

Mental Health Policy



DfE no: 850/6107



Approved by: Governing board

Date: June 2024

Signed by:

A handwritten signature in blue ink, appearing to read "L. J. Pratt".

Position: Chair of Governing board

Last reviewed: June 2024

Next review due: September 2025

Monitoring arrangements

This policy will be reviewed at least every two years but may be subject to review at the Headteacher's discretion at any time

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1. The Inclusion Way

The Inclusion Way is based on over ten years' experience and captures our wellbeing and mental health ethos, our pedagogical approach and all aspects that affect a learner's educational experience.

We know that the Inclusion Way works because:

- Our learners are happy
- Our learners tell us it works for them
- Our learners make educational, emotional and social progress
- Our parents/carers tell us they feel supported by their school in caring for their child

For over ten years we have supported the most vulnerable young people in our community to become mentally healthy, resilient and successful young adults.

In this and all other policies, all of which come together to form The Inclusion Way, you will learn what we do to unlock potential in each learner and how we do it.

Before reading this policy, it is important to know our learner and the journey they have taken before they start Inclusion School:

- Our learners will have a severe and chronic diagnosed mental health need. They will be experiencing, or have experienced, self-harm, suicide ideation, depression and high anxiety. Most of our learners will be experiencing more than one of these things at any one time.
- Our learners will likely have diagnosed and undiagnosed SEND needs related to speech, language and communication (SLCN), communication and interaction needs (C&I) or a specific learning need (SpLD).
- Our learners will have experienced significant gaps in their education, (in some cases years) at primary and/or secondary level
- Our learners will have a history of non-attendance due to high anxiety and mental health needs and been identified as an emotionally based school avoider (EBSA)
- Our learners academic levels will be below age related expectations in Maths, English and Science due to these gaps in education and unmet needs
- Our learners will have experienced trauma, whether through an Adverse Childhood Experience (ACE) or by having been a victim of bullying in previous settings
- Our learner is a teenager exploring their identity and discovering who they are and who they want to be. They may present as having difficulties with emotional

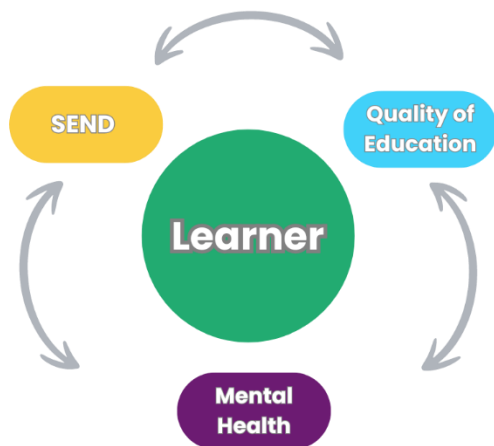
regulation and academic attainment but they are not of the cognitive ability of primary age children. They are young adults and want to be treated like one

The Inclusion Way is designed to meet these needs so the learner can succeed. This is how we achieve this, with further information available in the most important policies:

- A PACE approach with each learner’s SEN needs being met (see our SEN and Mental Health Policies)
- Establish foundations of positive and sustainable mental health on which we can build learning (see our Mental Health Policy)
- Positive, trusting and consistent relationships with adults (see our Behaviour Policy)
- Recognition that good attendance can look different for everyone at different times and should not be taken for granted. Good attendance should be celebrated because it can be lifechanging (see our Attendance Policy)
- An adaptive pedagogy and curriculum with reading, literacy, Gatsby and cultural capital at its heart (see our Curriculum and Reading policies)

An integral element to the success of the Inclusion Way is our model of triangulation between Mental Health, Quality of Education and SEND. These three aspects are of equal importance and they all inform the each other.

Only by working in combination, as embodied in the school through our Deputy Headteachers (Quality of Education, SEND) and Senior Mental Health Lead, overseen by the Headteacher, are our learners able to make sustained and holistic progress.



2. Aims

As a school created to support the mental health needs of vulnerable young people (please see our Admissions Policy for details), Inclusion School is committed to supporting the mental health and wellbeing of our learners, parents/carers, staff and other stakeholders.

