



Positive Emotional Health and Wellbeing

The King's School
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Policy Change Control

Policy Owner	DHT Student Support
Approved By	Curriculum & Quality Committee
Date of Last Approval	March 2026
Next Revision Due	March 2028

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1. Rationale

Mentally Healthy Schools run by the Anna Freud Centre states that:

The rates of mental health problems increase as children get older. Almost two in ten students aged 1 to 16 has an identifiable mental health condition – which rises to one in five among 17 to 22 year olds.

By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly, and indirectly by issues around their emotional health and well-being.

2. Policy Statement

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

At The King's School, we aim to promote positive emotional health and well-being for every member of our staff and student body. We will pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive emotional health and well-being health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective emotional health and well-being policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

3. The Policy Aims to

- ♣ Promote positive emotional health and wellbeing in all staff and students
- ♣ Increase understanding and awareness of common mental health issues
- ♣ 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 students suffering mental ill health and their peers and parents/carers

4. Scope

This document describes the school's approach to promoting positive emotional health and wellbeing. This policy is intended as guidance for all teaching staff and non-teaching staff. This policy should be read in conjunction with other school policies including:

- Behaviour, Rewards and Sanctions
- Anti-Bullying
- PSHE and Citizenship
- Attendance
- Post 16 Attendance
- Equality Scheme
- Supporting Students with Medical Conditions
- Relationships and Sex Education
- Safeguarding (and Child Protection)

This policy has been created with regard to the following DfE guidance:

- DfE (2025) "Promoting and supporting mental health and wellbeing in schools and colleges"
- DfE (2025) 'Keeping Children Safe in Education 2025'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2018) 'Mental Health and well-being provision in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'

The DfE document "Promoting and supporting mental health and wellbeing in schools and colleges" summarises eight principles of a whole school approach to mental health and wellbeing. At the core it has 'leadership and management that supports and champions efforts to promote emotional health and wellbeing' surrounded by the other seven principles:

- Curriculum teaching and learning to promote resilience and support social and emotional learning
- Enabling student voice to influence decisions
- Staff development to support their own wellbeing and that of students
- Identifying need and monitoring impact of interventions
- Working with parents and carers
- Targeted support and appropriate referral
- An ethos and environment that promotes respect and values diversity

The DFE document “Mental Health and Behaviour in Schools” identifies four key strands for a school policy:

- **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;
- **Identification:** recognising emerging issues as early and accurately as possible;
- **Early support:** helping pupils to access evidence based early support and interventions; and
- **Access to specialist support:** working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

5. How The King’s School will address these eight principles and four strands identified above:

5.1: Leadership and Management

- The Deputy Head (Student Support) and Designated Safeguarding Lead will act as the “Senior Mental Health Lead” and has received accredited training in order to fulfil this role
- The Director of Finance and Operations will act as the lead for staff wellbeing.
- They will work closely with other members of the SLT and key staff such as the Heads of Department, and Heads of House in developing a positive approach to health and wellbeing within the school.

5.2: Curriculum Teaching and Learning

- Emotional health and wellbeing will be at the heart of the spiral PSHE curriculum and students will revisit this area on a regular basis through a variety of topics. A key focus will be on transition points and other key times (such as exams) in each student’s journey to support them with decision making about next steps.
- The tutorial programme will include work on our core values including resilience, respect, integrity, achievement and creativity.
- From September 2026, the RSHE curriculum will include a strengthened mental wellbeing stand, early signs of distress and help-seeking pathways. It will also incorporate suicide prevention content and further evidence-based teaching on gender identity and harmful sexual behaviour.

5.3 Student Voice

- The School Parliament will continue to represent the voice of the students at the school. The group will contain students from all three key stages at the school. Issues that the students raise will be shared with Heads of House and SLT.
- The Teen Health Group will meet with the Head of PSHE regularly and will discuss issues specifically related to emotional health and wellbeing. This will feed into curriculum planning in PSHE.

5.4 Staff wellbeing and staff development to support students

- The Deputy Head (Teaching and Learning) is responsible for promoting and facilitating opportunities for continuing, professional development for staff. These opportunities are linked to the appraisal process and the school’s development plan.
- Each year all staff have a mandatory training package which includes statutory Safeguarding training which covers key issues around emotional health.

- The King's Staffroom Committee organises events to support the well-being of staff. In addition, other staff lead activities to enhance staff well-being.
- Staff are encouraged to set up peer support groups.
- The Senior Leadership Team will monitor staff-wellbeing through line management meetings and will offer support when required.

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5.5 Identifying need and monitoring impact of interventions

- Within the PSHE curriculum students are asked to complete a self-analysis of their well-being on a regular basis. This is used to identify students who are struggling with their emotional health.
- The school has clear pathways to offer support to students who require additional support. Initially this may be through their form tutor or one of the Assistant Heads of House.
- Each year students are asked to complete an annual questionnaire on all aspects of school life including the effectiveness of support provision. This is used to ensure that we have the best offer of support available to students.
- Monitoring students reflects the strengthened DfE whole-school mental health approach (2025), ensuring consistent evaluation of interventions and progress, supported by updated tools for senior mental health leads.

