WIMBLEDON CHASE PRIMARY SCHOOL

Empowering individuals to thrive and contribute positively in a diverse and ever-changing world

Pupil Mental Health and Wellbeing Policy

September 2026

At Wimbledon Chase Primary School, policies are designed to ensure that the child is at the centre of all our decision making. All staff are aware that whole school and class systems are established to ensure that every child is able to share and express their concerns in a safe and confidential manner. We constantly strive to ensure that all children know their worries and views will be taken seriously by all staff and that every child will be treated with respect.

WIMBLEDON CHASE PRIMARY SCHOOL



PUPIL MENTAL HEALTH AND WELLBEING POLICY

1. Introduction

"In schools where all feel that they belong, there is a common language and shared set of practices. Entering into these schools is a warm and welcoming experience."
(*Place and Belonging in School: Why It Matters Today*, Riley et al., 2020)

At Wimbledon Chase, we want our school to be a warm and welcoming place where all children feel that they belong. We want our children to be successful and happy learners who feel safe and secure in their learning environment. To this end, we are committed to supporting the emotional health and wellbeing of our pupils and families. Our approach is underpinned by a supportive and caring whole-school ethos that is respectful and kind, where every individual and their contribution is valued.

The Department for Education (DfE) recognises the importance of "curriculum teaching and learning to promote resilience and support social and emotional learning" and states that good mental health and wellbeing "improves standards in schools and helps pupils achieve and thrive in education, setting them up well for life and work" (Department for Education, 2026).

Through the aims and provision set out in this policy, we explain how we will achieve this by fostering a strong sense of belonging, cultivating positive relationships through our Trauma-Informed Relational Approach, providing a comprehensive taught curriculum, and implementing a consistent, evidence-based and research-informed approach to promoting and maintaining good mental health and wellbeing.

At Wimbledon Chase Primary School, we recognise that everyone experiences life challenges that can make us vulnerable, and that at times anyone may need additional emotional support. We believe that positive mental health and wellbeing is everyone's responsibility and that we all have a role to play in creating an environment in which children, families and staff can feel safe, supported, connected and able to thrive.

2. Aims

This policy aims to:

- Define key concepts: mental health, wellbeing, and resilience.
- Promote a mental health-friendly environment by:
    - Reducing stigma around mental health issues.
    - Increasing awareness of common mental health conditions and their signs.
    - Encouraging open dialogue about mental health experiences.

- Support our school's Trauma-Informed Relational Approach to fostering positive mental health and wellbeing for all pupils.
- Promote resilience, emotional wellbeing and positive coping strategies.
- Guide staff in:
    - Their role supporting pupils' mental health and wellbeing.
    - Identifying early warning signs of mental ill health.
    - Knowing when and how to access support for pupils.
- Support early identification and intervention where a pupil's mental health or wellbeing is a concern.
- Support the school's safeguarding and early help arrangements, including its responsibilities under KCSIE.
- Create a safe, nurturing environment that develops resilience among pupils.
- Inform pupils and parents about:
    - The mental health and wellbeing support available at our school.
    - Resources they can access for additional help.
- Support and complement the school's RSHE provision in promoting mental health, wellbeing, resilience and help-seeking.

3. Definition of Mental Health, Wellbeing and Resilience

We use the World Health Organisation's definition of good mental health and wellbeing; *"...a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community"*

Resilience is the ability to bounce back from the disappointments and difficulties we all experience. It is the ability to build protective factors in our lives which promote and protect our emotional wellbeing when faced with knockbacks and unexpected change
At Wimbledon Chase we may use the term Social, Emotional and Mental Health and its acronym - SEMH - to refer to all aspects of mental health.
Individuals are mentally healthy when they have the ability to:

- develop psychologically, emotionally, intellectually and spiritually
- initiate, develop and sustain mutually satisfying personal relationships
- use and enjoy solitude
- are aware of others and empathise with them
- experience happiness and can play and learn
- develop a sense of right and wrong
- resolve (face) problems and setbacks and learn from them.
- develop a sense of self and identity