This policy aims to do the following:

- Set out our school's approach to promoting positive mental health and wellbeing for all learners across our school
- Provide guidance to staff and parents/carers on their role in supporting learners' mental health and wellbeing, including how they can foster and maintain an inclusive culture in which learners feel able to talk about and reflect on their experiences of mental health
- Identify the key roles and responsibilities related to mental health in the school
- Support staff to identify and respond to early warning signs of mental health issues
- Inform learners and their parents/carers about the support they can expect from our school in respect of learners' mental health and wellbeing, and provide them with access to resources

3. Legislation and guidance

This policy was written with regard to:

- Inclusion School's ethos and values
- [The Equality Act 2010](#)
- [The Data Protection Act 2018](#)
- Articles 3 and 23 of the [UN Convention on the Rights of the Child](#)

4. Roles and responsibilities

All staff are responsible for promoting positive mental health and wellbeing across our school and for understanding risk factors. If any members of staff are concerned about a learner's mental health or wellbeing, they should inform the designated safeguarding lead Matthew Atkinson (DSL) mental health lead Ele Murphy/Yvonne Haynes (DDSL).

Certain members of staff have extra duties to lead on mental health and wellbeing in school. These members of staff include:

- Headteacher: Mathew Atkinson

- Designated safeguarding lead (DSL): Mathew Atkinson
- Special educational needs co-ordinator (SENCO) and DDSL: Ele Murphy
- Senior Mental Health Lead and DDSL: Yvonne Haynes

Senior Mental Health Lead responsibilities

- Developing a whole-school approach to support mental wellbeing
- Lead the mental health and engagement team across the school
- Oversee targeted interventions to support the mental health and wellbeing of learners
- Educating learners on mental health and wellbeing
- Training staff to identify signs and symptoms of emerging mental health needs in Learners
- Have a clear process in which staff can report concerns
- Have a clear process of managing all mental health concerns
- Have systems in place for students to seek help if they need it
- Have policies in place to support learners through referrals to specialists
- Know what local and national help and support is available out of school
- Promoting good mental health and emotional wellbeing for staff and Learners.

For any questions or queries on the school approach to mental health and wellbeing, please contact Yvonne at yvonne.haynes@inclusionschool.org.uk

Alternatively, please contact the school's Deputy Head, responsible for Learner Welfare, Ele Murphy, at ele.murphy@inclusionschool.org.uk

Tutors

- To support the communication between home and school and identify any mental health needs before they become severe.
- To make contact with parents/carers at least fortnightly to promote this communication

Engagement team

- We promote and practice The Inclusion Way which is an interpersonal connection building strategy pathway linked to the methodology of Dan Hughes PACE approach and our extensive shared experience of working in the field of therapeutic support.

At Inclusion, building a strong foundational bridge into a Learners world is key to everything we do.

All staff

- It is the responsibility of all staff to share any concerns about a learner using the school's CPOMS system or to speak to a member of the safeguarding team.
- To identify any warning signs of deteriorating mental health (Section 5 of this policy)

5. Warning signs

All staff will be on the lookout for signs that a learner's mental health is deteriorating. Some warning signs include:

- A change in mood or energy level
- A change in eating or sleeping patterns
- A change in attitude in lessons or academic attainment
- A change in level of personal hygiene
- Social isolation
- Poor attendance or punctuality
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Abuse of drugs or alcohol
- Rapid weight loss or gain
- Secretive behaviour
- Covering parts of the body that they wouldn't have previously
- Refusing to participate in P.E. or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted
- Talking or joking about self-harm or suicide
- Family Risk Factors
- Overt parental conflict including domestic violence
- Family breakdown (including where children are taken into care or adopted)
- Hostile and rejecting relationships
- Failure to adapt to a child's changing needs

- Physical, sexual, neglect or emotional abuse
- Parental psychiatric illness
- Parental criminality, alcoholism or personality disorder
- Death and loss – including loss of friendship

6. Managing disclosures

If a learner makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring.

Staff will focus on the learners emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice.

Staff will always follow our school's safeguarding policy and pass on all concerns to the DSL/ DDSL/Mental health lead. All disclosures are recorded and stored on the school's CPOMS platform.

7. Confidentiality

Staff will not promise a learner that they will keep a disclosure secret – instead they will be upfront about the limits of confidentiality.

