



The Park Federation Academy Trust

Montem Academy

Mental Health, Wellbeing and Bereavement Policy

2025-2026

Approval History

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| Signed by Chair | Dr. Martin Young |
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Positive Mental Health and Wellbeing Policy

1) Policy Statement

Mental health is 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. (World Health Organization)

1.1 At Montem Academy, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

1.2

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

2) Scope

2.1 This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

2.2 This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

3) The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents or carers

4) Lead Members of Staff

4.1 Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- **Bethany O'Brien** – Director of Inclusion, SENDCo, Designated Safeguarding Lead, Senior Mental Health Lead

- **Leanne Winsor** - Director of Inclusion and Early Years, SENDCo and Deputy Designated Safeguarding Lead
- **Sian Caves** - Mental Health First Aider for children and SEND LPP
- **Amy Bishop** - Child and Family Support Worker and Community Liaison Officer and Deputy Designated Safeguarding Lead
- **Nicole Jones** – Child and Family Support Worker and KS2 Speech and Language Assistant

4.2 Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead, the head teacher or the designated governor. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

4.3 Where a referral to CAMHS or the Mental Health Support Team is appropriate, this will be led and managed by Leanne Winsor, Amy Bishop and Bethany O'Brien.

5) Individual Care Plans

5.1 Pupils causing concern or those who receive a diagnosis pertaining to their mental health will have an individual care plan. This should be drawn up involving the pupil, the parents and relevant health professionals. This may include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

6) Supporting Students

6.1 Pupils will be identified through different school systems, such as repeated patterns of behaviour, identification of specific needs by the SENDCo as well as through concerns raised by staff or parents/carers.

6.2 Time will be taken to gain an understanding of the cause and nature of the behaviour and consideration given to how the underlying causes can be addressed through intervention and support:

- Regular monitoring of behaviour logs to identify patterns of behaviour
- Using positive behaviour plans when a child's behaviour is challenging over a period of time
- Allocation of a learning mentor and/or 1:1 support
- Referral to participate in social skills groups.
- Referral to participate in ELSA (Emotional Literacy Support)
- Referral to Slough's behaviour support service (SEBDOS)
- Referral to the Educational Psychologist or other outside agencies as appropriate
- Use of an Multi-Agency referral or Early Help referral to access the Local Authority's support or for a multi-agency approach e.g. Team Around the Family.
- Referral to CAMHS.

7) Teaching about Mental Health

7.1 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 our developmental PSHE curriculum.

7.2 The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

7.3 We will use Jigsaw PSHE and 'R time' in order to teach these subjects and follow the relevant guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive and helpful manner.

8) Signposting

8.1 We ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined on our website here

<https://www.montem.academy/page/?title=Three+Waves+of+Wellbeing&pid=293> and here <https://www.montem.academy/page/?title=Pupil+Wellbeing%3A+How+to+support+your+child%3F&pid=294>.

8.2 We display relevant sources of support in communal areas such as common rooms and toilets and regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

9) Warning Signs

9.1 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 Bethany O'Brien - Director of Inclusion, Designated Safeguarding Lead and Senior Mental Health Lead.

9.2 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 PE 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

10) Managing disclosures

10.1 A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

10.2 If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

10.3 Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'.

10.4 All disclosures should be recorded in writing and held on the student's confidential file. This written record should include:

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

10.5 This information should be shared with the mental health lead, Bethany O'Brien, who will store the record appropriately and offer support and advice about next steps.

11) Confidentiality

11.1 Staff must be clear and honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we should explain this to the student:

11.2 Disclosures must be shared with the designated safeguarding lead and senior mental health lead, Bethany O'Brien. Parents should also be informed. This helps to safeguard staff emotional wellbeing as they are no longer solely responsible for the student, it ensures continuity of care and it provides an extra source of ideas and support. Any disclosure where the child may be at risk of harm will be referred to Children's Services by the designated safeguarding lead.

11.3 If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the designated safeguarding lead, Bethany O'Brien, must be informed immediately.

12) Working with Parents

12.1 Where it is deemed appropriate to inform parents, staff need to be sensitive in their approach. Before disclosing to parents, staff should consider the following questions:

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? In a quiet area, away from other people.
- Who should be present? Consider parents, the student and other members of staff.
- What are the aims of the meeting?

12.2 It can be shocking and upsetting for parents to learn of their child's potential issues surrounding mental health and wellbeing and many may respond with anger, fear or upset during the first conversation. Staff should be accepting of this and give the parent time and space to reflect.