4. Wimbledon Chase Mental Health and Wellbeing Principles

As a Rights Respecting School all adults have a duty to uphold Children's Rights as defined by the United Nations. These rights are the basis of our approach to supporting the Mental Health and Wellbeing of our pupils and these articles are of particular relevance:
Article 3 - The best interests of the child
Article 4 - The implementation of the convention
Article 12 - Respect for the views of the child
Article 13 - Freedom of expression
Article 19 - The protection from violence, abuse and neglect
Article 23 - Children with a disability
Article 24 - Access to health and healthcare
Article 28 - The right to education
Article 29 - The right to the goals of education
Article 31 - The right to leisure, play and culture

- The Wimbledon Chase Values of Kindness and Respect, Inclusivity and Equality, Positivity and Safety are promoted through every aspect of

school life
- Every child understands that they have the right to feel safe, valued and respected
- Every child understands that they have the responsibility to allow others to feel safe, valued and respected
- All children, governors, staff, student teachers and volunteers are free from any form of discrimination
- Governors, staff, student teachers and volunteers understand that following an Trauma-Informed Relational Approach to fostering positive relationships can support good mental health
- Children feel able to express their worries confident that they will be listened to and action will be taken to support them
- Families are involved to ensure support is given to individual children

5. Roles and responsibilities:

All Staff:

All staff are responsible for promoting positive mental health and wellbeing across our school and for understanding risk factors.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Designated Safeguarding Lead (DSL), SENDCo or Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding procedures should be followed. If the pupil 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.

Where a referral to the Child and Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by the SENDCo or DSL in liaison with parents and, where appropriate, the school nurse or their GP. Where a referral has been made to the NHS Education Wellbeing Service (NHS EWS), this will be led by the Mental Health Lead, DSL, or the Inclusion Team.

Pupil Mental Health Support Team

Certain members of staff have extra duties to lead on mental health and wellbeing in school. These members of staff include:

Caroline Gibbins - Headteacher and Designated Safeguarding Lead (DSL)
Donna Newell - Deputy Headteacher and Deputy DSL
Caroline Burnett - Deputy Headteacher and Deputy DSL
Theodora Theo - Governor Responsible for SEMH
Charlotte Stewart - Inclusion Lead, SENDCo and Deputy DSL
Nikki Adamson – Mental Health and Wellbeing Lead, Relational Approach Lead
Louise Crane- Deputy SENDCo
Emily Edwards and Jane Lawless – PSHE Lead and Assistant PSHE Lead
Sian Dotchin - Parent Support Advisor, Attendance and Deputy DSL
Claire Nicholas - ELSA Lead
Jo Ruffle - Attachment and Developmental Trauma Project Lead, Wellbeing Ambassadors Lead

Collectively, the lead members of staff are responsible for:

- Implementing a whole-school Trauma-Informed Relational Approach to mental health and wellbeing that:
    - Creates a culture of high expectations for children with social, emotional, and mental health (SEMH) needs

    - Promotes proactive approaches to maintain good mental health for all children including through the taught curriculum content of our PSHE curriculum
    - Identifies and provides early support for pupils experiencing mental health difficulties
- Ensuring effective support systems by:
    - Accessing and liaising with specialist support, health and social care professionals, and other relevant external agencies
    - Identifying when wellbeing concerns represent safeguarding issues
    - Supporting pupils with special educational needs and disabilities (SEND)
    - Promoting to staff and family community referral pathways to internal and external specialist support eg NHS EWS
- Developing staff capabilities through:
    - Providing up-to-date training on evidence-based approaches to supporting children with SEMH difficulties
    - Ensure all staff are trained in and following our Trauma-Informed Relational Approach toEnsuring staff awareness of children's SEMH needs and arrangements to meet them
    - Offering professional guidance and appropriate support for staff working with children with SEMH difficulties
    - Ensure staff know how to access and use referral systems
    - Providing emotional containment opportunities for staff to manage tricky situations with pupils e.g. supervision, solution circles and restorative circles.
- Monitoring and evaluating:
    - Both academic and emotional progress of pupils with SEMH needs
    - The quality and impact of SEMH interventions, improving them as necessary
    - Vulnerable groups of children at risk of developing poor mental health
- Facilitating smooth transitions by liaising with prior and future educational settings
- Keeping the Governing Body informed about mental health and wellbeing developments across the school

