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Brompton Hall School

Pupil Mental Health and Wellbeing Policy



1	Summary	Pupil Mental Health and Wellbeing Policy			
2	Responsible person	Mental Health and Wellbeing Lead			
3	Accountable SLT member	Headteacher			
4	Applies to	<input checked="" type="checkbox"/> All staff <input type="checkbox"/> Support staff <input type="checkbox"/> Teaching staff			
5	Who has overseen development of this policy	Executive Headteacher			
6	Who has been consulted and recommended policy for approval	Relevant Staff			
7	Approved by and date				
8	Version number				
9	Available on	Every	<input type="checkbox"/> Y <input type="checkbox"/> N	Trust website Academy website SharePoint	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
10	Related documents (if applicable)				
11	Disseminated to	<input type="checkbox"/> Trustees/governors <input type="checkbox"/> All staff <input type="checkbox"/> Support staff <input type="checkbox"/> Teaching staff			
12	Date of implementation (when shared)				
13	Consulted with recognised trade unions	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			



Contents

Statement of Intent

1. Legal Framework
2. Common Mental Health and Wellbeing difficulties
3. Roles and Responsibilities
4. Creating a supportive whole-school culture
5. Staff Training
6. Identifying signs of Mental Health and Wellbeing difficulties
7. Children in Need, LAC and previously LAC (PLAC)
8. Adverse Childhood experiences (ACEs) and other events that impact pupils Mental Health and Wellbeing
9. Stress and Mental Health
10. Mental Health and Wellbeing Intervention and Support
11. Suicide concerns Intervention and Support
12. Working with Parents
13. Safeguarding
14. Monitoring and Review
15. Links with other Policies



Statement of intent

This policy outlines our framework for meeting our duty in providing and ensuring a high quality of education and support to all of our pupils, who have EHCPs which identify them as having social, emotional and mental health difficulties, and other associated needs.

Through the successful implementation of this policy, we aim to:

- Promote a positive outlook regarding pupils with mental health and wellbeing difficulties.
- Increase understanding and awareness of common mental health issues
- Enable staff to identify and respond to early warning signs of mental health concerns in pupils, enabling these to be identified and responded to early
- Provide the right support to pupils with mental health issues, helping pupils and their families access specific support.

1. Legal framework

1.1. This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

1.2. This policy has been created with regard to the following DfE guidance:

- DfE (2021) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

1.3. This policy also has due regard to the school's policies including, but not limited to, the following:

- Child Protection and Safeguarding Policy
- SEND Policy
- Behaviour Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct
- Exclusion and Suspension Policy

2. Common Mental Health and Wellbeing difficulties

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



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

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

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

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

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

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

- Opportunity to establish a close relationship with a primary caregiver.



- The quality of caregiving.
- The child's characteristics.
- Family context.

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

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

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

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

3. Roles and responsibilities

3.1. The school's leadership as a whole is responsible for:

Preventing mental health and wellbeing difficulties: By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental health and wellbeing of the school community and instil resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages through wider school activities and the overall ethos and culture of the school regarding Identifying mental health and wellbeing difficulties:

By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.

- Providing early support for pupils experiencing mental health and wellbeing difficulties: By raising awareness and employing efficient referral processes, the school's leadership can help pupils access evidence-based early support and interventions.
- Accessing specialist support to assist pupils with mental health and wellbeing difficulties: By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.
- Identifying and supporting pupils with their SEND: As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.
- Identifying where wellbeing concerns represent safeguarding concerns: Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

3.2. The governing board is responsible for:

- Fully considering pupils with SEMH difficulties and their parents when drawing up policies that affect them.
- Ensuring provision for pupils with SEMH is clearly identified, assessed and organized



- Ensuring the school works with other agencies and professionals, including the Local Authority, to secure the special educational provision called for by a pupil's SEMH difficulties.
- Designating an appropriate member of staff to oversee SEN and co-ordinating SEN provision in line with pupil needs
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.

3.3. The headteacher, supported by the Executive Headteacher, is responsible for:

- Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.
- Ensuring that the SEN Lead has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- Ensuring that staff members understand the strategies used to identify and support pupils with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.
- Establishing and maintaining a culture of high expectations for pupils with SEMH difficulties in all opportunities that are available
- Ensuring relevant leaders consult health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

3.4. The mental health and wellbeing lead, is responsible for:

- Overseeing the whole-school approach to mental health and wellbeing, including how this is reflected in policies, the curriculum and pastoral support, and how the school engages pupils and parents with regards to pupils' mental health and awareness.
- Collaborating with the SEN Lead, headteacher and governing board, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the SEN Lead and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities and organisations.



