



Mental Health Policy December 2026

Chair of Governors signature:

Headteacher's signature:

Ratified: *subject to ratification*

Review: December 2028

Person responsible for overseeing implementation: Associate Assistant Headteacher (DSL)



Stowe Valley

MULTI ACADEMY TRUST

Stowe Valley Multi Academy Trust

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Kineton High School

Mental Health Policy

Governors Committee	Student Home & Community
Owner	Tom Partridge (DSL)
Review Date	December 2028

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MENTAL HEALTH POLICY

1. Policy Statement

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 contribute to her or his community. (World Health Organization).

At Kineton High School, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

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.

2. Scope

This document describes the academy'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 health and safety, and safeguarding policies in cases where a student's mental health overlaps with or is linked to a medical issue, safeguarding concern, and the SEN policy where a student has an identified special educational need or is on the child protection register.

The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents or carers
- Outline legal considerations pertaining to minors and mental health

Lead Members of Staff

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

- Helen Bridge - Headteacher
- Laura Nussey – Deputy Headteacher
- Tom Partridge – DSL & Mental Health Lead (MHL)
- Amanda Woodward – SENCO
- Judy Finch & Mandy Bennett – Deputy DSL's
- Charlotte Bonser – Personal Development Lead

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the DSL or Deputy DSL in the first instance. If there is a fear that the student is in danger of immediate harm due to mental health, the mental health emergency protocol should be followed and can be found in section 5. If there is a safeguarding concern, then the normal child protection procedures should be followed with an immediate referral to the DSL, or a deputy DSL. If the student presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting first aid staff, and contacting the emergency services if necessary.

3. What is meant by 'mental health difficulty'?

- 3.1. The term 'mental health' describes 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 contribute to her or his community. A mental health difficulty is one in which a person is distracted or unable to engage with ordinary life due to upsetting, disturbing thoughts and/or feelings. These problems may distort or negatively impact a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern.

4. Legal Considerations

- 4.1. Under the Equality Act (2010) a person with a mental health difficulty is covered if their condition leads to an adverse impact on their ability to carry out their normal day-to-day activities. This will include students with conditions such as depression, bipolar disorder, self-harm, and disordered eating.
- 4.2. In line with the Equality Act 2010, disability is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. This includes mental health conditions which may significantly impact learning, participation, and wellbeing. The school is committed to recognising these needs and ensuring appropriate support and reasonable adjustments are provided.
- 4.3. The Act also covers those who have had a mental illness or difficulty in the past, even if they have recovered, and those whose condition meets the definition but is successfully controlled by treatment (for example psychiatric medication such as anti-depressants) or therapy.
- 4.4. Under The Equality Act, it is unlawful to discriminate against students with a diagnosed mental health condition, and 'reasonable adjustments may need to be made to ensure they can access education. The general principle of 'reasonable adjustments' is that wherever possible, schools should make practical adjustments to enable a student to continue their education. Mental health problems are variable, and students may only need adjustments for a limited period whilst they receive treatment or until they are better able to function.
- 4.5. Under the UK GDPR, all information regarding students with mental health difficulties is regarded as sensitive and personal information. All information about student mental health is shared on a 'need to know' basis and is aligned with defined procedures on sharing of information about students.
- 4.6. Duty of Care - All staff need to be aware of the concept of the 'Duty of Care'. This is a legal obligation which requires us to take reasonable steps to ensure the safety and well-being of all our students, staff, and visitors. If a school knows (or should know) that a student is experiencing mental health difficulties, the student should be advised to seek appropriate help and reasonable measures to support them need to be in place. This is particularly important regarding passing on personal information where mental health difficulties occur

5. Mental Health Emergencies or Crisis'

A Mental Health Emergency or Crisis is defined as:

'A mental health crisis often means that you no longer feel able to cope or be in control of your situation. You may feel great emotional distress or anxiety, cannot cope with day-to-day life or work, think about suicide or self-harm, or experience hallucinations and hearing voices.' NHS, 2019.

- 5.1. There may be instances where a student's behaviour and mental state are concerning and may lead to immediate danger through harm to themselves or others. The following situations or symptoms classify as a mental health emergency:
 - Self-harm
 - Suicidal ideation
 - Hearing voices

- Psychosis: Experiencing hallucinations and/or delusions
- Extreme emotional distress

5.2. If a student presents with any of the above problems, relevant staff will follow the reporting system in school (see below staged approach). If the student requires being sent home or is advised to go to A&E, this will be directed by the DSL, DDSL, SENCO or SLT.

