



# Highsted Grammar School

## **Mental Health Policy**

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## Mental Health Policy

### 1 Policy Statement

*Mental health is a state of well-being 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. (World Health Organization)*

At Highsted Grammar School, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

### 2 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 and governors.

This policy should be read in conjunction with our health and safety, and safeguarding policies in cases where a student's mental health overlaps with or is linked to a medical issue, safeguarding concern, and the SEN policy where a student has an identified special educational need or is on the child protection register.

#### 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
- 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 or carers
- Outline legal considerations pertaining to minors and mental health

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## **Lead Members of Staff**

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

- Frances Tiernan-Powell Mental Health Lead (MHL)/ DSL
- Anne Kelly Headteacher/Deputy DSL
- Leyla Gambell SENCO/Deputy DSL
- Karen Boswell - Deputy DSL / Safeguarding Officer (SO)

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Mental Health Lead or SENCO in the first instance. If there is a fear that the student is in danger of immediate harm due to mental health, the mental health emergency protocol should be followed and can be found in section 5. If there is a safeguarding concern, then the normal child protection procedures should be followed with an immediate referral to the Safeguarding officer, or the DSL. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting first aid staff and contacting the emergency services if necessary.

- **What is meant by 'mental health difficulty'?**

3.1 The term 'mental health' describes a state of well-being 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. A mental health difficulty is one in which a person is distracted or unable to engage with ordinary life due to upsetting, disturbing thoughts and/or feelings. These problems may distort or negatively impact a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern.

## **4 Legal Considerations**

- 4.1 Under The Equality Act (2010) a person with a mental health difficulty is covered if their condition leads to an adverse impact on their ability to carry out their normal day-to-day activities. This will include students with conditions such as depression, bipolar disorder, self-harm and disordered eating.
- 4.2 The Act also covers those who have had a mental illness or difficulty in the past, even if they have recovered, and those whose condition meets the definition but is successfully controlled by treatment (for example psychiatric medication such as anti-depressants) or therapy.
- 4.3 Under The Equality Act, it is unlawful to discriminate against students with a diagnosed mental health condition, and 'reasonable adjustments' may need to be made to ensure they can access education. The general principle of 'reasonable adjustments' is that wherever possible, schools should make practical adjustments to enable a student to continue their education. Mental health problems are often variable and students may only need adjustments for a limited period of time whilst they receive treatment or until they are better able to function.

4 Under the Data Protection Act (DPA), all information regarding students with mental health difficulties is regarded as sensitive and personal information. Any and all information about student mental health is shared on a 'need to know' basis, and is align with defined procedures on sharing of information about students.

4.5 Duty of Care - All staff need to be aware of the concept of the 'Duty of Care'. This is a legal obligation which requires us to take reasonable steps to ensure the safety and well-being of all our students, staff and visitors. If a school knows (or should know) that a student is experiencing mental health difficulties, the student should be advised to seek appropriate help and reasonable measures to support them need to be in place. This is particularly important in regard to passing on personal information where mental health difficulties occur.

- **Mental Health Emergencies or Crisis'**

A Mental Health Emergency or Crisis is defined as:

'A mental health crisis often means that you no longer feel able to cope or be in control of your situation. You may feel great emotional distress or anxiety, cannot cope with day-to-day life or work, think about suicide or self-harm, or experience hallucinations and hearing voices.' NHS, 2019.

5.1 There may be instances where a student's behaviour and mental state are concerning and may lead to immediate danger through harm to themselves or others. The following situations or symptoms classify as a mental health emergency:

- Self-harm
- Suicidal ideation
- Hearing voices
- Psychosis: Experiencing hallucinations and/or delusions.  
Extreme emotional distress

5.2 If a student presents with any of the above problems, relevant staff will go through the following school-wide Mental Health Emergency Protocol Flow-Chart (see below) to ensure the pupil, fellow students, and staff members are safe. If the student requires being sent home or is advised to go to A&E, this will be directed by the Mental Health Lead, SENCO, or Safeguarding Officer.

5.3 Mental health crisis or emergencies are often not spontaneous and the student may have been experiencing symptoms for a length of time. Therefore, it is essential that student mental health concerns are communicated to the Mental Health Lead to ensure the school is focusing on preventative strategies, and is carefully monitoring and supporting vulnerable students.

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## 6 Warning Signs

6.1 Students who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties and could be due to a number of reasons. Students may still feel stigma around mental health problems, or may be concerned about the consequences of telling someone. They may be unaware that they have a problem, or be aware but feel that they have to cope with it on their own.

6.2 Adolescence can be a difficult developmental time and this period of change can result in the gradual onset of mental illness. It is important that warning signs are recognised and an appropriate, supportive response is put in place as soon as possible. School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns the student's Head of Year in the first instance.

