



Mental Health Policy 2023-24

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Policy Notes

Policy may be subject to review and revision at any time by the Wallington Local Governing Body notwithstanding that the next review date has not been reached.

Review dates are for guidance only and whilst the intention is always to arrange reviews within the stated time frame all Policy Notes will remain in force until this has taken place and been formally approved by the Wallington Local Governing Body.

Reviewed
To be reviewed

Sep 2023
Sep 2026

1. Aims of this policy

“Mental health is defined as a state of wellbeing in which every individual recognises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community” (World Health Organisation, 2014).

Wallington High School for Girls aims to promote positive mental health and wellbeing for all students by developing a whole school approach tailored to their particular needs, as well as considering the needs of individual students. Our intention is to enable all students to take full advantage of the educational opportunities available to them.

All schools are under a statutory duty to promote the welfare of their students, which includes: preventing impairment of children’s health or development, and taking action to enable all children to have the best outcomes. Full details are set out in DfE guidance ‘Keeping Children Safe in Education’ (2023) (Appendix 2).

School staff cannot act as mental health experts and should not try to diagnose conditions. However, they should ensure they have clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

This policy should be read in conjunction with the school’s Child Protection and Safeguarding Policy, Behaviour for Learning Policy and Supporting Students with Medical Needs Policy. This policy has been written with regard to the DfE guidance ‘Mental Health and Behaviour in Schools’ (2018) (Appendix 1) and the DfE guidance ‘Keeping Children Safe in Education’ (2023) (Appendix 2).

2. Roles and responsibilities

2.1 The School

Wallington High School for Girls’ approach to mental health and behaviour is part of a consistent whole school approach to mental health and wellbeing. It involves providing a structured school environment with clear expectations of behaviour, well communicated social norms and routines, which are reinforced with highly consistent consequence systems. This is paired with an individualised graduated response in the form of our Social, Emotional and Mental Health Provision Map (Appendix 3) which is referred to when a student’s behavioural issues might be as a result of educational, mental health, other needs or vulnerabilities.

