BALLARD

BESPOKE EDUCATION

MENTAL HEALTH POLICY	
Reviewed by:	**Chris Jackson – Deputy Head Pastoral**
Review Date:	**September 2026**
Next Review due:	**September 2027**

Mental Health Policy

Poor mental health is increasingly common among young people. One reason for this rise is that young people often feel that they are pressured to succeed, and any sense that they are not meeting a standard expected of them, or that they expect from themselves, can cause a loss of self-esteem and self-worth. It is also generally accepted that widespread use of social media leads young people to be more anxious about their social standing and can lead them to judge themselves against impossible personal standards. The School recognises that mental health concerns may be an indicator of underlying safeguarding concerns including abuse, neglect, child-on-child abuse, exploitation or trauma.

Aims

This Policy aims to:

- Describe the School's approach to mental health issues;
- Increase understanding and awareness of poor mental health so as to facilitate early intervention of mental health problems;
- Alert staff to warning signs and risk factors;
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who suffer from poor mental health; and
- Provide support to pupils who suffer from poor mental, their peers and parents/carers.

Objectives

To achieve these aims:

- Mental Health First Aid and other appropriate mental health training opportunities are made available to staff.
- The School's Senior Mental Health Lead is the Deputy Head Pastoral, with support from the Pastoral Team.
- The School will promote a culture where seeking support for mental health concerns is viewed positively and without stigma.
- Each week during whole staff briefing the DSL will make staff aware of any current pupil concerns that might impact mental health
- The School maintains a pastoral structure so that every pupil has a dedicated team of staff responsible for their mental health needs. This Pastoral Team consists of Form Tutor, Head of Section, Deputy Head of Section, Head of Learning Support/DEL (Department of Enhanced Learning), 2 x School Nurses, 3 x Pastoral Support Assistants, Head of Wellbeing and Deputy Head Pastoral.
- Where necessary this team will create a Pastoral Support Plan (PSP) for pupils with mental health needs. The PSP will be shared with all relevant staff, parents and the pupil and kept in a secure file.
- The School maintains a Medical Room during school hours, staffed by a registered Nurse.
- The School maintains a Wellbeing Zone room (The Cove), staffed by our Pastoral Support Assistants.

- The School employs a registered Counsellor who is in School for one day a week.
- The School will promote mental health awareness through the assembly programme, PSHE programme, Form Tutor programme and School Council.

Provision of care

Form Tutors have responsibility for the day-to-day progress of all their tutees, including their mental health needs. If a Form Tutor, or any member of staff, has a concern about the mental health of a pupil they should consult with one of the core Pastoral Team - Designated Safeguarding Lead (DSL), Pastoral Support Assistant, School Nurse or Head of Section and record the concern on MyConcern. A list of some warning signs of poor mental health can be found in Appendix 1.

Staff should adopt a child-centred approach and consider the views, wishes and feelings of the pupil when planning support.

Staff are regularly trained in recognising and responding to common issues in mental health via INSET days and online courses. Weekly safeguarding questions to all staff regularly refer to mental health issues.

The Medical Room – pupils with mental health needs will often present to the Medical Room in the first instance and may be among the most regular visitors to the facility. As such the Medical Room plays a vital role in identifying the early warning signs of mental health problems. The Medical Room is located in the Lower Prep corridor.

Medication – it is a parent/carer's responsibility to make the School Nurse aware if their child has been prescribed medication.

The School Counsellor – the School Counsellor is a registered professional with extensive experience of dealing with young people with their mental health. The Counsellor has a dedicated space in the School which can be accessed discretely by pupils. The Counsellor is available for one full day a week and appointments can be arranged via our School Nurse.

Transition – the School recognises that times of external transition between schools and internal transition between year groups can be moments of high stress for pupils. The Heads of Sections, Deputy Heads of Section and Pastoral Support Assistants run an extensive transition process to ensure all pupils feel welcomed and develop healthy relationships within their peer group. The Pastoral Team will meet weekly to ensure that pupils of concern are recognised and given the appropriate support.