5.3. Mental health crisis or emergencies are often not spontaneous, and the student may have been experiencing symptoms for a length of time. Therefore, it is essential that student mental health concerns are communicated to the Mental Health Lead to ensure the school is focusing on preventative strategies and is carefully monitoring and supporting vulnerable students.

This is a staged response, the most appropriate action for the individual case/setting will be taken.

Stage 1: Staff reports concern to the DSL via school policy. First aider called by staff if required.

Stage 2: Phone call home

- a) share NHS documents with parent and child, advise GP appointment, followed by universal monitoring
- b) Arrange meeting to discuss plan of support if appropriate.

Stage 3: Meeting with parent

- a) Create support plan/make referral to most appropriate SEMH support service (see SEMH Menu of offer and waves of provision)
- b) Parent to contact GP and make appointment
- c) Assign staff support link in school

Stage 4: In School support

- a) DSL to raise child at RAMP or make referral/raise to SENCO
- b) Complete Risk Assessment or safety plan if child is in danger of physical harm, or causing physical harm to others and share with relevant staff.

Stage 5: Follow Child Protection & School Safeguarding procedures

- a) offer Early Support Assessment to family if appropriate
- b) Referral to social care if needed

Stage 6: Emergency support

- a) School contact GP/ Hospital/ Emergency Services directly to share concerns/information.

6. Warning Signs

6.1. Students who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties and could be due to several reasons. Students may still feel stigma around mental health problems or may be concerned about the consequences of telling someone. They may be unaware that they have a problem or be aware but feel that they must cope with it on their own.

6.2. Adolescence can be a difficult developmental time and this period of change can result in the gradual onset of mental illness. It is important that warning signs are recognised, and an appropriate, supportive response is put in place as soon as possible. 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 DSL or DDSL so these concerns can be explored and support offered if appropriate.

Possible warning signs include:

- The student has told you there is a problem, for example, they have been feeling low or anxious recently
- Significant changes in the student's appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self-harm
- Changes in mood, for example: mood is very up and down, miserable, tired, withdrawn
- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating patterns or sleeping habits
- Concerns expressed from friends, family, other staff members
- Changes in behaviour, academic achievement, extracurricular activity engagement, or among peers. For example, doing too much work, not socialising as much as usual, withdrawn, not attending school, being late or, failure to meet deadlines
- Increased isolation from friends, family
- 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
- Repeated physical pain or nausea with no evident cause

7. Internal Support Referral

- 7.1. Students requiring internal support can be referred onto the DSL team in school by concerned staff via CPOMS or parents via school communication systems. In some cases, if the student will self-refer to the school asking for support, parents will be contacted in this event.
- 7.2. Where a referral to an external service or agency (RISE, Lifespace, MHST, Connectforhealth, Art Therapy etc.), this will be led and managed by the DSL team or SENCO.
- 7.3. Supporting students. There are three waves of intervention: Wave 1 (Universal Provisions), Wave 2 (Targeted Provision), Wave 3 (High Needs Provision). **Please see Appendix I** - The following list are examples of interventions currently used internally with students to support Social Emotional and Mental Health concerns.

8. Individual Support Plans

- 8.1. It is helpful to draw up an individual support plan for students experiencing mental health difficulties. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:
 - Details of a student's condition
 - Special requirements and precautions

- Medication (if any) and associated side effects
- Internal support and in-school interventions
- What to do and who to contact in an emergency

8.2. An Individual Support Plan can be an effective way of discussing, agreeing, and monitoring the support and study needs of a student with mental health difficulties. The Individual Support Plan will include information on any adjustments that have been agreed upon, for example on such things as changes to timetable, and use of SEND provision.

8.3. The Individual Support Plan will be regularly reviewed, and this will give both staff and the student the opportunity to discuss how things are going and to make any changes to the adjustments. Review dates of an Individuals Support Plan can be flexible and responsive to the needs of the student and the concerns of the staff member.

Students may also be issued with a Safety Plan only once a risk assessment has been completed by DSL or DDSL.

9. External Support & Signposting

9.1. Students experiencing mental health difficulties are often best supported with support both in and outside school. There are various mental health charities who provide helpful information for parents, and who offer tools to assist young people with their mental health outside school. The following resources can be helpful to review and are often signposted to students in school for support.