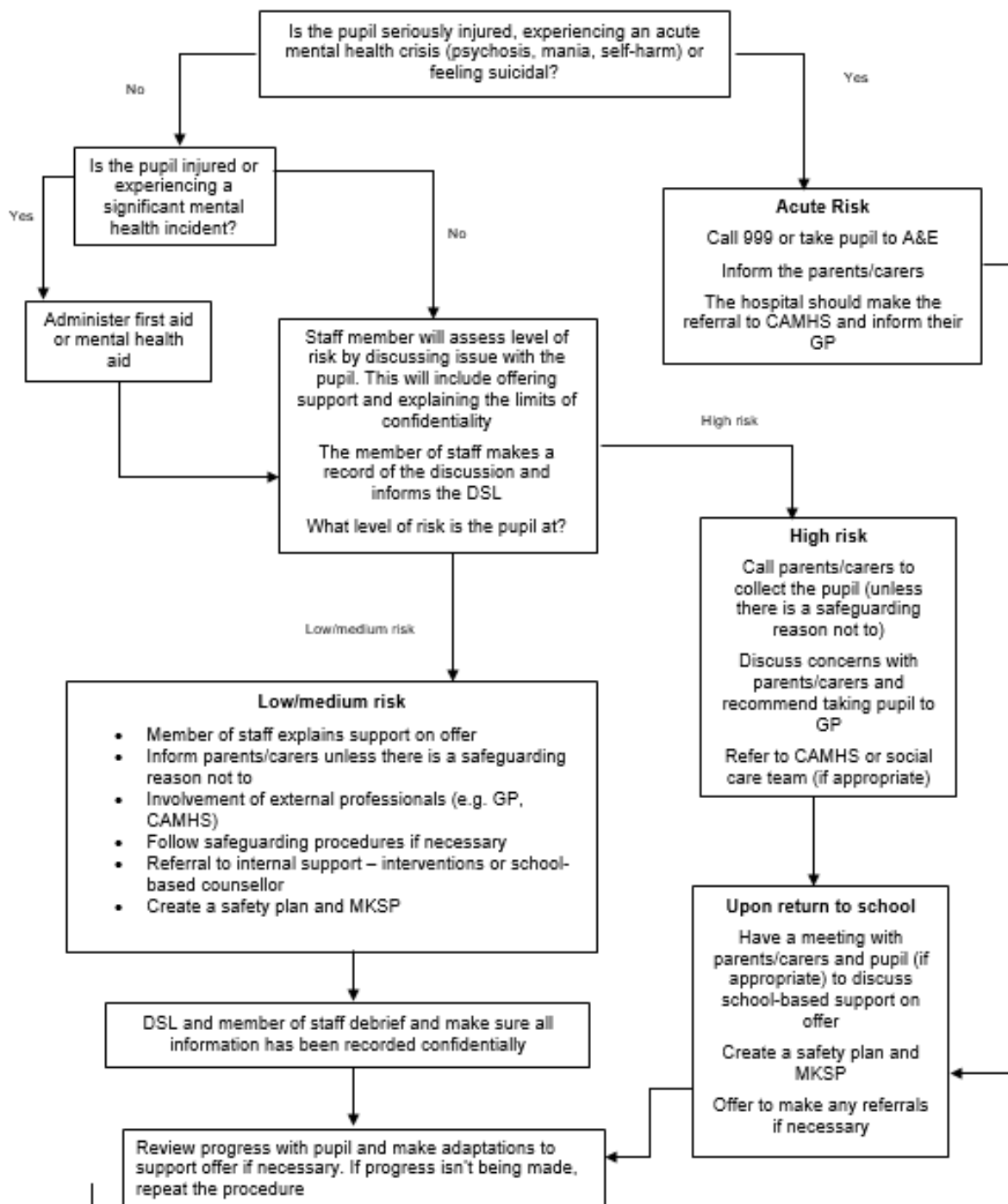
Whilst all staff have a responsibility to promote the mental health and wellbeing of students. Staff with a specific, relevant remit include:

Assistant Headteacher for Student Support, Designated Safeguarding Lead and Senior Mental Health Lead – Ms M Gough
Director of Sixth Form, Deputy Designated Safeguarding Lead – Ms H Emkes
KS3 Student Support Officer – Ms T Corfield
KS4 Student Support Officer – Ms S Wilson
KS5 Student Support Officer – Ms S McCormack
ELSA (Emotional Literacy Support Assistant) - Ms C Beaumont
Counsellor – Ms C Nwankwo
Director of Inclusion – Mrs K Bates
Inclusion Assistant – Ms C Cuxton
KS3 and KS4 Attendance Officer – Ms M Andrews
KS5 Attendance Officer – Ms J Day
First Aid Officer – Ms D Newell

The school's role in supporting and promoting mental health and wellbeing can be summarised as:

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping students to be resilient so that they can manage the normal stress of life effectively. This will include teaching students about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;
- Identification: recognising emerging issues as early and accurately as possible;
- Early support: helping students to access evidence based early support and interventions; and
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

Procedure for staff to follow in a case of acute mental health crisis:



2.2 Students

Students will understand the importance of adopting good mental health and wellbeing practices inside and outside of school. They will take responsibility for learning about the benefits of having a positive approach to mental health and wellbeing and recognising the signs that someone is struggling with their mental health and signposting appropriate support.

2.3 Parents and Carers

Evidence shows that where support is provided to help manage behaviour at home, alongside work being carried out with the child at school, there is a much greater likelihood of success in reducing the child's problems, and in supporting their academic and emotional development. Many support services will provide this support as well as that for the child.

Parents/carers play a very important role in promoting the mental health and wellbeing of their children and noticing when something is wrong. A steady routine can help provide stability in a child's life, which can give children and young people a sense of security and help reduce stress. Here are some other strategies which parents/carers can use for promoting their child's mental health and wellbeing:

- Plan regular weekly activities, such as seeing friends and relatives or taking part in a club or hobby;
- Have regular mealtimes;
- Set and stick to bed times, particularly for younger children, as sleep is important for children's mental and physical wellbeing;
- Find time to talk, just the two of you – 'Check in' with them while you're doing things together, so they get used to talking about their feelings;
- Attend information evenings and parent workshops at school;
- Be a role model, show how you cope with difficult feelings and look after yourself.