5.6 Working with parents and carers

- As a school we aim to build positive relationships with all parents. Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:
 - Highlight sources of information and support about common mental health issues on our school website
 - Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
 - Make our positive emotional health and wellbeing policy easily accessible to parents
 - Share ideas about how parents can support positive mental health in their children through our website and social media channels
- Our Learning Coaches, Key Workers and Assistant Heads of House are key in building positive relationships with our most vulnerable students including those with SEND and/or those going through a difficult period in their lives. For some families, where the situation is most challenging, Early Help may be offered in order to try and get the right support in place.

5.7 Targeted support and appropriate referral

Identification

Support offered in school will have four separate tiers

- Tier 1: Universal Level Support - pastoral and response to general concerns.
These are categorised as short periods of feeling like they are not able to cope. These will be incidents which cause a child distress but do not seem to have a long term or lasting impact on wellbeing
- Tier 2: Universal Level Support – response to low level incidences and concerns.
These are categorised as those which are longer term and beginning to impact on the welfare and academic progress of the child.
- Tier 3: Targeted Support - planned interventions in school to address emotional health concerns.
A sustained concern which is affecting their wellbeing and possibly academic progress of the young person. These could be long term concerns over anxiety, mental health or a response to a specific incident.
- Tier 4: Personalised Support -professional referral to address high level emotional health concerns.
Serious and possibly life-threatening incidents which require professional intervention outside of school.

The table below gives more detail on the four tiers and is to be used as a guide to possible support. Staff will make decisions at the time based on their professional judgement:

Tier 1: Universal Level Support - pastoral and response to general concerns.		
What are the concerns? Examples could include: Minor illness such as headache or feeling sick Pet death Friendship problems/conflict/arguments with parents or peers Low level worries which need re-assurance such as before transitions, tests etc Short term academic stress Past history of mental health concerns and student needs monitoring	Who should deal with this? Subject teacher Tutor Learning Coach Assistant Head of House Teaching Assistant	Possible responses: Listen to the child and reassure Initially teacher/TA try to support. If required refer to Student Support. In the case of minor illness, teacher tries to keep the child in class until the end of the lesson. If too ill, send to Student Support. If issue does not resolve itself, move to Tier 2.
Tier 2: Universal Level Support – response to low level incidences and concerns.		
What are the concerns? Examples could include: Sustained periods (or a series of short periods) of not being able to cope/low mood Long term and repetitive friendship problems (over a term or more without resolution) More significant anxiety in class or surrounding a specific element of school/home life despite initial support offered Separation or divorce of parents Bereavement of extended family member Emotional response to an upsetting event which causes a period of distress but which does not cause a specific safeguarding concern Early stages of self-harm	Who should deal with this? Tutor Assistant Heads of House Learning Coaches Keyworkers	Possible responses: Ensure teachers are aware of the concern Interventions are logged on C Poms with action taken Relevant member of staff to contact parents to discuss concerns Direct individual or group support from the most relevant member of staff. If concern continues, or increases in severity, move up to Tier 3 If incident is managed, or reduces, consider a move down to Tier 1. Signpost to Kooth and other support services.
Tier 3: Targeted Support - planned interventions in school to address emotional health concerns		
What are the concerns? Persistent low mood/Ongoing emotional regulation difficulties/Anxiety Attachment difficulties Bereavement of close family member Historic abuse which causes legacy mental health distress Regular self-harm Suspected eating disorder Evidence of risky behaviour Questioning Gender Identity or Sexual Orientation leading to any of the above (Questioning Gender Identity or Sexual Orientation is not a mental health difficulty).	Who should deal with this? Assistant Heads of House Learning Coaches Heads of House Safeguarding Team SENCO Thrive Practitioners Student Wellbeing Practitioner	Possible responses: PSW or HOH to contact parents Concerns and interventions are logged on C Poms with action taken. In school support/interventions with PSWs whilst considering or awaiting external support. Offer Early Help in relevant cases Suggest referral to Young Devon Referral to School Counsellor, life coach or Mental Health Support Team. Liaise with GP Referral to Thrive/Wellbeing Practitioner Referral to the School Nurse
Tier 4: Personalised Support -professional referral to high level emotional health concerns.		
What are the concerns? School refusal as a result of persistent low mood/ongoing emotional regulation difficulties/anxiety Diagnosed anxiety order or depression Disclosure of incident of witnessed Domestic abuse (Physical, Emotional, Sexual or Neglect) Disclosure of direct abuse (Physical, Emotional, Sexual abuse or neglect) Sustained self-harm Suicide ideation or attempts	Who should deal with this? Heads of House Member of the Safeguarding Team DSL	Possible responses: Offer Early Help Concerns and interventions are logged on C Poms with action taken. Direct immediate support from a member of the pastoral or safeguarding teams if a concern becomes apparent in school. Appropriacy of contacting parents is discussed. If a disclosure is made, staff will follow the safeguarding policy. DSL will consider a referral to MASH. Referral to school Counsellor, life coach or Mental Health Support Team. (possibly as a holding measure).

