

# Southfields Academy

## Mental Health Policy

*To be read in conjunction with:*

- **Supporting Students at School with Medical Conditions Policy**
- **Safeguarding and Child Protection Policy**
- **Behaviour Policy**
- **Equality, Diversity and Inclusion Policy**

Updated: January 2026  
Review: January 2027  
Responsible staff: CEO/Principal  
Designated Senior Mental Health Lead  
Named Governor and Mental Health Governor

## **POLICY INTENT**

At Southfields Academy we are committed to promoting positive mental health for every member of our student and staff body. We pursue this aim using universal, whole school approaches and specialised targeted approaches aimed at vulnerable students. Through the use of effective policies and procedures, we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues difficulties. We know that everyone experiences life challenges that make us vulnerable, and at times anyone may need additional emotional support. We take the view that positive mental health is everybody's business and that we all have a role to play.

This policy describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff and governors. It should be read in conjunction with other relevant school policies. Our Mental Health Policy explains and sets out the school's commitment to its students' mental health. It outlines how the school will support its students, its ongoing commitment to staff training, and how it will work with the wider community to promote student wellbeing. It includes and has regard for statutory guidance including [Keeping Children Safe in Education 2025 \(KCSiE\)](#) and [Relationships Education, Relationships and Sex Education \(RSE\) and Health Education 2025](#).

### **Legal Framework for the policy**

The policy has been written in line with following:

- Children and Families Act 2014
- Health and Care Act 2022; Equality Act 2010
- Education Act 2011
- Mental Capacity (Amendment) Act 2019
- The Children and Social Work Act 2017 (updated twice since 1989)
- SEND code of practice: 0 to 25 years (updated 12 September 2024)

### **Guidance for the policy**

The policy has been written in line with following guidance documents:

- Mental health and behaviour in schools DfE (2018)
- Counselling in schools: a blueprint for the future DfE (2016)
- Transforming Children and Young People's Mental Health Provision Green Paper DfE (2017)

### **Who oversees Mental Health Provision?**

The school's Mental Health Lead however Mental Health and Wellbeing forms part of a whole school approach.

### **Why the need for a Mental Health policy?**

The Government's Transforming Children and Young People's Mental Health Provision Green Paper (Department of Health, 2017) included a focus on early intervention and prevention as the central role of schools. A key theme is that every school or college should identify a Designated Lead for Mental Health to oversee the approach to mental health and wellbeing.

### **According to the World Health Organisation:**

Mental health is a state of wellbeing 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 make a contribution to her or his community. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world.

### **This policy aims to:**

- Promote positive mental health and wellbeing in our school community.
- Increase understanding and awareness of common mental health and wellbeing difficulties.
- Alert staff to early warning signs of mental ill health
- Provide the right support to students with mental health difficulties, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff and a recognition from the Senior Leadership Team that staff may have mental health difficulties, and that they are supported in relation to looking after their wellbeing.

A mentally healthy school is one that has a whole-school approach to the topic of mental health and sees the mental health of its students, staff, and parents as everybody's responsibility.

### **Young people more vulnerable to mental health difficulties**

- Looked After Children (LAC)
- Children with SEN
- Children on a Child Protection (CP) or Child in Need (CIN) Plan
- Lesbian, Gay, Bisexual and Transgender (LGBT+)
- Young People involved in gangs

### **Risk factors**

According to the Mental Health First Aid UK, there are several factors which could increase a young person's risk of experiencing and / or may exacerbate mental health difficulties. These include the following:

- Hormonal changes
- Experimentation and increased risk taking behaviours. This includes alcohol, drugs, gambling, high stakes gaming and other forms of addiction.
- Peer pressure
- Stigma and discrimination
- Physical disability and illness
- Family and home life
- Violence and abuse
- Bullying

It is important to note that a mental health diagnosis can only be reached by a trained clinician and the presence of any one or more of the above factors are not indicative of a mental health difficulty. All young people will experience at least one of the factors mentioned but with effective strategies, preventative work and coping techniques are able to navigate the difficulties they face and maintain good mental health.

