Southfields Academy

Mental Health Policy

Associated Policies: Supporting Students at School with Medical Conditions Policy | Safeguarding and Child Protection Policy | Behaviour Policy | Equality, Diversity and Inclusion Policy

Updated: October 2026 | **Next Review Date:** October 2027 (Annual)

Responsible Personnel: Principal / CEO, Designated Senior Mental Health Lead, Designated Safeguarding Lead, Named Mental Health Governor

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1. Policy Intent

Southfields Academy is committed to protecting and promoting the mental health and emotional wellbeing of all students and staff, recognising that it is as important as physical wellbeing – they are two halves of the same coin. Through a whole-school approach and targeted early interventions, we foster a safe, supportive environment that builds resilience and addresses mental health difficulties promptly and effectively. This approach includes being explicit about the language used to address mental health, and encouraging discussion around controversial topics.

This policy provides practical guidance for all staff and governors. It adheres strictly to statutory guidance set out in *Keeping Children Safe in Education 2026 (KCSiE)* and the statutory guidance for *Relationships Education, Relationships and Sex Education (RSE) and Health Education*.

2. Statutory Framework and Guidance

Legal & Statutory Framework

- 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
- SEND Code of Practice: 0 to 25 years (DfE) 2014 (last updated 2024)
- Keeping Children Safe in Education 2026 (KCSiE)
- Statutory Guidance on Relationships, Sex and Health Education (RSHE) (DfE)

DfE & Departmental Guidance

- Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges (DfE & UKHSA) 2021 (last updated 28 April 2026)
- Mental Health and Behaviour in Schools (DfE) 2014 (last updated 2018)
- Behaviour in Schools: Advice for Headteachers and School Staff (DfE) 2024
- Learning Outcomes for Senior Mental Health Leads in Schools and Colleges (DfE) 2021
- Counselling in Schools: A Blueprint for the Future (DfE) (2016)
- Transforming Children and Young People's Mental Health Provision (Green Paper & Implementation Updates) 2017

3. Core Aims & World Health Organisation Definition

Southfields Academy is guided by the World Health Organisation's definition of mental health as, *"A state of mental wellbeing that enables people to cope with the stresses of life, realise their abilities, learn well, work well, and contribute to their community."* The core aims of this policy are to:

- Promote positive mental health and wellbeing across the entire school community.

- Increase awareness and understanding of common youth mental health challenges.
- Equip staff to identify early warning signs of emotional distress.
- Provide structured, targeted support and signpost students and families to specialist services.
- Develop student resilience through evidence-based coping strategies.
- Ensure staff experiencing mental health difficulties receive appropriate workplace support.

4. Mentally Healthy School Environment

Southfields Academy maintains a unified, whole-school culture aligned with DfE principles and guidance from Wandsworth (local authority.) We are a school that recognised emotional wellbeing as a shared responsibility across leaders, staff, students, and families, guided by the key components of a mentally healthy school, including:

- Respect and diversity are explicitly understood and distinct
- Inclusive ethos evident across all staff
- Relational, restorative and trauma-informed culture
- Embedded practice in prevention and early awareness from all staff
- Policy and practice focused on developing positive outcomes
- Strong sense of belonging and psychological safety
- Diversity is visible, embedded and celebrated
- SEND informed and inclusive cultures
- Inclusive spaces are available (quiet, nurture, prayer, sensory)
- Discrimination is actively challenged
- School reflects local community context
- Positive peer relationships are actively developed
- Clearly embedded anti-bullying policy and practice

As well, Southfields Academy aspires to the eight-point-whole-school-approach framework as co-created and devised by Public Health England and the Children's Bureau in 2015. The eight core principles help school and college leadership teams establish a comprehensive, setting-wide strategy to support the emotional health and wellbeing of students and staff. They are;

1. **School ethos and environment**: The school creates a consistent, inclusive and relational culture where respect and diversity are explicitly understood, visible and celebrated in everyday practice. There is a good awareness of SEND across the school and additional factors that may affect mental health. Pupils experience a strong sense of belonging and psychological safety, supported by restorative, trauma-informed approaches, inclusive spaces such as quiet, sensory, nurture or prayer areas, and a school environment that reflects the local community. Discrimination is actively challenged, positive peer relationships are intentionally developed, and staff take shared responsibility for prevention, early awareness and positive outcomes. Staff implement a clear anti-bullying policy with a vigilant approach to responding to victims of bullying to provide emotional support.

