



## Student Emotional Health & Wellbeing Policy

Approved by:	Senior Leadership Team	Date: 05.06.25
Last reviewed on:	June 2025	
Next review due by:	June 2027	

## 1. Policy Statement

At **Queensmill College** and **Project SEARCH**, we aim to promote positive emotional health and wellbeing, as well as recognising and responding to emotional ill health both in our pupils and our staff.

In an average classroom, three children will be suffering from a diagnosable mental health issue. To Learn, grow and develop, children and young people need to feel loved, safe and secure. If they do not feel these things, they may begin to struggle with their emotions and feel sad and worried and display challenging behaviour. This document is designed to help Teachers and Support Staff to know how best to support students and each other.

By developing and implementing practical, relevant and effective emotional health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by emotional ill health.

## 2. Scope

This document describes the College's approach to promoting positive emotional health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors /trustees.

This policy should be read in conjunction with other relevant policies including:

- Medical policy
- SEND policy
- Behaviour Policy
- Staff Wellbeing Policy
- Queensmill College Safeguarding and Child Protection Policy January 2025
- KCSIE Policy

### This Policy aims to:

- Promote positive emotional health in all staff and students.
- Alert staff to early warning signs of emotional ill health.
- Provide support to staff working with young people with emotional health issues.
- Provide support to students suffering emotional ill health and their peers and families/carers.

### 3. Lead Members of Staff

Students can talk to any adult that they trust who works at the school. This staff member may then need to speak to the individuals listed below to make sure the student can get the support they need, especially if it is a Safeguarding concern. Whilst all staff have a responsibility to promote the emotional health of students, staff members with a specific, relevant remit include:

<b>Name</b> Todd Wearn	<b>Role</b> SMHL, MHFA
<b>Name</b> Pablo Gonzalez	<b>Role</b> School Counsellor
<b>Name</b> Rachel Thompson	<b>Role</b> Head of College

**In the first instance of a Safeguarding concern, the DSL must be contacted. If the DSL is not available, staff must make every attempt to reach the Deputy DSL. If neither are available, only then would a staff member in the list above be contacted. DSL details are below:**

#### Key personnel

**The Designated Safeguarding Lead (DSL) for child protection is :**

**Rachel Thompson**

Email: [rachel.thompson@qcollege.org.uk](mailto:rachel.thompson@qcollege.org.uk)

Tel: 020 3910 9757

07733 662739

**The Deputy Designated Safeguarding Lead is/are :**

**The Nominated Child Protection Governor is :**

**Kathryn Mangold**

Email: [kathryn.mangold@nhs.net](mailto:kathryn.mangold@nhs.net)

Tel: 07581 627472

**The Headteacher is :**

<b>Freddie Adu</b> Email: <a href="mailto:freddie.adu@okgma.co.uk">freddie.adu@okgma.co.uk</a> Tel: 020 8740 8112	<b>Rachel Thompson</b> Email: <a href="mailto:rachel.thompson@qcollege.org.uk">rachel.thompson@qcollege.org.uk</a>  Tel: 020 3910 9757  07733 662739
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## 4. Staff acting on concerns

A member of staff who is concerned that a student's emotional wellbeing is not responding to universal support (TA support, general encouragement) should speak to the safeguarding team as well as recording their concerns on the student's personal file.

If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the Safeguarding Team. If the student presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary. It is important to make sure you are always communicating with the student about what you are doing, and why you are doing it. Where a referral to CAMHS is appropriate, this will be led and managed by the Safeguarding Department. Guidance about referring to CAMHS is provided in Appendix F.

## 5. Individual Care Plans

Individual care plans should be drawn up for students causing concern or who receive a diagnosis pertaining to their emotional health.

This should be drawn up involving the student, the families and relevant health professionals so that everyone

This should include:

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

<p>knows their role in supporting the student.</p> <p><i>Copies of relevant communication between school, parents/carers and relevant health professionals should also be kept on the child's file.</i></p>	<p><b>An example can be found in appendix A</b></p>
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## 6. Teaching about Emotional Health

<p><b>Our curriculum enables students to develop the skills, knowledge, understanding, language and confidence to seek help regarding emotional health.</b></p>	
<p>The school ensures that staff, students and families are aware of sources of support within school and in the local community, and how to access these. Examples include:</p>	<ul style="list-style-type: none"> <li>• Childline 0800 11 11</li> <li>• YoungMinds <a href="http://www.youngminds.org">www.youngminds.org</a></li> <li>• SHOUT Text Support (Text 'SHOUT' to 85258)</li> </ul>
<p><b>You can read more about our curriculum available on our website and upon request from Senior Staff. However some examples of topics we cover include:</b></p>	<p>The College teaches about feelings, and what it means to be, and how to stay, emotionally healthy. The College teaches that emotional ups and downs are normal, and to recognise when individuals might need support. The College provides students with plenty of opportunities to explore their feelings.</p>

