE
- Anti-Bullying
- Online Safety
- Supporting Pupils with Medical Conditions
- Health and Safety
- Staff Code of Conduct
- Data Protection and Records Management
- Whistleblowing
- Staff Wellbeing and Absence Management

16. Key national guidance

- Department for Education, Promoting and supporting mental health and wellbeing in schools and colleges (updated April 2026).
- Department for Education, Keeping Children Safe in Education 2026 (in force from 1 September 2026).
- Department for Education, Relationships Education, Relationships and Sex Education and Health Education statutory guidance (revised guidance in force from 1 September 2026).
- Department for Education, Working together to improve school attendance (statutory guidance, updated July 2026).
- Department for Education, Summary of responsibilities where a mental health issue is affecting attendance (2023).
- Department for Education, Mental health and behaviour in schools (2018).
- Department for Education and Department of Health, SEND Code of Practice: 0 to 25 years (2015).
- Equality Act 2010 and Department for Education advice on the Equality Act for schools.