- GP – Your local GP is usually the first person to contact regarding concerns about a child’s mental health.
- Kooth – Online, free counselling for young people.
- Childline – Free counselling for young people via phone or online.
- Calm Harm – Free app for self-harm
- Clear Fear – Free app for anxiety
- Mind – General mental health support and knowledge.
- Young Minds – General mental health support and knowledge.
- Samaritans – Suicide phone-line (116 123)
- Papyrus Hopeline – Suicide phone-line (0800 068 41 41)
- A&E – Young people can be taken to A&E during a mental health emergency or crisis.

9.2. We will display relevant sources of support in communal areas such as reception, Student Services, 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 is it aimed at
- How to access it
- Why to access it
- What is likely to happen next

10. Support Parents and Staff

10.1. Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. To support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website.
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents/carers
- Share ideas about how parents can support positive mental health in their children through our regular information sharing
- Keep parents informed about the mental health topics their children are learning about in Character and Culture and share ideas for extending and exploring this learning at home
- When possible, offer workshops for parents to attend regarding mental health concerns and practice

10.2. Parents and staff members may also struggle with their mental health. Caregiving and teaching can both be emotionally demanding jobs and it is important to ensure that care is taken around personal wellbeing. The following resources can be helpful for parents and staff members to support with their own mental health.

- GP – The NHS offers a variety of therapeutic interventions to assist with mental health problems.
- The health Wallet for staff – www.thehealthwallet.com
- Winston Wish – www.winstonwish.org
- Mental Health and Wellbeing: Warwickshire council – www.warwickshire.gov.uk
- CWMind – www.cwmind.org.uk
- Coventry Samaritans – 02476 678678
- Betterhelp - www.betterhelp.com

11. Teaching about Mental Health

11.1 The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our Character and Culture curriculum.

11.2 The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language, and confidence to seek help, as needed, for themselves or others. We will follow the PSHE Association Guidance and Mind to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

11.3 Mental health will also be thematically addressed in safeguarding and wellbeing awareness weeks, on Flexible learning days as well as enrichment week, and in lessons such as Drama and English. These classes and special topic days will enable students to put their learning into practice and engage in different ways of learning about Mental Health.

12. Managing disclosures

12.1. If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive, and non-judgemental.

- 12.2. Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'. Try to be sympathetic and understanding and remember to be sensitive to issues relating to sexuality, race, religion, culture, and gender or any physical or sensory impairment or condition that they might have.
- 12.3. Be prepared to listen and give the student some time if you can. Listen to the student - the situation may only require empathetic listening. You can simply ask the student how they are as this may provide them with an opportunity to discuss their concerns with you.
- 12.4. Ensure that students are aware that you will need to pass the information onto the DSL, because of the school's responsibility to their safety and duty of care. Try to be clear about what you will communicate and answer any questions the student might have about information sharing. See the next topic on confidentiality for more information. The mental health disclosure should be communicated as soon as possible to the DSL team via CPOMs. If the disclosure relates to a safeguarding and mental health this should be recorded on CPOMs and sent to Safeguarding Team, where it will be held in the student's confidential file and investigated further. This record should include:
- Date and time of disclosure, and date and time of incident
 - The name of the pupil and staff involved in the disclosure
 - Main points from the conversation, from the student's point-of-view
 - Additional relevant information
- 12.5. Staff should be very clear about boundaries in the instance of a serious threat by a student to harm themselves. Staff responsibility to the student in a crisis is limited to listening, being supportive, and passing the information onto the DSL. Under no circumstances should a member of staff who is not professionally qualified attempt to counsel the student.

13. Confidentiality

- 13.1. We should be honest regarding the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should discuss with the student:
- Who are we going to talk to
 - What we are going to tell them
 - Why we need to tell them
- 13.2. Staff are clear to students that the concern will be shared with the DSL and recorded to provide appropriate support to the student .
- 13.3. All disclosures are recorded and held on the students CPOMS. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in the staff's absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

14.Keeping Records

- 14.1. Staff members with a concern for a child's mental health will record concerns and actions taken on CPOMS.

15.Promoting School-Wide Positive Mental Health

- 15.1. When a student is suffering from mental health issues, it can be a difficult time for their friends who often try to support them. Friends generally want to offer support but do not know how without compromising their own well-being. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. To keep peers safe, we will consider on a case-

by-case basis which friends may need additional support. Students who are supporting their peers with mental health difficulties will know they can seek support from the School.

