Mental Health Policy

Version	Date	Author	Changes
1.0	June 2026	R Martin	Policy Created

Contents:

1. Purpose

This policy describes our approach to promoting and supporting the emotional well-being and mental health of autistic children and young people.

The policy should be read in conjunction with the following policies:

- Child Protection and Safeguarding Policy
- First Aid Policy
- Administration of Medication Policy
- Positive Behaviour Support (Restrictive Physical Intervention) Policy
- Antibullying Policy
- Health and Safety Policy
- Working Together to Safeguard Children
- Keeping Children Safe in Education (2026)
- SEND Code of Practice
- Children and Families Act (2014)

All mental health concerns will be treated as potential safeguarding concerns. In line with Keeping Children Safe in Education (KCSIE), staff recognise that mental health problems can, in some cases, be an indicator that a child is at risk of harm, abuse, neglect or exploitation. All concerns must therefore be responded to in accordance with the school's safeguarding procedures.

This policy aligns with the SEND Code of Practice (2015) and recognises that mental health needs may constitute special educational needs requiring a graduated response

2. Scope

All Supreme Start School staff have a responsibility to promote the positive mental health and wellbeing of pupils and staff, however, there are specific staff who are also Mental Health First Aid Trained who can also support with any issues, they are:

- Rachael Martin, Headteacher
- Catherine Baldwin, Class Lead
- Chloe Clegg, Class Lead
- Sylwia Zylewicz, Teaching Assistant

The Designated Safeguarding Lead (DSL) retains overall responsibility for safeguarding, including concerns relating to mental health.

The school has a designated Senior Mental Health Lead who is responsible for:

- Overseeing the implementation of this policy
- Coordinating early intervention and support
- Liaising with external agencies such as CAMHS
- Supporting staff with guidance on mental health concerns
- Monitoring trends and patterns in pupil wellbeing

Supreme Start School has a key role to play in:

- Promotion of positive mental health
- Prevention and early support of any challenges relating to mental health
- Identification of mental health challenges
- Supporting access to specialist support
- Delivering targeted support under the guidance of mental health specialists

Roles and Responsibilities:

Senior Mental Health Lead: Rachael Martin, Headteacher, Designated Safeguarding Lead, Mental Health First Aider, Counsellor

- Senior Mental Health Lead on site
- Ensure all staff are adequately trained to support children and young people
- Will ensure that all concerns are recorded and reported in line with safeguarding procedures, without delay.

Parents and Carers:

- Share any relevant information regarding their child
- Work together with the school to add to risk assessments for their child
- Attend meetings relevant to their child

3. Context

This policy is informed by and should be read alongside the following statutory guidance and legislation:

Keeping Children Safe in Education (KCSIE) (latest version)
Working Together to Safeguard Children (2018, updated)
Children and Families Act 2014
Special Educational Needs and Disability (SEND) Code of Practice (2015)
Equality Act 2010
Mental Health and Behaviour in Schools (DfE)
Promoting Children and Young People's Emotional Health and Wellbeing (DfE)

This policy recognises that mental health needs may constitute a special educational need and require a graduated response in line with the SEND Code of Practice.

Definitions:

Mental Health
A state of wellbeing in which an individual is able to recognise their abilities, cope with the normal stresses of life, work productively and contribute to their community. Mental health can fluctuate and is experienced by all individuals.

Mental Health Problem
A difficulty that affects someone's emotional, psychological or social wellbeing. These can range from mild and temporary to severe and long-term conditions.

Emotional Wellbeing
A person's ability to understand and manage their emotions, build positive relationships, and cope with everyday challenges.

Safeguarding
Protecting children from maltreatment, preventing impairment of their mental and physical health or development, ensuring they grow up in safe and effective care, and taking action to enable the best outcomes.

Early Help
Support provided to children and families as soon as problems emerge to prevent concerns from escalating into more serious issues requiring statutory intervention.

Designated Safeguarding Lead (DSL)
The member of staff with lead responsibility for safeguarding and child protection, including oversight of concerns relating to mental health where these may indicate risk of harm.

Senior Mental Health Lead
The member of staff responsible for leading and overseeing the setting's approach to mental health and wellbeing, including coordination of support and liaison with external agencies.

Special Educational Needs and Disabilities (SEND)
A child or young person has SEND if they have a learning difficulty or disability that requires special educational provision to be made for them. Mental health needs may fall within this definition.

Graduated Approach
A cycle of support outlined in the SEND Code of Practice: Assess, Plan, Do, Review. This ensures interventions are tailored and reviewed regularly.

Autism (Autism Spectrum Condition – ASC)
A lifelong developmental difference which affects how individuals communicate, interact and process information. Autistic individuals may experience the world differently and have a higher likelihood of experiencing mental health difficulties.