2. **Curriculum, teaching and learning**: The school delivers a curriculum where Social and Emotional Learning is embedded across subjects, and pupils develop emotional literacy, coping skills, reflection and metacognition. Teaching and assessment are inclusive by design, with learning adapted to meet need, including through trauma-informed approaches. Challenge is normalised as part of learning, diverse identities and experiences are reflected,

exam pressure is supported effectively, and assemblies include a clear focus on inclusion and belonging.

3. **Student voice**: All pupils have meaningful, accessible and varied opportunities to be heard and to influence decisions. Student voice is embedded in daily practice through approaches such as councils, panels and surveys, with inclusive participation for pupils with Special Educational Needs and Disabilities (SEND) and those at SEN Support. Every pupil can identify a trusted adult, contribute safely and confidently, and help shape a positive school environment. Students who have experienced bullying are supported in navigating the emotional impact of the experience.

4. **Staff development, health and wellbeing**: Staff wellbeing is essential to supporting pupils effectively and is a shared responsibility across the school. Staff access supervision, reflective practice and prioritised Continued Professional Development (CPD), including trauma-informed and SEND-related learning. Feedback is gathered and acted upon, workload is managed, wellbeing systems are in place, and staff work within a psychologically safe, collaborative culture supported by appropriate external specialists where needed.

5. **Identifying need and monitoring impact**: The school employs robust systems for early identification of need and ongoing monitoring of impact. Staff use context-specific indicators and multiple sources of information, including for needs such as Emotionally Based School Non-Attendance (EBSNA), participation in wider school life, engagement in lessons, to inform timely support. Clear review and evaluation processes are in place, impact is measured qualitatively and quantitatively, multi-disciplinary meetings support shared planning. Staff have appropriate training and understand pupil needs including neurodiversity to make appropriate reasonable adjustments through early intervention approaches such as Team Around the Child.

6. **Working with parents and carers**: The school builds strong, proactive and respectful partnerships with parents and carers, based on transparent, clear and accessible communication. Families are engaged through events, workshops and opportunities to share their voice, and this feedback is acted upon. Parents and carers are linked to information about mental health including links to SEND. Staff are supported to have sensitive conversations, engagement is inclusive across communities, and families are offered early and effective signposting to services for child, parent and carer mental health. Parents and carers are recognised as partners in wellbeing support, including through co-production where appropriate.

7. **Targeted support and appropriate referrals**: The school provides timely, appropriate and coordinated support for pupils with additional needs. Clear referral pathways, structured triage systems and early intervention approaches ensure support is matched to need, with priority given to the most vulnerable pupils. Multi-agency working is embedded, staff are confident in identifying need, referrals involve pupils and families, attendance support is relational, and curriculum adaptations are considered for SEND and SEMH learners.

8. **Leadership and management**: The school is driven by leadership that prioritises wellbeing alongside progress and embeds it strategically across policy and practice. Leaders demonstrate a clear commitment to inclusive practice, ensure there is a named Mental

Health Lead, allocate resources to wellbeing development, support staff wellbeing and align systems so that early identification, effective support and continuous improvement are sustained. Governors are trained in SEND and wellbeing so they can provide informed support and challenge.

Vulnerable Groups and Risk Factors

While all students may be susceptible to poor mental health, we acknowledge that certain groups are more vulnerable and need careful monitoring:

Vulnerable Student Groups	Key Environmental & Developmental Risk Factors
• Children living in poverty / socioeconomic disadvantage • Looked After Children (LAC) / Child in Need (CIN) • Students with SEND or physical health conditions • LGBTQ+ young people • Students involved in or at risk of gang exploitation	• Family dysfunction, domestic abuse, or violence • Bullying, peer pressure, and relationship breakdowns • Substance misuse, gambling, high-stakes gaming, and addiction • Adolescent brain development and hormonal changes • Experience of discrimination, prejudice, or stigma

Note: The presence of risk factors does not automatically indicate a mental health difficulty. Formal mental health diagnoses can only be made by qualified healthcare clinicians.

