

6.25 Emotional Health and Wellbeing Policy

**Independent Day School for Girls
September 2025**

This policy is to be read in conjunction with:

Section 10(2) of the Children Act 2004([9](#)).

Section 34 of the The Education (Independent School Standards) Regulations 2014

Context and Aims

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)

The Maynard School considers that the mental and physical health and emotional wellbeing of students is a priority and that it should be at the forefront of all we do. We are aware of the link between student mental health and our safeguarding duties. We aim to support the mental health and wellbeing of our students through using both whole school approaches and specialised, targeted approaches aimed at vulnerable students. We aim to create an atmosphere where students are happy, healthy, and resilient; students who are ready to learn and to enjoy both school life and wider life.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant, and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

This document outlines the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational need and the Child Protection and Safe-guarding policy.

This policy aims to:

- Outline the School's approach to mental health issues and to promoting wellbeing.
- Increase understanding and awareness of mental health issues to facilitate early intervention of mental health problems.
- Alert staff to warning signs so that any vulnerable students can be identified early.
- Support staff in promoting a sense of wellbeing and positive mental health in our students.
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with Students who suffer from mental health issues
- Provide support to Students who suffer from mental health issues, their peers, and parents/carers.

Wellbeing Vision Statement

The importance of wellbeing at The Maynard School cannot be overstated- caring for the physical, mental, and emotional health and happiness of our community is central to everything we do. We understand that parents want a school where their daughter will reach their full potential academically, but also know that what is even more important to them is that they find a school where their daughters will flourish and develop into confident, happy young women ready to face the world.

We strive to promote wellbeing across the Maynard School through a whole -school approach; we have a committed staff community that sets a culture of positive emotional health and wellbeing, an atmosphere of support and we value each individual, as well as developing empathy and understanding of our local community.

Aims

- ☐ To promote positive social and emotional wellbeing, mental health, resilience and wellness for pupils, staff, and our community

- To create a safe and thriving environment which is conducive to each and every pupil making outstanding progress, ensuring they have high aspirations for their own success.
- To increase the awareness and understanding and reduce stigma amongst students, staff and parents/carers of issues involving the emotional health and wellbeing of young people and to provide support at an early stage to any student who is or appears to be suffering from mental health issues.

Promoting Positive Emotional Wellbeing

The school enhances student self-esteem and personal development through:

- The PSHE Curriculum – every year group receives a specialist PSHE programme delivered within the tutorial programme and within curriculum time delivered by their pastoral teams and specialist staff.
- Providing information, advice and guidance on sex and relationships and drugs.
- Giving careers advice and vocational opportunity.
- Providing opportunities for student leadership through student council, peer mentoring, open evening guides, sports leadership awards, Duke of Edinburgh and Ten Tors awards and options of leadership on our extra-curricular programme.
- An emphasis on praise and reward, culminating in Prize Giving evenings and celebration afternoons.
- Providing opportunities for reflection and spiritual development through art, literature, and the RS curriculum.
- Providing opportunities for exercise through the PE and extra-curricular programmes.

The school promotes an anti-bullying culture through:

- A strong school ethos which empowers tolerance and respect, including respect for difference and diversity.
- A planned approach in PSHE to the issue of bullying in a context which promotes self-esteem and confident relationships.
- High profile of anti-bullying procedures and policy through corporate posters, assemblies, and events such as national anti-bullying week.

The school promotes and strengthens the student voice through:

- Listening to student issues and concerns in the student council, equality and diversity committee and house captains.
- Giving students a democratic voice in the school council and other committees.
- Involving Students in interviews for members of staff
- Consulting Students about change and policy development.
- Student led assemblies
- This enables us to hear from all students, even those who can be harder to hear.

The school promotes the involvement of parents and carers in the life and learning of the school through:

- Parents evenings, Open Days, Sports and Activities Days and Prize-Giving Evening / Celebration Afternoons.
- Involvement in school trips and extra-curricular activities.
- Regular communication and involvement over behaviour and pastoral issues.
- Regular reporting and feedback about student progress.

The school facilitates a context for learning through:

- Recognising the background of individual Students and their physical, social, and emotional needs
- Establishing clear rules, routines, and expectations about behaviour for learning.
- Encouraging positive, caring, and constructive relationships.
- Encouraging students towards a 'Growth Mindset' and a resilient approach to learning.

The school enhances Student motivation and learning through:

- Consistent support for vulnerable children and those with SEND from trained teams of pastoral and learning support staff.
- A range of challenging and exciting opportunities for extracurricular trips and events.
- A balanced curriculum with opportunities for physical and expressive development.
- Encouraging independence in learning.
- Rewarding effort and progress not just attainment.