## **2. POLICY IMPLEMENTATION**

### **How will this policy be communicated?**

This policy can only impact upon practice if it is a regularly updated, living document and is accessible to, and understood by, all stakeholders.

This policy is communicated in the following ways:

- Posted on the school website
- Part of school induction pack for all new staff (including temporary, supply and non-classroom-based staff)
- Integral to safeguarding updates and training for all staff (especially in September refreshers)
- Shared with students in an accessible way

Reviews of this policy will include input from staff, students and other stakeholders, helping to ensure further engagement.

### **Concerns about Positive Mental Health and Wellbeing**

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

- Designated Safeguarding Lead, Year 7-11
- Designated Safeguarding Lead, Post 16
- Designated Senior Mental Health Lead
- Academy Welfare Officer
- Medical Coordinator
- AHT SENCo
- PSHE Coordinator
- Heads of Year and Deputy Heads of Year
- Place2Be Counsellors
- Southfields Trailblazer Clinical Leads

School staff should be aware of changes in behaviour which may indicate a student is experiencing mental health or emotional wellbeing difficulties.

These changes may 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
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness or hopelessness
- 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
- An increase in lateness or absenteeism

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to one of the members of staff identified above in the first instance. If there is a concern that the student is in danger of immediate harm, then the school's safeguarding procedures should be followed. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting emergency services if necessary.

On occasion, the school may decide a referral to CAMHS is appropriate and this will be led and managed by a member of the Safeguarding Team and/or SENCo. Guidance about referring to CAMHS is provided in Appendix C.

When a student has been identified as having a cause for concern, has received a mental health diagnosis, or is receiving support either through CAMHS or another external agency, it is recommended that individual planning is undertaken for the student. The planning should involve the student, parents/carers, and any relevant professionals.

### **Creating and promoting a positive culture of mental wellbeing**

The school community recognises mental wellbeing as being as important as physical wellbeing. Therefore alongside promoting physical health, students and staff will be encouraged to prioritise their mental health. This approach will include being explicit about the language used to address mental health and encouraging discussion around controversial topics. Students and staff will also be encouraged to foster their sense of belonging through activities targeted at encouraging inclusion and reducing isolation.

### **Teaching about Mental Health**

The skills, knowledge and understanding needed by our children to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum and embedded throughout our school learning community in line with the [DfE RSE guidance](#). (*'Relationships Education, Relationships and Sex Education (RSE) and Health Education Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers'*) which states that by the end of secondary school, students should know:

### ***Mental wellbeing***

Students should know:

- how to talk about their emotions accurately and sensitively, using appropriate vocabulary.
- that happiness is linked to being connected to others.
- how to recognise the early signs of mental wellbeing concerns.
- common types of mental ill health (e.g. anxiety and depression).
- how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health.
- the benefits and importance of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness.

### ***Online safety and harms***

Students should know:

- the similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image), how people may curate a specific image of their life online, over-reliance on online relationships including social media, the risks related to online gambling including the accumulation of debt, how advertising and information is targeted at them and how to be a discerning consumer of information online.
- how to identify harmful behaviours online (including bullying, abuse or harassment) and how to report, or find support, if they have been affected by those behaviours.

### ***Physical health and fitness***

Students should know:

- the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress.

### ***Drugs, alcohol and tobacco***

Students should know:

- the facts about legal and illegal drugs and their associated risks, including the link between drug use and serious mental health conditions.
- the law relating to the supply and possession of illegal substances.
- the physical and psychological risks associated with alcohol consumption and what constitutes low risk alcohol consumption in adulthood.
- the physical and psychological consequences of addiction, including alcohol dependency.
- awareness of the dangers of drugs which are prescribed but still present serious health risks.
- the facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so.