Possible warning signs include:

- The student has told you there is a problem, for example, they have been feeling low or anxious recently
- Significant changes in the student's appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self-harm
- Changes in mood, for example: mood is very up and down, miserable, tired, withdrawn
- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating patterns or sleeping habits
- Concerns expressed from friends, family, other staff members
- Changes in behaviour, academic achievement, extracurricular activity engagement, or among peers. For example, doing too much work, not socialising as much as usual, withdrawn, not attending school, being late or, failure to meet deadlines
- Increased isolation from friends, family.
- 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
- Skipping PE or getting changed secretly
- Repeated physical pain or nausea with no evident cause

## 7 Internal Support

### Referrals

7.1 Students requiring internal support can be referred onto a Head of Year who will make the relevant referral to the Safeguarding officer who will, in conjunction with the MHL identify the most appropriate intervention for the student. In some cases, the student will self-refer to the MHL or SENCO, parents will be contacted in this event.

7.2 Where a referral to Single Point of Access (SPA)/Child & Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by the Safeguarding Officer.

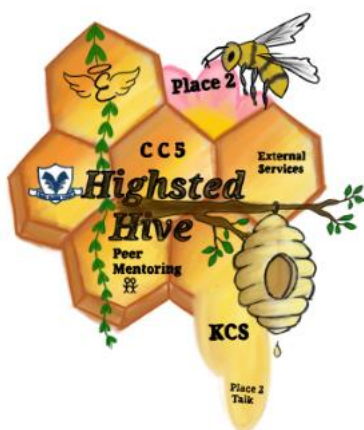
### Internal Interventions

7.3 The following list are examples of interventions currently used internally with students who are experiencing mental health difficulties:

- One-to-one intervention with CC5
- Peer Mentoring
- Place 2 Talk
- Strategy Cards
- Stress ball/fiddle toy
- Relaxation space
- Counselling (Place to Be or KCS, referral only)

### The Highsted Hive

The Highsted Hive is a well-being and support hub at Highsted Grammar School that connects emotional, pastoral, and mental health services under one unified system. It forms a core part of the school's wider Compassion Curriculum, which is dedicated to developing resilient, emotionally intelligent, and compassionate students.



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## **Key Components of the Highsted Hive**

- Peer Mentoring: Student-led support helping pupils with academic and emotional challenges.
- Place2Be / Place2Talk: National mental health service offering counselling, drop-ins, and emotional support.
- CC5: A dedicated school space for compassion and care-based programs.
- External Services: Professional agencies like CAMHS and NHS providing additional specialist support.

## **Purpose of the Hive**

The Highsted Hive acts as a safe, nurturing hub where students can access multi-layered support from both internal staff and external professionals. It promotes student well-being, fosters empathy, and strengthens relationships through peer mentoring, mental health services, and safeguarding support.

The honeycomb structure of the Hive reflects the idea of collaboration, protection, and connectivity - mirroring the compassionate values Highsted seeks to instill in every learner.

## **Individual Care Plans**

7.4 It is helpful to draw up an individual care plan for students experiencing mental health difficulties. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication (if any) and associated side effects
- Internal support and in-school interventions
- What to do and who to contact in an emergency

7.5 An Individual Care Plan can be an effective way of discussing, agreeing, and monitoring the support and study needs of a student with mental health difficulties. The Individual Care Plan will include information on any adjustments that have been agreed upon, for example on such things as changes to timetable, and use of strategy cards. Relevant staff such as Heads of Year will perform a Pre-Intervention Form which will outline current interventions for each student.

7.6 The Individual Care Plan will be regularly reviewed and this will give both staff and the student the opportunity to discuss how things are going and to make any changes to the adjustments. Review dates of an Individuals Care Plan can be flexible and responsive to the needs of the student and the concerns of the staff member.

## **8 External Support & Signposting**

8.1 Students experiencing mental health difficulties are often best supported with support both in and outside school. There are various mental health charities who provide helpful information for parents, and who offer tools to assist young people with their mental health outside school. The following resources can be helpful to review and are often signposted to students in school for support.

- GP – Your local GP is usually the first person to contact regarding concerns about a child’s mental health.
- [Kooth](#) – Online, free counselling for young people.
- [Childline](#) – Free counselling for young people via phone or online.
- Calm Harm – Free app for self-harm
- Clear Fear – Free app for anxiety
- [Mind](#) – General mental health support and knowledge.
- [Young Minds](#) – General mental health support and knowledge.
- [Samaritans](#) – Suicide phone-line (116 123)
- A&E – Young people can be taken to A&E during a mental health emergency or crisis.