The Governing Body is responsible for:

- Ensuring inclusivity and non-discrimination by:
    - Fully considering pupils with SEMH needs and their families when developing relevant policies
    - Taking all necessary steps to prevent discrimination against pupils with SEMH needs
- Overseeing SEMH arrangements through:
    - Appointing a dedicated governor to monitor the school's SEMH provisions
    - Ensuring clear systems are in place for:
        - Identifying potential SEMH needs
        - Establishing routes for escalation and referral
        - Maintaining accountability
- Supporting staff by ensuring clear procedures are in place to assist those working with children who have SEMH difficulties

Teaching staff are responsible for:

- Supporting pupils with SEMH needs by:
    - Following an Trauma-Informed Relational Approach with all children
    - Being aware of signs indicating SEMH issues
    - Seeking help and advice when needed to support pupils' mental health
    - Collaborating with parents, other professionals, and pupils (when appropriate) to plan and review support and curriculum provisions
    - Teaching high quality PSHE curriculum lessons
- Ensuring academic progress by:

    - Being accountable for the development of all children in their class
    - Removing barriers to achievement, allowing children with SEMH needs to study the full national curriculum
- Maintaining communication by keeping relevant lead staff informed of:
    - Changes in behaviour
    - Academic developments
    - Causes of concern

6. **We promote a mentally healthy environment through:**
- Upholding children's rights and fostering a sense of belonging by:
    - Adhering to UNICEF's Rights of the Child
    - Clearly communicating and promoting our school values
    - Using an Trauma-Informed Relational Approach to support needs communicated through behaviour, as outlined in our Relational Approach Policy for personal development:
    - Implementing our Cornerstone Curriculum, including PSHE and RSHE, to drive children's personal growth
    - Teaching explicitly about mental health, wellbeing, and self-care strategies
    - Promoting and teaching resilience-building techniques
- Creating an inclusive environment that:
    - Celebrates diversity and ensures children see themselves represented
    - Encourages confidence and individuality
    - Promotes self-esteem and reinforces that every child matters
    - Teaches the difference between equity and equality
- Fostering open communication by:
    - Discussing mental health to reduce stigma
    - Encouraging pupils to disclose mental health concerns
    - Promoting pupil voice and participation in decision-making
- Providing opportunities for growth and reflection:
    - Celebrating both academic and non-academic achievements
    - Building opportunities for children to develop self-worth through responsibility
    - Offering chances to reflect and problem-solve
- Ensuring support and community engagement:
    - Providing or signposting appropriate support to meet individual needs
    - Working closely with families and the wider school community

7. We achieve this through a graduated approach:
We pursue our aims through a three tiered approach **Universal Whole School Mental Health & Wellbeing – See Appendix A Flow chart for overview of support.**

- ***Universal Whole School Teaching & Approaches.*** This is our ordinarily available provision in school
- ***Targeted School Support*** to support individual children's needs within the school setting
- ***Specialised Support*** aimed at pupils with more complex or long term needs

8. Universal Whole School Teaching & Approaches. This is our ordinarily available provision in school

Teaching about mental health

Our PSHE/RSHE curriculum is designed to equip pupils with the skills, knowledge, and understanding necessary for maintaining both physical and mental health and safety. While the specific lesson content is tailored to each cohort's needs, we consistently emphasise developing pupils' abilities to:

- Recognise mental health challenges in themselves and others
- Build confidence in seeking help when needed
- Use appropriate language to discuss mental health and wellbeing

We follow the PSHE Association Guidance, teaching about mental health and emotional wellbeing, to ensure that we teach about mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

At a *Whole School Universal and Ordinarily Available Offer* we:

- administer an annual Pupil Wellbeing Survey in order to improve our provision and identify individual children in need of support
- teach children to understand their emotions and feelings better in PSHE lessons and through the Zones of Regulation
- teach children to build important life skills such as learning to learn, habits of mind and a resilient mindset
- help children feel comfortable sharing any concerns or worries both with trusted adults or with class versions of a "Worry Box" or "Stress Less Box"
- help children socially to form and maintain relationships through PSHE and assemblies
- celebrate Children's Mental Health Week each year
- foster a sense of belonging by providing opportunities for cross year and Phase groupings such as: Wellbeing Wednesday; House Events and Wellbeing Events.
- provide a carefully curated programme of assemblies across the weeks, terms and years which celebrate diversity in all its senses
- teach children how to prevent, protect and advocate against peer pressure and bullying behaviours
- help children to develop emotional resilience and to manage setbacks
- ensure that children know how to stay safe online and on social media
- make children aware of how media in general can influence self-perception and increase societal pressures
- monitor patterns of behaviour incidents at half-termly meeting with SLT, initiating both proactive and reactive support

9. Targeted School Mental Health and Wellbeing Support

Some children experience a range of emotional and behavioural challenges that are outside the typical range for their age or gender. These pupils may experience periods of poor emotional wellbeing, low mood, or difficulties with their mental health.

Mental health challenges in children can range from mild, temporary issues to severe, long-lasting disorders. When problems are particularly intense, persistent, or occur simultaneously, they may be classified as mental health conditions. A non-exhaustive list of these is available in Appendix B

Staff members concerned about a pupil's or parent's mental health should first consult one of the lead staff members responsible for mental health and wellbeing. However, if there's an immediate risk of harm, the school's child protection procedures should be followed. In case of a high-risk medical emergency, appropriate procedures, including contacting emergency services if necessary, should be implemented.

Our school offers targeted support for individual pupils or groups, which can be accessed through referrals from staff, parents, self-referrals, or based on Pupil Wellbeing Survey results. We assess each case individually to determine the appropriate level of support, building upon the Ordinarily Available support detailed in section 8. This graduated approach ensures we provide tailored assistance to meet each pupil's specific needs.

If a pupil is identified as having a mental health need, our school will offer support in cycles of:

- Assessing what the pupil's mental health needs are
- Creating a plan to provide support
- Taking the actions set out in the plan
- Reviewing the effectiveness of the support offered

Pupils needs maybe identified and tracked through assessments such as The Boxall Profile, Strengths and needs Questionnaire and Emotional Literacy Scales

Targeted approaches may include:

- The NHS Educational Wellbeing Practitioner (EWP) programme for anxiety and behaviour support
- Emotional Literacy - ELSA - Support
- Lego therapy
- Drawing and Talking Therapy
- Social Groups to focus on friendship, communication and emotional needs
- Managing feelings resources e.g. Worry Boxes and Bubble Boxes
- Managing emotions resources such as The Incredible 5 Point Scale and Zones of Regulation
- Meet and Greet check ins
- Post-ELSA check ins
- Nurture Room Lunchtime Club
- Trusted Adult support
- Attention Bucket
- Sunshine circle (Theraplay)
- Sensory breaks
- Classroom breaks
- Play-Partnering
- Friendship Buddies
- Pupil Leadership roles
- Food Exploration
- Visual timetables
- Now and Next grids
- Learning Break cards
- Seating Arrangements
- Thinking TIme
- Home-School Communication

10. Specialised Support & Working with Other Agencies and Partners

Sometimes targeted in-school support is not sufficient in meeting a child's mental health needs and at times like this we will work with other outside professional agencies or encourage parents to to make a referral for external support:

- The school nurse
- Educational Wellbeing Service for more complex situations
- School TAMHS (targeted mental health in schools) worker
- Educational Psychology Services
- Merton Send Support and Inclusion Service (MSSIS)
- Paediatricians & GPs
- Virtual School for CLA and CPLA
- CAMHS (child and adolescent mental health service)
- Young Carers
- Counselling services
- Family support workers
- Therapists (S&L, OT, Physiotherapists)
- Jigsaw4U
- Winston's WIsh