- Support will be provided either in one to one or group settings and will be guided by conversations with 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need 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

16.Training

- 16.1. The Mental Health Lead will have Strategic Lead Training for Mental health.
- 16.2. As a minimum, all staff will receive annual training about recognising and responding to mental health issues as part of their regular Safeguarding training to enable them to keep students safe.
- 16.3. 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. Training can be provided within schools by identifying staff with experience in this area. The SENCO and DSL might be able to offer this training. For more advanced training on specific topics, external expertise will be utilised. Where the need to do so becomes evident, we will host whole school training sessions for all staff to promote learning or understanding about specific issues related to mental health.
- 16.4. In addition to training sessions, improved awareness of mental health issues may be achieved through awareness raising campaigns or events. These are particularly effective if tied in with other events such as World Mental Health Day which provide opportunities for staff and students to work together. Campaigns that include practical activities such as workshops to promote mental well-being may be particularly effective in promoting the awareness of good mental health. Suggestions for individual, group, or whole school CPD should be discussed with Mental Health Lead, who can also highlight sources of relevant training and support for individuals as needed.

Appendix 1

WAVE 1: Universal Provisions

Form Tutor relationship/mentoring - Daily and consistent morning check ins and a trusted adult as the first port of call.
Tutor Time Programme – Tasks and discussion around SEMH and safeguarding topics throughout the year covering all aspects.
Character & Culture Lessons – C&C Curriculum contextually tailored to Kineton safeguarding and SEMH. Assemblies – Weekly Head of Year assemblies.

WAVE 2: Targeted Provision

Worry Workshop - Ks3 suitable group work mixture of dealing with anxiety, friendship work, protected behaviours, strategies for regulation and problem-solving skills, including starving the anxiety gremlin.
Emotional Literacy workshop – Uses the talk about teenager’s programme to cover self-esteem, self-awareness, building social skills, understanding body language and independent strategies for regulation.
Transition Intervention – working with students around a transition period in their education journey liaising with careers advisers and post 16 options to make this smooth and reduce anxiety.
Problem solving workshop – Based on the lost in school programme, looking at barriers to learning and getting into the classroom. Collaborate problem solving solutions.
Preparation for adulthood – working with students to build skills around preparation for adulthood and independent life, reduces reliance on adults.
Walk and talk – low demand work for students struggling to access interventions to build a positive relationship and feel safe to be able to access learning.
Peer Mentoring – Year 10 students complete a series of mentoring sessions with Year 7 students offering a space to talk, raise self-esteem and improve confidence. Year 10’s will help the Year 7’s build resilience and feel safe and listened to in secondary school.
THRIVE –THRIVE is a therapeutic program designed to support the emotional and social development of a young person, by using assessments to identify the individual needs of the child.
Mental Health in School’s Team (MHST) – MHST are a branch from RISE that work only with schools. They offer sessions to students to work with an external mental health professional using low level CBT, the work supports students to focus on specific areas of need such as anxiety and gives them strategies to self-manage.
ConnectforHealth - Referrals can be made to Connect for individual support and further guidance for: <ul style="list-style-type: none">· Healthy eating· Friendships and relationships· Body image· School anxiety· Fussy eating· Sleep· Mental health· Gender and sexuality

Wave 3: High Needs Provision

In most cases, students will have already accessed at least 1 intervention in Wave 2 before being placed on any of the interventions below.

Lifespace Mentoring – a minimum of 8 sessions available with an external mentor to talk through concerns, provide a supportive environment with a trusted adult and allow space and time to focus on goals.
Art Therapy – 6-8 therapeutic intervention sessions to explore thoughts and feelings through art with a trained psychotherapist. This is most suited to students who may find talking directly with an adult challenging and need help unpicking this.
RISE referral – A referral to RISE can be made if a child is experiencing difficulties that significantly impact their ability to learn, build relationships, or manage emotions and behaviour in school. A referral is typically made when in-school interventions haven’t been enough, and external support is needed to improve mental health.

Nature of Me Therapeutic Coaching Programme - The Nature of Me™ is a warm, trauma-informed mentoring and coaching offer for young people and the adults around them. It combines emotional education, grounded mentoring, and neuro-affirming practice to help children and teens feel safe, understood, and supported.