LEEDS BECKETT UNIVERSITY
CARNEGIE SCHOOL OF EDUCATION

MENTAL HEALTH INSIGHTS WORKING PAPER

December 2025

Editorial

Since its launch in 2017, the Carnegie Centre of Excellence for Mental Health in Schools has blossomed into a thriving community of over 1,500 members, all dedicated to improving mental health and wellbeing in schools. Our goal is to support and empower school staff as they work to create healthier environments for their entire school community.

For our December 2025 publication, we asked Senior Mental Health Leads in schools to highlight the strategic and transformative impact of their vital role. Under their guidance, wellbeing is no longer a peripheral concern; it is recognised as inextricably linked to academic achievement, positive behaviour, and a resilient school community.

Our collection of working papers underscores that the SMHL is a pivotal force in fostering environments where psychological safety is paramount. Jessica Parker and Gemma Fieldsend highlight how SMHLs embed trauma-informed practices, reframing challenging behaviours as communication rather than defiance. This strategic compassion yields measurable results, with case studies demonstrating significant reductions in exclusions and substantial improvements in staff retention. Complementing this, Olivia Draisey highlights the innovative use of peer mentoring, illustrating how SMHLs cultivate vital school connectedness, providing early emotional support that lessens the reliance on specialist interventions. Meanwhile, Adele Standring and Natalie Hall further cement the argument for institutionalised wellbeing, detailing how SMHLs drive school-wide cultural change, ensure mental health parity with academic outcomes, and empower both pupils and families. Olivia Draisy has a second contribution with the final piece, emphasising how SMH leads when mobilised to connect and collaborate with each other and external agencies can bring about strategic change in regional areas and thus widen their impact.

The collective evidence is clear: the SMHL role is not merely an administrative addition but a strategic imperative that transforms educational ecosystems. By championing proactive identification, embedding trauma-informed systems, and fostering workforce resilience, these leaders cultivate thriving communities. They have become the indispensable compass, guiding schools from reactive pastoral care to a holistic, evidence-based approach where every pupil and staff member feels safe, valued, and connected, fundamentally reshaping the very architecture of school life.

Clare Erasmus

Editor

Case Study

The Senior Mental Health Lead: Strategic Compassion and Trauma-Informed Impact in Schools

By Jessica Parker & Gemma Fieldsend

Abstract

The establishment of the Senior Mental Health Lead (SMHL) role represents a pivotal shift in how schools in England conceptualise, prioritise, and deliver wellbeing. This paper explores the evolution of the SMHL as a catalyst for trauma-informed, relational, and evidence-based practice within education. Drawing upon practice-based data and illustrative case studies, it examines how SMHLs drive measurable improvements in pupil engagement, attendance, exclusions, and staff wellbeing. The analysis identifies both challenges and enablers of effective implementation and positions the SMHL as a model of leadership rooted in strategic compassion, sustainability, and systems thinking.

Introduction

The creation of the SMHL role has embedded mental health as a cornerstone of school improvement. Supported by Department for Education (DfE) training frameworks, SMHLs integrate strategic planning with compassionate practice to develop whole-school approaches to emotional wellbeing. The role bridges the gap between national policy and contextualised practice, translating guidance into relational, evidence-informed action.

At the heart of the role lies a trauma-informed philosophy, recognising that adversity influences emotional regulation, cognition, and behaviour, and that a sense of safety and belonging is essential for learning (Storey & Fletcher, 2023). In contrast to punitive or zero-tolerance systems, trauma-informed approaches replace control with curiosity, viewing behaviour as communication and relationships as intervention (Lipscomb *et al*., 2023; Wilson-Ching & Berger, 2024). The SMHL acts as the conduit for embedding this ethos throughout the organisational culture, ensuring policy and pedagogy are underpinned by compassion and psychological safety (Daly *et al.,* 2025).

As programme developers and coaches on the Department for Education's Senior Mental Health Lead (SMHL) initiative, the authors draw on direct experience working with senior leaders to embed trauma-informed and relational practices nationally (Appendix 1). Through their work, the authors draw on case studies from three of the SMHLs they supported.

The Strategic Significance of the Role

Positioned at the intersection of wellbeing and leadership, the SMHL role encompasses the development of a comprehensive mental health strategy, coordination of staff training, and oversight of early-intervention systems (Leh, 2025). Central to this work is the cultivation of psychologically safe workplaces and the use of wellbeing data to inform decision-making.

