



# MENTAL HEALTH AND WELLBEING POLICY

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Approved by	Principal
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## **INTRODUCTION AND PURPOSE**

This policy outlines how The Worthgate School will work to promote the positive mental health and wellbeing of the whole school community to enable them to flourish emotionally, socially and academically.

Within our school we aim to promote positive mental health and wellbeing for our whole school community (pupils, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives, given parity with physical health. We recognise that children and young people's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children and young people move up and down the mental health continuum during their time in school. However, some face significant life events which can seriously impact their emotional wellbeing and mental health.

The Department for Education (DfE) recognises that: "Schools have a role to play in supporting the mental health and wellbeing of children" (Mental Health and Behaviour in School, 2018). Schools can be a place for all students to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. The school is also a place of respite from potentially challenging home lives and offers positive role models and relationships, which are critical in promoting the wellbeing of all young people.

The role of the school is to ensure that students are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that students learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

The aim is to help develop the protective factors which build resilience to mental health difficulties and to be a school where:

- All students are valued;
- Students have a sense of belonging and feel safe;
- Students feel able to talk openly about their problems without feeling stigma or discrimination;
- Positive mental health is promoted and valued;
- Bullying of any kind and including cyber-bullying is not tolerated.

## **SCOPE**

This policy applies to all staff, students, visitors to the school and the wider school community.

## LEGISLATION AND REGULATION

### Definition of mental health

Mental health is defined as “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.”<sup>1</sup>

Positive mental health and wellbeing is not just the absence of mental health problems. We want all our students to:

- feel confident in themselves;
- be able to identify and express a range of emotions appropriately;
- be able to make and maintain positive relationships with others;
- cope with the stresses of everyday life;
- manage times of stress and be able to deal with change;
- learn and achieve.

Under the Equality Act 2010<sup>2</sup>, a child or young person with a mental health illness is described as having a mental impairment and therefore a disability. A disability is described in law (the Equality Act 2010) as ‘a physical or mental impairment, which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.’

The Equality Act requires early year’s providers, primary schools, secondary schools, other educational settings and local authorities to:

- Not directly or indirectly discriminate against, harass or victimise disabled children and young people;
- Make reasonable adjustments, so that disabled children and young people are not disadvantaged. This duty is known as ‘anticipatory’.

All schools will operate within the law. The legal framework, statutory guidance, key policies and government strategies most pertinent to mental health can be found in:

- The Mental Health Act (2007)
- Mental Health (Discrimination) Act (2013)
- The Equality Act 2010
- The Children and Families Act 2014, Part 3
- The Special Educational Needs and Disability Regulations 2014
- The SEND Code of Practice (last updated 30 April 2020)
- Working Together to Safeguard Children (July 2018, last updated 9 December 2020)
- Keeping Children Safe in Education (September 2021)
- Mental health and behaviour in schools (November 2018)
- Transforming children and young people’s mental health provision (July 2018)

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<sup>1</sup> World Health Organisation - [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)

<sup>2</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>

## POLICY STATEMENT

The Worthgate School's Key Priorities (High Expectations, Caring Culture, English All-Ways) are at the heart of all we do and this policy strongly advocates:

- Partnership working across CATS schools and;
- utilising group expertise, local, and specialist agencies, as well as;
- a meaningful child-centred approach to supporting pupils in line with the MHFA England ALGEE framework ('Team Spirit');
- High aspirations and opportunity ('Think Big');
- a commitment to legal compliance and;
- a genuine desire to support all children and young people ('Do the right thing').

We will ensure that:

- All will be proactive in identifying and supporting a child or young person with mental health difficulties, ensuring the student is at the centre of all decisions and take into account their feelings, wishes and views.
- The School will work closely with the local authority, external agencies and charitable organisations to ensure appropriate care is accessed to support the student.
- The school has procedures and professionals in place to enable them to fulfil their duties and to drive a caring and positive wellbeing centred ethos and vision.

The Worthgate School has a Mental Health Lead who leads the mental health strategy and provides guidance and support to any member of staff within the organisation.

