HALL GREEN SCHOOL

MENTAL HEALTH POLICY (PUPILS)

Adopted: 9 July 2025
Next Review: July 2027
Governing Committee: Full Governing Body
Responsibility: Deputy Headteacher – Pastoral

Policy Introduction

Mental Health is defined as a state of well-being in which every individual recognises his or her own potential, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her own community (World Health Organisation; WHO 2014).

At Hall Green Secondary School, we are committed to promoting positive mental health for all pupils. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By implementing practical, relevant and effective mental health procedures we can promote an emotionally and physically safe environment for pupils affected both directly and indirectly by mental ill health, thereby ensuring the best possible educational outcomes for every pupil.

We will ensure we are fulfilling our statutory duty to '*promote children's welfare and prevent concerns from escalating*' and '*preventing the impairment of children's mental health and physical health or development*' (Keeping Children Safe in Education; Sept 2024).

Policy Aims

- Promote positive mental health for all pupils
- Develop resilience amongst pupils and raise awareness of resilience through a whole school approach
- Increase understanding and awareness of common mental health issues so that staff and pupils can take quick and effective action
- Create an awareness of how to take a graduated response to mental health issues.

A Whole School Approach to Mental Health

This policy is shaped around the Public Health England 8-point model; Promoting children and young people's mental health and wellbeing, a whole school or college approach document. The policy also includes guidance from the Mental Health and Behaviour in Schools document (DFE 2018)

This policy is for all staff, including non-teaching staff and governors. It should be read with the following relevant policies:

- Safeguarding and Child Protection Policy
- Positive Behaviour Management for Learning Policy
- Anti-bullying Policy
- Staff Well-being Policy
- Interventions to Support Every Child Policy
- Health and Safety Policy
- SEND Policy
- PSHE policy
- Sex Education and Relationship Policy.

Staff Roles and Responsibilities

All staff have a responsibility to promote positive mental health. All staff must look out for early warning signs of mental health problems and ensure that pupils with mental health needs are provided with the support they need and referrals to key members of staff who have specific roles:

- Senior Mental Health Lead
- Designated Senior Lead for Safeguarding
- Mental Health First Aider
- PSHE lead
- Special Educational Needs and Disabilities Co-ordinator (SENDCo)
- Welfare Manager
- Designated governor for wellbeing.

A trauma informed approach has been introduced to staff at Hall Green to help support all pupils with regulating their emotions. We have a 'meet and greet' policy so all pupils are welcomed into their classrooms and advocate for all pupils to have at least one emotionally available adult in school who they could talk to if they needed to. We have also recently introduced the concept of emotion coaching. Emotion coaching is a strategy that can help de-escalate situations where heightened emotions are a factor, by acknowledging the child's feelings, helping them to label their emotions and then correcting their behaviour once the situation is calmer. This is a strategy to help build relationships between staff and pupils, with the idea of connecting with the pupil before they correct their behaviour.

If any member of staff is concerned about the mental health of another pupil, they should inform the Welfare Team by logging the concern on My Concern. If, however there is a concern that the pupil is in imminent danger or harm, the schools' safeguarding procedures should be followed and the designated senior safeguarding lead should be notified immediately. If the pupil is presenting as needing immediate medical care, relevant first aid procedures should be followed, including involving the emergency services where necessary.

A whole school approach to promoting good mental health and resilience – Curriculum

The school will deliver a curriculum which will help pupils understand and regulate their emotions and have a good understanding of what keeps them mentally and physically healthy. They will also learn about the importance of sleep, exercise and eating healthily, how to understand and manage emotions, and how to access support as part of developing resilience. Cohort specific worries and concerns will be included into Personal Social and Health Education (PSHE) and Relationships, Sex and Health Education (RSE). As well as curriculum opportunities, school will use the assembly programme to promote good mental health, resilience and raise awareness of what is available to pupils and parents to support their own well-being.

We believe personal development is at the heart of resilience and confidence, the school will ensure pupils are encouraged to be involved in personal development opportunities and school projects.

