

International School of Creative Arts

Mental Health Policy

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Statement of intent

This policy outlines the framework for International School of Creative Arts to meet its duty in providing a high quality of education to and ensuring the wellbeing of all of its pupils, including pupils with mental health difficulties, and to do everything it can to meet the needs of pupils with mental health difficulties.

We promote mental health by generating a sense of belonging, purpose and relevance. We work to instil a feeling of confidence, control and competence in pupils so that they can express their creative ideas fluently, are able to work easily within a team and know how to deal with setbacks. ISCA, therefore, has an objective of preparing students for the future through its academic and welfare programme.

Through the successful implementation of this policy, we aim to:

- Promote a positive outlook regarding pupils with mental health difficulties.
- Increase understanding and awareness of common mental health difficulties.
- Ensure all pupils with mental health difficulties are identified and appropriately supported – minimising the risk of mental health difficulties escalating into physical harm.
- Provide the right support to students with mental health difficulties, and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Eliminate prejudice towards pupils with mental health difficulties.
- Promote equal opportunities for pupils with mental health difficulties.

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989

This policy has been created with regard to the following DfE guidance:

- The Education (Independent School Standards) Regulations 2014
- DfE (2024) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

This policy also has due regard to the school's policies including, but not limited to, the following:

- Child Protection Policy
- SEND Policy
- Behaviour Policy
- Anti-bullying Policy
- First Aid Policy (including the management of medication)
- Staff Code of Conduct
- Exclusion Policy

2. Key members of staff

All members of staff are expected to take responsibility to promote the mental health of students. However, key members of staff have specific roles to play:

- Designated Safeguarding Lead & Deputy Designated Safeguarding Lead
- SENCO
- Welfare Tutor
- PSHE Tutors
- The Independent Listener

If a member of staff is concerned about the mental health or wellbeing of student, in the first instance they should speak to the Welfare Tutor or refer it in the weekly Cause for Concern meetings for advice and/or escalation.

If there is a concern that the student is high risk or in danger of immediate harm, the school's child protection procedures should be followed.

If the child presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

The school will work in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

3. Creating a supportive whole-school culture

The SLT will clearly communicate their vision for good mental health and wellbeing with the whole school community.

The school will utilise various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing mental health problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as:
 - PSHE.
 - RSHE.
- Counselling.
- Positive classroom management.
- Developing pupils' social skills.
- Working with parents.
- Peer support.

The school's Anti-bullying Policy will include measures to prevent and tackle bullying.

The SLT will ensure that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

Pupils will know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

4. Staff training

The SLT will ensure that all teachers have a clear understanding of the needs of all pupils, including those with mental health needs.

The SLT will promote CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

Clear processes will be in place to help staff who identify mental health problems in pupils escalate issues through clear referral and accountability systems.

Staff will receive training to ensure they are able to:

- Promote good mental health and wellbeing throughout the school.

- Quickly identify individual pupils who need support with their mental health.
- Identify some common issues faced by young people with regard to mental health.
- Recognise and notice some of the main signs and symptoms that indicate mental distress in young people, including self-harm and suicide.
- Understand key risk factors that make some young people vulnerable to mental health issues.
- Empathise with the experience of young people's experiences of growing up today.
- Recognise protective factors that build resilience in young people and some of the myths and stigma surrounding mental health.
- Know what support is available for pupils and how to refer pupils to such support where needed.

5. Identifying signs of mental health difficulties

The school is committed to identifying pupils with mental health difficulties at the earliest stage possible.

Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

Staff members are aware of the signs that may indicate if a pupil is struggling with their mental health. The signs of mental health difficulties may include, but are not limited to, the following list:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression

- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

When the school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish the pupil's needs
- A plan is set out to determine how the pupil will be supported
- Action is taken to provide that support
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

Where appropriate, the Head of School asks parents to give consent to their child's GP to share relevant information regarding mental health with the school.

Where possible, the school is aware of any support programmes GPs are offering to pupils who are diagnosed with mental health difficulties, especially when these may impact the pupil's behaviour and attainment at school.

Staff members will discuss concerns regarding mental health difficulties with the parents of pupils with mental health difficulties, and take seriously any concerns expressed by parents, other pupils, colleagues and the pupil in question.

Staff members are aware of the following:

- Factors that put pupils at risk of mental health difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems
- The fact that risks are cumulative and that exposure to multiple risk factors can increase the risk of mental health difficulties

Staff members understand the following:

- Familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause mental health difficulties
- What indicators they should be aware of that may point to mental health difficulties, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude
- Persistent mental health difficulties can lead to a pupil developing SEND.

The school will promote resilience to help encourage positive mental health. Poor behaviour is managed in line with the school's Behaviour Policy. Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of mental health difficulties; however, only medical professionals will make a diagnosis of a mental health condition.