Record Keeping and Confidentiality

Counselling sessions are confidential except where safeguarding concerns require information to be shared in accordance with the School's safeguarding procedures.

Medical information, including information about an individual's mental health, is treated confidentially by the School.

Supervised School Trips and Sports Fixtures

Staff responsible for sports teams gather information regarding pupils with health needs prior to the match. No other trip or off-site activity should take place unless the trip leader has received the complete medical information. This will indicate pupils with mental health needs and will flag up any pupils who needs to be discussed in detail with the Pastoral Team.

Emergency Procedures

Should a pupil present with mental health needs that constitute a safeguarding concern, any member of staff is empowered to contact outside agencies and inform the DSL as soon as possible thereafter. However, it is expected that in most instances referrals to Children's Services, CAMHS or the Emergency Services will be made by the Designated Safeguarding Lead or another member of the Pastoral Team. In some instances, a parent/carer may be advised to take a child to their GP for an emergency appointment.

Supporting pupils with mental health needs in school

Many pupils will at some time have mental health needs that may affect their participation in school life. For most these may be short-term. However, for others there will be long-term mental health needs which, if not properly managed, could limit their access to school and ability to take part in all aspects of school life. The School will put into place effective management systems to support individual pupils with mental health needs whilst in school.

- Short-Term Mental Health Needs: Many pupils may have short-term mental health needs, which will require the support of the School in order to minimise the time they are away from school. These needs will often be surrounding traumatic events such as a death in the family. It is vital for parents/carers to keep the School informed of any such events so that the appropriate care can be put in place.

- Long-Term Mental Health Needs: It is very important for the School to have sufficient information about the medical condition of any pupil with long-term mental health needs, as inadequate support can have a detrimental effect on a pupil's academic attainment and participation in life at Ballard.

Pastoral Support Plans

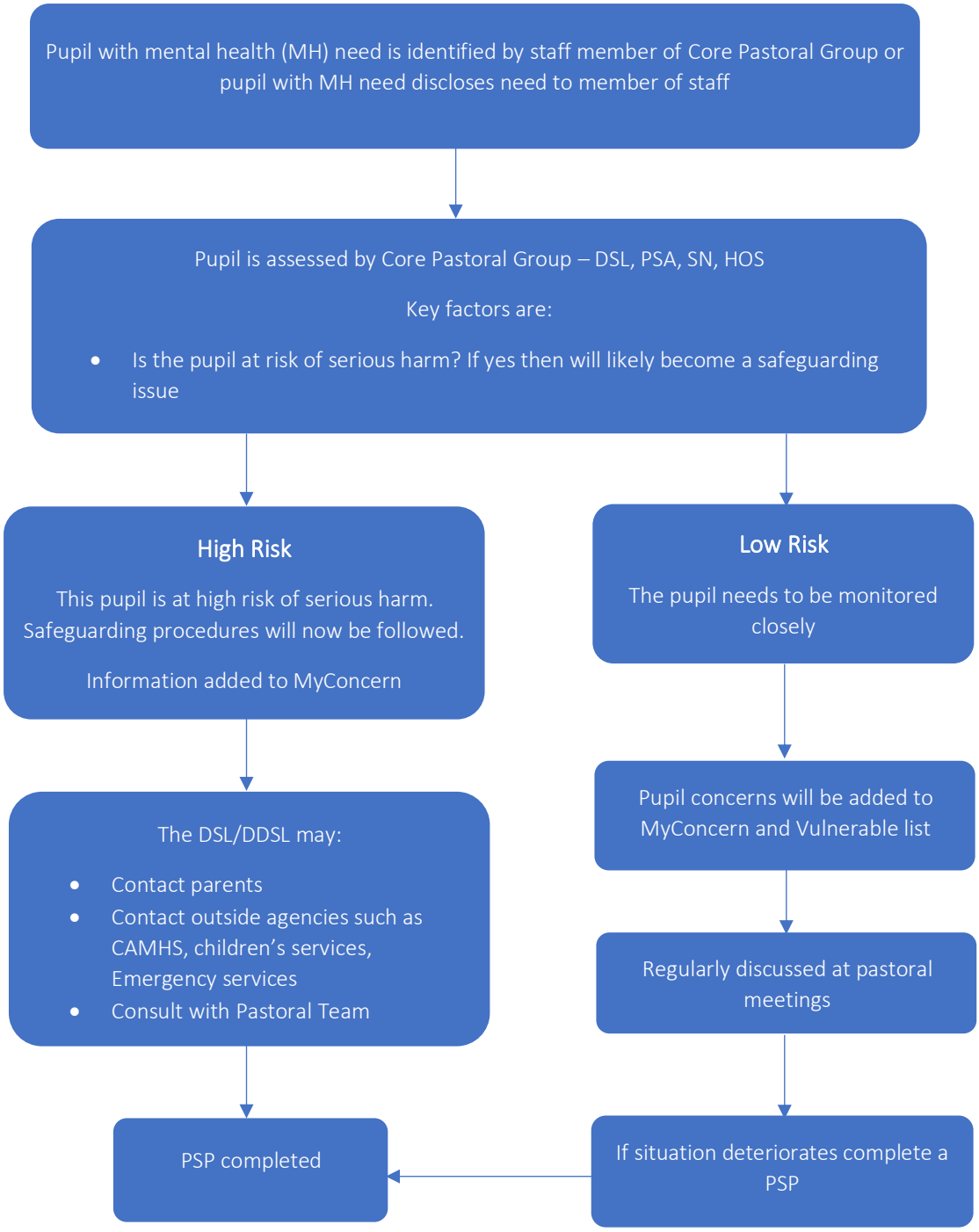
Any pupil who has long-term mental health needs will require a Pastoral Support Plan (PSP) drawn up by the Pastoral Team in consultation with parents/carer and other relevant health professionals. With pupil/parental consent the PSP plan will be shared with the Form Tutor and relevant staff.