The most effective SMHLs utilise data on attendance, exclusions, and staff absence to inform leadership discussions, reframing mental health as a critical dimension of school performance. When strategically implemented, the role yields tangible outcomes: schools have reported reductions of up to 40 per cent in exclusions within the first year of adopting trauma-informed practice, alongside improvements in attendance of up to five percentage points. Furthermore, staff retention has increased by as much as twenty percentage points following the introduction of reflective supervision and structured wellbeing initiatives. Educators also describe a paradigm shift from *behaviour management* to *relationship management*, signalling cultural transformation and greater confidence in responding to emotional distress.

Case Study 1: Building Belonging in a Rural Primary

In a small rural primary school, the SMHL identified that increased behavioural incidents were symptomatic of post-pandemic anxiety and attachment disruption. In response, a *Belonging Curriculum* was co-developed, incorporating daily check-ins, calm corners, and restorative dialogue.

With strong headteacher endorsement, the SMHL led professional development on trauma-informed practice and introduced peer reflection sessions. Within one academic year, fixed-term exclusions decreased by 40 per cent, and pupil surveys indicated a 25 per cent increase in children reporting that they felt "safe and understood." Staff confidence in managing distress grew, reinforcing O'Toole and Dobutowitsch's (2023) argument that teacher compassion is foundational to trauma-informed progress.

Case Study 2: Rethinking Behaviour in a Secondary Academy

In a large urban secondary setting, the SMHL collaborated with senior leadership to replace a punitive behaviour policy with a restorative framework focused on emotional regulation. Staff were trained in restorative dialogue, and a peer mediation system was established to resolve conflict constructively.

The outcomes were notable: internal exclusions reduced by 32 per cent, attendance increased by 3 per cent, and pupil trust in staff fairness improved markedly. These results echo the findings of Lipscomb *et al.* (2023), demonstrating that restorative approaches, when grounded in empathy and consistency, can transform school climate and student engagement.

Case Study 3: Supporting Staff Wellbeing in an Alternative Provision

An alternative provision struggling with high staff turnover and compassion fatigue appointed an SMHL who prioritised workforce wellbeing. Recognising that trauma-informed schools must also be trauma-responsive workplaces, the SMHL introduced reflective supervision, designated wellbeing “pause spaces,” and embedded wellbeing metrics into appraisal systems.

Within twelve months, staff retention increased from 68 per cent to 90 per cent, with measurable improvements in morale and engagement. These findings align with research indicating that trauma-informed leadership enhances organisational quality and mitigates burnout (Fink-Samnick, 2022; Greer, 2023). As Kleine *et al.,* (2019) contend, when staff feel safe and supported, the entire school ecosystem benefits.

Leading with Empathy and Evidence

Effective SMHLs embody a balance between strategic oversight and compassion. Greer (2023) conceptualises trauma-informed leadership as an evolution of emotional intelligence, redefining authority as relational responsibility rather than procedural control. Within this framework, empathy and evidence operate as complementary drivers of sustainable improvement.

Fink-Samnick (2022) argues that organisations acknowledging collective trauma demonstrate greater resilience and effectiveness, an insight particularly relevant in education, where secondary trauma among staff is prevalent. SMHL-led initiatives such as reflective supervision, peer networks, and wellbeing audits foster professional resilience and mitigate burnout (Wolotira, 2023). By prioritising reflective practice and emotional containment, SMHLs cultivate organisational cultures in which compassion strengthens, rather than softens, accountability.

Overcoming Barriers and Building Enablers

Despite the role's demonstrable impact, several barriers persist. Common challenges include insufficient protected time, inconsistent leadership understanding of trauma-informed principles, and limited access to supervision. In the absence of these structural supports, the role risks becoming reactive rather than strategic.

Conversely, schools demonstrating the strongest outcomes share key enablers:

1. **Leadership alignment** – Senior leaders explicitly connect wellbeing with academic performance, positioning the SMHL as a core strategic function.
2. **Structural support** – Protected time, dedicated resources, and representation within leadership meetings ensure mental health remains central to strategic planning.
3. **Supervision and professional networks** – Regular reflective spaces and cross-school collaboration sustain emotionally demanding work.

These enablers affirm that trauma-informed systems cannot rely on individual goodwill; they require structural embedding, policy coherence, and leadership commitment.

The Wider Impact

The influence of SMHLs extends beyond individual institutions. Increasingly, regional networks and multi-academy trusts are developing communities of practice that share data, resources, and reflective supervision. This signals a shift from isolated wellbeing initiatives to a collective, system-level approach to mental health leadership. The policy implications are equally significant. Integrating wellbeing indicators into national accountability frameworks would formally acknowledge the interdependence between emotional safety and educational attainment. Sustained investment in SMHL professional development and longitudinal outcome research will be essential to consolidating this emerging field.