Reasonable Adjustments
Changes made to remove or reduce disadvantage for pupils with disabilities, including adaptations to routines, environment, communication and support strategies.

Distress
A state of emotional discomfort or stress that may be observable through behaviour, communication or physical responses. Distress does not always indicate a mental health condition but may signal underlying need.

Diagnostic Overshadowing
The misinterpretation of a person's symptoms as being solely related to their autism or disability, rather than recognising a possible co-occurring mental health condition.

Self-Harm
Behaviour where an individual deliberately causes harm to themselves as a way of coping with distress.

Suicidal Ideation
Thoughts about wanting to end one's life, which must always be taken seriously and responded to in line with safeguarding procedures.

CAMHS (Child and Adolescent Mental Health Services)
NHS services that assess and treat children and young people with emotional, behavioural and mental health difficulties.

Multi-Agency Working
Different professionals and services working together to support a child or family, including education, health and social care.

Trauma-Informed Approach
An approach that recognises the impact of trauma on behaviour and development and seeks to create safe, predictable and supportive environments.

Relational Approach
A way of working that prioritises positive, trusting relationships as the foundation for supporting behaviour, emotional wellbeing and development.

Protective Factors
Conditions or attributes that reduce the likelihood of mental health problems and promote resilience (e.g. stable relationships, supportive environments).

Risk Factors
Factors that increase the likelihood of developing mental health difficulties (e.g. trauma, family stress, communication difficulties, social isolation).

Mental Health Emergency
A situation where a child is at immediate risk of serious harm to themselves or others and requires urgent intervention, including emergency services.

Consent
Permission given by a parent/carer or the young person (where appropriate) before sharing information or making referrals, unless safeguarding concerns override the need for consent.

Confidentiality
Respecting a child's right to privacy. However, confidentiality cannot be guaranteed where there are safeguarding concerns and information must be shared to keep a child safe.

Mental health:

Mental health encapsulates how we feel and think. It can affect our emotional, psychological and social well-being. We all have mental health and like our physical health, our mental health can fluctuate, meaning that sometimes we feel good and sometimes we do not feel good. When we have good mental health, we still experience negative and painful emotions such as grief, loss and failure – these are a normal part of life that we can successfully navigate when we have good mental health.

It can be helpful to understand mental health as being made up of two key elements:

- Feeling good - experiencing positive emotions like happiness, contentment and enjoyment and feelings like curiosity, engagement, and safety.
- Functioning well - coping with the normal stressors of life, having a sense of purpose and experiencing positive relationships and social connections.

Mental health conditions

- Mental health conditions, like physical health conditions, range from having a few mild symptoms and feeling a bit 'under the weather' to being seriously ill. Mental health conditions are usually classified as mild, moderate, severe or complex and are

characterised by a combination of atypical emotions, thoughts, behaviours and relationships with others.

- These problems can be worsened for those with greater support needs, particularly when individuals are unable to communicate their feelings or communicate their distress.
- Most mental health conditions can be successfully treated by self-management, talking therapies and/or medication.

Autism and mental health:

People with Autism or who have ASC are at much higher risk of developing a mental health problem than the general population. Nearly 78% of autistic children and young people have at least one mental health condition and nearly half of those have more than one condition.

Mental health support for children and young people (Up to 18 years):

Tier 1 support is provided by GPs who can inform, support and treat children and young people with mild mental health needs. Education settings are also considered to provide '*Tier 1*' support through contributing to mental health promotion, early identification of problems, and by supporting parents or young people to consult their GP as and when needed.

Tier 2 support is provided by Local Child and Adolescent Mental Health Services (CAMHS) for those for those with moderate mental health needs. CAHMS provide treatment for under 18s as well as providing consultation and advice to families and other practitioners. CAMHS practitioners also identify severe or complex needs whereby children and young people require access to more specialist services.

Tier 3 provision is for children and young people with severe, complex and persistent conditions and is usually delivered through outpatient services.

Tier 4 services are provided for those whose needs require highly specialist support, which is usually provided in day units or in-patient provision.

Provision of mental health support for over 18s

Adult mental health services are divided into 3 types:

- *Primary care*, which is provided by GPs
- *Secondary care* usually comprises of community and home treatment teams and is accessed through a referral from a GP
- *Tertiary care, which* involves highly specialised treatment, often within an in-patient setting.

