

Mental Health and Wellbeing Policy

Date last reviewed	October 2026
Committee Responsible	SBS
Designated member of staff	Sharon Mercer
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STATEMENT OF INTENT

Mental health is 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 make a contribution to their community. (World Health Organisation)

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

In line with statutory expectations set out in the **Children's Wellbeing and Schools Act 2026** and updated Department for Education (DfE) guidance, we are committed to embedding a multi-agency, child-centred approach that addresses both academic and non-academic barriers to wellbeing, mental health, and educational engagement.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant, and effective mental health practices and procedures, we aim to promote a safe, inclusive, and stable environment for students affected both directly and indirectly by mental ill health.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff, Governors and volunteers working in the school, students, parents and carers.

This policy should be read in conjunction with our Medical Policy in cases where a student's mental health overlaps with or is linked to a medical issue, the Inclusion Policy where a student has an identified special educational need, our Attendance Policy regarding Emotionally Based School Avoidance (EBSA), and our Safeguarding and Child Protection Policy where there are concerns about the welfare and safeguarding of a student.

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 and emotional distress.
- Raise awareness of both teaching and non-teaching staff regarding their responsibilities in identifying and reporting possible cases of mental ill health.
- Strengthen multi-agency collaboration through early intervention and appropriate information sharing protocols (including the use of Single Unique Identifiers / SUIs).
- Increase awareness of how to access support to maintain positive mental 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/carers.

Lead members of staff

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

- **Vicki Price** – Associate Headteacher / Designated Safeguarding Lead (DSL)
- **Sharon Mercer** – Director of Wellbeing / Senior Mental Health Lead / Deputy Designated Safeguarding Lead
- **Kath Smith** - Mental Health Lead
- **Gerry Kisby** - Deputy Designated Safeguarding Officer KS3
- **Carly Ilett** - Deputy Designated Safeguarding Officer KS4
- **Patricia Cook** – SENDCO
- **Heather James** – Personal Development and Wellbeing (PDW) Lead
- **Emily Garland** – School Medical Officer and Lead First Aider

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to Sharon Mercer, the Director of Wellbeing, or a Student Support Officer. If there is a fear that the student is in danger of immediate harm, normal child protection procedures must be followed immediately with a referral to Vicki Price (DSL), a Deputy DSL, or the Headteacher. If none of the above is available, a direct referral to Children's Services must be made.

If the student presents as a medical emergency, standard emergency procedures must be initiated, including alerting first aid staff and contacting emergency services if necessary.

Where a referral to Children and Adolescent Mental Health Services (CAMHS) or local Mental Health Support Teams (MHSTs) is appropriate, this will be led and managed by the Senior Mental Health Lead and SEN leads and their teams.

Multi- Agency Safeguarding and Information Sharing

In accordance with the statutory provisions of the **Children's Wellbeing and Schools Act 2026**, our school actively participates in local multi-agency safeguarding and wellbeing arrangements.

- **Single Unique Identifier (SUI):** Staff and safeguarding leads will utilize the child's Single Unique Identifier (SUI) where applicable to facilitate secure, accurate, and seamless information sharing across health, education, and social care providers.
- **Proactive Information Sharing:** Threshold uncertainty must not delay the sharing of information where a student's welfare, emotional wellbeing, or safety is at risk. Information is shared strictly to secure timely early-intervention support.

Attendance, EBSA, and Children Not in School (CNIS) Framework

We recognise that poor mental health and emotional distress can significantly impact a student's ability to attend school, often manifesting as Emotionally Based School Avoidance (EBSA).

- **Supportive Attendance Plans:** Prior to any formal attendance enforcement, the school will work collaboratively with the student, parents/carers, and external health partners to review the learning environment and construct a supportive EBSA plan.
- **Children Not in School Registers:** Where a student requires Alternative Provision (AP), flexi-schooling, or temporary off-site medical tuition, the school adheres to statutory reporting protocols to ensure alignment with Local Authority Children Not in School (CNIS) registers and maintain continuity of care.

Individual health care plans

For students who receive a diagnosis pertaining to their mental health, and who are prescribed medication, an Individual Health Care Plan (IHCP) will be put into place involving the student, parents/carers, and relevant health professionals. This will include:

- Details of the student's condition.
- Special requirements, support adaptations, and precautions.
- Medication details and potential side effects.
- Emergency protocols and key contact information.
- The practical role and adaptations the school will provide.