### ***Health and Prevention***

Students should know:

- the importance of sufficient good quality sleep for good health and how a lack of sleep can affect weight, mood and ability to learn.

### ***Changing adolescent body***

Students should know:

- key facts about puberty, the changing adolescent body and menstrual wellbeing.
- the main changes which take place in males and females, and the implications for emotional and physical health.

The specific content of lessons will be determined by the specific needs of each cohort but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help when needed, for themselves or others.

Lessons will also be supported by Form Time activities and Assemblies throughout the year specifically talking about mental health and wellbeing.

Staff should consider how curriculum delivery can impact the mental health of students. For example, staff should consider whether topics have content that may be particularly difficult for some students and approach these with sensitivity and care. Teachers should contact the relevant Head of Year or member of the Safeguarding Team to establish if there are any students to be particularly mindful of before teaching a topic to allow for there to be support and discussion.

Staff should also consider how teaching style can impact the mental health of students. For example, being aware of the potential negative impact of language e.g. sarcasm, or a raised voice.

### **Managing Disclosures**

At times, a student may choose to tell a staff member concerns that they have about their own emotions or wellbeing. All staff need to know how to respond appropriately to a disclosure. Guidance on how to receive and respond to a disclosure is covered in the Mandatory Safeguarding Training delivered annually to all staff and is published in the school's Safeguarding and Child Protection Policy.

All staff should respond in a calm, supportive and non-judgmental way. Staff should listen rather than advise and their first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be reported to the DSL or a member of the Safeguarding Team (in person) who will offer support and advice about next steps. The disclosure would then need to be recorded on MyConcern.

- **Confidentiality**

Staff must be honest with regards to the issue of confidentiality. They should never promise the student that they will keep this information to themselves, and should inform the student who they are going to need to talk to, what they are going to tell them and why it is important that they pass these concerns on.

- **Informing Parents/Carers**

Parents/carers will usually be informed if a child makes a disclosure and staff need to be sensitive when sharing this information with parents/carers. Contact should always be made by a member of the Safeguarding Team.

It can be upsetting for parents/carers to learn of their child's difficulties and staff should give the parent/ carer time to reflect. A brief record of the meeting should be kept on MyConcern, in line with school Safeguarding Policy. Staff should always highlight further sources of information where possible to offer support to the parent/carer.

However, if a student gives reason to believe that there may be underlying child protection issues, parents/carers may not be informed and the Designated Safeguarding Lead should be informed immediately so that a referral can be considered.

- **Safety Planning**

If a student has experienced a serious mental health crisis; e.g. serious self-harm; an attempt to take their own life; hospitalisation (planned or unplanned), then a risk assessment and safety plan will be put in place for them to return to school safely.

This would be created collaboratively with the student; parent/carer; the Head of Year and the DSL and/or SENDCo as well as a CAMHS practitioner if there is one in place.

A template Risk Assessment and Safety Plan is provided in Appendix D.

### **Working with parents/carers and the school community**

We recognise that the family plays an important role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote positive mental health and wellbeing by:

- Ensuring that all parents are aware of who to talk to if they have any concerns about their child's mental health and wellbeing.
- Highlighting sources of information and support about common mental health difficulties through our communication channels (website, emails to parents/carers etc.).
- Making the school Mental Health policy easily accessible to parents and carers.
- Keeping parents/carers informed about the topics that children are learning about in school.
- Carrying out (or facilitating) parent/carer workshops/webinars/information sessions to raise awareness of mental health and wellbeing difficulties.

### **Training**

As a minimum, all staff will receive annual training about recognising and responding to mental health difficulties as part of their regular safeguarding training to enable them to keep students safe. The Senior Mental Health Lead will receive professional Mental Health First Aid training or equivalent. We will publish relevant information to staff who wish to learn more about mental health and this policy will be provided to all staff as part of their induction.

Training opportunities for staff who require more in-depth knowledge will be signposted and considered and additional professional development will be supported throughout the year where it becomes appropriate.