As Greer (2023) notes, leadership grounded in empathy and understanding preserves relationships and fosters thriving workplaces. Schools that prioritise psychological safety protect both their pupils and staff, thereby enhancing academic and organisational outcomes.

Conclusion

The Senior Mental Health Lead role has become integral to modern educational leadership, uniting compassion and strategy to ensure that mental health is embedded within the core architecture of school life. Evidence consistently demonstrates that, when adequately supported, SMHLs contribute to measurable improvements in behaviour, attendance, staff wellbeing, and relational culture.

These outcomes underscore a fundamental truth: the same conditions that enable individuals to feel safe, valued, and connected also create the optimal environment for learning and growth. As one SMHL reflected during a national training session, *“This isn’t an add-on; it’s the lens through which we now see everything.”* Sustaining that lens, where care and accountability coexist, will be critical to ensuring that every school functions as a psychologically safe environment for all who learn and work within it.

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Appendix 1: Positionality Statement

Jessica Parker and Gemma Fieldsend are experienced educators and mental health practitioners with a shared commitment to embedding trauma-informed and psychologically safe approaches within education. Jessica previously served as Programme Manager and Education Director at an Education Provider, where she oversaw their Senior Mental Health Lead (SMHL) programme. From its inception, both Jessica and Gemma played integral roles in writing the programme modules and coaching participants across a wide range of school settings nationally.

Through this extensive coaching and reflective practice, they developed deep, practice-based insight into the implementation and impact of the SMHL role. The case studies featured in this paper are drawn from anonymised examples that emerged naturally through reflective coaching sessions, supervision discussions, and evaluation processes within schools engaged in SMHL training.

Building on this experience, Jessica and Gemma co-wrote the Trauma Informed Consultancy Services (TICS) Trauma-Informed SMHL Programme, bringing together trauma-informed theory, leadership development, and practical application. Jessica now serves as Director of TICS Ltd, leading work on trauma-informed systems and strategic wellbeing in education, health and social care and beyond. Together, Jessica and Gemma co-founded Cog-Spark Ltd, extending their collaboration to deliver trauma-informed, relational, and wellbeing-focused training and consultancy across education and allied sectors. Gemma continues to co-lead programme design, facilitation, and reflective practice across both organisations.

Case study

Using Peer Support Programmes to encourage positive wellbeing in the transition to secondary school

By Olivia Draisey

One of the greatest challenges we face as mental health leads is how to effectively reach a wide number of students with universal support methods. We have assemblies, but they do not always capture attention, tutor-time activities, but cannot guarantee how they are delivered, and letters home to parents, but can never be sure they are read. We hope that all students access our message in some way through a mix of all the above, this is our universal support.

If students are still unable to stay well following our use of the universal approach, then targeted interventions are necessary. At this stage, we work with groups of students who need more help to manage their emotional wellbeing to prevent them requiring more specialist support. But what I have found increasingly more difficult is having the support available to offer. For most, a small group or 1-to-1 conversation is all they need to help them to understand their wellbeing and how to take care of it. However, that requires available staff to offer that support in a timely way which we do not have. Consequently, I needed to think more creatively and so turned to our biggest untapped resource – other students.

Butler et al. (2022)[1] explored this connection and highlighted the crucial role that schools can play in fostering supportive peer relationships to promote mental health and resilience. As a school, we have been trying to do this for many years, to support the primary to secondary transition, but we had not yet fully considered the impact that it could have on the wellbeing of those taking part. As a result, we set about to improve our peer support programme for our next cohort of transitioning students.

First, we considered the structure of our peer support (Appendix A) and worked out how to build in more opportunities to work on student wellbeing within this (Appendix B). The support comes in two phases:

1) 20 year 10 students (Peer Mentors – PM) selected to join a year 7 form for the duration of their initial transition (July of Y6 to October HT of Y7).
2) 65 year 7 students selected by October who are still struggling with transition and a further 40 year 10 students to become 1:1 Stepping Stones Mentors (SS).

Once we had agreed this plan, we focussed on the area that we felt would have most impact which was during the 1:1 support. We updated the training provided to the PM to include a clearer focus on wellbeing and how to have supportive conversations. As a result, we came up with a programme (appendix B) that was packaged into a booklet that mentors and mentees would work through together each week. The aim was to elevate PM's role to move from a 'peer' to a 'professional friend' who could bring together their training and school experiences to support their mentee and improve emotional literacy. This was to become our targeted support in year 7.