5. Policy Implementation & Staff Responsibilities

Policy Communication

This policy is accessible to all stakeholders and is communicated through:

- Publication on the official school website.
- Inclusion in induction packs for all new, temporary, and supply staff.
- Integration into annual safeguarding updates (including September refresher training).
- Student-friendly versions shared via PSHE and assemblies.

Key Lead Roles

While all staff share responsibility for student wellbeing, key oversight is provided by:

- Designated Safeguarding Leads (DSL)
- Designated Senior Lead for Mental Health (DMHL)
- Academy Welfare Officer & Medical Coordinator

- Assistant Headteacher / SENCo
- PSHE Coordinator
- Heads of Year (HOY) and Deputy Heads of Year
- NHS Mental Health Support Team (MHST) Clinical Leads & Visiting Counsellors

Identifying Concerns & Early Warning Signs

Staff should remain vigilant for signs of distress, including:

- Repeated or non-accidental physical injuries.
- Unexplained changes in eating, sleeping, or personal hygiene habits.
- Social withdrawal and isolation from established peer groups.
- Significant drops in academic performance or class engagement.
- Expressing feelings of worthlessness, hopelessness, or talking/joking about self-harm or suicide.
- Covering up (e.g., wearing long sleeves in hot weather) or reluctance to change for PE.
- Frequent somatic complaints (e.g., stomach pain, headaches) with no medical cause.
- Increased absenteeism, truancy, or persistent lateness.

6. Teaching Mental Wellbeing (PSHE Curriculum)

Mental health education is embedded throughout the PSHE curriculum, form time, and assemblies in accordance with statutory DfE RSHE guidance. Core topics include:

- **Emotional Literacy:** Developing precise vocabulary to express emotions and seek help early.
- **Healthy Lifestyles:** Understanding the links between sleep, physical exercise, nutrition, and mental wellbeing.
- **Online Safety & Harms:** Navigating social media impact, body image, screen balance, and online harassment.
- **Substance Misuse:** Understanding the physical and psychological risks of alcohol, prescription drugs, illegal substances, and vaping.
- **Adolescence:** Understanding bodily changes during puberty and managing physical and emotional transitions.

7. Managing Disclosures & Safeguarding Procedures

Disclosure Protocol

1. **Listen Supportively:** Maintain a calm, supportive, non-judgmental stance. Focus on immediate safety rather than questioning motives.
2. **Clarify Confidentiality:** Never promise total secrecy. Clearly inform the student that concerns involving safety must be shared with the Safeguarding Team.
3. **Record and Report:** Immediately log the disclosure on MyConcern and notify the DSL or DMHL.
4. **Medical Emergencies:** For acute medical distress or immediate self-harm risks, contact school first aid and emergency services (999) immediately.

Parental Notification

When appropriate, a member of the Safeguarding Team will sensitively contact parents / carers to discuss concerns and signpost support services. All parent communications are documented on Bromcom and MyConcern.

Safeguarding Exception: If informing parents/carers presents a direct child protection risk to the student, contact will be withheld, and advice sought immediately from Local Authority Children's Social Care.

8. Safety Planning and Re-integration

Staff work collaboratively with students disclosing self-harm or suicidal ideation to carry out risk assessment and safety planning as routine. These documents are shared with identified parties (typically parents, year team, and any specialist support) and stored in MyConcern and/or Bromcom.

Following a severe crisis (e.g., severe self-harm episode, suicide attempt, or hospital admission), a multi-agency **Risk Assessment and Safety Plan** is established prior to the student's return to school. This plan is developed collaboratively between the student, parents/carers, DSL/SENCo, Head of Year, and external mental health professionals (e.g., CAMHS / Portus portal). Plans are stored in MyConcern and/or Bromcom.