In more complex and serious cases, a Risk Assessment might be produced in order to help the School keep a pupil safe. It will include relevant support points as contained in a PSP but extend on that with appropriate safeguarding factors.

Medication may be brought into school only if it is clearly labelled with the pupil's name, name of the medication, dosage, frequency and expiry date. When brought to school such medication should be handed to the School Nurse on the pupil's arrival. This medication will be securely locked in the drug cupboard. Please see the Medicines and Homely Remedies policy for more information.

Parents or carers have prime responsibility for their child's health and should provide the correct information about their mental health needs and the possible effects on school life. If information is withheld, the School cannot be held responsible for acting incorrectly in giving care or failing to support a pupil with mental health needs.

Procedure for creation of a Pupil Support Plan (PSP)



APPENDIX 1

Anxiety and Depression

Anxiety disorders
Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can also vary in how long it lasts but the condition may continue for many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day-to-day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that one in six people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder can include:

Physical effects
- Cardiovascular – palpitations, chest pain, rapid heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects
- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects
- Avoidance of situations
- Repetitive compulsive behaviour; e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least two weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at School
- Bullying
- Developing a long-term physical illness
- Death of someone close
- Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

- Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness.
- Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide.
- Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk-taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.
- Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

APPENDIX 2

SELF-HARM POLICY

Introduction – Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Self-harm is not a suicide attempt, on the contrary, it is a coping mechanism, and it is a desperate attempt to deal with a difficult problem or situation. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils currently engaging in self-harm.

Scope – This document describes the School's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and governors.

Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with pupils who self-harm
- To provide support to pupils who self-harm and their peers and parents/carers

Definition of Self-harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body. For example:

- cutting, scratching, scraping or picking skin
- swallowing inedible objects
- taking an overdose of prescription or non-prescription drugs
- swallowing hazardous materials or substances
- burning or scalding
- pulling out hair
- banging or hitting the head or other parts of the body
- scouring or scrubbing the body excessively

Risk Factors

The following risk factors, particularly in combination, may make a young person vulnerable to self-harm:

Individual Factors

- depression/anxiety
- poor communication skills
- low self-esteem
- poor problem-solving skills
- hopelessness
- impulsivity
- drug or alcohol abuse