The year 7 students were chosen for the programme based on several factors including information from primary school, their first few weeks of secondary school, SEND, attendance concerns, difficulty with social skills, behaviour concerns, loneliness and students who would benefit from a confidence boost.

To measure the success of the programme we looked at a variety of indicators, comparing the averages for the cohort who received PM with those who did not. Comparison points included:

- School attendance
- Behaviour Points
- Qualitative data from post-SS questionnaire
- Number of students on waitlist for mental health support

When the programme ended, 59 (year group of 300) had received 1:1 / small group mentoring. Some dropped out of the sessions early through choice or movement but 80% attended every session, the rest missed 1 or 2. We found the following:

Attendance: We identified a small difference in attendance. The PM cohort had a 0.2% increase on average than their counterparts. Whilst this was a small difference, it is important to remember that some were selected due to risk of non-attendance.

Behaviour Points: In comparing the two groups on their number of positive and negative behaviour points at the end of the academic year, no differences were found.

Counselling: Counselling referrals can be made for many reasons but could be a small indicator that those on the programme were finding emotional support earlier which prevented future specialist support. For the non-PM cohort, the percentage who had counselling was 11% and for the PM cohort it was 8%. This reflects only a small difference that would likely not be significant but feels important.

Qualitative Data: When asked what mentoring had helped students with there was an overwhelming response that linked to practical and emotional support. For practical - ‘Planning my homework and organising my time’ and emotional - ‘Helped me talk about things I wouldn’t normally talk about’. Importantly, students reported feeling more confident and social; including one student who reported that they had ‘come out of their social bubble’. Students reported enjoying meeting people most and hearing about the school experiences of their PM. When considering what they would change students suggested smaller rooms (due to the 60+ 1:1s we run this in our school canteen area) and changing the time (we ran the 1:1s during form time once a week). Finally, students were asked to reflect on what helped from the booklet and again answers were practical and emotional. First, helping to reduce the cognitive load associated with starting somewhere new; ‘the session on the report helped me to understand what that was as it was new’. Second, students commented on the emotion sessions; ‘Week 7 (choices) and 9 (anger) because they helped me to understand the consequences of my actions’.

Overall, we felt that the updates made to the peer mentoring programme allowed us to strengthen our reach under ‘targeted provision’ and, supported us to reduce the number of young people experiencing declining wellbeing. There is, however, no way of knowing yet the long-term impact on the peer support but this can be observed as the cohort move throughout the school years. One important, yet undervalued outcome of the programme was also in the impact it had on the mentors in year 10. They too demonstrated improvements in overall wellbeing and confidence in emotional literacy with many going on to use their voice for change. All four of our head students this academic year (year 11) started year 10 as peer mentors – this cannot be an accident.

More recently, research has been moving to recognise the importance of students feeling connected to their school as a significant indicator of future positive mental health. Birrell et al. (2025)[2] has confirmed this by defining the value of peer and school connectedness where connectedness refers to how much the child feels valued, supported and accepted into their school environment. Exploring this research has further supported the important role of mental health leads in schools, without the role, projects such as this in developing school connectedness would not exist.

As lead, I had the opportunity to research, propose and manage a valuable project that developed something we already had in place to focus more on the development of mental health and wellbeing. This is important because wellbeing is so intertwined with all aspects of school life that it demands a leader who is considering it in every new project and proposed change. The new Ofsted framework is now detailing the importance of student mental health as part of their inspections and therefore, the role of the mental health lead in school has never been more important.

By Olivia Draisey

Senior Mental Health & Wellbeing Lead

Jo Richardson Community School

Appendix A

Phase & Time	Students	Action	Purpose
One May 2024	Year 9	Students apply and are interviewed for role of Peer Mentor (PM) for Y7	Identify students who will be role models for emotional wellbeing, keen to support others
Two June 2024	Year 9	PM training	Ensure students are using shared language relating to wellbeing and resilience during their interactions
Three July 2024	Year 9 & Year 6/7	PM assigned to Y7 tutor group & attend all transition events	Build emotional connection between PM and new students & families
Four August 2024	Year 9 & Year 6/7	Summer School for Y6/7	PMs attend summer school where those at highest risk of struggling with transition attend to settle
Five Sept 2024-Oct HT 2024	Year 10 (former Y9) & Y7	PM support every Friday form time	PM attend tutor time once a week, do 1:1 conversations or lead confidence building games
Six Nov 24 – Mar 25	Year 10 & year 7	Stepping Stones 1:1 mentoring	Focused wellbeing support for identified year 7s
Seven March 2025	Y10 & Y7	Celebration!	Cement relationships and congratulate the cohort