Teaching about mental health

We aim to equip all students with the knowledge, skills, and understanding to keep themselves and others safe and physically and mentally healthy, so that they can become confident self-managers of their own wellbeing. These skills are taught as part of our curriculum through PDW (Personal Development and Wellbeing), Physical Education, Science, Computing, dedicated wellbeing lessons, and assemblies.

Universal and Barrier- Reduction Provisions:

- In line with national wellbeing and poverty relief initiatives, the school provides universal access to breakfast clubs and adheres to cost-conscious uniform policies to alleviate financial anxiety and foster an inclusive environment.
- Mobile phone usage within the school day is regulated in accordance with statutory DfE guidance to protect digital mental health and reduce online disruption during learning hours.
- We maintain an extensive extracurricular programme and activity drop-down days focused on mental health resilience.

The specific content of lessons is determined by cohort needs, emphasizing resilience, emotional literacy, and normalising help-seeking behaviour. We follow PSHE Association Guidance to ensure sensitive delivery. External presenters supporting statutory RSHE content are always accompanied by classroom staff.

Signposting

We ensure that staff, students, and parents/carers are aware of sources of support within school and in the local community. Community support agencies are detailed on our website under [Grey Court School - Student Wellbeing](#). Our weekly newsletter provides regular updates and links to webinars on mental health themes.

We display relevant sources of support in communal areas such as the library, medical room, and corridors, regularly highlighting support during assemblies, tutor time, and PDW lessons. We ensure students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it

Mental Health is integrated into our safeguarding framework and is everyone's responsibility. Staff are trained to identify warning signs indicating emotional distress or mental ill health. Warning signs must be taken seriously and reported to the Director of Wellbeing. Safeguarding concerns must be logged on CPOMS (Child Protection Online Management System) and raised with the DSL/DDSL immediately.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental.
- Changes in eating or sleeping habits.
- Increased isolation from friends or family; becoming socially withdrawn.
- Noticeable changes in activity, mood, or behaviour.
- Lowering of academic achievement or sudden drop in engagement.
- 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 or avoidance of physical activity / changing rooms.
- Repeated physical pain or nausea with no evident physical cause.
- An increase in lateness, severe reluctance to attend, or absenteeism (EBSA).

Risk factors influencing the mental health of students

While some students maintain good mental health despite trauma, others develop difficulties in supportive environments. However, awareness of adverse childhood experiences (ACEs) and risk factors is vital for early identification:

- Long-term physical illness or learning disability.
- Family conflict, parental separation/divorce, or inconsistent discipline.
- Being a Looked-After Child (LAC) or Care Experienced young person.
- Parental mental ill health, substance misuse, or criminal justice involvement.
- Severe bullying or peer victimization.
- Child abuse or neglect (physical, emotional, sexual, or neglect).
- Bereavement, grief, and adjustment difficulties.
- Experiencing discrimination (racial, sexual, religious, or identity-based).
- Acting as a young carer.
- Socio-economic disadvantages, including severe financial pressure, food insecurity, or housing instability.
- Post-traumatic stress arising from traumatic events.

Childhood and adolescent mental health difficulties

Staff are mindful of conditions including, but not limited to:

- Conduct disorder, persistent aggression, or antisocial behaviour.
- Hyperactivity, impulsivity, and attention difficulties.
- Self-harm and suicidal ideation.
- Eating disorders (e.g., anorexia, bulimia, binge eating disorder).
- Obsessive-Compulsive Disorder (OCD).
- Anxiety disorders (social anxiety, panic, phobias, school avoidance).

- Social and communication difficulties.
- Substance misuse and dependence.
- Depression and persistent low mood.

Self-harm and Suicide Prevention

Self-harm and suicidal ideation are serious responses to intense emotional distress. Grey Court School recognises that any student who self-harms, expresses suicidal thoughts, or makes a disclosure regarding suicide must be taken seriously, with immediate, non-judgmental support provided.

Staff made aware of self-harm or suicidal ideation must report the matter to the DSL/DDSL immediately via CPOMS so that a multi-agency safety plan and risk assessment can be implemented.