Family Factors

- unreasonable expectations
- neglect or physical, sexual or emotional abuse

- poor parental relationships and arguments
- depression, suicide or self-harm in the family

Social Factors

- difficulty in making friends/loneliness
- being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further guidance from the Pastoral Team. Possible warning signs include:

- changes in eating/sleeping habits (pupil may appear overly tired)
- increased isolation from friends or family, becoming socially withdrawn
- changes in activity and mood; e.g. more aggressive or introverted than usual
- 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
- significant changes in presentation or appearance accompanied by other indicators of distress

Staff Roles in working with Pupils who self-harm

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a pupil; such as, anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try and maintain a respectful and non-judgemental attitude – a pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust. Staff should bear in mind that self-harm is a very private habit, and great care needs to be taken with confidentiality not to worsen the situation for the child. Staff should not demand that the child stop the activity, as this is risky in itself.

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Any member of staff who is aware of a pupil engaging in, or suspected to be at risk of engaging in, self-harm should speak to the DSL. The flow diagram below sets out the procedure to be followed.

Following the report the DSL and Pastoral Team will decide upon the appropriate course of action.

If a pupil has self-harmed in school, or on a school trip, the School Nurse or a first aider should be called for immediate help.

In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount, and an adult should remain with the pupil at all times.

Further Considerations

Any meetings with a pupil, their parents or their peers regarding self-harm should be recorded in writing on MyConcern, including:

- dates and times
- an action plan
- concerns raised
- details of anyone else who has been informed

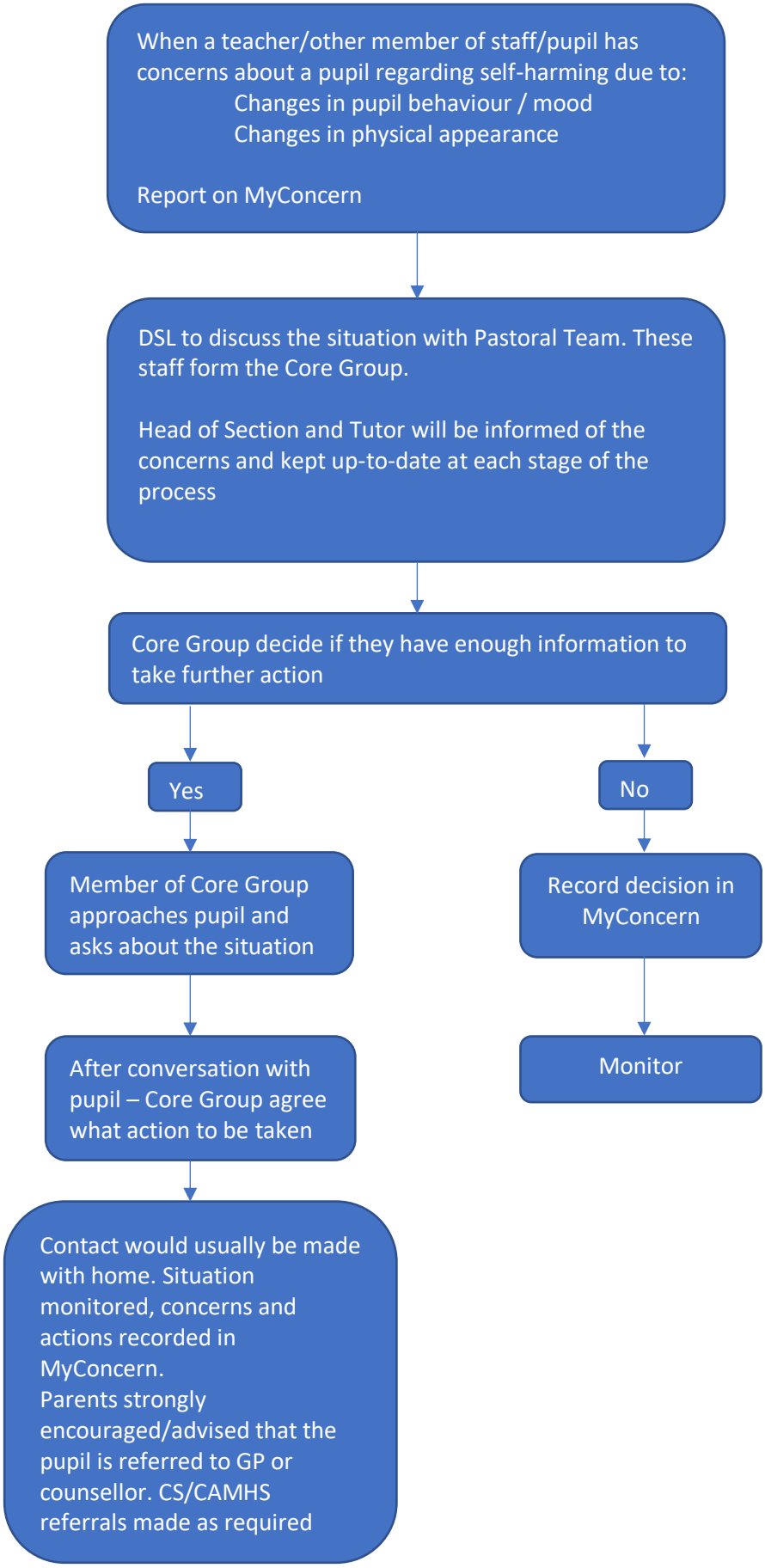
It is important to encourage pupils to let you know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group.