Appendix B

Week	Date	Focus
Introduction	29.11.24	Meeting your mentor
1	06.12.24	Getting to know each other
2	13.12.24	Mentor Focus
3	10.01.25	Settling into JRCS
Christmas Break		
4	17.01.25	Friendships & Social Life
5	24.01.25	Report Card
6	31.01.25	Homework
7	07.02.25	Choices
8	14.02.25	Subjects
HT		
9		Emotions - Anger
10	07.03.25	Emotions - Sadness & Anxiety
11	14.03.25	Character is Key
12	21.03.25	ACHIEVE
13	28.03.25	Celebration

Case Study

Role of the Mental Health Lead and Impact

By Adele Standring

At Christ Church Primary School, mental health and wellbeing is a whole-school priority, firmly embedded within our Christian values. As the Mental Health Lead, I work with a dedicated team of staff and pupil ambassadors to promote positive mental health through targeted initiatives, staff training, and pupil voice.

In recent years, surveys have shown increased levels of anxiety, low self-esteem, and emotional dysregulation among pupils. In response, our staff have supported children in developing a personal toolkit of strategies to manage their wellbeing both in school and at home. Through our 'Wellbeing Wednesdays', classes regularly explore and practise calming strategies, breathing techniques, mindfulness, and healthy sleep routines. We have also worked with a local nurse to support pupils and parents with wellbeing and sleep, and a CAMHS worker has provided targeted support for classes.

Our Inclusion Team meets weekly to identify and support pupils who may need additional help. Staff can refer children to the team, and support is provided through daily check-ins, group work, or one-to-one interventions. Progress is tracked and monitored, and families are kept informed and equipped with strategies to use at home.

Pupil voice remains central to our approach. The pupil ambassadors meet half-termly to contribute to the school's mental health action plan, suggest focus areas, and share key messages with staff and pupils. They also evaluate the impact of their initiatives after events. They play a key role on the playground, with a variety of wellbeing stations offering activities like the Lego, mindful colouring, games, reading and physical activities ran by the school's sports leaders. Our Wellbeing Warriors provide peer support by helping children with friendships, encouraging inclusion in games, and checking in with pupils who may be alone.

We have also strengthened our partnerships with families, offering coffee mornings where families spend time their children and other families creating a more open and supportive community. Parents now feel more confident to attend wellbeing workshops and events. A recent highlight was our Mental Health Coffee Morning, based on the theme *'Know Yourself, Grow Yourself.'* Led by pupil ambassadors, families took part in physical and mindful activities such as skipping, hula hooping, walking the mile track, planting vegetables and flowers, and mindful colouring and breathing exercises.

This work has led to greater emotional awareness among pupils, increased staff confidence in supporting mental health, and stronger family engagement. As a result, Christ Church continues to nurture a culture where mental health is openly discussed, valued, and supported by pupils, staff, and families alike — building a resilient and compassionate school community.

We have recently held a bedtime stories event for our Reception parents and children held after school, and we had 91% of our families attend the event. This reflects our increase of parental uptake and engagement from our families.

This work has led to greater emotional awareness among pupils, increased staff confidence in supporting mental health, and stronger family engagement. As a result, Christ Church continues to nurture a culture where mental health is openly discussed, valued, and supported by pupils, staff, and families alike — building a resilient and compassionate school community.
A recent parental survey identified that 99% of our families would recommend our school to other parents and families.

By Adele Standring
Deputy Head & Mental Health Lead
Christ Church C of E Primary School

Case Study

The Impact of Having a Mental Health and Wellbeing Lead in Schools: A Working Paper

By Natalie Hall

Introduction

The mental health of children has become a defining concern within contemporary education. As schools are increasingly recognised as key environments for early intervention, the role of a designated Mental Health and Wellbeing Lead has grown in both prominence and necessity. This paper examines the impact of such a role through the lens of one preparatory school in North-West London, drawing on research undertaken as part of a Master's in Educational Leadership and through the development of a whole-school, sustainable wellbeing model.

Research Origins and Purpose

When I began my MEd in Educational Leadership, I had recently assumed the role of Wellbeing Coordinator at an all-boys preparatory school. This presented an opportunity to systematically explore how a structured approach to mental health support could enhance pastoral provision. The central research question was:

> *What evidence demonstrates that pupil profiling for mental health and wellbeing can enhance the pastoral curriculum in a North-West London preparatory school?*

To address this, I implemented pupil surveys, conducted qualitative interviews with staff, and developed individual wellbeing plans for selected pupils. The data revealed that targeted, structured support led to measurable improvements over time, while also uncovering previously unidentified needs and masked vulnerabilities. These findings provided the foundation for evolving the role into a formal leadership position: **Director of Wellbeing**.