4. Promoting Positive Mental Health

4.1 Whole School Approach to Mental Health

Supreme Start School adopts a whole-school approach to mental health and wellbeing. This includes:

- Leadership and management that prioritises wellbeing
- A culture of openness where children feel safe to express emotions
- Staff modelling positive relationships and emotional regulation
- Strong partnerships with parents/carers
- Pupil voice being actively sought and responded to
- Early identification and targeted support
- Staff wellbeing being promoted and supported

This approach is particularly important for autistic pupils, where consistency, predictability and relational safety are key protective factors.

The curriculum at Supreme Start School incorporates teaching and learning activities that support knowledge and understanding about mental wellbeing, an emphasis is placed on enabling our children and young people to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

The school monitors the impact of its mental health provision through:

- Review of behaviour and wellbeing data
- Pupil voice
- Parent/carer feedback
- Review of interventions

This ensures continuous improvement of support for pupils.

5. Prevention and early support

At Supreme Start School, we believe that through creating a safe and calm environment, where children and young people feel supported and are positively thriving, mental health problems are less likely to occur.

We also take a ‘relational approach’ to our behaviour management and daily culture whereby safe, supporting and accepting relationships sit at the centre of everything we do. There is strong evidence showing how a relational approach in schools serves as a protective factor for mental health and is an effective way for schools to support those with poor mental health.

6. Identification

Staff should be alert to the range of indicators set out in Keeping Children Safe in Education, including:

- Significant changes in behaviour
- Withdrawal or isolation
- Persistent low mood or anxiety
- Changes in sleep or eating patterns
- Self-harm or expressions of suicidal thoughts

In autistic pupils, these indicators may present differently and must be understood within the context of the child's individual communication and behaviour profile.

When children and young people begin to struggle with their mental health, this usually becomes evident through signs of distress. Distress itself is not a sign of a mental health issue, but most mental health issues are highly associated with distress. This means it can be hard to tell whether a child or young person is experiencing the normal ups and downs of life or the beginnings of a longer-term problem. This is particularly challenging with autistic people and those with learning disabilities. Even amongst mental health specialists, diagnostic overshadowing occurs whereby mental health symptoms are misattributed to autism or a learning disability.

When we have concerns about the mental health of children and young people working and learning with us, and where we can hold conversations with them, we explore, with them, changes in behaviour and changes in their thoughts and feelings and then make a decision as to whether we think specialist support might be needed. Where children and young people are unable to express themselves clearly, we are reliant on noting changes. Appendix 1 provides an overview of the signs and symptoms we look out for. We attend to changes that are sudden and those that occur over a period of months.

When children and young people exhibit distressed and distressing behaviours, we consider that the cause could be a mental health-based issue that requires specialist support, not just focus on a plan to address the behaviour. If we don't, mental health issues can escalate whilst a range of different behavioural approaches are found to be unsuccessful.

In line with the SEND Code of Practice, the school adopts a graduated approach (Assess, Plan, Do, Review) when supporting mental health needs. Adjustments are made to ensure support is accessible and appropriate for autistic pupils, including consideration of sensory needs, communication differences and emotional regulation difficulties.

Where there are concerns that a child's mental health may be linked to abuse, neglect or exploitation, safeguarding procedures will be followed immediately.

7. Supporting Access to Specialist Support

We have a role to play supporting timely access to specialist support that may be needed by those who learn and work with us.

At Supreme Start School, when staff have concerns about unmet mental health needs, these are discussed with the Headteacher and Designated Safeguarding Lead, as well as the person who leads on mental health. If you have a concern regarding the mental health of a child or young person, this should be reported immediately to the Designated Safeguarding Lead via the organisation's reporting process, as outlined in the safeguarding policies and procedures.

If a child or young person is already under the care of a mental health specialist, a nominated member of school will liaise with them, to share the arising concerns and to access advice and support. Where this is not the case, a plan is made to support access to specialist support.

Where appropriate, an Early Help Assessment (EHA) may be initiated to support children and families where needs are emerging but do not meet statutory thresholds. The school will work in partnership with multi-agency services to ensure coordinated support.

Staff follow local safeguarding partnership thresholds to determine when concerns should be escalated to children's social care.

With under 16s, the first step is usually to ask and support a parent/carer to make an appointment with the GP. The education setting can provide a supporting letter, outlining the concerns arising, changes that have been observed and what steps have been taken to provide support.

Another route is for the education setting to make a direct referral to CAMHS. Where this is the case, parental consent to make the referral is, and must be, obtained. If parents are not willing or able to consent to a referral where there is evidence of unmet mental health needs, safeguarding procedures are followed.

With over 18, unless they have been deemed to lack mental capacity, consent from the young person is, and must be, sought before making a referral to CAMHS or adult services. Best practice involves us also working with parents/carers to share concerns and action being taken, where permission is granted.