11. Signs

- All staff will be on the lookout for signs that a pupil's mental health is deteriorating. Some warning signs include:
- Changes in behaviour :
    - Mood or energy level
    - Eating or sleeping patterns
    - Attitude in lessons or academic attainment
    - Level of personal hygiene
- Anxiety
- Avoiding risks
- Unable to make choices
- Low-self esteem
- Refusing to accept praise
- Non-compliance
- Reluctance to speak
- Physical or verbal aggression
- Bullying behaviours
- Disproportionate reactions to situations
- Challenges with change/transitions
- Friendship issues
- Social isolation
- Poor attendance or punctuality
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Abuse of drugs or alcohol
- Rapid weight loss or gain
- Secretive behaviour
- Covering parts of the body that they wouldn't have previously
- Refusing to participate in P.E. or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted
- Talking or joking about self-harm or suicide

12. Vulnerable groups

Some pupils are particularly vulnerable to SEMH difficulties. These vulnerable groups are more likely to experience a range of adverse circumstances that increase the risk of mental health problems. We will track and monitor these children through processes such as SEND Surgeries; Vulnerable Children Meetings; Tracking Progress and Pupil Premium Tracking.

13. Supporting peers

Watching a friend or sibling experience poor mental health can be very challenging for children. These children may also be at risk of learning and developing unhealthy coping mechanisms from each other.

We will offer support to all pupils impacted by mental health directly and indirectly. We will review the support offered on a case-by-case basis. Support might include:

- Speaking to the child's parents
- Strategies they can use to support their friends
- Things they should avoid doing
- Warning signs to look out for
- Signposting to sources of external support such as Young Carers Organisations

14. Managing disclosures and Confidentiality

If a pupil makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring.

Staff will focus on the pupil's emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice.

Staff will always follow our school's safeguarding policy and pass on all concerns to the DSL or the Mental Health Lead as is appropriate.

15. Working with Parents

We value parental involvement and recognise the crucial role families play in children's emotional health and wellbeing. To foster this partnership, we:

- Communicate and engage regularly by:
    - Making our emotional wellbeing and mental health policy easily accessible
    - Promoting our mental health and wellbeing services and lead members of staff
    - Holding regular mental health and wellbeing workshops for parents facilitated by experts eg NHS EWS professionals
    - Sharing information about mental health support through various channels, including our website
    - Proactively informing families on a 1:1 basis with appropriate support
- Support parental understanding by:
    - Offering a wide range of expert-led webinars, workshops, coffee mornings to inform, educate and support
    - Providing ideas on how to promote positive mental health in children
    - Sharing information about PSHE mental health topics and suggesting ways to explore these at home
    - Informing parents about the Parent Support Advisor, Education Wellbeing Services and other support as appropriate
- Encourage open dialogue through:
    - Meeting EYFS parents in person to discuss family circumstances
    - Asking parents to inform us of their child's mental health needs
    - Ensuring parents know who to contact with concerns
    - Informing parents of any mental health concerns we have about their child
- Collaborate with parents by:
    - Discussing strategies to promote positive mental health
    - Understanding and supporting both parental and child mental health needs providing holistic support where possible
    - Guiding parents on accessing local mental health services and support
- Work closely with local partners, including healthcare professionals and other

schools

16. Support for staff

We recognise that supporting a pupil experiencing poor mental health can affect that staff member's own mental health and wellbeing. To help with this we will:

- Create a pleasant and supportive work environment
- Promote our Staff Wellbeing Policy
- Be mindful of this as Mental Health Team and proactively support from the start
- Provide Wellbeing check-ins
- Treat mental health concerns seriously
- Offer staff supervision sessions both in-house or through the Educational Wellbeing Service or TAMHs
- Hold Solution Circles with peers to guide staff to workable and practical solutions
- Support staff experiencing poor mental health themselves
- RIsk Assess and create support plan if required
- Reach out to external agencies for support and advice e.g. Winston's Wish
- Offer an Employee Assistance Programme