It might be difficult to know if there is something upsetting your child, but there are some common signs to look out for:

- significant changes in behaviour
- ongoing difficulty sleeping
- withdrawing from social situations
- not wanting to do things they usually like
- self-harm or neglecting themselves

3. Creating a whole school culture

The culture, ethos and environment of the school can have a profound influence on both student and staff mental wellbeing. Environments that are hostile, aggressive, chaotic or unpredictable can be harmful to mental health, and can lead to stressful teaching and working conditions. Schools are in a unique position, as they are able to help prevent mental health problems by promoting resilience as part of an integrated, whole school approach that is tailored to the needs of their students. A whole school approach is one that goes beyond the teaching in the classroom to pervade all aspects of school life, at Wallington High School for Girls we do this by:

- Culture, ethos and environment: the health and wellbeing of students and staff is promoted through the curriculum, including form time and PSHCE, the school's policies, values and attitudes, together with the social and physical environment;
- Teaching: using the curriculum to develop students' knowledge about health and wellbeing; and
- Partnerships with families and the community: proactive engagement with families, outside agencies, and the wider community to promote consistent support for children's health and wellbeing.

To create this culture, we set out a clear vision for the school. This means setting clear behaviour expectations, that embody high expectations from all, conveyed consistently throughout the whole school community. This vision is underpinned by a clear system of rewards and sanctions and an accountability system that sets expectations for all staff, parents and students to play their part as much as they are able; and should be aimed at all times to the mutual benefit of every member of the school community.

4. Understanding the link between mental health and behaviour

Short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

- emotional disorders, for example phobias, anxiety states and depression;
- conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders, for example disturbance of activity and attention;
- developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect; and
- other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic depressive disorder (<https://www.nhs.uk/conditions/>).

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Non-professional diagnoses, however well meant, can exacerbate or promote mental health problems. Schools, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn students whose needs may otherwise go unrecognised.

5. Providing support and collaborative working with other agencies

It is important that children are provided with support as soon as a problem emerges, at any point in their life. Providing early help is more effective in promoting the welfare of children than reacting later. Early help support can include any of the following:

- Check ins with the Form Tutor
- Support through the PSHCE curriculum
- Teddy walks (wellbeing dog)
- Wellbeing mentor referral
- Positive report card
- Time out pass

In cases where behaviour requires further support, the Head of Year may refer to the Assistant Headteacher with responsibility for Student Support and Behaviour, the SENCo, the ELSA or the School Counsellor, the Child Wellbeing Practitioner, the School Nurse, the Educational Psychologist, the Clinical Psychologist, CAMHS or the Borough Senior Attendance Officer. If it is deemed necessary, a multi-agency assessment such as an early help assessment or statutory assessment that goes beyond the student's educational needs may be required. For further information about our provision of support please see the Social, Emotional and Mental Health Provision Map (Appendix 3).

WHSG Social, Emotional and Mental Health Provision Map

Tier 0: Universal Support - response to general concerns

These concerns are categorised as short periods of students feeling like they are not able to cope. These will be incidents which cause a student distress but do not seem to have a long term or lasting impact on their wellbeing.