Pupils' data is reviewed on a termly basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

An effective pastoral system is in place so that every pupil is well known by at least one member of staff, for example, a form tutor, who can spot where disruptive or unusual behaviour may need investigating and addressing.

Staff members are mindful that some groups of pupils are more vulnerable to mental health difficulties than others; these include LAC, pupils with SEND and pupils from disadvantaged backgrounds.

6. Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of mental health difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of mental health difficulties, these are known as protective factors.

The table below displays common risk factors for mental health difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

	Risk factors	Protective factors
In the pupil	<ul style="list-style-type: none"> Genetic influences Low IQ and learning disabilities Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem 	<ul style="list-style-type: none"> Secure attachment experience Outgoing temperament as an infant Good communication skills and sociability Being a planner and having a belief in control Humour A positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect
In the pupil's family	<ul style="list-style-type: none"> Overt parental conflict including domestic violence Family breakdown (including where children are taken into care or adopted) Inconsistent or unclear discipline Hostile and rejecting relationships Failure to adapt to a child's changing needs 	<ul style="list-style-type: none"> At least one good parent-child relationship (or one supportive adult) Affection Clear, consistent discipline Support for education Supportive long-term relationships or the absence of severe discord

	Risk factors	Protective factors
	<ul style="list-style-type: none"> Physical, sexual, emotional abuse, or neglect Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss – including loss of friendship 	
In the school	<ul style="list-style-type: none"> Bullying including online (cyber bullying) Discrimination Breakdown in or lack of positive friendships Deviant peer influences Peer pressure Child-on-child abuse Poor pupil-to-teacher/school staff relationships 	<ul style="list-style-type: none"> Clear policies on behaviour and bullying Staff behaviour policy (also known as code of conduct) ‘Open door’ policy for children to raise problems A whole-school approach to promoting good mental health Good pupil-to-teacher/school staff relationships Positive classroom management A sense of belonging Positive peer influences Positive friendships Effective safeguarding and child protection policies. An effective early help process Understand their role in, and are part of, effective multi-agency working Appropriate procedures in place to ensure staff can raise concerns about policies and processes and know they will be dealt with fairly and effectively
In the community	<ul style="list-style-type: none"> Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation Other significant life events 	<ul style="list-style-type: none"> Wider supportive 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

The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

7. The Mental Health Spectrum

The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal' stress and more persistent mental health problems.

Just like physical health, at certain points people will have positive mental health, while at other times they may experience periods of distress or crisis.

- Excelling
High performance, joyful, energetic, cheerful, fully realising potential, overcomes challenges with confidence.
- Thriving
Positive, calm, sleeping well, eating normally, socialising within personal norms, copes with everyday challenges well.
- Surviving
Worried, nervous, irritable, sad, trouble sleeping, distracted, withdrawn, can be thrown by everyday challenges.
- Struggling
Anxious, depressed, tired, poor performance, poor sleep, poor appetite, finds it very hard to manage on a day to day basis.
- Crisis
Very anxious, very low mood, absenteeism, exhausted, very poor sleep, change in weight, significant challenges in day to day life

We do not see mental health as a static state. However, we recognize that sometimes an individual can experience feelings of being overwhelmed, distressed or unable to cope and get stuck at the lower end of the spectrum. We help by listening to them and encouraging them to identify sources of support that they feel they can access and are right for them.

8. Mental health intervention and support

The curriculum for PSHE and RSHE will focus on promoting pupils' resilience, confidence and ability to learn. Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem.

PHSE is also seen as integral to boarding life. For many students, studying at ISCA is a first experience of taking care of their own surroundings. Students are supported in looking after their personal care and in managing their laundry and personal space. They are encouraged to lead a healthy lifestyle, taking regular exercise and following a balanced diet. They are encouraged to be active in organising and taking part in social activities and events in the evenings and weekends. Through charity and volunteer groups pupils are encouraged to be active in the local community and to take ownership of their own school community through participation in the Student Forum.

Through the curriculum as a whole, pupils are taught how to:

- Build self-esteem and a positive self-image.
- Foster the ability to self-reflect and problem-solve.
- Protect against self-criticism and social perfectionism.
- Foster self-reliance and the ability to act and think independently.
- Create opportunities for positive interaction with others.
- Get involved in school life and related decision-making.

School-based counselling will be offered to pupils who require it:

- All new students, as part of their induction process at the start of the school year, will meet with the Welfare Tutor in small groups of 6-8 people. The Welfare Tutor uses the meeting to explain to them the purpose of Welfare meetings and the systems in place for students to access welfare support, both within and outside the school.
- Within the first 3 weeks of the term, the Welfare Tutor will also ensure that she meets all new students at least once for a 10 minute, 1:1 introductory session.
- Returning students are allotted at least one timetabled welfare meeting each term. Attendance is not mandatory, but a member of boarding staff is always on duty for one hour every weekday evening to meet and counsel students in 20-minute slots. The timetable is created by the Welfare Tutor.