17. Training

All staff will be offered comprehensive training to ensure they:

- Understand pupils' mental health needs, including:
    - Recognising warning signs of mental ill health
    - Following our Trauma-Informed Relational Approach to Supporting Behaviour Policy
    - Following a clear process when identifying pupils who need help
- Stay current with crucial safeguarding practices:
    - Maintaining up-to-date knowledge of the latest KCSIE (Keeping Children Safe in Education) version
    - Completing regular Safeguarding and Prevent training
- Know how to provide support:
    - Ask for help and advice from our Mental Health Support team if needed
    - Understanding available resources for children and families
    - Learning proper referral procedures for accessing support services
- Are prepared for critical situations:
    - Understanding appropriate actions when concerned about self-harm or suicidal behaviour in pupils

18. Legislation and guidance

This policy was written with regard to:

- The Equality Act 2010
- The Data Protection Act 2018

It was written in consultation with our Mental Health Support Team. This policy should be read in conjunction with our Medical policy and our SEND policy in cases where pupils' mental health needs overlap with these. This policy should also be read in conjunction with the following policies and guidance

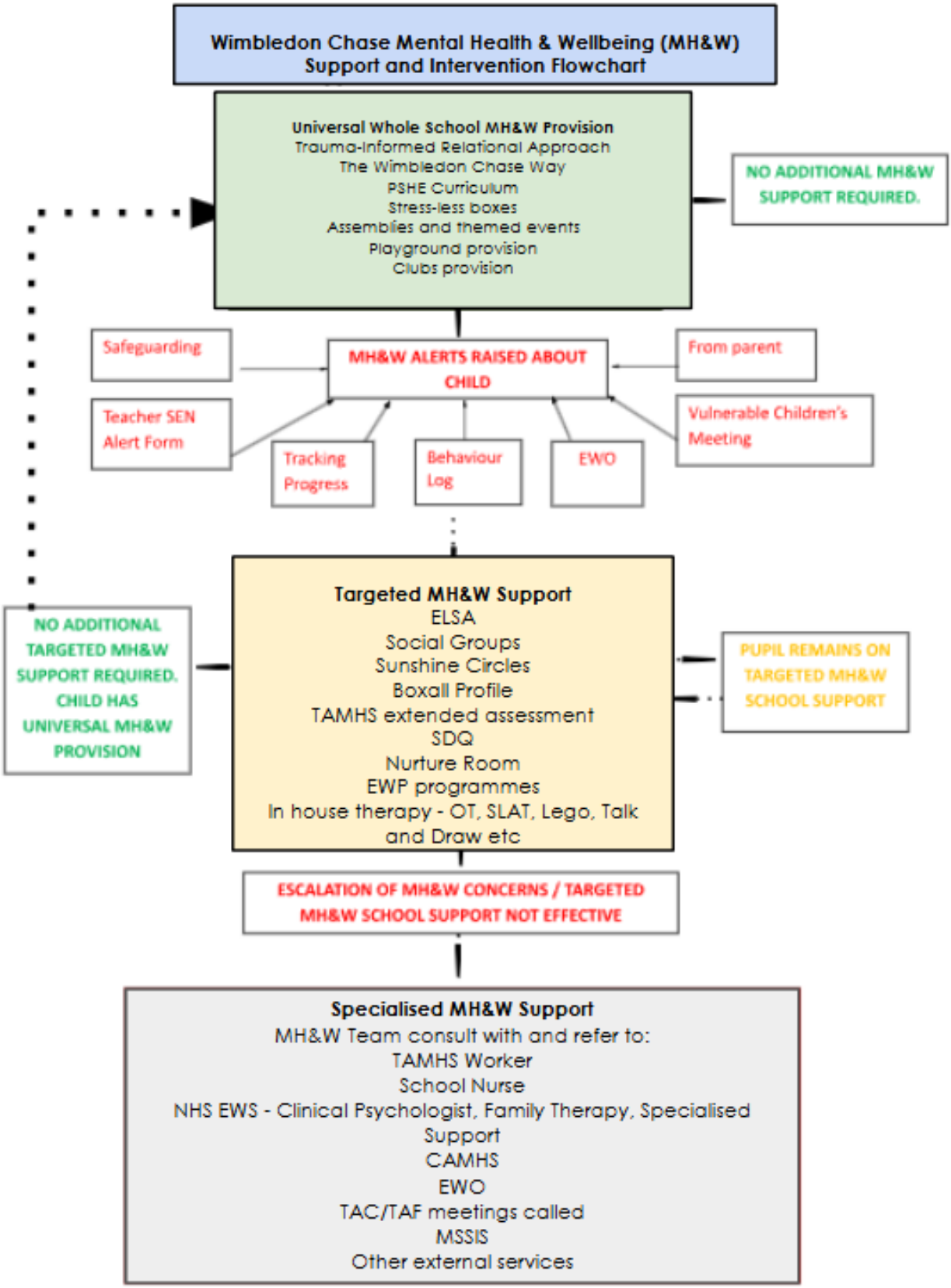
- Trauma-Informed Relational Approach to Behaviour Policy
- Anti-bullying policy
- Child protection and safeguarding policy
- PSHE and RSHE policies
- Equaliteach
- How to develop a Trauma-Informed Relationship Based Approach to Behaviour - Merton Schools Guidance