When a young person is self-harming, it is important to be vigilant in case close friends of the individual are also self-harming. Occasionally schools discover that a number of pupils in the same peer group are harming themselves.

There is a working hours deliberate self-harm rota facilitated by the Southampton General Hospital with the following contact details: (under 14-years) Orchard Centre 02380 296 230 and (over 14-years) Brookvale Adolescent Services 02380 586 154 and 24-hour psychiatric emergency cover available via GP practices.

Procedure for identification and management of pupils exhibiting signs of Self-Harm



APPENDIX 3

EATING DISTRESS AND EATING DISORDERS POLICY

A great many young people suffer from disordered eating and from body dissatisfaction. We want our School's culture to nurture a balanced, healthy attitude to food, exercise and body shape.

Regarding eating disorders, we recognise that they are serious illnesses, that there is a strong likelihood that a number of our pupils are affected at any time, and that the School has a crucial role to play in detection and treatment, in partnership with parents and clinicians.

The School undertakes to educate staff and pupils about eating distress and disorder so that they may understand the causes, signs, symptoms and effects.

The School recognises that eating distress and disorder are mental health problems with physical symptoms and have the highest rate of mortality of any psychiatric illness and therefore should not be ignored. The School takes the view that any form of eating distress/disorder is potentially life-threatening.

Types of eating disorders

- Anorexia nervosa
- Bulimia nervosa
- Binge eating
- Atypical eating disorders

General early warning signs

- Quiet changes in behaviour
- Excessive exercise
- Anxiety with regard to performance
- Weight loss (but not necessarily)

If there is concern that a pupil may be displaying signs or symptoms of eating distress/disorder

The process for the identification and management of pupils exhibiting signs of eating distress and disorder is represented in the form of the flow chart below.

Additional guidelines

Members of staff should not make promises of confidentiality. It is recognised that there may be over-riding medical reasons which necessitate immediate unilateral action. In all other cases the process outlined in the flow chart would normally be followed. The Headteacher may require the parents/guardians to remove the pupil if any targets set or agreements made are not kept.

Identification and management of pupils exhibiting signs of eating distress and disorder

The School is committed to each pupil achieving his/her academic potential. Alongside this the School also works to facilitate the emotional and social wellbeing of each child.

Eating distress and disorders are a physical manifestation of emotional distress and can often be the only sign of problems. It is vital, therefore, that all staff are aware of how problems appear in individuals and what action to take to facilitate the best outcome for each individual child.