The Worthgate School will:

- Provide a safe environment to enable students to express themselves and be listened to
- Ensure the welfare and safety of all students
- Identify appropriate support for students based on their needs
- Involve parents and carers when their child needs support
- Involve students in the care and support they have, ensuring the voice/views of the young person is always considered
- Monitor, review and evaluate the support with young people and keep parents and carers updated

The Worthgate School will utilise the MHFA ALGEE framework to support with crisis situations and to inform support process:

- A - Approach, assess and assist the young person
- L - Listen and communicate non-judgementally
- G - Give support and information
- E - Encourage appropriate professional support
- E - Encourage other supports

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive, or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, English language challenges, difficulties with learning, peer relationships or development, or undiagnosed conditions.

School staff and the Director of Safeguarding, Mental Health and Wellbeing, will work alongside the SENCo to support identification and the assessment of a student to ascertain if they should be identified as requiring 'SEND Support' under the category of Social, Emotional, Mental Health (SEMH) as part of the SEND Code of Practice (2014).

If there is a fear that the student is in danger of immediate harm, then the standard child protection procedures should be followed. If the student presents a medical emergency, then the standard procedures for medical emergencies should be followed, including alerting the medical team and contacting the emergency services if necessary. This is highlighted in the flow chart at the back of this policy. Where a referral to CAMHS or a specialist team is appropriate, this can be instigated by the GP and/or SLT supported by the Medical Team, in conjunction with the parents where appropriate. This applies to students who are GP registered.

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 with the Head of Boarding, medical team or Pastoral Head.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- Secretive behaviour
- Skipping sport 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

This is not an exhaustive list. A student exhibiting warning signs may have an individual care plan. This should be drawn up involving the student, the parents and relevant health professionals, and will appear on Shackleton (MIS) for house parents and staff to follow.

This can include:

- Details of a student's condition, as appropriate to share
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- Risk assessments

This will be updated and reviewed regularly by the Medical team and appropriate members of staff.

If a student has received intensive and/or specialised external mental health professional support, the school has a duty of care to support students and will seek advice from medical staff and mental health professionals on the best way to support young people. We will carry out a risk assessment and produce an Individual Care Plan to support children to re-integrate successfully back to school.

The Worthgate School recognises that when a student is experiencing mental health problems it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected, therefore appropriate support will be provided.

The Worthgate School also recognises the importance of support for parents/carers caring for a young person with a mental health difficulty. We will ensure regular communication between home and school. Staff can signpost to additional sources of support outside of the school through the MHFA resources.

If there is a concern that a student is in danger of immediate harm, then the school's safeguarding procedures are followed. If there is a medical emergency, then the school's procedures for medical emergencies are followed.

Our absolute commitment to creating a culture of care is reflected in one of our three key priorities: High Expectations, Caring Culture, English All-Ways. Caring Culture states: 'we understand the power of positive relationships and rapport between all members of the school community. We care about the safeguarding and development of each person and actively promote the importance of living intellectually, physically, socially and emotionally balanced lives. We value every individual and challenge ourselves and each other to consider the needs of our wider communities in our decisions and actions, always aiming for positive change.' This is also reflected in two of our five 'Worthgate Characteristics' focusing on attributes to support our students in becoming agents for change. The following characteristics reflect our understanding of the challenges young people face emotionally and socially. These characteristics are:

**'Caring:** we act with care, empathy and respect to make a positive difference to the lives of others, our community and the world around us. We understand the importance of taking care of ourselves and living balanced lives.'

**'Resilient:** we can cope with challenges and barriers and recover quickly when we fail. We approach uncertainty with determination and use innovative strategies to keep moving forward and adapt positively to change.'

Being an international school, we are conscious that many of our students have emerging levels of English language, which when combined with potentially lower levels of emotional literacy, can affect their competence and confidence to verbally explain to an adult that they are struggling. Furthermore, the wide range of cultures in the school includes some where talking about mental health or wellbeing is not regularly practised, again creating potential barriers for students who need support. Therefore, in order to further support mental health and wellbeing and providing effective options for any particular students wanting to raise concerns with us and ask for help when needed, we have created a digital safe space where students can let us know that they 'Need to Talk'. The button is located on the wellbeing page of the school VLE. Posters with a QR code taking students straight to it were placed in every bedroom. Once they press the 'Need-to-Talk' button, the information they submit automatically lands in the inbox of the DSL, VP and Assistant Principal Pastoral, enabling them to respond immediately.