- Referring pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CAMHS), to receive additional support
- Ensuring relevant leaders overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Leading mental health CPD for both staff and parents

3.5. The SEN Lead is responsible for:

- Collaborating with the governing board, headteacher and the mental health lead, as part of the SLT, to determine the strategic development of SEMH policies and provisions in the school.
- Working with the Mental Health and Wellbeing Lead, undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting the subject teachers in the further assessment of a pupil's particular strengths and areas for improvement, and advising on the effective implementation of support.

3.6. Teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SEN Lead, and the Mental Health and Wellbeing Lead, and where appropriate, the pupils themselves.
- Setting high expectations for every pupil.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving their full potential,
- Being responsible and accountable for the progress and development of the pupils in their class.
- Being aware of the pupils' Wellbeing and Mental Health needs,
- Keeping the relevant leader up-to-date with any changes in behaviour, academic developments and causes of concern.

3.7. The school works in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

4. Creating a supportive whole-school culture

4.1. Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

4.2. The school utilises various strategies to both support pupils who are experiencing high levels of psychological stress, or who are at risk of developing mental health problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as:
 - PSHE - RSE
- Enabling pupils to recognise physical and emotional changes in the body, identify the emotion and help them to use strategies to self-regulate



- Developing pupils' social skills and effective communication, appropriate to their needs, to ensure positive relationships with adults and peers, to enable them to reach out for support when they need this
- Learning to respect differences between people to promote an inclusive, accepting environment for all
- Developing positive relationships based on respect for themselves and others, ensuring a safe, accepting and happy environment for all
- Effectively using therapeutic programmes, support and resources, linked to individual pupil needs
- Working in partnership with parents to ensure joined up support between school and home and with the involvement of other relevant agencies

4.3. The school's Behaviour Policy and Anti-Bullying Policy include measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

4.4. The SLT ensures that there are clear policies and processes in place to make pupils feel comfortable enough to discuss mental health concerns.

4.5. Pupils know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

5. Staff training

5.1. Leaders ensures that all teachers have a clear understanding of the needs of all pupils, regarding their identified mental health and wellbeing needs

5.2. Leaders promote CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

5.3. Clear processes are in place to help staff who identify Mental Health and Wellbeing problems in pupils escalate issues through clear referral and accountability systems.

5.4. Staff receive training to ensure they:

- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a pupil demonstrating suicidal behaviour.
- Know what support is available for pupils and how to refer pupils to such support where needed.

6. Identifying signs of Mental Health and Wellbeing difficulties

6.1. The school is committed to identifying pupils with Mental Health and Wellbeing difficulties at the earliest stage possible.

6.2. When the school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish a clear analysis of the pupil's needs
- A Risk Assessment is carried out with strategies to determine how the pupil will be supported
- Action is taken to provide that support



- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary
- 6.3. Where appropriate, the mental health team asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school
- 6.4. Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties.
- 6.5 Staff members promote resilience to help encourage and support pupils in positively managing their mental health and wellbeing difficulties
- 6.6. Staff members understand that loss or separation, significant changes in a pupil's life or traumatic events are likely to cause Mental Health and Wellbeing difficulties.
- 6.7. Staff members understand what indicators they should be aware of that may point to Mental Health and Wellbeing difficulties, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude.
- 6.8. Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of Mental Health and Wellbeing difficulties; however, only medical professionals will make a diagnosis of a mental health condition.
- 6.9. Pupils' data is reviewed in line with the assessment calendar so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.
- 6.10. Each pupil has a ClassTeacher/Tutor so that every pupil is well known by at least one member of staff, who sees them on a daily basis and who can spot where changes in behaviour or moods may need investigating and addressing.
- 6.11. Staff members are mindful that some groups of pupils are more vulnerable to mental health difficulties than others; these include LAC, and pupils from disadvantaged backgrounds.
- 6.12. Staff members are aware of the signs that may indicate if a pupil is struggling with their Mental Health and Wellbeing. These signs may include, but not limited to:
- Signs of Anxiety
 - Changes in social habits, such as withdrawal or avoidance of friends and family
 - Unexplained physical changes, such as weight loss or gain
 - Talking or joking about self-harm or suicide
 - Hurting oneself or talking about hurting oneself
 - Repeated physical pain or nausea with no evident cause
 - Low mood, being withdrawn, Low self-worth
 - Poor personal presentation
 - Speech anxiety/ reluctance to speak or failure to engage
 - Unable to make choices
 - Refusing to accept praise
 - Lethargy/apathy
 - Task avoidance or non-compliance
 - Restlessness/over-activity or impulsivity
 - Mood swings
 - Physical or Verbal aggression
 - Disproportionate reactions to situations
 - Difficulties with change/transitions