The purpose of these meeting is to listen to students, counsel them and/or to direct them to someone more qualified to help (either in or outside the school).

- The Welfare Tutor is available for up to 14 hours a week meet with students as and when needed. Students might be referred to the Welfare Tutor for support and advice by other members of staff, or students may request a meeting directly themselves. Welfare meetings of this sort will normally be broken up into 30-minute sessions, and could be as many or as few as required in the circumstances.

Conversations are private and informal, although any safeguarding issues that may arise are reported through the normal channels. Tutors are given special guidance on how to manage these appointments, which are logged on the school SIMS and follow-up action is agreed where appropriate. Relevant external services are utilised where appropriate, e.g. MindEd or Rethink. A child psychologist is made available where a pupil requires such services.

The school will develop and maintains pupils' social skills, for example, through one-to-one social skills training.

Where appropriate, parents will have a direct involvement in any intervention regarding their child. The school will support parents in the management and development of their child.

A 'buddy' system will be used to support pupils suffering with mental health difficulties, if appropriate. 'Buddies' act as confidants, with the aim of easing the worries of the pupil suffering with mental health. 'Buddies' are always older, competent and confident pupils.

When in-school intervention is not appropriate, referrals and commissioning support will take the place of in-school interventions. The school will continue to support the pupil as much as possible throughout the process.

Serious cases of mental health difficulties are referred to CYPMHS.

To ensure referring pupils to CYPMHS is effective, staff will follow the process below:

- Document evidence of their mental health difficulties
- Encourage the pupil and their parents to speak to the pupil's GP
- Work with local specialist CYPMHS to make the referral process as quick and efficient as possible and to support pupils

The school will commission individual health and support services (for example, nurses) directly for pupils who require additional help. The services commissioned will be suitably accredited and able to demonstrate that they will improve outcomes for pupils.

9. Developing resilience

ISCA embraces a multi-layered, holistic approach to support the success of students, nourish creativity and, above all, foster resilience. It is built around the resilience framework developed by Hart & Bilincow 2007, attending to

- Basics –healthy diet, exercise, being safe, being free from prejudice, empowered to make decisions,
- Belonging –healthy relationships, sense of community, knowing your place in the world, opportunities to contribute in some specific way

- Learning – academic success, life skills, mapping out a career plan
- Coping – having interests, socialising and having friends to talk to, thinking positively, accepting that things do not always go your way and move on, learning from mistakes
- Core Self – understanding other's feelings, developing your talents, knowing yourself (your strengths and your limits), knowing when, where and how to find help, having a sense of right and wrong

10. Suicide concern intervention and support

Where a pupil discloses suicidal thoughts or a teacher has a concern about a pupil, teachers will:

- Listen carefully, remembering it can be difficult for the pupil to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.
- Be non-judgemental, making sure the pupil knows they are being taken seriously.
- Be open, providing the pupil a chance to be honest about their true intentions.
- Supervise the pupil closely whilst referring the pupil to the DSL for support.
- Record details of their observations or discussions and share them with the DSL.

Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the pupil's parents are contacted. Medical professionals, such as the pupil's GP, are notified as needed.

The DSL and any other relevant staff members, alongside the pupil and their parents, work together to create a safety plan outlining how the pupil is kept safe and the support available.

Safety plans:

- Are always created with input from the pupil themselves and external services (as necessary).
- Are reviewed by the DSL.
- Can include reduced timetables or dedicated sessions with counsellors.

11. Working with parents

The school will work with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.

The school will ensure that pupils and parents are aware of the mental health support services available from the school.

Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources.

12. Administering medication

The full arrangements in place to support pupils with medical conditions requiring medication can be found in the school's First Aid Policy.

Staff know what medication pupils are taking, and how it should be stored and administered.

13. Misbehaviour, suspensions and exclusions

When suspension or exclusion is a possibility, the school will consider contributing factors, which could include mental health difficulties. All decisions to suspend or exclude a pupil will be taken in line with the Exclusion Policy.

Where there are concerns over behaviour, the school will carry out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, child protection concerns or mental health problems.

Where underlying factors are likely to have contributed to the pupil's behaviour, the school will consider whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue a suspension or exclusion. If a pupil has SEND or is a looked-after child, exclusion will only be used as a last resort.

In all cases, the school will balance the interests of the pupil against the mental and physical health of the whole school community.

14. Safeguarding

If a staff member has a mental health concern about a pupil that is also a safeguarding concern, they will take immediate action in line with the Child Protection and Safeguarding Policy and speak to the DSL or deputy DSL.

15. Monitoring and review

The policy is reviewed on an annual basis by the Head of School – any changes made to this policy are communicated to all members of staff.

This policy is reviewed in light of any serious mental health-related incidents.

All members of staff are required to familiarise themselves with this policy as part of their induction programme.