MENTAL HEALTH POLICY

This policy applies to the whole school including the Early Years Foundation Stage (EYFS) is publicly available on the school website and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the School Office.

Owner: Emma Redgrave
Effective Date:September 2025 Review Date:September 2026

All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures, both within and outside of normal school hours, including activities away from school. All employees and volunteers should read this policy in conjunction with Part 1 of the latest version of Keeping Children Safe in Education (KCSIE, 2025), our Safer Recruitment Policy, Whistleblowing Policy, Children missing from education policy, Staff Code of Conduct and The Teachers' Standards. Our approach at Eastcourt is child-centred and, at all times, we will act in the best interests of the child. This policy takes full account of the child protection procedures agreed by the Redbridge Safeguarding Children Board and statutory guidance *Working Together to Safeguard Children (2023).*

Monitoring and Review: This policy is subject to continuous monitoring, refinement and audit by the Headteacher, who will undertake a full annual review of this policy and procedures, inclusive of its implementation and the efficiency with which the related duties have been discharged. This discussion will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay.

Signed: E.Redgrave

Miss Emma Redgrave
Headteacher

Introduction
The World Health Organisation has defined Mental Health as "a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community".

Factors that put children at risk
Research has taught us that particular groups and individuals are at increased risk of having mental health problems. Table 1 demonstrates these risk factors for the child, family, school and local community and also highlights some protective factors that are thought to make developing a mental health problem less likely. Longitudinal studies propose that the more risk factors a child has, the more likely they are to develop a mental health or behavioural problem. In particular there is a correlation between socio-economic disadvantage, family breakdown and a child having cognitive or attention problems increasing the likelihood of these children developing behavioural problems (Brown, Khan and Parsonage, 2012). Data highlights that five or more risk factors increases eleven times the risks for boys aged 10 or under to develop a mental health disorder compared with boys with no risk factors. For girls of the same age range with five risk factors makes them nineteen times more likely to develop a disorder (Murray, 2010).

Table 1: Mental Health and Behaviour in Schools: Departmental Advice for School Staff

Department of Education, (November 2018)

	Risk Factors	**Protective Factors**
In the child	• Genetic influences • Low IQ learning and disabilities • Specific Development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual neglect or abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent – child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of a severe discord
In the school	• Bullying • Discrimination • Breakdown of a lack of positive relationships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider support network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Mentally healthy pupils are able to progress emotionally within the normal scope. Pupils acquiring behavioural difficulties beyond this normal scale are defined as experiencing mental health problems or disorders. These disorders can critically damage academic performance.

Schools are in a position to influence the mental health of children and young people as well as being best placed to identify the indicators of mental health problems at an early stage. They can increase the social and emotional development of children and nurture their mental wellbeing through their everyday involvement with pupils. At Eastcourt we understand our responsibilities and ensure that such pupils are not discriminated against, making sure that we provide reasonable adjustments to support their learning in accordance with the Equality Act (2010).

At Eastcourt we aim to offer an empathetic environment that will support and aid pupils with mental health struggles to accomplish their greatest academic potential. We do this by:

- Providing a range of support services such as pastoral support team that oversees the health and wellbeing of all pupils
- Having an 'open door' policy to encourage pupils with mental health difficulties to seek support
- Promoting understanding and recognition of mental health difficulties
- Providing support and education to staff
- Having effective procedures in place to deal with disclosures and confidentiality (and guidance on when information will be passed onto other people/parents if immediate health and safety concerns are raised)
- Having an effective Child Safeguarding Policy to work alongside this policy

Eastcourt is committed to providing a supportive environment, however it is important to recognize that we are not a mental health facility and there are limits to the extent of support we can provide and in some cases we will need pupils to seek outside support from the NHS and from within the community.

Child and Adolescent Mental Health Disorders

Some examples of such disorders may include:

- Conduct Disorder (aggression, destroying/losing property, theft, running away, *etc*.)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Deliberate Self Harm
- Eating Disorders
- Obsessive Compulsive Disorder (obsessions, compulsions, personality characteristics verging on panic)
- Anxiety Disorders (including panic attacks)
- Soiling and Wetting
- Autism (social deficits, communication difficulties, restrictive and repetitive behaviours)
- Substance Abuse
- Depression and Bi-Polar Disorder
- Schizophrenia (abnormal perceptions, delusional thinking)
- Suicidal Thoughts (not a disorder but thoughts based and equally as serious)

Prevention

Eastcourt has the subsequent procedures in place to assist pupils in school life. These procedures support staff to identify and support pupils with mental health problems. This includes but is not limited to: mental wellbeing coordinator, pastoral support team, policies, anti-bullying and safeguarding policies, behaviour management, links leaders and liaison with external agencies.