<p>What are the concerns?</p> <ul style="list-style-type: none"> Minor illness such as headache or feeling sick Personal hygiene/ uniform Death of a pet Friendship problems/ conflict/ arguments with parent/ peers Low level worry which needs reassurance such as when changing classes or preparing for exams Short term academic stress Poor or sporadic attendance There is a history of mental health concerns and the student requires monitoring 	<p>Who could help with this?</p> <ul style="list-style-type: none"> Form Tutor Class Teacher/ TA (alerting pastoral support / SENCo where necessary) 	<p>Our response may include:</p> <ul style="list-style-type: none"> Form Tutor to inform class teachers of issue and log on CPOMS as a welfare concern Form Tutor to monitor and report any concerns via CPOMS Form Tutor to contact home and update CPOMS Form Tutor 1-1 check ins with the student: listening, reassuring and providing advice where appropriate Provide support through the PSHCE curriculum Teddy walks Wellbeing mentor referral In case of minor illness, staff to seek advice from the First Aid Officer (only the First Aid Officer can send a student home if they are unwell) If issue does not resolve itself, move up to Tier 1 – record any updates on CPOMS
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Tier 1: Universal Support — response to low level concerns

These concerns are categorised as those which are longer term and are beginning to impact on the welfare and academic progress of the child.

<p>What are the concerns?</p> <ul style="list-style-type: none"> Sustained periods (or a series of short periods) of not feeling able to cope/ low mood Long term and repetitive friendship problems (6 weeks or more without resolution) More significant presentation of anxiety in class or surrounding a specific element of 	<p>Who could help with this?</p> <ul style="list-style-type: none"> Form Tutor Student Support Officer Head of Year 	<p>Our response may include:</p> <ul style="list-style-type: none"> Form Tutor to inform HoY of issue and log on CPOMS as a welfare concern Form Tutor to monitor and report any concerns via CPOMS Form Tutor to contact home and organise a meeting if appropriate, update CPOMS SSO 1-1 check ins with the student: listening, reassuring and providing advice where appropriate Wellbeing mentor referral Bereavement group referral Positive report card SENCo consultation Stage one attendance letter
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<p>school/ home life despite support from Form Tutor</p> <ul style="list-style-type: none"> • Divorce of parents • Bereavement of extended family member (not parent/carer/ sibling) • Emotional response to an upsetting event which causes a period of distress but is not a safeguarding concern • Experiencing some difficulties with remaining on task/ processing skills • Less than 90% attendance 		<ul style="list-style-type: none"> • If concern continues, or increases in severity, move up to Tier 2 – record any updates on CPOMS • If incident is managed or reduces, consider moving down to Tier 0 – record any updates on CPOMS
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Tier 2: Targeted Support - planned interventions in school to address mental health concerns

A sustained concern which is affecting the wellbeing and possibly the academic progress of the young person. These could be long term concerns over anxiety, mental health or depression or a response to an incident graded at Tier 2.

<p>What are the concerns?</p> <ul style="list-style-type: none"> • Persistent low mood/ ongoing emotional regulation difficulties/ anxiety • Attachment difficulties and triggered responses • Bereavement of close family member (parent/ guardian/ sibling) • Experiencing a range of difficulties with remaining on task/ processing skills • Historic abuse which causes legacy mental health distress • Self-harm • Suicidal ideation • Suspected disordered eating • Risky behaviour • Questioning gender identity or sexual orientation leading to any of 	<p>Who could help with this?</p> <ul style="list-style-type: none"> • Student Support Officer • Head of Year • DSL • SLT 	<p>Our response may include:</p> <ul style="list-style-type: none"> • SSO/ HoY to inform the DSL of issue and log on CPOMS as a safeguarding cause for concern • SSO/ HoY to monitor and report any concerns via CPOMS • SSO/ HoY to contact home and organise a meeting if appropriate, update CPOMS • SSO/ HoY 1-1 check ins with the student: listening, reassuring and providing advice where appropriate • My Keeping Safe Plan • Time Out Pass • Pastoral Support Plan • Safety Plan • Risk Assessment • On Call • Referral to the bereavement group • Referral to Silvercloud • Referral to the ELSA • Referral to the school counsellor • Referral to the school nurse • Referral to the Children's Wellbeing Practitioner • Referral to the Educational Psychologist • Referral to the Clinical Psychologist • Referral to SALT/OT services • SENCo consultation, added to the SEND register and SSP
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<p>the above</p> <ul style="list-style-type: none"> • Persistent absence 		<ul style="list-style-type: none"> • Discussion with the Safer Schools Officer • Referral to the Youth Engagement Team • MASH/ CFCS referral – Early Help • Referral to CAMHS • Referral to the GP • Referral to Young Carers • Stage two attendance letter • Discussion with the Education Welfare Officer • If concern continues, multiplies or increases in severity, move up to Tier 3 – record any updates on CPOMS • If incident is managed or reduces, consider moving down to Tier 1 – record any updates on CPOMS
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Tier 3: Specialist Support — referral to external mental health professionals

Serious and possibly life-threatening incidents which require professional intervention outside of school.