		CAMHS referral through the family GP.
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All staff are made aware of the need to note changes to student behaviour over time. School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns to Student Support via C Poms.

Possible warning signs include:

- Evident changes in behaviour
- 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
- Reduced concentration
- Lowering of academic achievement
- Talking, joking or researching 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
- An increase in lateness to or absence from school or skipping lessons
- Repeated physical pain or nausea with no evident cause
- Spending more time in the toilets
- Discontinued hobbies or interests
- Failure to take care of personal appearance
- Seemingly overly-cheerful after a bout of depression

Protocol to support students who disclose an issue:

Staff should be honest with regards to the issue of confidentiality. If it is necessary for us to pass on our concerns about a student then the following should be discussed with the student:

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

Staff should never share information about a student disclosure without first telling them. Ideally staff would receive their consent, though there are certain situations when information must always be shared with another member of staff and/ or a parent/carer, e.g. where a young person up to the age of 16 is at risk.

All disclosures should be shared with a colleague, via CPOMS, as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and tell them who it would be most appropriate and helpful to share this information with.

Parents should usually be informed and students may choose to tell their parents themselves. If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead must be informed immediately.

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure. If a student chooses to disclose concerns about their own

emotional health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' All disclosures of an emotional nature should be recorded on C Poms.

Early Support

A range of support is available to students who have been identified as struggling with their emotional health:

- The offer of a safe, quiet place
- The offer of the opportunity to talk through their feelings with a key member of staff such as their tutor, key worker, Learning Coach or Assistant Head of House
- Being signposted to support services such as Kooth, Young Devon, Headlight etc

Access to specialist support:

Where there is a need to offer a student specialist support, this will often come through the parents/carers liaising with their GP. Many support services, such as CAMHS, would usually need to come through the GP.

However, the school can also offer:

- A referral to specialist support such as the School Nurse, the School Counsellor, a life coach or the Mental Health Support Team.
- Working with parents/carers to ensure that there is a joined-up approach to the student and their issues.
- The offer of Early Help.

5.8: Ethos and Environment

- The school will continue to promote a culture of inclusion especially around the issue of diversity.
- The school will try and further develop the positive relationships between staff and students
- The school will put emotional health and wellbeing at its core.

Appendix A: Further Information and sources of support for staff

<https://www.youngminds.org.uk/parent/a-z-guide/>

This website has sections aimed at parents and young people but is also of great benefit to staff. It has sections on a number of common emotional health issues including anxiety, depression and low mood, exam times, grief and loss, self-harm and many more.

<https://www.minded.org.uk/#>

MindEd is a portal that provides free, online bite sized chunks of eLearning to help adults identify, understand and support young people with their emotional health.

<https://www.hee.nhs.uk>

Health Education England's introduction to public emotional health

<https://www.futurelearn.com/courses/psychological-first-aid-for-children-and-young-people/2/todo/109616>

Public Health England offer Psychological First Aid training on how to offer practical and emotional support to young people facing crisis situations.

<https://mhfaengland.org/individuals/youth/>

Mental Health First Aid England offers an educational course focussing on young people's emotional health and how to identify, understand and help a young person who may be developing problems with their emotional health.

Resources for specific issues:

<https://childhoodbereavementnetwork.org.uk/>

Childhood bereavement network offers resources to help schools deal with a bereavement within the school.

<https://ocdyouth.org/>

OCD Youth website is especially for young people, their parents and teachers with information, resources, and online forums for young people with OCD.

<https://educateagainsthate.com/resources/respectful-school-communities-self-review-signposting-tool-2/>

The Government tool "Respectful school communities" is a tool to support school staff to combat bullying, harassment and abuse of any kind.

<https://anti-bullyingalliance.org.uk/>

The Anti-Bullying Alliance provides free online training for schools and teachers and has advice for parents and carers about bullying.

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

BEAT provides advice and support on eating problems and disorder, with general downloads and resources and advice for school and college teachers and staff.

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

Papyrus (Prevention of Young Suicide) provides confidential advice and support for young people who feel suicidal and has published a guide for teachers and staff.

Appendix B: Talking to students when they make emotional health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose emotional 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 student 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 student 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 student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student 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 supportive listener. So make sure you’re 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 student 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 student 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 student.

Offer support

"I was worried how she'd react, but my Mum just listened 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 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 student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"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 student 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 student.

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 student 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 student.

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 student 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 student'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.