Why Schools Need a Designated Mental Health Lead

Schools are uniquely positioned to identify emerging mental health challenges. Pupils spend a considerable proportion of their waking hours in school, allowing staff to observe behavioural or emotional changes long before external agencies become involved. Historically, however, wellbeing work has often been reactive and peripheral—driven informally by pastoral teams without strategic oversight.

A dedicated Mental Health and Wellbeing Lead ensures that:

- wellbeing is given parity with academic outcomes
- cultural change is coordinated across the entire school
- interventions are structured, measurable, and sustainable
- data informs planning rather than anecdotal assumptions

This leadership-driven approach transforms wellbeing from a set of initiatives into a strategic priority embedded in policy, curriculum, and everyday school life.

The Importance of Early Identification

National data continues to highlight rising mental health concerns among young people. Current estimates suggest that around one in five children and adolescents between the ages of 8 and 25 may experience a probable mental health disorder. Without early identification, such difficulties can escalate into crisis - affecting attendance, learning, relationships, and behaviour.

Schools can intervene early by:

- training staff to recognise warning signs such as withdrawal, sudden mood shifts, or disengagement
- maintaining clear referral pathways between internal support and external agencies
- offering timely, school-based interventions such as mentoring or counselling
- embedding emotional literacy to normalise discussion around mental health

Early action not only benefits individuals but also prevents the widening of inequalities. Children facing socioeconomic adversity, trauma, or ACEs are disproportionately represented among those with unmet needs. A proactive approach reduces risk and promotes equity of access.

Why Wellbeing Matters

Wellbeing is more than simply feeling good - it is about equipping children with the skills and habits they need to thrive. Mental health, emotional resilience, physical health, and positive relationships all contribute to overall wellbeing. Research consistently shows that children who develop these attributes are better prepared to manage life's challenges, form strong connections, and achieve success both within and beyond the classroom.

Teaching wellbeing is an investment in the future. When pupils learn to recognise and regulate their emotions, cope with stress, and cultivate positive habits, they build a foundation for lifelong happiness and achievement. In today's fast-paced and often stressful world, these capabilities are essential - not optional.

Why Teach Wellbeing from Pre-Reception to Year 8

The journey from Pre-reception to Year 8 is a formative period for emotional, social, and cognitive development. In the early years, children are naturally curious and receptive to learning how to express their feelings and engage empathetically with others. By embedding wellbeing into daily routines and curriculum content, schools help pupils internalise values of kindness, self-awareness, and resilience from the outset.

As they approach adolescence, boys face new challenges: shifting friendships, academic pressures, and the task of forming identity. A continuous, developmentally informed wellbeing curriculum provides the tools to navigate these transitions with confidence. Wellbeing education enables pupils to understand who they are, what they value, and how to grow into balanced, compassionate individuals prepared for the demands of modern life.

From Reactive to Proactive Practice: Transforming a School's Approach

Prior to the introduction of structured wellbeing work, the school's provision reflected many common patterns - pastoral teams responded to issues as they emerged, and support often depended on individual staff confidence in addressing mental health topics. The research process catalysed a shift from **reactive intervention** to **proactive identification** and strategic coordination.

Individual Wellbeing Plans

Building on research findings, we introduced personalised wellbeing plans for pupils with identified needs. Each plan included:

- a baseline assessment of emotional wellbeing markers
- strategies tailored to the pupil's strengths and coping profile
- scheduled check-ins and review points
- integration with academic and social data

This systematic process allowed for holistic tracking and ensured that no pupil "fell through the gaps."

Role Development: Director of Wellbeing

As the work expanded, the leadership team recognised the need for dedicated strategic oversight. The role of **Director of Wellbeing** was established, encompassing:

- whole-school strategic development
- data-led monitoring of wellbeing indicators
- staff wellbeing and culture-building
- alignment of pastoral, safeguarding, and academic systems

This formalisation embedded wellbeing within leadership and governance agendas, ensuring sustainability and accountability.

Development of a Sustainable Wellbeing Model

In collaboration with senior leadership, I developed a whole-school wellbeing framework grounded in evidence-informed practice. The model incorporated multiple interlinked components:

- **Termly wellbeing surveys** for pupils and staff to monitor trends and needs.
- **Integrated data dashboards** combining wellbeing indicators with attendance, achievement, and behaviour metrics.
- **Curriculum-embedded wellbeing education**, including emotional literacy, resilience, and peer support.