- **Immediate Suicide Risk Protocol:** If a student is deemed to be in immediate danger of suicide or self-harm:
 1. **Never leave the student unattended:** Maintain continuous supervision in a calm, safe environment.
 2. **Immediate Escalation:** Contact the Designated Safeguarding Lead (Vicki Price) or a Deputy DSL immediately.
 3. **Emergency Services:** If there is imminent risk to life or acute medical danger, call emergency services (999) immediately and follow standard school emergency procedures.
 4. **Safety Planning:** A multi-agency risk assessment and dynamic Safety Plan will be implemented in coordination with CAMHS, the Single Point of Access (SPA), or local crisis teams before the student leaves the school site."*

Managing disclosures and record keeping

Staff listening to disclosures will remain calm, supportive, and non-judgmental. All disclosures must be recorded confidentially on CPOMS, detailing:

- Date and time.
- Name of the receiving staff member.
- Summary of main points disclosed.
- Agreed immediate next steps (including Single Point of Access / SPA or MHST referral where required).

Confidentiality

Where information needs to be shared, staff will discuss this with the student first whenever appropriate, explaining who will be informed, what will be shared, and why. Disclosures are shared with the Senior Mental Health Lead and DSL to ensure continuity of care and staff safety.

Where safeguarding thresholds are not met, students may be given 24 hours to inform their parents/carers themselves, with school support. Where safeguarding concerns exist, the DSL will determine appropriate immediate parent notification.

Working with individual parents/carers

Where it is deemed appropriate to inform a parent or carer, we will be sensitive in our approach. Before disclosing, we will consider the following on a case-by-case basis:

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen?
- Who should be present? Parents, the student, and other members of staff.
- What are the aims of the meeting?

As it can be shocking and upsetting for a parent to learn of their child's problems, we will always seek to be supportive and highlight further sources of information and sign post the most appropriate agencies to support them with their child's issues.

We will also provide clear means of contacting us with further questions and offer a follow up meeting or phone call. Meetings with parents will include an agreed next step and a brief record of the meeting will be placed on the child's confidential record.

Working with all parents and carers

We work in partnership with parents and carers by:

- Maintaining clear contact routes for mental health concerns.
- Publishing this policy openly on the school website.
- Hosting information evenings and sharing guidance in weekly newsletters.
- Conducting sensitive, face-to-face parent consultations with clear action plans when concerns arise.

Supporting peers

Recognising that a student's mental health difficulties can impact their peer group, we provide targeted support (one-to-one or small group) for friends, guided by sensitive boundaries and promoting healthy coping mechanisms.

Post -Crisis Support and Bereavement

In the event of a suicide, suicide attempt, or serious high-risk incident within the school community, the school will initiate a structured postvention response to provide compassionate care, prevent suicide contagion, and support affected students and staff.

Training

All staff receive regular safeguarding and mental health awareness training. Student Support Officers hold Mental Health First Aid qualifications. Further continuous professional development (CPD) is supported through twilight sessions, specialized MHST input, and the online [MindEd learning portal](#).

Linked policies

This policy is to be read in conjunction with the following linked policies:

- Safeguarding and Child Protection Policy
- Behaviour Policy
- Anti-Bullying Policy
- Equalities Policy
- Health and Safety Policy
- Medical Policy
- Inclusion Policy
- Relationship's policy
- LGBTQ+ Policy
- Physical Activity Policy
- RSE and Health Education Policy

Resources for further support

- **CAMHS:** South West London CAMHS
- **Emotional Health Service & MHST:** AfC Emotional Health Service / MHST
- **Off The Record Counselling:** [OTR Twickenham](#)
- **Richmond Mind:** [Richmond Borough Mind](#)
- **NHS Every Mind Matters:** [NHS Every Mind Matters](#)
- **Kooth:** [Kooth Online Support](#)
- **Young Minds:** [Young Minds UK](#)
- **Anna Freud:** [Anna Freud On My Mind](#)
- **Beat Eating Disorders:** [Beat Eating Disorders](#)
- **Childline:** [Childline UK](#)
- **Shout Crisis Text Line:** [Shout 85258](#)
- **Samaritans:** [Samaritans \(Call 116 123\)](#)

Specialist

- CAMHS
- Educational Psychologist
- Education Welfare Service (EWS)
- Other Agencies via SPA (or other) referrals

Targeted:

- SSOs
- Inclusion Team -SEND
- Attendance officer & Family Support worker
- School Counsellors
- Mental Health Support Team (MHST)
- Mentoring
- Substance misuse team

Universal:

- Form Tutors
- Phase Leaders/Heads of Year
- Student Support Officers (SSOs)
- Student Voice - Leaders and Collegium (PDW)
- Restorative approaches
- Specific Year group activities: Yr.7 & Yr.9 wellbeing, 'Gradu8', 'Be Great', Yr.10 & 11 exam anxiety workshops
- Extra Curricular clubs

Appendix 1- Grey Court Student Support Model