A disclosure cannot be kept secret because:

- Being the sole person responsible for a learner's mental health could have a negative impact on the member of staff's own mental health and wellbeing
- The support put in place for the learner will be dependent on the member of staff being at school
- Other staff members can share ideas on how to best support the learner in question
- Staff should always share disclosures with at least 1 appropriate colleague. This will usually be the DSL/mental health lead. If information needs to be shared with other members of staff or external professionals, it will be done on a need-to-know basis.

Before sharing information disclosed by a learner with a third party, the member of staff will discuss it with the learner and explain:

- Who they will share the information with
- What information they will share
- Why they need to share that information

- Staff will attempt to receive consent from the learner to share their information, but the safety of the learner comes first.
- Parents/carers will be informed unless there is a child protection concern. In this case the safeguarding policy will be followed.

8. Inclusion School's approach towards learner mental health

PACE

PACE is an approach developed by Dr Dan Hughes, an American psychologist who works with traumatised children. PACE stands for:

- Playfulness
- Acceptance
- Curiosity
- Empathy

These principles help to promote the experience of safety in your interactions with young people and every Inclusion School member of staff should embody these values in their interactions and relationships with learners.

Staff are expected to embody this because children need to feel that you have connected with the emotional part of their brain before they can engage the thoughtful, articulate, problem solving areas.

8.1 What is the mental health team?

Inclusion School has a dedicated mental health team, led by the school's Mental Health Lead. The team consist of dedicated professionals whose skills and attributes complement each other and provide learners with multiple therapeutic interventions and opportunities for growth and empowerment.

The mental health team are also the core of the school's Engagement Team.

Please see appendices for information leaflets on our website and available in school

8.2 What is Engagement?

The Engagement Team's core is built around the school's mental health team, but also includes teachers, senior leaders and the whole school community.

The Engagement Team promotes and practices the Inclusion Way, see above.

At Inclusion, building a strong foundational bridge into a learners world is key to everything we do. This means the Engagement Team is there to support the learner when they are struggling to access their learning.

The Engagement team will work with the learner to understand what the issues are and what their needs are in that moment. The ultimate objective is to get them back into the lesson with support if necessary, or perhaps get the work from the classroom to do quietly in a separate place. It might be that the learner needs different input or support: for example, to go for a walk and then afterwards recommit to the learning environment. It is all about what the learner needs in that moment and might be categorised as SEN, mental health, family or friendship issues.

To keep the Golden Thread, there is a variety of staff from different departments who are on the Engagement team including SLT, teaching staff, wellbeing team and tutors. The aim is to build the connections with the learners and maintain the Whole School Approach.

8.3 How do you support learners with:

- Anxiety
- LGBTQ+
- Selective mutism
- Suicide ideation
- Self-harm
- Self-esteem confidence and resilience,
- Trauma and attachment difficulties
- Disordered Eating

The Whole School Approach is designed to identify and deal with each learner's specific needs and ensure they are supported to address their difficulties whilst maintaining a supportive learning environment.

Communication is key and actively listening and observing the learner in a non-judgmental way to understand where they are experiencing difficulties is essential. We use the following methodologies to identify concerns:

- Tutor times during the day – an initial check in with a trusted adult
- Group discussions during lessons (PSHE/World & You)
- Parents/carers communicating to the school
- Tutor communication with parents/carers
- The learner voice
- Information the learners provide on Zones of Regulation during each lesson

There are other signs that indicate when a learner's mood, mental health or wellbeing may be of concern:

- Body language and attitude in lessons
- Changes to the levels of personal hygiene
- Social isolation
- Poor attendance and punctuality
- Expressing feelings of hopelessness, lack of self-worth or feeling like a failure
- General low mood
- Secretive behaviour and wearing additional clothing
- Physical pain or nausea with no obvious cause
- Injuries that appear to be self-inflicted
- Habitual behaviours including picking, chewing and pulling of various body parts
- Talking about self-harm and suicide in the third person

Once any of the following have been identified these should be recorded on CPOMS.

Mental Health Lead sees all concerns to capture a whole school picture of safeguarding and mental health.