- **A staff wellbeing charter** focusing on workload management, professional boundaries, and collegial support.
- **Clear referral pathways** connecting pupils to external mental health services.
- **A continuous cycle of audit, evaluation, and improvement** to ensure ongoing impact.

Impact of the Data-Driven Approach

Our wellbeing strategy moved beyond measurement to purposeful action. Data from surveys and check-ins informed targeted interventions, maintained strategic focus, and shaped the school's wellbeing narrative. Quantitative insights were complemented by qualitative feedback - such as pupil voice, staff dialogue, and information from psychologists and health professionals - to provide a holistic view.

Visibility of outcomes was key; pupils saw tangible changes resulting from their feedback, reinforcing trust in the process. This proactive and preventative model strengthened long-term wellbeing outcomes, improved decision-making through precise targeting, and empowered every member of the school community to contribute meaningfully. It fostered a culture of shared responsibility and reduced pressure on school leaders by embedding wellbeing within the fabric of everyday school life.

Whole-School Cultural Shift

Wellbeing language and practices became increasingly normalised through:

- visible leadership modelling (e.g., email curfews and wellbeing check-ins)
- emotional check-ins during tutor time
- wellbeing data discussed alongside academic metrics in leadership meetings

This integration reframed wellbeing as a strategic driver rather than a supplementary concern.

Key Issues Affecting Boys' Wellbeing

Boys today face a complex range of emotional, social, and cultural challenges that impact their mental health and overall wellbeing. Rising rates of anxiety, depression, and suicide highlight an urgent need for attention, yet many boys remain reluctant to seek help due to stigma and entrenched masculine norms that discourage vulnerability and emotional expression.

Peer dynamics further compound these issues - bullying, harsh banter, and social exclusion can undermine self-esteem and belonging. In digital spaces, boys navigate pressures from social media and online gaming environments that promote unhealthy comparisons, reinforce stereotypes, and expose them to harmful content such as violence and pornography.

Academic expectations also contribute to stress, perfectionism, and, in some cases, disengagement from learning. At the same time, discussions around male privilege can create confusion or defensiveness unless reframed as an opportunity for empathy, leadership, and positive contribution.

Collectively, these factors illustrate the need for more open conversations, inclusive education, and supportive systems that empower boys to express themselves, seek help, and develop healthier understandings of masculinity.

Personal Reflections from Leadership in an All-Boys Setting

Working in an all-boys context highlighted several key insights:

- **Active engagement:** Boys often responded best to hands-on wellbeing activities, supported by visible male role models.
- **Addressing scepticism:** Some staff initially viewed wellbeing as an additional burden; demonstrating data-driven impact, built confidence and credibility.
- **Modelling boundaries:** Authentic wellbeing leadership required modelling healthy work-life practices and challenging a culture of constant availability.
- **Advocacy at senior level:** Establishing the Director of Wellbeing role required clear evidence that this work was not a “nice-to-have,” but a strategic investment in school success.

Wellbeing leadership is about **cultural architecture** - designing systems, expectations, and language that endure beyond any single initiative.

Audit, Implementation, and the Gold Award Submission

To formalise progress, the school aligned its work with the **Carnegie School Mental Health Award** framework. A comprehensive audit was completed across eight key competencies, providing a baseline for further development.

- Leadership and Strategy
- Organisational, Structure and Culture - pupils
- Organisational, Structure and Culture - staff
- Professional Development and Learning
- Support for Pupils
- Support for Staff
- Working with External Services

The final workbook shows evidence of combining qualitative narratives with quantitative trends to showcase the school's transformation from reactive support to proactive wellbeing leadership.

Conclusion

Developing and leading mental health provision at an all-boys preparatory school revealed a compelling truth: a **designated Mental Health and Wellbeing Lead** is not a luxury - it is a critical component of modern school leadership.

Enhanced pupil coping reduced behavioural and pastoral incidents, improved attendance, and strengthened staff wellbeing all demonstrating the power of embedding wellbeing within the strategic fabric of a school. As children face increasing external pressures, education must evolve into an environment where emotional development and mental health support are inseparable from learning.

A whole-school, data-informed wellbeing model ensures sustainability, equity, and cultural change. By elevating wellbeing to the leadership agenda, schools create the conditions for pupils not only to achieve, but to flourish - academically, socially, and emotionally.

This paper advocates for policymakers, governors, and school leaders to recognise the necessity of wellbeing leadership at the highest level. The evidence is clear: when wellbeing is strategically prioritised, the entire school community thrives.