The school will ensure that <u>all</u> relevant staff have had training on how to teach mental health and relationships, sex and health education confidently. Training and continuing professional development will be available to all staff who teach mental health and will follow the PSHE Association guidelines on the safe teaching of mental health.
https://psheassociation.org.uk/guidance/ks1-4/mental-health-guidance

Further relevant information is available for staff and parents on key aspects of spotting the signs of mental health difficulties and how to promote good mental health on the school's website.

A whole school approach to promoting good mental health and resilience – Whole school Ethos and Environment

Positive classroom management and an emotionally safe classroom are part of a healthy whole school ethos and help to promote good behaviours. All staff will ensure that the welfare and safety of pupils are a priority and will make reasonable adjustments to the environment in order for pupils who may be struggling with their mental health to succeed both academically and personally.

Schools should be a safe and affirming place for pupils where they can develop a sense of belonging and talk openly about mental health. Our school will create an environment which prevents and tackles bullying, along with setting out a clear system of rewards and sanctions.

All staff have a responsibility to promote positive mental health, and to understand the protective and risk factors which are believed to be associated with mental health outcomes. Some pupils will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that pupils with mental health needs get early intervention and the support they need. This includes understanding the cumulative effect of risk factors and the protective factors which support good mental health (see Appendix I).

Mental Health and behaviour in Schools (November 2018); Department for Education

Early indicators of possible mental health problems

All staff need to be aware of the potential early indicators of mental health issues. Negative experiences and distressing life events can affect mental health and can change a pupil's behaviour or levels of distress. These early indicators should always be taken seriously and staff who notice these signs should speak to the Designated Senior Lead for Mental Health.

Possible warning signs include:

- Changes in activity and mood; sadness or withdrawal that lasts at least two weeks or severe mood swings
- Increased isolation away from friends or family or becoming unusually socially withdrawn
- Physical signs of harm that appear non-accidental
- Changes in eating habits including excessive unexplained weight loss or weight gain
- Changes in sleeping habits
- Lowering academic achievement
- Repeated lateness or absence from school
- Repeated physical pain or nausea with no evident cause
- Secretive behaviour
- Abusing drugs or alcohol
- Missing Physical Education or getting changed secretively
- Fearful, withdrawn and poor self-esteem
- Aggressive, coercive or controlling behaviour
- Indiscriminate contact or affection seeking
- Over friendliness or excessive clinginess
- Expressing feelings of failure, uselessness or helplessness - Unwilling to talk about feelings - Finding it hard to concentrate.

Managing Disclosures

When a pupil chooses to disclose concerns about themselves, or a friend to any member of staff, the member of staff should remain calm, supportive and non-judgemental. The adult should listen rather than advise in the first instance. All disclosures will be recorded through normal safeguarding procedures. This information will be shared with a Designated Safeguarding Lead. The following information is important to include:

- Date
- Name of member of staff to whom the disclosure was made
- Nature of the disclosure and main points from the conversation
- Agreed next steps.

Targeted Support

We understand that some pupils are at a greater risk of experiencing poorer mental health. For example, looked after and previously looked after children, Children in Need, families living in poverty, young carers and those pupils identified to have a Special Education Need. We ensure those pupils more at risk of mental health difficulties are provided with in-school support and interventions through teaching staff and the pastoral team.

For pupils whose persistent mental health difficulties mean they would benefit from support from the SEND department, the SENDCo will ensure colleagues understand how the school identifies and meets pupils' needs, provides advice and support to colleagues as needed and liaises with external SEND professionals as necessary.

We will effectively engage with our local early help offer and display relevant sources of effective, evidence-based services and organisations both locally and nationally. The promotion of these services will be through the school website, newsletters, noticeboards and staff room.

In our local area, there are a range of organisations and groups offering support, including Forward Thinking Birmingham and other providers specialising in providing support for pupil's mental health and well-being.   See Appendix V for a detailed breakdown of our graduated approach.