Any arising concerns will be shared with the wellbeing team who will take this information along with other feedback to decide what potential intervention/s is required. Generally, this will be a structured approach using the following types of support over a number of weeks:

- ELSA
- TALA
- Drawing and talking
- Specialist Mentoring
- Therapeutic Music, Animals and Physical Activity/Sports
- Mindfulness Gardening

Information on these can be found above.

However, in the event that there is an immediate need, the team will also ensure that the learners needs are met in that moment using the above types of support but in a blended holistic way, tailored to that Learners specific needs.

There will be times when internal support is exhausted or requires an external agency's expertise. Any referrals will be made by the Mental Health Lead, in liaison with the Deputy Headteacher for Learner Welfare & SEND.

Outside agencies utilised include:

- CAMHS (Mental Health Support)
- Young Minds (Mental Health Support)
- Breakout Youth (LGBTQ+ Support)
- School Nurse and other HealthCare Professionals as required
- Social Service
- Other appropriate services, as needed

The above list is not exhaustive.

The learner and their parent(s)/carer(s) are included in the decisions being made in relation to their Mental Health needs. They will be provided with access to information and leaflets covering whichever intervention is being proposed to support their understanding and engagement.

We also use the following to support our learners:

- Signposting to all learners to online sources, topic specific leaflets as well the school website for Mental Health Support
- Visual information around the school for all staff and learners, providing information that they can use to self help
- Having open discussions about Mental Health during lessons
- Using Whole School surveys allowing Learners, Parents and Staff to have a voice about what we can do in our Whole School Approach to improve and better meet their needs
- Where required an Individual Mental Health Plan (MHP) is created based on need (see Attendance Policy for details)

Alongside the referral process, the School offers a number of other options for Learners offsite:

- Equine Facilitated Learning Provision at Danny's Place
- Project Iris (Suicide Intervention)
- Alpaca assisted therapy
- Reading Football Club Sports therapy
- The Furniture Project creative therapy

Again these are tailored to a Learners specific needs and are not exhaustive.

We use the following forums to manage and log Learner's Social Emotional Mental Health needs:

- The Wellbeing Team meet on a weekly basis to discuss each Learners requirements and identify appropriate therapies to support their needs.
- SENZONE occurs fortnightly where we utilise the Whole School approach to provide the opportunity for Teachers and Tutors to discuss the proposals relating to learners and provide additional insights and information. As a school we will then agree on the overall approach by learner. We also use this forum to provide training on any Mental Health areas to support CPD to staff.
- BOXALL Profile is an online resource which helps to identify Learners needs and track their progress. Each tutor is responsible for updating a profile on a termly basis which identifies SEMH needs. Through a process of responding to a range of diagnostic and developmental questions, this resource creates learner specific targets which are used throughout the School, offer suggestions for appropriate supporting strategies and help deliver the Whole School Approach. These are shared by Tutors during SENZONE sessions allowing input from other Teachers, Tutors, SLT and SEN to help further shape and refine the Learners plan.

All interventions are logged on CPOMS by the support worker delivering the intervention. This includes an evaluation of each session, the areas covered, strategies provided, level of engagement, any disclosures made by the Learners are sent directly to the Designated Safeguarding Lead (See Safeguarding Policy). It will also include any recommendations for follow up or referral. Case studies are written to demonstrate:

- The level of positive impact
- Provide evidence of effectiveness
- Show progression and support learning and development
- Identify next steps

8.4 How do we support emotionally-based school avoidance?

The Admissions Policy and Transition Policy are both relevant to this section.

The Pastoral and Senior Mental Health lead are responsible for following the Transition Policy by delivering a two-week transition plan.

Initially there is a home visit to work with the parent to deal with logistics and form filling and if the Learner is identified as EBSA, the Mental Health Lead will initiate an EBSA programme which is delivered within the home environment

During the second week of induction, the Learner is invited into the school after the school day has finished to meet staff, familiarise themselves with the building and complete an English and Maths assessment. Where required, the learner will have the opportunity to meet staff again on site to reduce anxiety.

During this initial two week period, an Individual Transition Plan (ITP) is created based on the Learners past experiences. The Learner then follows a 4 week program designed to support the Learners transition into school successfully. If they are unable to attend school on a daily full time basis after this time due to Mental Health difficulties, additional support and an Individual Mental Health Plan (MHP) will then be offered to facilitate full time attendance.

