



## **ALLERTON GRANGE SCHOOL**

### **Policy for Positive Mental Health and Wellbeing**

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<b>Party responsible:</b>	<b>Whole school</b>
<b>Linked policies:</b>	<b>Child Protection and Safeguarding, Anti-Bullying, Online Safety, Special Educational Needs and Disabilities (SEND), Health and Safety, Social Moral Spiritual and Cultural, Medicines in School, PSHE, Attendance and Punctuality</b>



## 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 Organisation)***

At Allerton Grange 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. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health

### Scope

This document describes the school’s approach to promoting positive mental health and wellbeing. It is intended as guidance for all staff, including non-teaching professionals and governors.

This policy should be read in conjunction with:

- our **Medicines in School Policy**, where a student’s mental health overlaps with, or is linked to, a medical issue; and
- our **SEND Policy**, where a student has an identified special educational need.

### Policy Aims

- 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/carers
- Provide support to staff to manage their own and colleague’s well-being.

### Lead Members of Staff

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

- SLT Lead for whole school Mental Health: Sarah Whittingham
- Designated Safeguarding Lead: Ruth Rowbotham
- Link Governor for safeguarding: Barbara Trayer
- Head of Personal, Social and Health Education: Liz Braim
- Staff Wellbeing Lead: Natalie Watson
- Special Educational Needs Co-ordinator: Michaela Child

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead or designated safeguarding lead in the first instance. If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to one of the safeguarding officers via CPOMs. 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 the emergency services if necessary.

Any member of staff who has concerns about a colleague should refer to the staff wellbeing lead in the first instance.

### **Individual Safety/Care Plans**

It is helpful to draw up an individual plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

### **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 taught as part of our developmental Personal, Social and Health Education (PSHE) curriculum.

The specific content of lessons will be informed by the needs of the cohort being taught. However, all teaching will maintain a consistent emphasis on developing students' skills, knowledge, understanding, language and confidence to seek help, when needed, for themselves or others.

We will follow the PSHE Association guidance, alongside materials from **Thinkuknow** and **YoungMinds**, to ensure that mental health and emotional wellbeing are taught in a safe, sensitive and developmentally appropriate manner that supports students and avoids causing harm.

### **Signposting**

We will ensure that staff, students and parents are aware of the sources of support available both within school and in the local community. Details of the support offered, the intended audience, and how it can be accessed are set out in Appendix A.

We will display relevant sources of support in communal areas such as common rooms and toilets, and we will regularly highlight these to staff and to students through relevant parts of the curriculum. The Mental Health Lead will also provide regular updates to staff and parents via our school website.

Whenever we highlight sources of support, we will increase the likelihood of help-seeking by ensuring that pupils understand:

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

## **Warning Signs**

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.** Staff observing any of these warning signs should communicate their concerns with the Designated Safeguarding Lead (DSL) or Mental Health Lead via CPOMs. The DSL or Mental Health Lead will alert the SENDCO, if appropriate.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / 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
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Unusual/secretive behaviour
- Avoiding/truanting PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

## **Managing disclosures**

### **Disclosures by pupils and confidentiality.**

We recognise how important it is that staff are calm, supportive and non-judgmental to pupils who disclose a concern about themselves or a friend. The emotional and physical safety of pupils is paramount, and staff should listen rather than advise. Staff should be clear to pupils that the concern will be shared with the DSL or Mental Health Lead and recorded in order to provide appropriate support to the pupil.

All disclosures are recorded and held on the pupil's confidential file stored electronically in CPOMs, including date; name of pupil and member of staff to whom they disclosed; summary of the disclosure and next steps. All disclosures will be managed in accordance with the school's Child Protection (Safeguarding) Policy.

## **Working with Parents**

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we should consider the following questions (on a case-by-case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues. Many may respond with anger, fear or upset during the first conversation.

We should be accepting of this (within reason) and give the parent time to reflect. We should always highlight further sources of information and give them leaflets to take away, where possible, as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

Always provide parents with clear ways to contact us if they have further questions. We should consider arranging a follow-up meeting or phone call at the earliest opportunity, as parents often have additional questions once they have processed the information. Each meeting should conclude with clearly agreed next steps, and a brief record of the discussion must always be added to the child's confidential record.

## **Working with All Parents**

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 – Thinkuknow, Mindmate NSPCC, Young minds, Childline, Kooth, Teen Connect
- Parents/carers/staff may also require specific relevant support information regarding self-harm, eating disorders, psychosis, anxiety, depression and more. The Mental Health Lead can signpost individuals further when necessary. Some of these sources are included in Appendix A
- 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
- 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

## **Supporting Peers**

When a student is suffering from mental health issues, it can also be a difficult time for their friends. Friends often want to support but do not know how. Advice and help are also gained from Lesbian,

gay, bisexual, transgender and questioning (LGBTQ) Champions and SPACE charity. 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. Support will be provided either in one-to-one or group settings and will be guided by conversations by 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 / 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**

As a minimum, all staff will receive training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep students safe.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional continuing professional development will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

## **Monitoring & Review**

**Monitoring of mental health issues and policy implementation will be via:**

- Continuing professional development (CPD) sessions delivered to staff relating to mental health
- Personal, Social and Health Education (PSHE) topics relating to mental health

## **Appendix A:**

### **Guidance and advice documents**

Promoting and supporting mental health and wellbeing in schools and colleges Department for Education July 2025

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2018)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2019). PSHE Association.

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2025)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2015)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2023)

Future in mind – promoting, protecting and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in secondary education (July 2022)