Identification of Mental Health Difficulties

It can be very difficult to recognise a pupil with mental health difficulties. However, staff should be alert to changes in a pupil's behaviour, presentation and engagement and should raise any concerns to the designated Child Protection lead. Any immediate concerns such as a pupil of risk of harm to themselves or others must be raised immediately.

Intervention

It is in the best interests of the pupil to offer support for mental health problems when they arise as the longer a pupil struggles the more complex the problem becomes. Supporting a distressed pupil can take up a lot of time and be challenging so please follow the guidance below:

- Think cautiously about how you can/are unable to help
- Do you have the time and expertise to help them?
- Is there a conflict with other roles you may have?
- Clarify your role/limits to the pupil
- Be ready to take a definite line about the degree of your involvement
- YOU ARE NOT ALONE. PLEASE REFER FOR SOME HELP.

If you are concerned about a pupil:

- Be proactive, don't evade the problem
- Collect more information from staff members to determine if your concern is shared
- Discuss your concerns in private with the pupil and be willing to listen
- Tell the pupil that you may not be able to maintain confidentiality, explaining you will converse with them if information needs to be shared and who with.
- If you still have concerns that you are not the best person to deal with the pupils problems and there is no improvement in spite of your minimal intervention ALWAYS REFER THE PUPIL ON so you are not left to deal with situations you may not be able to manage (see Appendix 1). If unsure take this action.

Next Steps

The relevant staff will meet to discuss the pupil. The aim of the meeting will be to decide whether:

- There are any child safeguarding concerns.
- Who, if anyone, the information should be referred to (parents, outside agencies).
- The next steps to be taken, which may include referral to outside agencies such as therapist, psychiatrists and/or emergency care.
- The appropriate support and follow up with school (and externally if required) will be arranged for the pupil and actions agreed.

The team is made up as follows:

- SLT
- Mental wellbeing coordinator
- Welfare coordinator
- Relevant teaching staff (if appropriate)

Confidentiality

Pupils will be encouraged to tell their parents about their problems or give permission for a member of staff to do so. If it is felt they are at risk to themselves, confidence will be broken and the parents informed. We do recognise that mental health problems may mean a pupil might not have the ability to recognise that they need help, resulting in their wishes for confidentiality to be broken in order to get them the support they need.

Reference to other legislation/documents

Brown, E., Khan, L. and Parsonage, M. (2012) *A Chance to Change: Delivering effective parenting programmes to transform lives*. Centre for Mental Health.
Data Protection Act (1998). London: HMSO.
Department of Education (November 2018) *Mental Health and Behaviour in Schools: Departmental Advice for School Staff.* [Online]. Available at: https://assets.publishing.service.gov.uk/media/625ee6148fa8f54a8bb65ba9/Mental_health_and_behaviour_in_schools.pdf [Accessed 19th March 2025].

Department of Health (2015) *Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing*. London: Department of Health.
Equality Act 2010. London: HMSO.
Murray, J. J. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. *Journal Of Child Psychology & Psychiatry*, 51(11), pp. 1198-1207.
Murphy, M. and Fonagy, P. (2012) Chapter 10: Mental health problems in children and young people. [Online]. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CMO_Chapter_10.pdf. [Accessed 18th April 2016].
Ofsted (2015) inspecting schools: handbook for school inspectors. London: Ofsted.
Public Health England (2014) *The link between pupil health and wellbeing and attainment,* London: Public Health England.
Department for Education (2025) *keeping children safe in education: statutory guidance for schools and colleges*. London: Department for Education.

Appendix 1: How to help flow chart

Assessing if a pupil has a problem?

- Did the pupil tell you?
- Have other staff/pupils informed you of their concerns?
- Have you noticed an alteration in the pupil's appearance (weight increase/decrease, deterioration in personal hygiene)?
- Have you observed a variation in the pupil's mood (solitary, sad, depressed)?
- Has the pupil's behaviour recently declined?
- Has the pupil's academic accomplishment altered considerably?
- Has the pupil had these issues for a considerable time?

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Deal with the situation. Be ready to listen.
Speak confidentially.

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After discussion with the pupil, if you still have concerns or further intervention is required, speak to a member of the team who will arrange for the team to meet. Ask the pupil for consent to share the information and tell the pupil with whom and what is being shared.

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The team (SLT, Mental Wellbeing Coordinator, Welfare Coordinator) meets and determine:

- If there are any child safeguarding concerns.
- Who, if anyone the information should be referred to (parents, outside agencies).
- The next steps to be taken, which may include referral to outside agencies such as therapist, psychiatrists and/or emergency care.
- The appropriate support and follow up with school (and externally if required) will be arranged for the pupil and actions agreed.

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Encourage them to tell parents. Team to nominate someone to tell parents unless inappropriate/child safeguarding issues.
FOLLOW UP