Further support services include:

- Pause Hubs - https://forwardthinkingbirmingham.nhs.uk/pause
- Forward Thinking Birmingham - https://forwardthinkingbirmingham.nhs.uk/
- Birmingham Education Partnership - https://bep.education/mental-health-well-being/
- NHS - https://www.birminghamandsolihullccg.nhs.uk/your-health/mental-health-supportoffer
- Edwards Trust – Support with bereavement. https://edwardstrust.org.uk/
- Kooth – online, anonymous support. https://www.kooth.com/
- Childline - https://www.childline.org.uk/
- NHS – Every Mind Matters - https://www.nhs.uk/every-mind-matters/
- Mind - https://www.mind.org.uk/
- Samaritans - https://www.samaritans.org/
- Birmingham with Love - https://www.birmingham.gov.uk/info/50224/birmingham_children_s_partnership/2218/from_birmingham_with_love

Identifying Need and Monitoring impact

When a member of staff suspects that a pupil is struggling with their mental health, they should not delay in liaising with the Welfare Team and logging it in My Concern. The Welfare Team will assess what support needs to be put in place, using a graduated response:

1. An assessment to establish a clear analysis of the pupil's needs.
2. A plan to set out how the pupil will be supported
3. Action to provide that support, including where necessary, creating an individual care plan

4.   Regular review of the effectiveness of support.

The Senior Mental Health Lead, working alongside members of the Welfare Team and other organisations, will advise appropriate staff on what support and assessment will be most appropriate for the pupil.

We will use a range of tools in for gathering the views of the pupil in order to support the wellbeing and mental health of all pupils and not wait for crisis. Examples are: asking pupils to write Letter to Self, completing the 3 Houses or using the Blob Tree (see Appendix IV). We use this to gain an understanding of all pupils' mental health, any potential unknown risks factors, historical adversity and any initial difficulties which could be managed and supported.

Individual Safety/Care Plans

When a pupil has been identified as having a mental illness either through a diagnosis, receiving support from specialist mental health services or following a suicide attempt, it is recommended that an individual safety/care plan is developed. The plan should be developed with the pupil, a parent or carer and if possible relevant professionals.

The plan could include:

- Information relating to the pupil's diagnosis or presenting issue
- Strategies and support which helps prevent further impairment of pupil's mental health and keeping the environment safe
- Medication
- Who to contact in an emergency?
- The role of specific staff within the plan.

Working with parents

A large proportion of pupils and families are not always aware of the mental health support available or what is the most useful resources to support their child's mental health. Information on school based and local services will be available on the school website and through newsletters. Furthermore, parents should be made aware of who to talk to in school if they have concerns about their child or a friend of their child.

It is good practice to inform and involve families when discussing any initial concerns about a pupil, being mindful that hearing about their child's issues can be upsetting and distressing. They may respond in different ways, and we must allow time for them to reflect and discuss issues further. Signposting parents to good sources of information and support can be helpful in these instances, including a follow up meeting.

Ensure meetings are recorded, including points discussed and agreed and any follow-up discussions which are part of their safeguarding record or in the development of an individual care plan.

Parental Consent

Pupils under the age of 16 need consent from a parent or carer to access treatment or interventions. However, in some circumstances a relevant medical professional may deem that the pupil has sufficient intelligence, competence and understanding to appreciate what is involved in their treatment. This is known as being 'Gillick Competent'. Pupils aged 16 or over are presumed capable of consenting to their own medical treatment and any procedures involves in treatment. This is by virtue of section 8 of the Family Law Reform Act 1969. As part of taking a whole school approach to mental health, it may be important to share with other members of staff information about a pupil. This does need to be discussed with the pupil; we will explain who we are going to talk to, what we are going to tell them and why we need to tell them and agreed next steps.

Sharing disclosures with the senior mental health lead and pastoral team ensures one member of staff is not solely responsible for a pupil. This also ensures continuity of care should there be a staff absence.

Table 1: Risk and protective factors that are believed to be associated with mental health outcomes

	Risk factors	Protective factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord

Policy Review

This policy will be reviewed every 2 years as a minimum.

APPENDIX I – RISK AND PROTECTIVE FACTORS

	Risk factors	Protective factors
In the school	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

APPENDIX II – ROLES AND EXPECTATIONS ACCORDING TO DFE

8 learning principles in the published Whole School/College Approach to Mental Health and Wellbeing.