By Natalie Hall

Director of Wellbeing

Arnold House School

Case study

Setting up a Mental Health Leads Network

By Olivia Draisey

At Jo Richardson Community School, a large secondary school in London, we have always championed mental health and wellbeing, so we were an early adopter of the Mental Health Lead post. We got to work straight away to identify where this role would fit into our current school approach. First, we looked at what other schools were doing, and it became apparent that few schools had adopted the role and those who had, felt a lot like I did – overwhelmed.

The school entrusted me with taking on this role and I was excited to start. However, the scale of taking on a whole school approach was large and the challenge we were facing post-pandemic was huge. Fortunately, early on, I was invited to a meeting with other leads from across the country and we all reported similar worries such as how do we support our staff, how do we write a policy, how do we manage the CAMHS waitlisted students and importantly, where do you start with making this a whole-school approach? Meeting with others allowed me to understand that I was not alone in struggling to focus my time on the role and deal with the overwhelming feeling that we needed more time.

Unfortunately, that was the only meeting of its kind, and I spent the next two years trying to navigate the role alone. In that time, I wrote a policy and worked with the Mental Health Support Team (MHST) and set up how their provision looked in school, leading them to take that model to the other schools in the borough. As a result, I started thinking about how useful it was to have trialled something and then shared that with another school to avoid us all reinventing the wheel. Considering there was no network for mental health leads in the borough, so I decided to set one up.

At JRCS we are open to working with other schools to see, adopt and share promising practice and this was no different. I noted that there were several areas that the meetings could help address and thus, produced the following aims:

- Share promising practice
- Share resources
- Meet and engage new and existing external stakeholders
- Share challenges
- Speak to the people who can help (MHST, CAMHS, LA, etc.)
- Feel less alone!

As I had not had any previous experience of setting up a network before, I worked with the service and clinical lead of the MHST to set the terms of engagement and plan the first meeting. At first, we put the offer out to secondary schools only, as I felt most able to support them based on my experience. Yet, it soon became apparent that primary schools were keen to be involved too. This led to a first meeting attendance of 40+ schools and council/voluntary sector services.

I had recently presented our approach to whole school support at the London Violence Reduction Unit (VRU) conference and so I shared this at the first network meeting. This explained our whole school approach and emphasised the successes and challenges within this approach. The primary focus being our collective need to remain 'Open to learning.' I had described this in the context of Maslow's Hierarchy of Needs (1943), where I consider there is space for a new tier on the pyramid – an openness to learning. Without this, how can we expect to have love and belonging if we are not willing to learn from the relationships we have and build on these. This opened the door then into further discussion about what we have in place to support our young people and whether, they had an openness to learn, which becomes a willingness to engage in support.

The MHST then outlined their service, which is sadly not available in all schools, instead, they hoped to share resources more widely to support schools without working directly with them. Most importantly though, was the wealth of external agencies who wanted to present their offer to those in the room. Thus, the London Borough of Barking & Dagenham Mental Health Leads Network was created.

Following the first meeting we recognised the need to meet once a term to share latest ideas, services, and promising practice in our network of schools. Our aims remain the same and we now work with a borough representative to organise the termly meetings. Every meeting has grown in attendance and strength of reach, with attendees including the Integrated Director of Care for our local NHS service.

The aim of our network is to create equality for all the young people in our borough. We have amazing schools, who have made amazing contacts or are doing amazing programmes themselves in school. Now, we have a fantastic opportunity to share these more widely to ensure every young person in the borough has equal access to mental health and wellbeing support that is suitable to their needs.

The importance of collaborative working amongst schools has never been more important as we still pick up the pieces left behind by the pandemic. ASCL (2024) have written a damning paper on the ongoing impact of the pandemic which includes the lost learning, decreases in children's social and emotional skills, and increases in numbers of eating disorders. In our schools, we have seen increasing numbers of students missing school due to low wellbeing and this too, brings a whole new challenge for us to face. This form of self-exclusion has been on the rise and the lost learning because of this is having detrimental effects on student development into adulthood (Gill et al., 2024). In that journey to adulthood, we are seeing more students being electively home educated and therefore, not getting the opportunity to engage in the social world that school also brings. All of this, leading back to our young people being unable to access education due to a mental health concern – a worrying thought as a mental health lead in a large secondary school.

The development of the network means we are not facing this challenge alone anymore. Instead, we have a community of like-minded professionals who are open to sharing their knowledge and experiences to work with. The focus now turns to identifying the gaps in our knowledge and experience and branching beyond our borough to get support for these. For example, we have noted a growth in concerns around eating but there are few targeted interventions for this, as a network we can find, trial, and implement new strategies to manage this risk. Together we are stronger.

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By Olivia Draisey

Senior Mental Health and Wellbeing Lead

Jo Richardson Community School