9. Multi-Tiered Support Provision

Student Support Interventions

- **Tier 1 (Universal):** Whole-school wellbeing culture, drop-in support at breaks with DMHL, PSHE curriculum, assembly workshops, signposting on Google Classroom.
- **Tier 2 (Targeted In-School):** counselling, guided self-help CBT (6–8 sessions) via NHS MHST, 1:1 psychosocial support with DMHL, peer mentoring, school nurse consultations, LGBTQ+ mentoring (e.g., Free2B / Spectra).
- **Tier 3 (Specialist External):** External counselling, specialist referrals to NHS CAMHS, Wandsworth SPA, and external providers (e.g., Victim Support, Wandsworth Bereavement Services, etc.)

Staff Support Provision

- Line management support, department peer ‘buddy’, and mentorship.
- Consultation slots with NHS MHST Clinical Psychologists.
- Confidential counselling through the Employee Assistance Programme (EAP).
- Dedicated signposting via the Deputy Head for Staff Wellbeing.

10. Appendix A: Key Youth Mental Health Evidence & Statistics

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This policy reflects current national research datasets and policy papers regarding youth mental health:

- **NHS England CYP Survey (2023):** Approximately 1 in 5 (20.3%) children and young people aged 8–25 in England have a probable mental health condition, maintaining a high level since post-2017 baseline shifts.
- **House of Commons Library Briefing (2026):** Demonstrates expanding demand across NHS Child and Adolescent Mental Health Services (CAMHS) and reinforces the critical role of school-based Mental Health Support Teams (MHSTs) for early intervention.
- **ONS & Youth Mental Health Statistics:** Highlight that self-harm and crisis referrals among young people remain significant challenges, reinforcing the necessity for rapid internal referral procedures, early prevention, and robust safety planning.

11. Appendix B: Role of the Designated Senior Mental Health Lead (DMHL)

The DMHL provides strategic leadership for mental health across the academy in line with DfE Senior Lead Training Standards. Core responsibilities include:

- Overseeing the academy's whole-school mental health strategy and policy implementation across all 8 DfE whole-school principles.
- Triaging internal mental health flags logged by staff and determining appropriate intervention pathways.
- Coordinating multi-agency working with NHS MHST, CAMHS, and local community health teams.
- Designing staff training and professional development on youth mental wellbeing.
- Facilitating student safety planning and managing 1:1 drop-in support.

12. Appendix C: Guidance for CAMHS & Specialist Referrals

When in-school interventions are insufficient for complex mental health needs, referrals to NHS CAMHS or Wandsworth Single Point of Access (SPA) are coordinated by the DMHL or Safeguarding Team:

1. **Triage & Evidence Gathering:** DMHL reviews MyConcern logs, internal intervention outcomes, and attendance/behavioural context.
2. **Stakeholder Consultation:** Consultation with parents/carers and the student to secure consent and obtain comprehensive developmental background.
3. **SPA Referral Submission:** DMHL completes the statutory Local Authority / CAMHS Single Point of Access form detailing specific risks, impact on daily functioning, and previous interventions.
4. **Interim School Support:** While on NHS waiting lists, the student continues receiving monitored Tier 2 in-school support and safety planning.

13. Appendix D: Risk Assessment and Safety Plan Template

Student Information		Assessment Details	
Student Name: [Name]	**DOB:** [Date of Birth]	**Date Created:** [Date]	**Review Date:** [Date]
Staff & Agencies Present: [List attendees, DSL/DMHL, Parents, CAMHS Worker]			

Risk Rating & Level Matrix

Risk Level	Definition	Required Action & Timescale
Low	Minor concern; minimal disruption to wellbeing.	Monitor and support through standard pastoral channels.
Medium	Moderate distress or self-harm risk; functioning impacted.	Implement internal interventions and Safety Plan within 48 hours.
High	Acute crisis, active suicidal ideation, or severe self-harm.	Immediate crisis action, emergency services / CAMHS escalation, daily safety plan review.

Safety Action Plan

Identified Concern / Hazard	Associated Risk	Agreed Safety Control Measures	Lead Person & Review Date
[E.g., Severe anxiety / panic attacks]	[Classroom avoidance / distress]	[Time-out card provided; access to Wellbeing Centre]	[Head of Year / Ongoing]
[E.g., Self-harm risk]	[Physical injury]	[First aid protocol; regular check-in with DMHL; daily bag check agreement]	[DMHL / Weekly]