## 7. Warning Signs

<p>School staff may become aware of warning signs which indicate a student is experiencing emotional health or emotional wellbeing issues.</p> <p>These warning signs should always be taken seriously and staff observing any of these warning signs should</p>	<p>These signs can include but are not limited to:</p> <ul style="list-style-type: none"> <li>- Physical signs that I have hurt myself repeatedly or on purpose.</li> <li>- Losing interest in things</li> <li>- Not doing as well with my schoolwork</li> <li>- Changes in my eating or sleeping habits</li> <li>- Talking or joking about hurting myself or killing myself</li> <li>- Taking drugs or alcohol</li> <li>- Saying bad things about myself</li> <li>- Changes in what I wear, E.G. Wearing long sleeves in warm weather</li> <li>- Not wanting to be around other people</li> <li>- Being secretive</li> <li>- Not wanting to do PE or getting changed secretly</li> <li>- Being late for school or not turning up at all</li> <li>- Feeling sick with no evident cause</li> </ul>
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communicate their concerns with the Safeguarding Team.

## 8. Responding to Disclosures

All disclosures should be recorded in writing and held on the student's confidential file.

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps
- Discuss the conversation with the Safeguarding Team

For more information about how to handle emotional health disclosures sensitively see appendix B.

Tips for when an individual discloses:

- Listen
- Be calm
- Avoid judgment
- Reassure the individual
- Avoid asking Why?
- Ensure they are safe
- Let the individual know who you will need to talk to, what information you need to pass on and why
- Let them know what is likely to happen next
- Never make promises you don't know you can keep

## 9. Working with families

**Where it is deemed appropriate to inform families, we need to be sensitive in our approach**

Before disclosing to families, we should consider the following questions (on a case-by-case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider families, the student, other members of staff.
- What are the aims of the meeting?

Remember that families may be shocked and become upset or angry. Give them space to think, as well as informing them of the different ways they can get

further help and support. Certain leaflets or websites will be helpful. Make sure the family knows what will happen next and who they can talk to at the College if they need to. Provide them with a copy of this policy too.

## 10. Supporting peers

When a student is suffering from emotional health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. To keep peers safe, we will consider on a case-by-case basis which friends may need additional support. All children will be made aware of support services and encouraged to share their feelings with someone they trust.

## 11. Training

As a minimum, all staff will receive training about recognising and responding to emotional health issues as part of their regular child protection training. Mental Health First Aiders and Champions, led by the Senior Mental Health Lead, will regularly organise and facilitate training on Mental Health Awareness, Stress Management, Mindfulness Practice and more.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

It is important that all staff know how best to support students and their peers with how they are feeling. Sometimes there may be a lot of the same issue at once (i.e., Self-Harm). If this happens, the school will provide staff with extra training on this issue so they can offer the best support to the students.

## 12. Mental Health

- It is our policy to ensure that emotional health and wellbeing are always prioritised, and early intervention is put in place to support a child. However, some children will also be affected by mental health difficulties.

- Keeping Children Safe in Education 2024 makes several points about what school staff need to know about mental health. For more information about mental health, please read our Queensmill College Safeguarding and Child Protection Policy 2025.
- All 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.
- All staff should make an effort to know their students and build a good relationship with them. This will increase the likelihood of staff being able to notice the signs of when a student may be suffering with their mental health.
- Staff will be alert to behavioural signs that suggest a child may be experiencing a mental health problem or be at risk of developing one.
- Staff should have a basic understanding of the possible support options that can be offered to an individual.
- If you have a mental health concern about a child that is also a safeguarding concern, all staff should take immediate action by reporting to the DSL or a Deputy DSL.
- If staff have a mental health concern that is **not** also a safeguarding concern, they should still speak to the DSL to agree a course of action.
- College staff are not expected or trained to diagnose mental health conditions or issues and therefore should avoid doing so or using language that suggests they are making a diagnosis. Instead, they are ideally placed to notice behaviours that may be of concern.

## 13. Policy Review

This policy will be reviewed annually. It is next due for review: **June 2026**  
This policy will always be immediately updated to reflect personnel changes.





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## APPENDIX A – Example Wellbeing Care Plan

Name of School/setting	
Child's Name	
Class/Group/Form	
Date of Birth	
Child's Address	
Medical Diagnosis/Condition	
Date	
Review Date/s	
<b>Family Contact Information</b>	
Name	
Relationship to child	
Contact Number (work)	
Contact Number (home)	
Contact Number (mobile)	
Name	
Relationship to child	



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Contact Number (work)	
Contact Number (home)	
Contact Number (mobile)	
<b>Clinic/Hospital Contact</b>	
Name	
Contact Number	
Email Address	
<b>GP</b>	
Name	
Contact Number	
Who is responsible for providing support in school	
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc	
Name of medication, dose, method of administration, when to be taken, side effects, contra- indications, administered by/self- administered with/without supervision	
Daily Care Requirements	



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Specific support for the pupil's educational, social and emotional needs	
Arrangements for school visits/trips etc	
Other Information which may be relevant	
Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency (state if different for off-site activities)	
Plan developed with	
Staff training needed/undertaken – who, what, when	
Form Copied to	
Any other notes:	