The perceived pressure each child experiences to succeed and to conform can result in vulnerable individuals needing a mechanism to handle stress. The mechanism may be any behavioural or mood change. Any sense that the child is not reaching a standard that they believe is expected of them, or that they expect of themselves, can result in a loss of self-esteem and self-worth, making the individual vulnerable to that stress.

Children spend much of their waking time in the school environment and school staff are in a unique position to have an objective view of a child's behaviour. They are therefore ideally placed to spot the early signs of problems and to intervene in a positive way.

The School policy for the identification and management of pupils exhibiting signs of eating distress and disorder should be used for any individual exhibiting the characteristics described above and the process must be implemented at the earliest stage to ensure action is taken in a timely fashion.

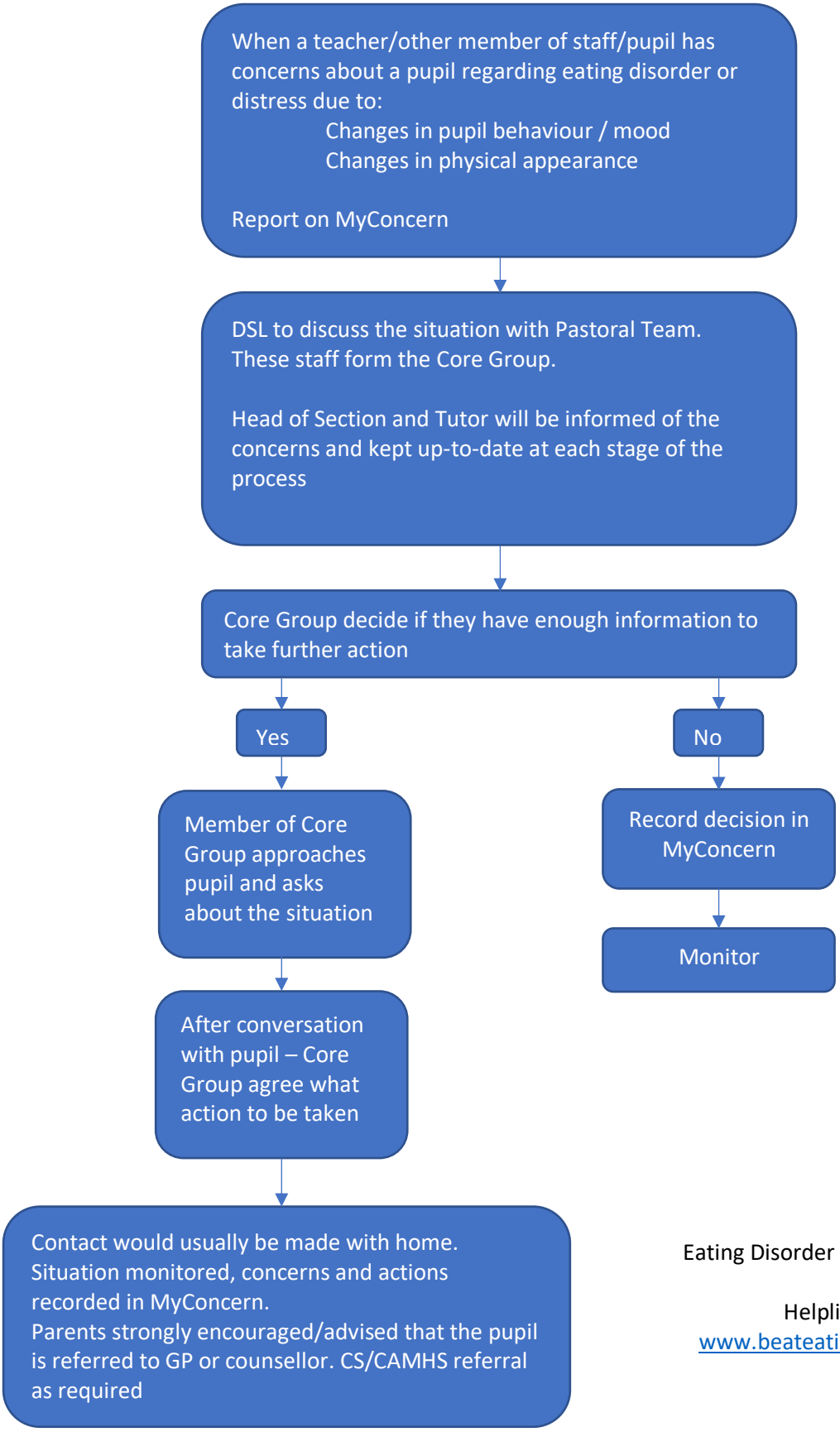
Supporting pupils who have been admitted to hospital