12.3 Staff should always highlight further sources of information and give parent's leaflets to take away where possible. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

12.4 Staff should always provide clear means of contact should the parent have any further questions once they have processed the information. Each meeting should be finished with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

13) Working with All Parents

13.1 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:

- Highlight sources of information and support about common mental health issues on our school website and app. Information on our website can be found here <https://www.montem.academy/page/?title=Pupil+Wellbeing%3A+How+to+support+your+child%3F&pid=294> and here <https://www.montem.academy/page/?title=Family+Support+Information&pid=35>.
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings and coffee mornings.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

14) Supporting Peers

14.1 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 consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents.

15) Bereavement

15.1 A death can affect the school community in different ways and depends on:

- The role that the deceased person had in school.
- How well known they were in the local community.
- Circumstances surrounding the death, particularly suicide, or other violent or sudden deaths.

15.2 In the event of a death within the school. The following protocol will be followed.

- A staff meeting will be held as soon as practicable and absent staff will be informed separately. If a death occurs within a holiday period then staff will be informed on the first working day after this period. If appropriate staff may be phoned during the holiday period by a member of the Senior Leadership Team. This will take the relationship between the absent colleague and the deceased into consideration.
- A factual explanation of how the death occurred will be given with the awareness that people may connect the incident to their own personal experience of bereavement, so feelings about past bereavements may need to be discussed afterwards.
- For a death that may attract media coverage (e.g. if the member of staff was a well-known personality or died tragically), a nominated spokesperson (e.g. Head Teacher, Chair of Governors) will provide a 'news statement' at an agreed time if appropriate. No other member of staff will be permitted to speak to external sources. This 'news statement' will always be carried out in accordance with the wishes of the individual's family.
- Good lines of communication will be maintained with all relevant parties, this will always include family and staff, and in some cases may involve communication with emergency services, health, the Educational Psychology service, Social Care, and other support services.
- Parents and carers will be informed, by letter, by a nominated member of staff (e.g. Head teacher or Chair of Governors).
- The mental health team (Bethany O'Brien, Leanne Winsor, Sian Caves, Amy Bishop and Nicole Jones) will be available to talk to staff, parents and children as needed. The mental health first aiders will also have a directory of additional support services to signpost people too if needed.
- Staff will be provided with a script to use when discussing the incident with pupils to ensure consistency.

15.3 Informing Parents

15.4 It is vital that parents and carers are provided with information as soon as possible so that they can support their children and help them make sense of what has happened.

15.5 Most schools have text and email systems for informing parents, so you may want to combine these methods, for instance texting parents to let them know that they have been sent a letter by email and/or that there is an important letter for them to pick up when they collect their child from school.

15.6 Informing Pupils

- Identify those children who had a long-term and/or close relationship with the deceased to be told together as a separate group. Where possible inform all the pupils in the smallest group practicable.
- Take account of pupils with specific needs including: pupils with past history of loss; pupils with a learning disability and pupils who have difficulty managing their emotions or behaviour.
- Stick to a calm, factual approach for example:

“I’ve got some really sad news to tell you today that might upset you. I know most of you will have heard of cancer, and know that sometimes people with cancer get better, but other times people die from it. Mrs Smith, the Geography teacher and Year 11 tutor, has been ill with cancer for a long time. I have to tell you that Mrs Smith died yesterday in hospital”.

“Sometimes people have accidents at work, at home, at school or on the road. People may be hurt or injured in the accident and they may have to go to hospital for treatment. Sadly, there are some accidents that cause people to die. I have some really sad news to tell you that might upset you. Yesterday Stephen, who is in Year 4, was in an accident and he was so badly injured that he died”.

- Refer to the person’s name naturally, “Mrs Smith died from cancer”.
- Children will appreciate time to verbalise their feelings and fears. Allow space for “If only’s...” to be acknowledged.
- Discussion – allow pupils to share their own experiences of death, eg. “When my pet/my gran died” etc.
- Be honest about your own feelings and experiences, and talk openly about the relationship that you had with the person.
- Answer pupil’s questions factually. Avoid using euphemisms like ‘passed away’, or ‘lost’ etc. Use the words dead, died and death to avoid confusion for children.
- Be prepared for children to say or do the unexpected, experience has shown some responses or apparent lack of response may be upsetting for adults. No apparent response does not mean that a child does not care.
- Plan and arrange how the school will collectively acknowledge the loss and remember the person, for instance with an assembly, memory book, and maybe in time a permanent memorial (garden, tree, bench etc).
- It is natural that children may be upset and/or need time to process information, make sure there is a quiet space for them to go to, support available for them both immediately afterwards and in the days that follow.

16) Training

16.1 All staff receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe.

16.2 Training opportunities for staff who require more in depth knowledge is considered as part of our performance management process and additional CPD is supported throughout the year where appropriate.

16.3 Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

16.4 Suggestions for individual, group or whole school CPD should be discussed with Bethany O’Brien, our senior mental health lead, who can also highlight sources of relevant training and support for individuals as needed.

17) Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in July 2026.

This policy will always be immediately updated to reflect personnel changes.