Our Safeguarding meetings include key staff (i.e. the Safeguarding team: Senior DSL; DSL, Y7-11; DSL, Post 16; Attendance Officer; Academy Welfare Officer; Medical Coordinator and Designated Lead for Looked After Children and the school based Social Worker) and provide an opportunity for on-going professional development in relation to student mental health and wellbeing, safeguarding and attendance concerns.

Suggestions for individual, group or whole school professional development should be discussed with the DSL who can also highlight sources of relevant training and support for individuals as needed.

### **Support in school - students**

We will endeavour to offer school based support for students who are struggling with their mental health and are not accessing specialist support outside of school. We do this through a variety of channels which include:

- Every student having a 'go to' adult who has had mental health training (usually their Form Tutor or Head of Year)
- Student Welfare Team
- Safeguarding Senior DSL
- School Counselling Service
- Counselling from Place2Be
- Education Wellbeing Practitioners (EWP) from Wandsworth Trailblazer who offer 6-8 sessions of guided self-help for low mood and/or anxiety
- Child and Adolescent Psychoanalytic Psychotherapist and Primary Mental Health Worker (Tier 2 CAMHS) who works with up to four young people on a weekly basis
- Monthly pop-up clinic with the Well Centre
- School based Social Worker
- School Nurse (NHS)
- Dance Movement Psychotherapy
- Signposting resources in the Wellbeing Google Classrooms
- Posters around school signposting to services
- Drop-down days
- Acknowledging national awareness days/weeks

### **Support in school – staff**

We encourage a culture where we look out for each other and if we are worried about someone we are able to tell them (or a colleague) that we are worried. This way we are able to offer or signpost support. Staff may speak to someone in their department or another trusted colleague if they are worried about themselves or someone else or they may wish to speak the DSL or a school counsellor.

We will endeavour to offer school based support for staff who are struggling with their emotional wellbeing or mental health and are not accessing specialist support outside of school through a variety of channels including:

- Support from line manager/DSL/named 'buddy' or mentor.
- Support from Deputy Head – Staff well-being.
- Referral to counselling offered by Trailblazer Clinical Leads or LA Lead Psychologist.
- Employee Assistance Programme via HR.

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## **MONITORING, EVALUATION AND REVIEW**

This policy will be reviewed every year. In between updates, the policy will be updated when necessary to reflect local and national changes. This is the responsibility of the Safeguarding team.

Monitoring and evaluation of the policy will be carried out by the Mental Health Lead and the DSL. Monitoring will be conducted using data from the safeguarding recording system as well as referrals to both internal and external mental health support services.

## **Appendix A: Relevant evidence supporting the need for Mental Health policy**

### Young Minds charity reports that:

- In 2023, one in five children and young people aged eight to 25 had a probable mental health condition. This number has been rising since 2017, most notably in the 17-19 age group.<sup>1</sup>
- The number of children and young people referred to emergency mental healthcare rose by 10% between 2023 and 2024, with many of these young people being stuck on waiting lists for NHS support for months and years.<sup>2</sup>
- Suicide was the leading cause of death for people aged 5-35 in England in 2022. Around three quarters were boys or young men.<sup>3</sup>
- Almost one third (32.8%) of 17-24 year olds have self-harmed or attempted to self-harm at some point. This rises significantly to 69.5% of young people with a probable mental health condition.<sup>1</sup>
- The cost of living in the UK places a huge strain on the mental health of young people, with a huge 90% of young people worrying about earning enough money to support themselves.<sup>4</sup>

### [References](#)

## **Appendix B: Role of the Designated Mental Health Lead (DMHL)**

Since 2017's Transforming Children and Young People's Mental Health Provision: a Green Paper, we have had a Designated Senior Lead for Mental Health who works closely with the Designated Safeguarding Leads, Heads of Year and staff.