Leadership and management

Leads will be able to:

- create a plan to develop, implement and sustain a whole school or college approach to mental health and wellbeing, tailored to their setting's needs.
- put in place strategies to identify, understand and overcome resistance, and bring key stakeholders with them.
- reflect on personal development needs, and put in place plans to be effective in role.
- sustain and continually improve the approach in their setting, working effectively with peers and support networks.
- build stronger links with appropriate local services and feel empowered to take a role in shaping these.
- monitor the impact of a whole school or college approach in their setting.

Identifying need and monitoring impact of interventions

Leads will be able to:

- use (and be able to adapt as required) relevant tools to assess need, and monitor interventions to support pupil and pupil progress.
- implement a process to identify those who may need additional support, working with other staff across the school to use pre-existing documents, such as Education Health Care Plans, where appropriate.
- make a decision about whether a health or education intervention is more appropriate and access this support with reference to the Local Offer.
- seek feedback from and give feedback to staff, pupils and parents, to ensure those experiencing poor mental health get the support they need to be able to engage in all aspects of school/college life and participate in lessons and extra-curricular activities.
- work with staff, families and local services to understand the mental health and wellbeing issues that could be impacting on behaviour and attendance to improve outcomes for pupils/pupils, and ensure that all school policies reflect this.
- monitor the impact of interventions provided to individuals or small groups and adapt the approach as needed.

Targeted support and appropriate referrals

Leads will be able to:

- work in partnership with local service providers and mental health professionals (including Mental Health Support Teams where these are in place) to ensure the needs of pupils and

pupils and relevant adults are known, understood and used to shape the local support offer.

- identify and access the most appropriate statutory or independent mental health service provision available in their local area.
- make or support effective referrals to children and young people's or adult mental health services, or other services as appropriate.

Staff development to support their own wellbeing and that of the pupil

Leads will be able to:

- access and utilise tools, strategies and resources to support their own mental health so that they can look after themselves.
- identify and utilise tools, strategies and resources to confidently engage staff to help promote and support their mental health and wellbeing.
- share simple evidence-based strategies and exercises with staff and pupils/pupils to help them manage their mental health and develop their own coping strategies.
- facilitate development of school staff, identifying critical training and ensuring that all staff can recognise and understand the process to respond to mental health concerns.
- signpost and increase and promote awareness of resources to support staff.

Creating an ethos and environment that promotes respect and values diversity

Leads will be able to:

- use their knowledge to effectively communicate a positive values-based approach, and to promote openness and understanding to normalise mental health and its fluctuations throughout life.
- understand how they can use local services/resources to enhance their school/college messaging and develop social, emotional and mental health partners in the community.
- connect different policies and processes (equality & diversity, bullying & harassment, behaviour and safeguarding) to ensure they are working together to support wellbeing.

Enabling the Pupil Voice to influence decisions

Leads will be able to:

- develop effective plans to empower and involve pupils and pupils, including those with additional needs and communication difficulties, in the co-production, and embedding, of their whole school or college approach.
- identify opportunities for appropriate use of pupil or pupil peer-led wellbeing support.

Working with parents, families and carers

Leads will be able to:

- develop strategies to engage parents, families, carers, virtual school heads and the local community in promoting a culture of wellbeing within and outside school hours.
- develop positive relationships and work jointly with parents, families and carers from a range of backgrounds.
- support or signpost relevant evidence-based resources for parents, families and carers so they can develop skills and strategies to support both their child and themselves.
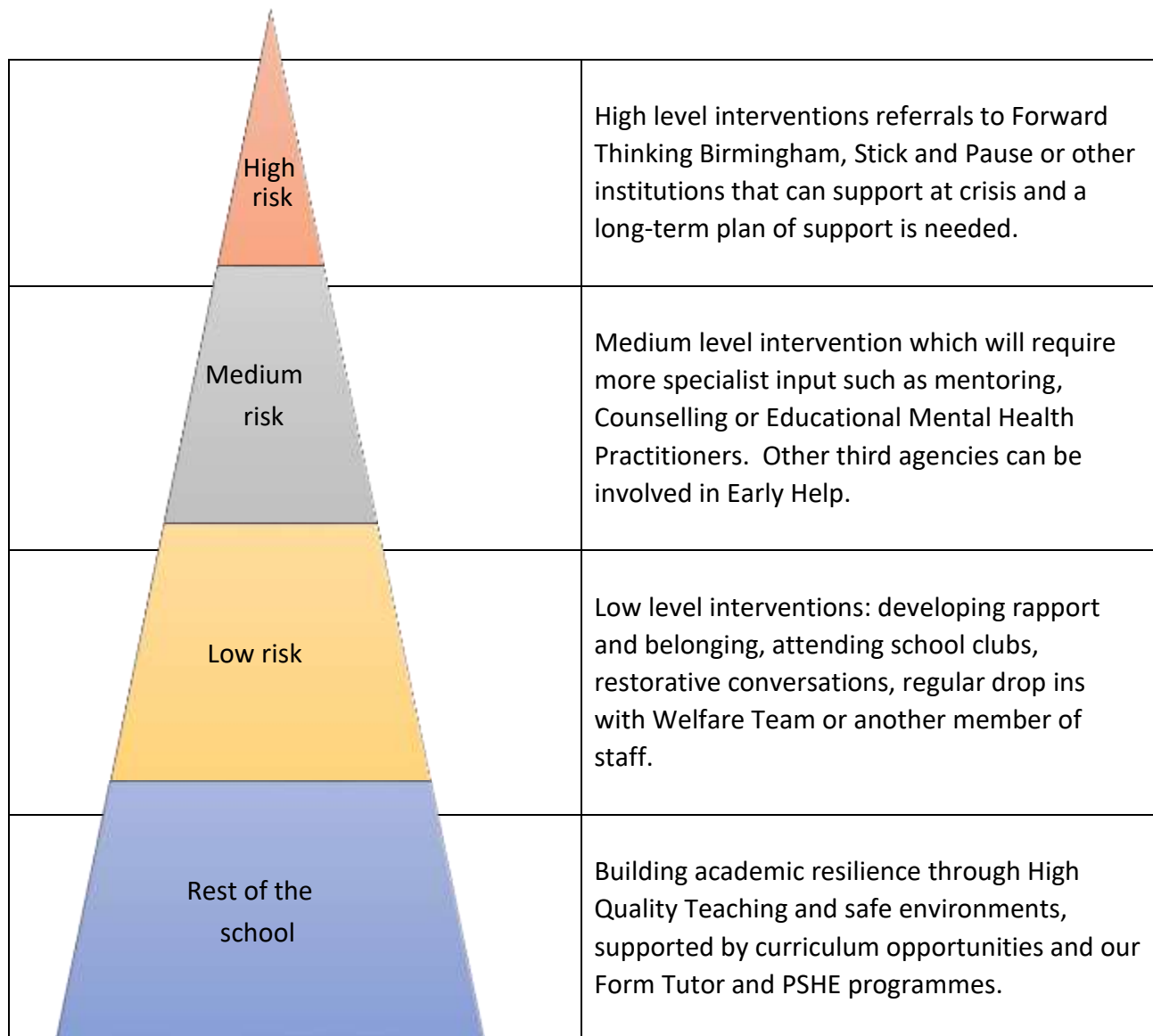
Curriculum, teaching and learning

Leads will be able to:

- develop, with others, a cross curricular approach to promote mental health and wellbeing.
- recognise the links between physical and mental health and how to work across the school to promote this.

APPENDIX III – PYRAMID OF NEEDS

The school intervention pyramid of need based on the model from Young Minds:

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High risk	High level interventions referrals to Forward Thinking Birmingham, Stick and Pause or other institutions that can support at crisis and a long-term plan of support is needed.
Medium risk	Medium level intervention which will require more specialist input such as mentoring, Counselling or Educational Mental Health Practitioners. Other third agencies can be involved in Early Help.
Low risk	Low level interventions: developing rapport and belonging, attending school clubs, restorative conversations, regular drop ins with Welfare Team or another member of staff.
Rest of the school	Building academic resilience through High Quality Teaching and safe environments, supported by curriculum opportunities and our Form Tutor and PSHE programmes.

APPENDIX IV – BLOB TREE AND LETTER TO SELF AND THE 3 HOUSES

Blob Tree - The Blob tree is used to help support children identify how they are feeling, especially when they struggling to verbalise their emotions. The Blob Tree can also be used to help start conversations, as in "I wonder what has happened to this Blob?" "Which Blob do you feel like today?" "Which Blob are you at the end of the week?"