During the entire time of the induction and transition, if the Learner is not in attendance at school, welfare calls are made in line with the Attendance Policy.

The Mental Health Lead is responsible for ensuring the success of the ITP and MHP by reviewing this bi-weekly and liaising with the parent/carer to ensure both parties are happy with the progression the Learner is making and to make agreed adjustments to the plan as necessary. This is all logged on CPOMS and both the ITP and MHP are shared with all staff throughout the school.

8.5 Curriculum

Within our curriculum design, we explicitly teach our learners how to regulate and manage emotions through task plans and reference to SEL (social emotional learning) regularly.

Through our in-depth Personal Development programme, we embed mental health and coping strategies throughout our program study, alongside teaching emotional literacy throughout all aspects of our curriculum design.

For further information please refer to our Curriculum Intent document available on our website.

If you have any questions, please contact Julia Bray, Deputy Head, QofE, Julia.bray@inclusionschool.org.uk.

8.6 Team Around Child meetings

Team Around the Child meetings refer to where a select group of school staff work together to support the holistic development and well-being of a child within the school setting. This team typically includes teachers, tutors, mental health leads, and engagement teams, among others.

These meetings can be initiated by a tutor, concerned teacher, member of the mental health team or a senior leader.

These meetings are an opportunity to provide holistic support, individualized attention, early intervention, consistent communication and targeted emotional and social support.

9. Monitoring

The Senior Mental Health Lead is responsible for creating a report encompassing all of the above every 6 weeks. This is sent to the Headteacher and shared at SLT every 6 weeks.

Each report is reviewed, discussed and actioned based on the outcomes identified.

This report is also circulated to the Governors, CEO, and Headteacher who have the opportunity to review this and provide additional direction to the Senior Mental Health Lead on further actions that may be required.

10. Training

All staff will be offered training so they:

- Have a good understanding of what learners' mental health needs are
- Know how to recognise warning signs of mental ill health
- Know a clear process to follow if they identify a learner in need of help

11. Links to other policies

The additional policy documents support our approach and this should be read in conjunction with them:

- Attendance Policy
- Admissions Policy
- SEN Policy

- Curriculum Policy
- Behaviour Policy
- Safeguarding & Child Protection Policy
- RSHE Policy

Appendices

Appendix A: Inclusion School first aid self-harm process

October 2023 (to be reviewed annually)

Reviewed April 2024 by School SLT

Written by Matthew Atkinson, Headteacher

Inclusion School takes precautions to ensure that all scissors and other sharps are locked away from all learners. Any use of sharps are always supervised by a member of staff.

If a learner self-harms at Inclusion School, or has self-harmed and shows these to a member of staff at school, the following process will be followed:

1. A message will be sent via the Teams “First Aid & Urgent Messages” group by the member of staff who finds the learner with a message similar to the following: “Emergency self-harm first aid required”.
2. The Mental Health Lead (MHL), who is also a first aider, will meet the learner and assess the situation and take them to the First Aid Room. The member of staff who found them will support if required.
3. The Mental Health Lead will re-assess the situation in the calm environment of the First Aid Room to decide if it is a superficial cut or whether it is deep and requires professional medical attention. The Headteacher (DSL) will be informed at this stage.
4. In the circumstance where the self-harm is assessed to be requiring professional medical attention by the MHL and HT, the learner will be informed and a member of staff will take them to A&E via car or ambulance, or their parents will collect and take them to hospital.
N.B. In some circumstances, it should be noted that at Step 2, an ambulance may be assessed to be required and contacted immediately.
5. The learner’s parents will be contacted by the school office and informed to meet the school member of staff at A&E.

Following the incident (if self-harming took place at school), the Mental Health Lead, or first aider, will record the incident and debrief the HT. The HT will share the incident form on CPOMS with Inclusion Education’s CEO.

They will also update the other school first aiders following the incident and risk assessments and safety plans will be reviewed.

Parents will be informed that for their learner to return to school they must follow medical advice (which should be provided to the school before returning) in terms of bandaging and medical care, and ensure that they cover their injuries whilst in school. This is to prevent other learners, who also have a history of self-harm, from reliving traumatic events or reflecting this behaviour.

