Southam College
Mental Health Policy

2026/27

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Chair of Governors	Karen Boucher 
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Southam College

Mental Health Policy

Governors Committee	Welfare and Personal Development
Owner	Megan Browne
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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 Southam College, 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 more specialised, targeted approaches where appropriate.

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.

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 and staff those with a specific, relevant remit include:

- Mel Mason - Headteacher
- Megan Browne – Assistant headteacher, DSL, Mental Health Lead (MHL)
- Shellie Campbell-Birch – Assistant headteacher, Mental Health Lead (MHL)
- Amy Hawkes – SENCO
- Elizabeth Reeves – Deputy SENCO

Note for remainder of this policy DSL will be used in reference to all roles held by Megan Browne

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the 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. 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 their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their 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. 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.

4.3. 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 principal of 'reasonable adjustments' is that wherever possible, schools should make practical adjusts 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.

4.4. 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.

4.5. 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 Crises

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-today 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, the student is suffering significant harm, relevant staff will follow the reporting system (see staged approach below). If the student requires being sent home or is advised to go to A&E, this will be directed by, DSL, DDSL, SENCO, or SLT.

5.3. Mental health crises 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 DSL to ensure the school is focusing on preventative strategies and is carefully monitoring and supporting vulnerable students.

This is a staged response, most appropriate action for the individual 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

Stage 3: Meeting with parent

a) Create support plan of referral to most appropriate therapy. MHST/ Compass/ Lifespace/ CBT counselling/ RISE/ Art Therapy / Connect For Health

b) Parent to contact GP

c) Assign staff support link in school

Stage 4: In School support

a) RAMP Referal

b) Complete Risk Assessment if child is in danger of physical harm, or causing physical harm to others and issue a safety plan

Stage 5: Follow Child Protection procedures

a) Submit Early Support pathway assessment

b) Referral to social care if needed

Stage 6: Emergency support

a) School contact GP/ Hospital/ Emergency Services directly

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.

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 peers, 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 peers, 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 secretively
- Repeated physical pain or nausea with no evident cause

7. Internal Support Referral

7.1. Students requiring internal support can be referred onto the Safeguarding Team by concerned staff or parents via CPOMs. In some cases, the student will self-refer to the Safeguarding Team, parents will be contacted in this event.

7.2. Where a referral to MHST/ Compass/ Lifespace/ Counselling/ RISE / Connect for Health or Art therapy is appropriate, this will be led and managed by DSL.

8. Individual Care 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 student, 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 Time Out Cards.

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 the DSL.

8.4. Southam College also use a therapeutic approach called Thrive which helps students become more emotionally resilient and better placed to engage with learning. Southam College's Thrive practitioner, Deputy SENCO Elizabeth Reeves, uses the Thrive online tool to create a profile of a student, identifying gaps in their social and emotional development. An action plan of targeted activities is then delivered over a period of six weeks to help the young person learn about their emotions, how to regulate them and how to re-engage with learning.

Students can be referred to Thrive via the Educational psychologist or RAMP.

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
- Shout- Crisis Text Line (85258)
- 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)
- NHS 111 Option 2 service – Crisis support for mental ill health
- 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 form rooms, reception area, and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at

- How to access it
- Reasons for accessing it
- What is likely to happen next

10. Supporting Parents and Staff

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

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents/carers 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/carers can support positive mental health in their children through our regular information sharing
- Keep parents/carers 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/carers to attend regarding mental health concerns and practice

10.2. Parents/carers and staff members may also struggle with their mental health. Caregiving and teaching can both be emotionally demanding roles 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 are 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 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 wellbeing and safeguarding awareness weeks. This 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 peer 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 first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'. Staff will 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. Staff will be prepared to listen and give the student some time if they can. Staff will listen to the student - the situation may only require empathetic listening. Staff can ask the student how they are, using their professional curiosity as this may provide them with an opportunity to discuss their concerns.

12.4. Staff will ensure that students are aware that they will need to pass the information onto the DSL, because of the school's responsibility to their safety and duty of care. Staff will be clear about what they 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 via CPOMs. If the disclosure relates to a safeguarding and mental health concern this should be recorded on CPOMs and sent to the 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 suggest a diagnosis or counsel the student.

13. Confidentiality

13.1. Staff 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 CPOMS, this helps to safeguard staff's emotional wellbeing as they 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. Staff 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 peers who often try to support them. Peers 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 peers may learn unhealthy coping mechanisms from each other. To keep peers safe, we will consider on a case-by-case basis which peers may need additional support. Students who are supporting their peers with mental health difficulties will know they can seek support from the safeguarding and pastoral teams.

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 peers to know and what they should not be told
- How peers can best support
- Things peers should avoid doing or saying which may inadvertently cause upset
- Warning signs that their peer 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 peer'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 child protection 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 to identify developing situations with one or more students. Training can be provided within schools by identifying staff with experience in this area. The DSL with the support of the SENCO will 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 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.