<p>What are the concerns?</p> <ul style="list-style-type: none"> • Victim of Domestic Abuse, Physical Abuse, Emotional Abuse, Sexual Abuse or Neglect • Witness of Domestic Abuse, Physical Abuse, Emotional Abuse, Sexual Abuse or Neglect • Diagnosed OCD, anxiety disorder or depression • Sustained self-harm • Suicide attempts • Significant and long term special educational needs • School refusal as a result of persistent low mood/ ongoing emotional regulation difficulties/ anxiety 	<p>Who could help with this?</p> <ul style="list-style-type: none"> • Student Support Officer • Head of Year • DSL • SLT • External agencies 	<p>Our response may include:</p> <ul style="list-style-type: none"> • SSO/ HoY to inform the DSL of issue and log on CPOMS as a safeguarding cause for concern • DSL to monitor and report any concerns via CPOMS • DSL to contact home and organise a meeting if appropriate, update CPOMS • Risk Assessment • MASH/ CFCS referral • CAMHS referral • EHCP application • Vulnerable Pupil Panel referral • Stage three attendance letter • Referral to School Attendance Service/ Education Welfare Officer • Referral to STARS/ The Limes College • Referral to EBSAnd Flows, Jigsaw4U, Off the Record, Kooth, YoungMinds, YMCA, Mind, NSPCC, The Childhood Bereavement Network, Papyrus, Beat, Anti-Bullying Alliance, Teen Sleep Hub, Charlie Waller Trust, The Proud Trust, Think Ninja, The Mix etc. • If deemed appropriate, consider working in tandem with
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		professionals to support the student through the school-based interventions detailed in Tier 2 – record any updates on CPOMS
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Appendix 2

DfE 'Mental Health and Behaviour in Schools' (2018) -
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1069687/Mental_health_and_behaviour_in_schools.pdf

Appendix 3

DfE 'Keeping Children Safe in Education' (2023) -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1161275/Keeping_children_safe_in_education_2023_part_one.pdf

Appendix 4

DfE 'Peer support and children and young people's mental health' (2017) -
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/603107/Children_and_young_people_s_mental_health_peer_support.pdf

Appendix 5

DfE 'Teaching about mental wellbeing' (2021) - <https://www.gov.uk/guidance/teaching-about-mental-wellbeing>

Urgent mental health support - 24/7 crisis lines

Every mental health trust in London has put in place a **24/7 crisis line** for people of all ages - children, young people and adults. The lines which are free to call can provide advice to those in a crisis. These crisis lines are supported by trained mental health advisors 365 days a year.

You can find the 24/7 crisis line numbers using the NHS Service Finder (link below) but the table provides all of the telephone numbers in London.

<https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>



Area	Boroughs covered	24/7 crisis line number
North West London	Brent, Hillingdon, Harrow, Kensington & Chelsea and Westminster	0800 0234 650
	Ealing, Hounslow and Hammersmith & Fulham	0800 328 4444
North Central London	Barnet, Camden, Enfield, Haringey and Islington	0800 151 0023
North East London	City & Hackney	0800 073 0006
	Newham	0800 073 0066
	Tower Hamlets	0800 073 0003
	Barking & Dagenham, Havering, Redbridge and Waltham Forest	0300 555 1000
South West London	Kingston, Merton, Richmond, Sutton and Wandsworth	0800 028 8000
South East London	Croydon, Lambeth, Lewisham and Southwark	0800 731 2864
	Bexley, Bromley and Greenwich	0800 330 8590