- Absconding or poor attendance
- Eating issues
- Lack of personal boundaries and poor awareness of personal space.

7. Children in need, LAC and previously LAC (PLAC)

7.1. Children in need, LAC and PLAC are more likely to experience mental health difficulties than their peers.

7.2. Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.

7.3. Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most pupils.

7.4. School staff are aware of how these pupils' experiences can impact their behaviour and education.

7.5. The school uses multi-agency working as an effective way to inform assessment procedures.

7.6. Where a pupil is being supported by LA children's social care services (CSCS), the school works with their allocated social worker to better understand the pupil's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.

7.7. When the school has concerns about a looked-after child's behaviour, the designated teacher and virtual school head (VSH) are informed at the earliest opportunity so they can help to determine the best way to support the pupil.

7.8. When the school has concerns about a previously looked-after child's behaviour, the pupil's parents/carers or the designated teacher seeks advice from the VSH to determine the best way to support the pupil.

8. Adverse childhood experiences (ACEs) and other events that impact pupils' Mental Health and Wellbeing

8.1. The balance between risk and protective factors is disrupted when traumatic events happen in pupils' lives, such as the following:

- Loss or separation: This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.
- Life changes: This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
- Traumatic experiences: This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- Other traumatic incidents: This may include natural disasters or terrorist attacks.

8.2. Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic. 9.3. The school supports pupils



when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems..

9. Stress and Mental Health

9.1. The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between ‘normal’ stress and more persistent mental health problems.

10. Mental Health and Wellbeing intervention and support

10.1. The curriculum for PSHE focusses on promoting pupils’ resilience, confidence and ability to learn.

10.2. Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem.

10.3. School-based therapeutic support, including Thrive, is offered to pupils who require it.

10.4. Relevant external services are utilised where appropriate, e.g. Wellbeing in Mind

10.5. The school develops and maintains pupils’ social skills.

10.6. Where appropriate, parents have a direct involvement in any intervention regarding their child.

10.7. Where appropriate, the school supports parents in the management and development of their child, through CPD and 1:1 sessions.

10.8. Serious cases of Mental Health and Wellbeing difficulties are referred to CAMHS.

10.9. For pupils with more complex problems, additional in-school support and activities, in the form of a bespoke programme, will be provided:

11. Suicide concern intervention and support

1.1. School will provide training for staff on an annual basis regarding ligature management.

11.2 Where a pupil discloses suicidal thoughts or a teacher has a concern about a pupil, teachers should report this to the DSL or the DSL with responsibility for Mental Health and Wellbeing, in line with referral of serious concerns procedures.

12. Working with parents

12.1. The school works with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.

12.2. The school ensures that pupils and parents are aware of the mental health support services available from the school.

12.3. Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources.

13. Safeguarding



13.1. All staff are aware that Mental Health and Wellbeing issues can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.

13.2. If a staff member has a Mental Health or Wellbeing concern about a pupil that is also a safeguarding concern, they take immediate action in line with the Child Protection and Safeguarding Policy, and refer to the DSL.

14. Monitoring and review

14.1. The policy is reviewed on a bi-annual basis by the headteacher in conjunction with the governing board – any changes made to this policy are communicated to all members of staff.

14.2. This policy is reviewed in light of any serious SEMH related incidents.

14.3. All members of staff are required to familiarise themselves with this policy as part of their induction programme and annual refresher.

15. Links with Other Policies

- Behaviour Policy
- Anti-bullying Policy
- Exclusion and Suspension Policy
- Child Protection and Safeguarding Policy
- Staff Code of Conduct
- Designated Teacher for looked After Policy