Under extreme circumstances CAMHS involvement may require the pupil to be admitted to a specialist mental health hospital who treat children with eating disorders.

In these cases, the School will always be guided by the specialist medical team at the hospital as to reintegration into School. A CPA meeting will be arranged (by CAMHS) and the School Nurse, the Head of Section and the School DSL will attend. Short-term arrangements will be implemented, usually involving a phased return. The School will supervise snacks and lunches where it can but cannot always guarantee close supervision. A reduced curriculum may be considered in conjunction with the child, parents and Director of Teaching & Learning and Director of Curriculum & Assessment.

The School will be guided by recommendations from the treating clinician, CAMHS and other relevant medical professionals regarding a pupil's fitness to attend School. However, the School still reserves the right to not allow a pupil to attend school if we believe they are not medically fit to do so.

Procedure for identification and management of pupils exhibiting signs of Eating Distress and Disorder



Resources:

Eating Disorder Association (BEAT)

Helpline: 0808 801 0677
www.beateatingdisorders.org.uk

Please see below basic information for staff:

Eating disorder versus disordered eating

Pupils will display behaviours along a continuum, with balanced eating at one end, some signs of disordered eating along the way, and at the far end of the continuum, the signs are serious and frequent enough to indicate a diagnosable eating disorder. There will also be a continuum on body dissatisfaction.

You don't need the expertise to tell where any particular pupils is on any spectrum. Your role is to spot signs that may indicate either disordered eating or an eating disorder, and to raise this with the parents.

The further along the continuum, the sooner you should act, and the more insistent you should be on the pupil getting referred to a specialist health professional.

Pupils who require the most urgent and specialised attention.

Diagnosable eating disorders (like binge-eating disorder, bulimia, anorexia, OSFED and ARFID) normally require urgent specialised care.

Even without a diagnosable eating disorder, some pupils may need urgent attention due to malnutrition.

For instance, there is a growing number of boys (it's more often boys than girls) whose health is at risk from an obsession with muscle-building.

Likewise, many pupils may be restricting entire food groups in a drive to eat 'healthy' or 'clean'. You will need to raise the alarm urgently with any who seem to have cut out major food groups.

What signs should staff be aware of?

You don't need expertise in the various types of eating disorder, and you don't need to differentiate an eating disorder from disordered eating. You just need to raise the alarm when:

- a pupil appears to be missing meals, or eating reduced quantities, or avoiding particular types of food
- you suspect the pupil is exercising obsessively
- you suspect the pupil is vomiting after eating
- you suspect the pupil is bingeing – i.e. eating unusually large quantities in an out-of-control (and usually secretive) way
- the pupil is intensely interested in the topics of food, cooking, fitness, diet
- the pupil seems to have lost or gained weight

You should be concerned about any child or adolescent having lost weight even if (especially if) they previously seemed overweight. Youngsters need a regular input of energy to grow and develop. Flag up the apparent weight loss with parents (if it was gradual they may not have noticed). Never praise weight loss or slimness in a growing young person.

Another sign is a marked change in mood. People often become withdrawn, depressed and anxious looking while they're affected by an eating disorder (though this may only show up at home, and at School this person may be a star pupil).

The misery of an eating disorder can be combined with self-harm or obsessive-compulsive disorder (OCD).

Note that pupils on the autistic spectrum are at greater risk of suffering from an eating disorder.

Chris Jackson
Deputy Head (Pastoral)
September 2026

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