



Positive Mental Health Policy 2026/27

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Public Sector Equality Duty

This policy is written with due regard for the public sector equality duty that is placed on all schools. Tavistock College will make reasonable adjustments for members of the school community with SEND and protected characteristics and guard against discriminatory practices and victimisation to ensure no-one is treated unfairly.



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).

The College recognises that mental health and wellbeing are integral to safeguarding and promoting the welfare of children. Mental health concerns can, in some cases, be an indicator that a child has experienced or is at risk of abuse, neglect, exploitation or other safeguarding concerns. All staff should be alert to signs of mental health difficulties and take appropriate action in line with safeguarding procedures.

At our College, 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. 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.

Scope

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.

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.

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
- Ensure mental health concerns are recognised and responded to within safeguarding procedures.



- Promote a whole-college approach to mental health and wellbeing, consistent with Department for Education guidance.

Lead Members of staff

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

- Hazel Blackmore - Assistant Principal, Designated Safeguarding Lead and Senior Mental Health Lead.
- James Buchanan - Principal
- Rachel Turner – Assistant Principal - Inclusion
- Laura Evans - Assistant Principal – Behaviour and culture
- Heads of Year
- Julia Tosdevin - Head of Faculty (PSHE)

The Senior Mental Health Lead is responsible for coordinating the College's whole-school approach to mental health and wellbeing, identifying priorities for development, overseeing targeted interventions, evaluating provision and liaising with external agencies where appropriate.

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 child protection officer, the head teacher or the designated governor. If the student presents as 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.

Where a referral to CAMHS is appropriate, this will be led and managed by the relevant Head of Year.

Mental Health and Safeguarding

Mental health concerns should not be viewed in isolation from safeguarding. Staff should be aware that mental health difficulties may be an indicator that a child has suffered, or is at risk of suffering, abuse, neglect, exploitation, domestic abuse, child criminal exploitation, child sexual exploitation or other safeguarding concerns.

Staff are not expected to diagnose mental health conditions. Their role is to identify concerns, record concerns appropriately, provide support where appropriate and refer concerns to the Designated Safeguarding Lead in accordance with safeguarding procedures.



Where a pupil's mental health places them at risk of significant harm, this will be managed as a safeguarding concern.

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 our developmental PSHE curriculum and Personal Development offer.

The specific content of lessons will be determined by the specific needs of the cohort 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.

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.

Whole School Approach to Mental Health and Wellbeing

The College adopts a whole-school approach to mental health and wellbeing. This includes:

- Leadership commitment to mental health and wellbeing.
- Promotion of positive relationships and belonging.
- Staff wellbeing support.
- Pupil voice and participation.
- Identification of emerging needs.
- Targeted intervention and support.
- Effective referral pathways.
- Partnership working with families and external agencies.

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. This is delivered through our PSHE curriculum, our Personal Development offer, communication with families (i.e. newsletter), assemblies et al. We will display relevant sources of support in communal areas such as common rooms and toilets 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 help is available
- Who it is aimed at
- How to access it



- Why to access it
- What is likely to happen next

Indicators of concern

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 Year, SIO or Deputy Head of Year.

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
- Suicidal ideation
- Self-harm
- Eating disorders
- Persistent sleep difficulties
- Withdrawal from social situations
- Loss of interest in previously enjoyed activities
- Significant behavioural changes
- Self-neglect

Managing disclosures

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.

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.

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?'. Any disclosure relating to suicidal ideation, suicide plans, self-harm, eating disorders or significant deterioration in



mental wellbeing should be treated as an urgent concern and referred to the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead without delay.

All disclosures should be recorded in writing and held on the student's CPOMS record. 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

This information should be shared with the Head of Year and a member of the pastoral team via CPOMS so as to ensure there is a swift and timely response to the concern raised.

Confidentiality

We should be 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 discuss with the student;

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

Where appropriate, we should seek to inform students when information is being shared. However, the need to safeguard and promote the welfare of children may override the requirement to obtain consent or inform a student in advance.

Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent or guardian. The principles of safeguarding and the requirements of Keeping Children Safe in Education (KCSIE) 2026 apply. Staff should recognise that mental health concerns can in some cases be an indicator that a child has suffered, or is at risk of suffering, abuse, neglect or exploitation

It is always advisable to share disclosures with a colleague, usually the pastoral team or safeguarding team. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents / carers must always be informed if a child discloses mental health concerns, especially if they disclose that they are self-harming or have suicidal ideation. Students may choose to tell their parents themselves. We should give students the option of the College informing parents for them or with them.



If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL or DDSL must be informed immediately following the college/DMAT policy and protocols.

Working with families

The College recognises that parents and carers play a key role in supporting young people's mental health. Wherever appropriate, parents and carers will be involved in discussions about support and intervention. However, where informing parents may place a child at increased risk of harm, safeguarding procedures will take precedence and advice will be sought from the Designated Safeguarding Lead.

Where it is deemed appropriate to inform families, we need to be sensitive in our approach. Before disclosing to families, we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for families to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the family time to reflect. We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take all of the information in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at families can also be helpful too, e.g. family helplines and forums. We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as families often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting.

Working with all families

Families are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support families, we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all families 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 families
- Share ideas about how families can support positive mental health in their children through our regular information evenings
- Keep families informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.



- Provide information regarding local and national mental health services, including Mental Health Support Teams (MHSTs), NHS services and voluntary sector support organisations.

Training

As a minimum, all staff will 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.

Support and training is provided internally as well as engaging with external providers such as the Mental Health Support Team.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

Suggestions for individual, group or whole school CPD should be discussed with The Vice Principal, our CPD Coordinator, who can also highlight sources of relevant training and support for individuals as needed.

Policy Review

This policy will be reviewed annually and updated sooner where changes to legislation, statutory guidance or local procedures require amendment.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to the Assistant Principal via email h.blackmore@dmatschools.org.uk

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

Summary of the changes made to the policy:

- Updated policy to reflect the requirements and principles of Keeping Children Safe in Education (KCSIE) 2026.
- Strengthened the link between mental health, wellbeing and safeguarding throughout the policy.
- Added statement recognising that mental health concerns may be indicators of abuse, neglect, exploitation or other safeguarding concerns.
- Updated policy aims to include:
 - recognition and response to mental health concerns within safeguarding procedures; and
 - promotion of a whole-college approach to mental health and wellbeing.
- Designated and defined the role of the Senior Mental Health Lead.



- Added a new Mental Health and Safeguarding section outlining staff responsibilities, safeguarding considerations and referral expectations.
- Added a new Whole School Approach to Mental Health and Wellbeing section reflecting current DfE guidance.
- Expanded Indicators of Concern to include:
 - suicidal ideation;
 - self-harm;
 - eating disorders;
 - persistent sleep difficulties;
 - withdrawal from social situations;
 - loss of interest in previously enjoyed activities;
 - significant behavioural changes; and
 - self-neglect.
- Updated the confidentiality section to reflect KCSIE 2026 requirements regarding safeguarding, information sharing and consent.
- Added guidance on circumstances where safeguarding concerns may override informing a pupil prior to information sharing.
- Strengthened guidance on working with parents and carers where safeguarding concerns are identified.
- Added reference to Mental Health Support Teams (MHSTs), NHS services and voluntary sector support organisations as sources of support for families.
- Updated annual staff training expectations to reflect current safeguarding and mental health practice.
- Updated named personnel, leadership responsibilities and contact details.
- Amended policy review arrangements to an annual review cycle, with additional updates as required following changes to legislation, statutory guidance or local procedures.