The 3 Houses

HOUSE OF
WORRIES

HOUSE OF
GOOD THINGS

HOUSE OF
DREAMS
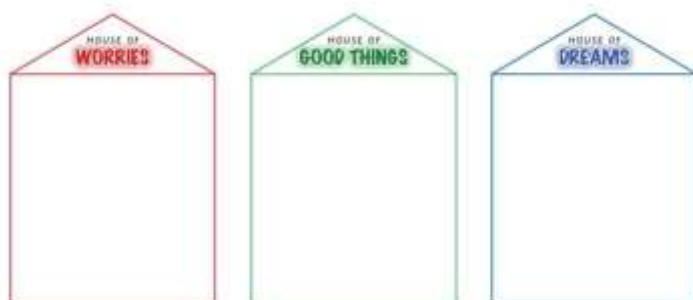
Letter to self

As part of the transition from Year 6 to Year 7, all pupils are asked to complete a letter to self in which we can identify any concerns they might have. The letter to self is read by form tutors and the Welfare Team.

Dear form tutor

My name is….
I live with….
My favourite thing to do is…
I am passionate about…
Something special about me is…..
I am most looking forward to…
I am most worried about….
I might need help with……
The things you should know about me are…
I am most proud of…
My dreams for the future are…
My goal for this year is….

Anything else you wish to share

APPENDIX V – OUR GRADUATED APPROACH

UNIVERSAL

- Whole school values and assemblies
- Positive whole school behaviour system
- Anti-bullying policies
- Curriculum offer to teach explicit skills, including: self-awareness, self-regulation. Social awareness, relationship skills decision and problem solving
- Personal development curriculum linked to KCSIE and British Values
- Enriching cultural capital offer (clubs, trips, experiences)
- Consistent routines and structure (warnings for pre-planned changes)
- Learning is appropriately pitched and supported
- Training for staff around Adverse Childhood Experiences (ACES) and Trauma Informed Practice (TIP)
- Solution focused approaches – staff understand pupils' strengths
- Trusted adult – linked person within school
- Collecting and acting on pupil voice e.g. three houses
- Active listening and a relational approach
- Pupil leadership (e.g. peer mentors)
- Regulation areas (Support Base, Welfare, Hub, LINC)
- Equipment and uniform checks and support
- Flexible seating
- Meet and greet, warm welcome
- Movement/learning breaks/time out pass
- Attachment/transition objects
- Journal writing
- BEP mental health team

TARGETED

- Check ins with a trusted adult
- Lego therapy intervention
- Drawing and Talking intervention
- Girls/Boys group (focusing on self-esteem, confidence, advocating for yourself)
- Nurture groups
- Social skills group
- Assigned Buddy System
- Specific break and lunch clubs
- Adjusted seating arrangements
- Soft start to the day / transition support
- Feel good book e.g. positive affirmation records
- Home school communication book
- Individual support plans
- Communication between stakeholders (home, outside agencies)
- Home School Link Worker
- Use of STICK consultations and workbook programmes
- Signpost to KOOTH resources
- Signpost to self-referral services such as Birmingham Healthy Minds
- Free mental health services such as Living Well
- Consortium UK
- Signpost to Young Minds
- Action for Children Toolkits
- Text SHOUT or AFC to 85258
- Childline on 08001111
- Beacon School Support
- Referrals to Mental Health Support Team

SPECIALIST

- Regulation plans/Risk assessments
  - 1:1 in school mentoring
  - External agency mentoring (e.g. Malachi, Bouncing Statistics)
- External agency counselling (e.g. Birmingham City University or Meridian)
- Specialist services via Crisis Team / Forward Thinking Birmingham (e.g. psychotherapy)
  - Play Therapy
  - Bereavement support
  - Highly targeted work with pupils
- TA support
- Alternative provision (e.g. James Brindley)
  - Therapeutic work including family therapy
  - Support from external agencies (e.g. EP, COBS)
  - Referral to Special School's Outreach Support (SSOS)
  - NHS support referral including School Nurse referrals and GP referrals
  - Early Help Assessment
- Support and signposting for parents.