Staff aftercare following a serious self-harming incident on site, resulting in hospitalisation or the attention of medical professionals

Inclusion School has a two-tier approach to support following a self-harming incident, a Team Around the Incident:

Tier 1

These members of staff are involved in supporting the learner who has harmed themselves whilst on site and has required professional medical attention or hospitalisation. This Tier will typically comprise of:

- The Mental Health Lead
- First Aider
- Any member of staff who found the learner

Tier 2

These members of staff are involved in supporting the member(s) of staff in Tier 1 following an incident. This comprises of:

- The Headteacher
- The Mental Health Lead (if not in Tier 1)
- A Deputy Headteacher if the mental health lead is a Tier 1 member of staff

Following the hospitalisation of the learner:

1. The member(s) of staff will be told to find somewhere quiet and have some time to themselves to re-regulate.
2. On returning, they will have a debrief with the Headteacher and/or Mental Health to check their wellbeing. The Headteacher may assess them and decide they should use the rest of the day, or the following day, as a mental health day.
3. On returning to work, a return to work meeting will be completed led by the HT or Mental Health Lead
4. A 1:1 therapeutic support session will be organised for the member of staff. Following the first meeting, it may be recommended that they continue to see this counsellor for a further 5 sessions. This will be organised by the Headteacher.

This is the support that Inclusion Education will have in place for its members of staff following a serious self-harming incident.

However, if this is affecting the member of staff's wellbeing and or performance it is their responsibility to access immediate support via their GP.

Appendix B: Example mental health individual timetable plan (MHITP)

Learner name:

Date of plan:

Teacher:

Parent:



This plan has been agreed by all parties, Y Haynes and Parents on a 2 weekly review date to discuss progress before any changes to be made.

- School representative
- Parent/carer



Context (why we are doing this)	Agreed part-time timetable	How we will measure this is working	Other supportive interventions	What we're working towards (long term)	Review date
Comments:					



Appendix C: Engagement Process for Learner Absence from lessons

The engagement process is designed to ensure the safety and well-being of learners during their absence from class. This procedure outlines the steps staff members need to follow to monitor and support learners effectively.

Objectives

- Maintain clear communication and accountability among staff members regarding the learner's whereabouts and supervision
- Provide timely and effective interventions to support the learner's mental health and wellbeing.
- Ensure that parents are informed and involved in their child's progress and any additional support needed.
- Document and communicate interventions effectively to all relevant staff members, ensuring coordinated support for the learner.

By adhering to this process, the school ensures a coordinated approach to supporting learners' well-being and educational progress.

Step-by-step procedure

1. Notification of Absence (Teacher)

- A dedicated section in Teams for Engagement allows staff members to notify the Engagement team of a learner's absence.
- A responsible Engagement person is assigned for each lesson, as per the timetable, who will announce that they are in Engagement.

2. Visibility and Monitoring

- A visual timetable is displayed on every floor, showing who is on Engagement duty for that period.
- The designated person on duty records the learner's whereabouts, the staff member they are with, and the nature of the intervention in Teams.

3. Return to class

- Upon the learner's return to class, the responsible staff member on engagement updates Teams with the relevant information.
- The primary objective is to ensure that all learners are accounted for, safe and supervised to ensure effective safeguarding at all times.

4. Parental communication

- For additional follow-up, such as informing parents about the intervention, the learner's tutor provides weekly feedback.
- Tutors discuss any additional support that parents can provide to aid the learner's progress.
- Strong communication between the school and parents is essential to help learners perform to the best of their abilities.

5. Documentation

- Once the learner returns to the classroom, the intervention is logged under the category "Mental Health and Wellbeing" on CPOMS.
- This ensures that key staff members are informed about the learner's situation and interventions and reasons for absence recorded.

Links to the leaflets – last needed

[Specialist Mentoring from the wellbeing team.docx](#)

[Drawing & Talking, Sand Play and TALA-based therapeutic interventions from the wellbeing team.docx](#)

[Animal Therapy and Gardening Therapeutic Horticulture from the wellbeing team \(1\).docx](#)

3 more to come