The core responsibilities of the DMHL are:

- Oversight of the 'whole school approach' to mental health and wellbeing, including...(as written)
- Supporting staff to identify vulnerable and at-risk students exhibiting signs of mental ill-health; signposting training and CPD opportunities.
- Providing 'triage' for students that are flagged by staff.
- Knowledge of in-school and local services; making referrals as needed (e.g., Place2Be counsellor, Education Wellbeing Service, CAMHs, etc.)
- Providing 1:1 drop-in space for students seeking support, as well as time-tabled 1:1 psychosocial support for identified students.
- Actively and regularly signposting...(as written)
- Coordination and oversight of in-school services (e.g., referrals, scheduling, etc.)
- Supporting staff in contact with young people with mental health needs to raise awareness and to give staff the confidence to work with vulnerable students.

## **Appendix C: Guidance about making a CAMHS referral**

### **Support in school - students**

We will endeavour to offer school-based support for students who are struggling with their mental health and are not accessing support outside of school. We do this through a variety of channels which include:

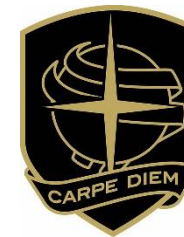
- Encourage students to speak to “any adult they like and trust” (the entire staff team are part of our pastoral approach)
- Psychosocial support with Designated Mental Health Lead
- Support from SEND team (including TA’s, SENCo, and TAS)
- Counselling from Place2Be (1 day per week)
- Education Wellbeing Service provided by Wandsworth CAMHS - 6 to 8 session of CBT-informed guided self-help for anxiety and low mood. (ad hoc)
- Free2B support (1:1 and group) for LGBTQ+ students and allies (1 day per week)
- School based Social Worker (2 days per week)
- School Nurse (1 day per week)
- Signposting resources on Google Classrooms
- Support options advertised on school TV screens
- Acknowledging national awareness days/weeks

### **Support in school - staff**

We encourage a culture of care where we look out for each other; if we are worried about someone we tell them or a colleague. Staff can speak to a Deputy Head, SLT for Staff Wellbeing, or the DMHL. This way we are able to offer or signpost support.

When staff need support there are a variety of channels, including:

- Support from line manager / HOD / Colleague Mentor
- Consultation slots with clinical leads from the Education Wellbeing Team
- Employee Assistance Program (EAP) - counselling (see SLT for Staff Wellbeing for referral)



# Southfields Academy

## Appendix D: Risk assessment and safety planning

### Risk Assessment and Safety Plan

<b>Name of Student:</b>	<b>DOB:</b>	<b>Location:</b> Southfields Academy	<b>Today's date:</b>
<b>Present in meeting:</b>			
<b>Supported by advice and information from:</b>			

#### Context of Risk Assessment (details of the concern/incident):

**HAZARD = anything that can cause harm**

**RISK = the chance, high, medium or low, that somebody will be harmed by the hazard.**

<b>Risk Level</b>	<b>Action &amp; Timescales</b>
Low	Reduce & monitor
Medium	Reduction measure implemented within defined period
High	Give priority to removing or reducing the risk. Urgent action should be taken.

<b>Person/s at risk</b>
Student

## Safety Plan

<b>Support measures already in place:</b>
Quick and effective in-school referral system to Wellbeing Centre or Medical Room (in the case of a physical emergency)
Well trained school medical and pastoral staff
Clear and transparent safeguarding procedures in place across the school
Well publicised requirements to take form time and lesson registers promptly at the beginning of each session to check student attendance
Well known procedures for following up students flagged as missing from form time/lessons
Robust intervention procedures to identify where students are falling behind and put appropriate supportive strategies in place.

Concerns Identified	Risk	Safety Plan Actions	Risk L/M/H
(TO BE AMENDED ACCORDING TO NEED)	(TO BE AMENDED ACCORDING TO NEED)	(TO BE AMENDED ACCORDING TO NEED)	(TO BE AMENDED ACCORDING TO NEED)

**Date:**

**Review date:** Ongoing