19. Links with other policies:

Relational Approach Policy	Equality & Diversity Policy	Merton Workplace Bullying Policy
PSHE and RSHE Policy	EYFS Policy	SEND Policy
Equality Statement	Online Safety Policy	Anti-bullying Policy

School Development Area Leader: Nikki Adamson
Linked Governor: Theodora Theodoratou
Signed: Caroline Gibbins
Date agreed: September 2026 **Review date: September 2027**

Appendix A


Wimbledon Chase Mental Health & Wellbeing (MH&W) Support and Intervention Flowchart
Universal Whole School MH&W Provision
Trauma-Informed Relational Approach
The Wimbledon Chase Way
PSHE Curriculum
Stress-less boxes
Assemblies and themed events
Playground provision
Clubs provision
NO ADDITIONAL MH&W SUPPORT REQUIRED.
Safeguarding
Teacher SEN Alert Form
MH&W ALERTS RAISED ABOUT CHILD
From parent
Vulnerable Children's Meeting
Tracking Progress
Behaviour Log
EWO
NO ADDITIONAL TARGETED MH&W SUPPORT REQUIRED. CHILD HAS UNIVERSAL MH&W PROVISION
Targeted MH&W Support
ELSA
Social Groups
Sunshine Circles
Boxall Profile
TAMHS extended assessment
SDQ
Nurture Room
EWP programmes
In house therapy - OT, SLAT, Lego, Talk and Draw etc
PUPIL REMAINS ON TARGETED MH&W SCHOOL SUPPORT
ESCALATION OF MH&W CONCERNS / TARGETED MH&W SCHOOL SUPPORT NOT EFFECTIVE
Specialised MH&W Support
MH&W Team consult with and refer to:
TAMHS Worker
School Nurse
NHS EWS - Clinical Psychologist, Family Therapy, Specialised Support
CAMHS
EWO
TAC/TAF meetings called
MSSIS
Other external services

Appendix B

Common SEMH difficulties

1.1. Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

- **Generalised anxiety disorder:** This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- **Panic disorder:** This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder (OCD):** This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- **Specific phobias:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age.
- **Social phobia:** This is an intense fear of social or performance situations.
- **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

1.2. Depression: Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.

1.3. Hyperkinetic disorders: Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder:** This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

1.4. Attachment disorders:

Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.

- The child's characteristics.
- Family context.

1.5. Eating disorders: Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

1.6. Substance misuse: Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

1.7. Deliberate self-harm: Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

1.8. Post-traumatic stress: Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.