## **TRAINING**

Every Personal Tutor (teacher), House Pastoral Director and Boarding Team Lead in The Worthgate School staff is 'Mental Health Aware' trained through MHFA. Likewise, the Assistant Principal Pastoral (MH lead), Head of Boarding and Dep. Head of Boarding. The mental health lead and assistant will train as 'trainers', so that whole school mental health training can be updated and refreshed pro-actively, quickly and responsively.

In addition, The Worthgate School has Mental Health student leadership and training opportunities. To develop Global Citizens (skilled young people who will go out into the world and use their skills, influence and finances to help others) we have extended the opportunities available for our students. To help alleviate growing global concerns regarding increasing isolation, loneliness and non-participation, students have been placed into Houses. There are four Houses, named after local castles. Within each House are leadership positions for which students of any age can apply. The House Captain is ably supported by the House Vice-Captain and Activities Lead(s), working closely with their House Pastoral Director, they coordinate House experience, student voice and leadership. They will be central to the whole-school Student Council. Additionally, each House has Mental Health Ambassadors; trained in recognising and supporting mental health; these approachable, patient young people who show high levels of integrity, can support any struggling students in their House. Any lower profile issues can usually be dealt with by them, but each Mental Health Ambassador will check in fortnightly with their HPD for supervision. Each will strictly follow safeguarding procedure, informing the DSL and / or the safeguarding team of any concerns regarding safety.



## **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 PSHE, RSE and medical staff teaching sessions. The specific content of lessons will be determined by the specific needs of the cohort always with 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.

## **Signposting**

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. We will display relevant sources of support in communal areas such as common rooms 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 is likely to happen next. In addition, supportive messages and resources will be provided and sign posted through whole school communication.

## **Managing disclosures**

A student may choose to disclose concerns about themselves or another to any member of staff, so all staff need to know how to respond appropriately to a disclosure through ongoing safeguarding training. Any disclosure must be dealt with confidentially in accordance with the Safeguarding policy. Handled in a calm, non-directive and non-judgmental manner, the listener must document:

- Date (including year)
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information will only be shared on a need-to-know basis and always with the Safeguarding Team and appropriate staff, who will store the record safely and offer support and advice about next steps.

## **Parents**

Staff must exercise sensitivity when working with parents / carers of individual students. Before disclosing to parents / carers we will consider the following questions (on a case-by-case basis):

- Can the meeting happen face to face, electronically rather than an email.

- Who should be present? Consider parents / carers, the student, other members of staff.
- What are the aims of the meeting, which should be organised as soon as possible.

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation and/or upon revelation of new details. We will be accepting of this (within reason) and give the parent / carer time to reflect. We will always highlight further sources of information and provide website addresses to take away where possible, as they will often find it hard to take much in whilst coming to terms with the news being shared. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. reliable websites, parent helplines and forums. A list of up-to-date sources will be held by the Medical Team. We will always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away, as we recognise that parents often have many questions as they process the information. We will finish each meeting with agreed next steps and always keep a record of the meeting which will be shared with the 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:

- Make our Student Mental Health and Wellbeing policy easily accessible to parents via the website
- 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 and share ideas for extending and exploring this.

### **Friends and peers**

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. 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 about which of their friends may need additional support. Support will be provided either in one to one or group settings and will include:

- 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

## **RESPONSIBILITIES**

The following responsibilities apply in relation to this policy:

- The Principal is responsible for ensuring a member of the senior leadership team is the designated mental health lead --> The Director of Safeguarding, Mental Health & Wellbeing.
- The Mental Health Lead is responsible for overseeing, coordinating, and championing mental health and wellbeing education and provision.
- All staff are responsible for promoting positive wellbeing and identifying and supporting pupils experiencing mental health difficulties.
- Student Mental Health Ambassadors will support in the promotion of positive mental wellbeing.
- The Senior Leadership Team have overall responsibility for the implementation and approval of this policy.

## **MONITORING AND COMPLIANCE**

The Mental Health Lead will monitor compliance with this policy within the school.