8.2 We will display relevant sources of support in communal areas such as form rooms, Student Support, and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

## **9 Support Parents and Staff**

9.1 Parents are often very welcoming of support and information from the school about supporting their children’s emotional and mental health. In order to support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home
- When possible, offer workshops for parents to attend regarding mental health concerns and practice.

9.2 Parents and staff members may also struggle with their mental health. Caregiving and teaching can both be emotionally demanding jobs and it is important to ensure that care is taken around personal wellbeing.

## **10 Teaching about Mental Health**

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE and Wellbeing curriculum.

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

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

10.2 Mental health will also be thematically addressed in lessons such as Drama, Dance, English, and PR lessons. These classes and special topic days will enable students to put their learning into practice and engage in different ways of learning about Mental Health.

## **11 Managing disclosures**

A student may choose to disclose mental health concerns about themselves or a friend to any member of staff, therefore, all staff need to know how to respond appropriately to a disclosure.

### **How to respond to a Mental Health Disclosure**

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

11.1 Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'. Try to be sympathetic and understanding, and remember to be sensitive to issues relating to sexuality, race, religion, culture and gender or any physical or sensory impairment or condition that they might have.

11.2 Be prepared to listen and give the student some time if you can. Listen to the student - the situation may only require empathetic listening. You can simply ask the student how they are as this may provide them with an opportunity to discuss their concerns with you.

11.3 Ensure that students are aware that you will need to pass the information onto the Mental Health Lead, as a result of the school's responsibility to their safety and duty of care. Try to be clear about what you will communicate and answer any questions the student might have about information sharing. See the next topic on confidentiality for more information.

11.4 The mental health disclosure should be communicated as soon as possible to the SO via CPOMS. If the disclosure relates to a safeguarding and mental health this should be recorded as safeguarding on CPOMS where it will be held in the student's confidential file and investigated further. This written record should include:

- Date and time of disclosure, and date and time of incident
- The name of the pupil and staff involved in the disclosure
- Main points from the conversation, from the student's point-of-view
- Additional relevant information

11.5 Staff should be very clear about boundaries in the instance of a serious threat by a student to harm themselves. Staff responsibility to the student in a crisis is limited to listening, being supportive, and passing the information onto the relevant professional. Under no circumstances should a member of staff who is not professionally qualified attempt to counsel the student.

### **Confidentiality**

11.6 We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

11.7 We should never share information about a student without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. (this is anything linked to a CP issue) advice. Staff are clear to students that the concern will be shared with the HoY and recorded in order to provide appropriate support to the pupil.

11.8 All disclosures are recorded and held on the students confidential file, including date, name of Student and member of staff to whom they disclosed, summary of the disclosure and next steps. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

11.9 Parents must always be informed

11.10 If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Safeguarding Officer and/or DSL must be informed immediately.

## **Keeping Records**

11.11 Staff members such as the Mental Health Lead, SENCO, Child Protection Officer will all keep updated notes as a record of discussions with students and any action decided or taken. This will be filed appropriately, in order to keep personal, sensitive information secure and should always be written with sensitivity.

## **12 Promoting School-Wide Positive Mental Health**

### **Supporting Peers**

12.1 When a student is suffering from mental health issues, it can be a difficult time for their friends who often try to support them. Friends generally want to offer support but do not know how without compromising their own well-being. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Students who are supporting their peers with mental health difficulties will know they can seek support from their Heads of Year.

Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

### **Training**

12.2 As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. Key staff members such as Heads of Year, Senior Leadership, Attendance Officer, First-Aid, and Reception are directed to complete MHFA training through Place2Be

12.3 Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students. Training can be provided within schools by identifying staff with experience in this area. The SENCO and Mental Health Lead might be able to offer this training. For more advanced training on specific topics, external expertise will be utilised.

Where the need to do so becomes evident, we will host CPD training sessions for all staff to promote learning or understanding about specific issues related to mental health.

12.3 In addition to training sessions, improved awareness of mental health issues may be achieved through awareness raising campaigns or events. These are particularly effective if tied in with other events such as Children’s Mental Health Week, which provide opportunities for staff and students to work together. Campaigns that include practical activities such as workshops to promote mental well-being may be particularly effective in promoting the awareness of good mental health.

Suggestions for individual, group or whole school CPD should be discussed with the Mental Health Lead, who can also highlight sources of relevant training and support for individuals as needed.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to [safeguarding@highsted.kent.sch.uk](mailto:safeguarding@highsted.kent.sch.uk)

#### **POLICY REVIEW DATE**

<b>Approved by:</b>	Governing Body	<b>Date:</b> September 2024
<b>Last reviewed on:</b>	September 2025	
<b>Next review due on:</b>	September 2026	