The school promotes and provides a range of services to Students:

- Drop-in sessions and appointments with the school pastoral mentors.
- School nurse trained in child mental health issues.
- A pastoral team of tutors, Heads of Year and SLT overseeing Pastoral provision.
- Excellent school restaurant and meals.
- Academic mentoring for all Students.
- Welcome days and transition events.
- Team-building days and residential trips.

Supporting and recognising Wellbeing and Mental Health Issues**Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

- Matthew Loosemore – Assistant Headteacher – Wellbeing, Pastoral and Designated Safeguarding Lead
- Caroline Leigh – Assistant Headteacher
- Catherine Finnegan - Head of PSHE
- Sian Fanous – Head of Lower and Upper Five
- Andrew Wood – Head of Key Stage Three
- Angela Rowley – Head of Transition
- Ellie Bucci – Pastoral Mentor DDSL
- School Nurse
- School Referral Partners
- Pastoral Support Assistant

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Head of Year in the first instance. 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 designated child protection office of staff or the head teacher. 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.

Signposting

We will ensure that staff, students, and parents are aware of sources of support within school and in the local community.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Identifiable mental health issues

4.1 It is important for staff to be alert to signs that a child might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:

- Anxiety and Depression
- Eating disorders
- Self-Harm
- Suicidal Feelings
- Obsessions and Compulsions

We expect staff to be alert to these issues and it is important that staff are familiar with the information about each of these issues as outlined in the appendices.

Warning Signs

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 with the relevant Head of Year, in cases of serious concern the Child Protection Lead.

Possible warning signs include:

- 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
- Lowering of academic achievement
- Talking or joking 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
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism.

Disclosures and Reporting

All staff should be familiar with reporting concerns and dealing with disclosures as outlined in the 'Child Protection and Safe-guarding Policy.'

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we should have ensured that we've communicated the situation with the relevant Head of Year and in more serious situations the CPL. Before contacting parents, it may also be wise to 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?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear, or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g., parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

Working 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 get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g., signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe.

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 developing situations with one or more students.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group, or whole school CPD should be discussed with the DSL or Assistant Head, who can also highlight sources of relevant training and support for individuals as needed.

Written by ML / last reviewed	Sep 2020 / Sep 25
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Appendix I

Anxiety and Depression

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)
-

Symptoms of an anxiety disorder

These can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

- Avoidance of situations
- Repetitive compulsive behaviour e.g., excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over

a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour, and has physical, emotional, and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long-term physical illness
- Death of someone close
- Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

- Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide
- Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.
- Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches, and pains.

Appendix II **Eating Disorders**

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, gender, or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy, and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual, or emotional abuse
- Overly high family expectations of achievement

Social Factors

- Being bullied, teased, or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g., sport or dancing

Warning Signs School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical centre.

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes she is fat when she is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self-dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

Management of eating disorders in school

Exercise and activity – PE and games Taking part in sports, games and activities is an essential part of school life for all Students. Excessive exercise, however, can be a behavioural sign of an eating

disorder. If the Director of Pastoral Care and medical team deem it appropriate, they may liaise with PE staff to monitor the amount of exercise a girl is doing in school. They may also request that the PE staff advise parents of a sensible exercise

programme for out of school hours - All PE teachers at the school will be made aware of which Students have a known eating disorder. The school will not discriminate against Students with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

When a student is falling behind in lessons - If a student is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the form tutor and school nurse will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the school nurse will consult with the professional treating the girl. This information will be shared with the relevant pastoral/ teaching staff on a need-to-know basis.

Students Undergoing Treatment for/Recovering from Eating Disorders The decision about how, or if, to proceed with a student's schooling while they are suffering from an eating disorder should be made on a case-by-case basis. Input for this decision should come from discussion with the student, their parents, school staff and members of the multi-disciplinary team treating the student.

The reintegration of a student into school following a period of absence should be handled sensitively, carefully, and again, the student, their parents, school staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

Further Considerations Any meetings with a student, their parents or their peers regarding

Appendix III Self-Harm

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting Students, peers and parents of Students currently engaging in self-harm.

Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping, or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual, or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm, or suicide in the family

Social Factors

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the CPL

Possible warning signs include:

- Changes in eating/sleeping habits (e.g., Student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g., more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness, or loss of hope
- Changes in clothing e.g., always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities e.g., swimming

Look out for

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult either the Director of Pastoral Care or the Director of Senior School.

When a young person is self-harming, it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of Students in the same peer group are harming themselves.