## APPENDIX 1

### Protective Factors and Risk Factors

(Adapted from Mental health and behaviour in schools (November 2018) <sup>3</sup>

	Risk Factors	Protective Factors
<b>In the Child</b>	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Specific development delay</li> <li>• Communication difficulties</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> <li>• SEND</li> </ul>	<ul style="list-style-type: none"> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• Problem solving skills and a positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul>
<b>In the Family</b>	<ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationship</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional abuse or neglect</li> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>	<ul style="list-style-type: none"> <li>• At least one good parent-child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long-term relationship or the absence of severe discord</li> </ul>

<sup>3</sup> <sup>4</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755135/Mental\\_health\\_and\\_behaviour\\_in\\_schools\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf)

<p><b>In the school</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Negative peer influences</li> <li>• Peer pressure</li> <li>• Inconsistent implementation of the behaviour policy.</li> <li>• Poor relationships with staff</li> </ul>	<ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• ‘Open door’ policy for students to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• High profile Mental Health Champions available in each House</li> <li>• Positive relationships between students and staff</li> <li>• Tell Us button and Need to Talk Button on canvas</li> </ul>
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## APPENDIX 2

### **For support on specific mental health needs:**

- Anxiety UK [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)
- OCD UK [www.ocduk.org](http://www.ocduk.org)
- Depression Alliance [www.depressoinalliance.org](http://www.depressoinalliance.org)
- Eating Disorders [www.b-eat.co.uk](http://www.b-eat.co.uk) and [www.inourhands.com](http://www.inourhands.com)
- National Self-Harm Network [www.nshn.co.uk](http://www.nshn.co.uk) [www.selfharm.co.uk](http://www.selfharm.co.uk)
- Suicidal thoughts Prevention of young suicide UK – POPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)
- [www.youngminds.org.uk](http://www.youngminds.org.uk) champions young people’s mental health and wellbeing
- [www.mind.org.uk](http://www.mind.org.uk) advice and support on mental health problems [www.minded.org.uk](http://www.minded.org.uk) (e-learning)
- [www.time-to-change.org.uk](http://www.time-to-change.org.uk) tackles the stigma of mental health
- [www.rethink.org](http://www.rethink.org) challenges attitudes towards mental health

## APPENDIX 3

### School Action Plan:

Raising Awareness and Implementation of the Policy				
Objective	Actions	Who is responsible?	Time scale	Evaluation / Impact
Student led activities	<ul style="list-style-type: none"> <li>Mental Health Ambassador representation on Student Council</li> <li>Mental Health Ambassadors being trained through Mental Health elective. Develop training to enable them to know where to sign post their peers for additional support from staff.</li> <li>Student friendly and age-appropriate boards. Charity day at least once a year - student lead activities.</li> <li>Drop-in sessions for students. Student voice questionnaires Student friendly reporting tools.</li> </ul>	<ul style="list-style-type: none"> <li>MHL</li> <li>SLT</li> <li>Staff</li> </ul>	-Mental Health Ambassadors meet Student Leadership frequently and HPD fortnightly. Questionnaires twice a year. Awareness activities twice a year. Charity fundraising once a year.	<ul style="list-style-type: none"> <li>Students to take ownership and be actively involved in raising awareness.</li> <li>Student voice and questionnaires to identify areas of need and development and strengths.</li> <li>Students and staff being confident knowing where to get support from.</li> </ul>
School activities (incl. details of how the school will implement the mental health curriculum)	<ul style="list-style-type: none"> <li>Questionnaires to inform activities via the RSE curriculum.</li> <li>MH days / weeks to be incorporated into assembly calendar.</li> <li>MH (#HelloYellow) charity day.</li> <li>Ensure pastoral staff are MHFA trained.</li> <li>Develop activities to support staff wellbeing.</li> <li>Tiered approach to mentoring/counselling/ CYPMHS. Counselling referrals to be streamlined by one person.</li> <li>Improved pastoral team.</li> <li>Develop a safe space to support managing of emotions and receive additional support from staff.</li> </ul>	MHL & SLT HPDs Staff	Safe space to be developed. Referral processes lead by the MHL. Staff training delivered by MHL and HPD team. Updated notice boards termly. RSE and PSHE are delivered for 90 mins per week, mapped out considerably to conform to UK government learning opportunities	<ul style="list-style-type: none"> <li>Questionnaires staff and students for qualitative feedback.</li> <li>Improved attendance across all students</li> <li>Fewer behaviour incidents at Stage 4 and 5.</li> <li>Increase in overall reward points.</li> <li>School has an ethos of care and kindness.</li> <li>Students will be able to recognise signs of ill mental health in themselves and others.</li> <li>Students will know how to access</li> </ul>