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## APPENDIX B – Talking to students when they make 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*

	<p><i>right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."</i></p> <p>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!</p>
<b>Don't pretend to understand</b>	<p><i>"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."</i></p> <p>The concept of an emotional 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.</p>
<b>Don't be afraid to make eye contact</b>	<p><i>"She was so disgusted by what I told her that she couldn't bear to look at me."</i></p>

	<p>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.</p>
Offer support	<p><i>"I was worried how she'd react, but my Mum just listened and 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 stop me from self-harming."</i></p> <p>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.</p>
Acknowledge how hard it is to discuss these issues	<p><i>"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."</i></p>

	<p>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.</p>
<p><b>Don't assume that an apparent negative response is a negative response</b></p>	<p><i>"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."</i></p> <p>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.</p>
<p><b>Never break your promises</b></p>	<p><i>"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."</i></p> <p>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</p>

	<p>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.</p>
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## APPENDIX C – Useful websites for further information

- Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk) )
- Mind ([www.mind.org.uk](http://www.mind.org.uk) )
- Anna Freud National Centre for Children and Families ([www.mentallyhealthyschools.org.uk](http://www.mentallyhealthyschools.org.uk))
- Minded ([www.minded.org.uk](http://www.minded.org.uk)) For E-learning opportunities.

## APPENDIX D – Helplines for adults and young people

<b>Young people</b>	<ul style="list-style-type: none"> <li>• Childline 0800 1111</li> <li>• Papyrus (Suicide Prevention) 0800 0684141</li> <li>• Young Minds Crisis Messenger Text YM to 85258</li> </ul>
<b>Adults</b>	<ul style="list-style-type: none"> <li>• Samaritans 116 123</li> <li>• Papyrus (Suicide Prevention for under 35s) 0800 0684141</li> <li>• SHOUT text SHOUT to 85258</li> </ul>



## APPENDIX E – Information and Guidance on specific mental health presentations

Mental Health Presentation	Resources
Self-Harm	<p><b>Websites:</b>  Online support SelfHarm.co.uk: <a href="http://www.selfharm.co.uk">www.selfharm.co.uk</a>  National Self-Harm Network: <a href="http://www.nshn.co.uk">www.nshn.co.uk</a></p> <p><b>Books:</b></p> <ul style="list-style-type: none"> <li>- Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers</li> <li>- Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers</li> <li>- Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publishers</li> </ul>
Depression	<p><b>Website:</b>  <a href="http://www.depressionalliance.org">www.depressionalliance.org</a></p> <p><b>Books:</b></p> <ul style="list-style-type: none"> <li>- Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers</li> </ul>
Anxiety, Panic attacks and Phobias	<p><b>Websites:</b>  <a href="http://www.anxietyuk.org.uk">www.anxietyuk.org.uk</a></p> <p><b>Books:</b></p> <ul style="list-style-type: none"> <li>- Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers</li> <li>- Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers</li> </ul>

<p>Obsessions and Compulsions</p>	<p><b>Websites:</b>  <a href="http://www.ocduk.org/ocd">www.ocduk.org/ocd</a></p> <p><b>Books:</b></p> <ul style="list-style-type: none"> <li>- Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers</li> <li>- Susan Connors (2011) The Tourette Syndrome &amp; OCD Checklist: A practical reference for families and teachers. San Francisco: Jossey-Bass</li> </ul>
<p>Suicidal Ideation</p>	<p><b>Websites:</b>  <a href="http://www.papyrus-uk.org">www.papyrus-uk.org</a>  <a href="http://www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/">www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/</a></p> <p><b>Books:</b></p> <ul style="list-style-type: none"> <li>- Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers</li> <li>- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge</li> </ul>
<p>Disordered Eating</p>	<p><b>Websites:</b>  <a href="http://www.b-eat.co.uk/about-eating-disorders">www.b-eat.co.uk/about-eating-disorders</a>  <a href="http://www.inourhands.com/eatingdifficulties-in-younger-children">www.inourhands.com/eatingdifficulties-in-younger-children</a></p> <p><b>Books:</b></p> <ul style="list-style-type: none"> <li>- Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers</li> <li>- Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers</li> <li>- Pooky Knightsmith (2012) Eating Disorders Pocketbook. Teachers' Pocketbooks</li> </ul>

## APPENDIX F – Guidance and advice documents

- Promoting and supporting mental health and wellbeing in schools and colleges. Department for Education (June 2021)
- Mental health and behaviour in schools – departmental advice for school staff. Department for Education (November 2018)
- Mental health and wellbeing provision in schools. Department for Education (October 2018)
- Teacher guidance: teaching about mental health and emotional wellbeing. PSHE Association guidance funded by the Department for Education (2019)
- Keeping children safe in education – statutory guidance for schools and colleges. Department for Education (2024)
- NICE guidance on social and emotional wellbeing in primary education
- NICE guidance on social and emotional wellbeing in secondary education
- What works in promoting social and emotional wellbeing and responding to emotional health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)