Children, young people, and their parents/carers can be resistant to seeking/ accessing mental health support for a range of reasons. We have a role to play in de-stigmatising mental health issues and encouraging access to support. We do this by recognising that they may not think they or their child could be mentally unwell and understanding that they may feel too embarrassed or frightened to talk to a doctor. In such instances we:

- are calm, patient and sympathetic;
- bring up the subject when everyone has time to talk;
- explain what has led to our concerns (describe the behaviours / experiences that underpin our concerns);
- explain that we think that the professionals we are suggesting they consult can and do help with needs like the ones we have concerns about

Supreme Start School work alongside the Local Authority and the Early Help Teams to ensure that our families and children have access to the support that they require.

The Oldham Targeted Early Help Services can be self-referred or supported by staff at school as below:

Seeking support from targeted Early Help

Requests for support from Targeted Early Help are made through our online referral form

MASH referral form

If you would like to discuss the most appropriate support for a child or family or have a concern about a child, please contact the Multi-Agency Safeguarding Hub on 0161 770 7777 (Option 1, then Option 3).

8. Responding to a Mental Health Emergency

If there is an immediate risk to life or serious harm, staff must take urgent action. This includes:

- Calling 999 immediately
- Contacting emergency medical services or taking the child to A&E
  Not delaying action whilst waiting for the DSL if urgent intervention is required

If there is a fear that a child or young person who is learning or working with us is in danger of immediate harm due to their mental health, the normal child/adult protection procedures are followed with an immediate referral to the designated safeguarding lead (DSL).

If a child or young person presents a medical emergency then the normal procedures for medical emergencies are followed, including alerting the first aid staff and contacting the emergency services if necessary. Immediate expert advice can be sought from local NHS emergency mental health helplines whereby advice from trained mental health advisors and clinicians can be accessed 24 hours a day, 7 days a week, 365 days a year.

You can text Oldham MIND on 07480 635134 and they will support you immediately

Staff may also seek help, support or guidance from NHS via 111 or local CAMHS duty teams, where appropriate.

9. Training

Core induction processes and ongoing learning and development activities ensure that all staff receive training whereby they learn about environments and relationships that meet the physical and emotional needs of children and young people.

Training includes:

Safeguarding and mental health awareness (updated regularly)
Autism and mental health
Trauma-informed practice
De-escalation and relational approaches

This ensures staff can appropriately recognise and respond to the specific presentation of mental health needs in autistic pupils.

In addition, all staff receive training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep children and young people safe.

Training opportunities for staff who require more in-depth knowledge is considered as part of our performance management process and additional continuing professional development (CPD) is supported throughout the year where it becomes appropriate due to developing situations with one or more children or young people. Where the need to do so becomes evident, we host training sessions for groups of staff to promote learning or understanding about specific issues related to mental health.

All staff have access to the following ongoing training:

- Mandatory safeguarding and mental health refresh cycles
- Autism-specific mental health training
- Trauma-informed practice

Some staff are Youth Mental Health First Aid trained to support identification and signposting.

10. Appendix 1: Possible Signs and Symptoms of mental health needs

Changes in behaviour that *can be* a sign that someone needs mental health support are:

- being anxious,
- being irritable,
- trying to start arguments,
- having mood swings,
- self-harming,
- sleeping too much or too little,
- not wanting to be around other people,
- being less able to cope with work or studies,
- having concentration problems,
- having memory problems,
- eating more or less
- Having suicidal thoughts
- Withdrawal
- Sleep issues
- Behaviour change

- Self-neglect

Staff should be alert to indicators outlined in KCSIE including significant behavioural changes, withdrawal, sleep disruption, and self-harm.

Changes linked to psychosis (uncommon in under 18s and very uncommon in under 13s) can include:

- focusing on odd ideas or beliefs,
- being suspicious and paranoid, such as thinking people are talking about them,
- believing that friends or family members want to harm them,
- thinking that the TV is talking to them,
- believing they are on a special mission or have special powers,
- not talking to anyone or not wanting to leave their room for days
- having problems concentrating or remembering things
- stopping eating, washing or dressing properly.

Many of the above behaviours/experiences are not untypical of autistic children and young people and/or those with learning disabilities. The key task for us it to notice **changes in frequency and intensity and when such behaviours/ experiences are new or different**.

Key Contacts:

Rachael Martin: Headteacher, DSL, Mental Health Lead – 0161 974 4777

Monitoring and review

- This policy is reviewed every year by the headteacher and the DSL. Any changes to this policy will be communicated to all relevant stakeholders.
- The scheduled review date for this policy is April 2027 or when new guidance or legislation is released.
- The Headteacher will regularly review patterns of need, referrals and outcomes to ensure effective support and early intervention.