	<ul style="list-style-type: none"> <li>• Development of sanctions to promote positive behaviour.</li> <li>• Rewards system developed to ensure recognition and effort.</li> <li>• Staff know how to report concerns of students presenting with MH and wellbeing.</li> <li>• Track and record mental health concerns, support, and impact through the welfare log.</li> <li>• MH needs are accounted for in school policies.</li> </ul>			<p>support for themselves and others.</p> <ul style="list-style-type: none"> <li>• Students will be able to implement self-help strategies.</li> <li>• School to have a clear system for identifying students as well as tracking and monitoring wellbeing.</li> </ul>
Family / community activities	<ul style="list-style-type: none"> <li>• Development of communication via student services.</li> <li>• Safeguarding teamwork with families to signpost them for additional support when needed. This is done on an individual basis.</li> <li>• Fundraising and campaign events to raise awareness e.g. anti-bullying week</li> <li>• Notice boards and website links to be shared.</li> </ul>	MHL HPDs Administration staff.	<p>Awareness events running twice a year.</p> <p>Fundraising event once a year.</p>	<ul style="list-style-type: none"> <li>• Parents/ carers will know who to talk to in school about their concerns.</li> <li>• Work collaboratively with charities to support young people within the community.</li> </ul>

<b>Assessment, Interventions and Support</b>			
<b>Level of need</b>	<b>Assessment and Early Identification Indicators</b>	<b>Interventions and Support Available</b>	<b>Monitoring</b>
		The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and students	
<b>High need</b>	<ul style="list-style-type: none"> <li>• Safeguarding log and welfare tracker</li> <li>• Target to train all pastoral staff in youth mental health by 2022-23</li> <li>• Staff have clear indicators to look out for Children discussed in weekly Safeguarding meetings.</li> <li>• SENDCo referral system</li> <li>• Counselling referral system</li> <li>• Whole school student wellbeing measures</li> <li>• External agency assessments</li> <li>• Parent concerns</li> </ul>	<ul style="list-style-type: none"> <li>• Interventions recorded</li> <li>• Daily check-ins</li> <li>• Risk assessment in place and written by safeguarding team and key members of staff</li> <li>• 1:1 support where possible</li> <li>• Regular communications with parents and carers</li> <li>• CYPMHS referrals were necessary and coordinated through MH lead</li> <li>• Signposted to MH noticeboard.</li> <li>• Individual support plans</li> <li>• Safety plans</li> <li>• Crisis plans</li> </ul>	<ul style="list-style-type: none"> <li>• Regular reviews of risk assessments</li> <li>• Parental views to be included in reviews</li> <li>• Attendance and behaviour data</li> <li>• Multi agency meetings</li> <li>• Whole school wellbeing measures.</li> </ul>
<b>Struggling to cope well</b>	<ul style="list-style-type: none"> <li>• Student mental health sign posting.</li> <li>• Students discussed in safeguarding (SG team) and welfare (Middle leader meetings).</li> <li>• Whole school wellbeing measures.</li> <li>• Shackleton notes.</li> <li>• Referrals to SENDCo.</li> <li>• Parent concerns.</li> <li>• "Talk to Us" button.</li> </ul>	<ul style="list-style-type: none"> <li>• Daily check</li> <li>• Regular communication with carer and parents</li> <li>• Inclusion interventions</li> <li>• Pastoral support strategies such as PT / HP check ins.</li> <li>• SEMH interventions</li> <li>• Mental Health Champion support</li> </ul>	<ul style="list-style-type: none"> <li>• Baseline and impact measures from assessments and evidence-based interventions</li> <li>• Behaviour and attendance monitoring "Talk to Us" button analysis</li> </ul>
<b>Low need</b>	<ul style="list-style-type: none"> <li>• Student mental health signposting</li> <li>• Students discussed with key members of staff as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• PSHE lessons</li> <li>• Mental Health Champion support</li> <li>• Sign posted to mental health and wellbeing noticeboards</li> <li>• Daily check ins</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence of interventions and evaluations</li> <li>• Screening evidence especially pre-arrival</li> </ul>



APPENDIX 4

# Deteriorating Mental Health Process

