



Medina College



The Island VI Form

## Medina College and The Island VI Form

### Mental Health Policy

May 2026

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## **Medina College Mental Health and Wellbeing Policy**

### **Introduction**

At Medina College and The Island VI Form we aim to promote positive mental health and wellbeing for our whole school community (children, staff, parents, and carers). We recognise the importance of mental health and emotional wellbeing in our lives, just as much as physical health. Children's mental health is a crucial factor in their overall wellbeing and can impact their learning and achievement. Throughout their school career, all children experience ups and downs, with some facing significant life events.

According to recent statistics, approximately 1 in 6 children aged 5 to 16 has a diagnosable mental health need, with numbers rising in recent years. Poor mental health can significantly impact quality of life, relationships, and academic achievement and can be life-limiting. The Department for Education (DfE) states: "in order to help their children succeed, schools have a role to play in supporting them to be resilient and mentally healthy." Schools can provide a nurturing, supportive environment that fosters self-esteem, resilience, and belonging. For some, school offers respite from difficult home situations, positive role models, and critical relationships that promote wellbeing. Our role is to ensure children can manage change and stress, reach their potential, and access help when needed. We also educate children on maintaining positive mental health, understanding stigma, and knowing where to seek support.

### **Policy Aims**

- Describe the College's approach to mental health issues.
- Increase understanding and awareness of mental health to enable early intervention.
- Alert staff to risk factors and warning signs.
- Provide support and guidance to all staff, governors, and non-teaching staff dealing with pupils with mental health issues.
- Support pupils with mental health needs, as well as their peers and parents/carers.
- Remove stigma around mental health within the school community.

### **Linked Policies**

This policy links to Safeguarding, SEND, Anti-Bullying, Behaviour, and First Aid policy. Behaviour concerns, whether disruptive, withdrawn, or anxious, may reflect unmet mental health needs. The school has a duty of care to protect and promote mental and emotional wellbeing.

## **Definition of Mental Health**

Mental health is a state of wellbeing in which individuals realise their potential, cope with normal stresses, work productively, and contribute to their community (World Health Organisation). Poor mental health affects thinking, emotions, and behaviour. Mental health conditions such as depression or anxiety are common and serious. On average, four children in every classroom have a diagnosed mental health condition.

## **Aims of Medina College and The Island VI Form**

- Provide an inclusive environment to support those living with mental ill health.
- Create a stigma-free environment.
- Raise awareness among staff and train them to identify early signs of mental illness.
- Promote mental health education and hygiene for all.
- Introduce mental health first aiders and provide tiered training for SLT, pastoral staff, and year leaders.
- Offer awareness sessions for parents on signs and symptoms of mental ill health.
- Work with external agencies and charities.
- Designate a member of staff responsible for emotional wellbeing.
- Challenge stigma by educating young people.
- Maintain confidentiality and safeguarding best practices.
- Support staff mental health and wellbeing.

## **Limits of Support**

While committed to supporting wellbeing, Medina College and The Island VI Form is not a mental health facility. Referral routes to NHS and community services are essential.

## **Identifiable Mental Health Issues**

Staff should remain alert to signs of mental health concerns, including anxiety, depression, eating disorders, or self-harm. Data analysis and strong pastoral systems help identify issues. Training on recognising signs of poor mental health is mandatory. Warning signs include: physical harm, changes in activity or mood, isolation, talk of self-harm, substance misuse, hopelessness, secretive behaviour, attendance issues, and unexplained physical symptoms.

At the Island VI Form, the skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are addressed in Tutor Programme activities throughout the year. There is also the Health & Wellbeing site which provides signposting for students, staff and parents.

As a minimum, all staff will receive annual training and ongoing updates about recognising and responding to mental health issues as part of the mandatory Child Protection and Safeguarding training to enable them to keep students safe.

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 to developing situations with one or more students.

### **Procedures**

- Follow the safeguarding policy if a disclosure is made.
- Record all issues, even if not requiring safeguarding referral.
- Pastoral staff update provision plans; staff inform year leaders or tutors.
- Flowcharts for planning and review processes will be shared.
- Mental Health First Aiders, gained in November 2025:
  - Jo Schooling
  - Donna Fincham
  - Mandy Means
  - Sue Cadman
  - Phill Stott
  - Chris Williams
  - Jayne Rockley
- Zoe Barry November 2023
  - Sophie Keenan-Croad October 2021
  - Angela Mills May 2023
  - Kirsty Johnson February 2024
  - Paula Goodwin January 2026

### **Prevention and Education**

The PDL and wellbeing curriculum includes mental health education. Students learn the skills to keep themselves and others healthy, recognise signs of distress, and seek help. Assemblies, tutor time, workshops, and INSET are used. Staff are encouraged to know their

students and make referrals when concerned. Students are informed of support services available. Staff wellbeing is also prioritised.

### **Self-Harm**

Staff should maintain a respectful, non-judgemental attitude when supporting students who self-harm. Immediate safety is the priority. Concerns should be reported to the DSL. Safety plans must be drawn up and shared with relevant staff and agencies. Staff emotions in response to self-harm should be acknowledged and support offered.

### **Students' Roles**

Students should be aware of expected behaviour and the support available. They should look after their own wellbeing, follow safety plans, and raise concerns about peers to trusted staff.

All applicants to The Island VI Form are asked to disclose both physical and mental health issues. They will then meet with a member of the Student Service Team or the Learning Support Team to ensure support needs are discussed prior to starting at the college.

It is vital that information is shared by potential students, their parents and the schools, and liaison meetings are carried out prior to enrolment. Students at VI Form complete a Health and Wellbeing survey in the first term to ascertain any disclosed or previously undisclosed mental health conditions, providing the College with a more thorough audit of mental health needs, allowing the VI Form to ensure support systems are in place.

### **Individual Plans and Absence**

Students receiving mental health support should have a personalised provision plan. Absences due to ill health require appropriate learning support and medical referrals where necessary. Reintegration plans should be developed in partnership with students, parents, and professionals.

If a student has an individual healthcare plan devised by their mental health practitioner/team, it is important that this is shared with relevant members of college staff eg. Head of Year, Pastoral Team, SENDCo. This can include:

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

The college will contact the medical professionals as needed, requesting a care plan be shared including suitable reasonable adjustments. As it is a safeguarding matter, the request to share information overrides GDPR.

### **Parents and Carers**

Parents may react emotionally to news of their child's struggles. Time, information, and

support are important. Signposting and follow-up communication help strengthen partnerships.

Whenever we highlight sources of support, we will increase the chance of students seeking help by ensuring they understand:

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

### **Peers and Support**

Supporting peers of students with mental health needs is important. Friends may need advice and guidance. Support should be case-by-case and include clear communication about confidentiality and boundaries.

### **Staff Mental Health**

Staff wellbeing is prioritised. Staff are encouraged to seek help via line managers, mental health first aiders, GP, or employee support services 01773 814403 (details can be found [here](#) and [here](#)). Staff are entitled to 1 day a year off for a planned mental health day, there is further guidance around when this can be taken and need to be approved in line with the staff absence policy

### **External Agencies**

Links with external mental health support agencies such as CAMHS, Early Help, and local counselling services are maintained. A full list is provided in Appendix 1.

### **Appendices**

- **Appendix 1:** Mental Health Agencies & Referrals
- **Appendix 2:** Identification and Intervention (risk factors and signs)
- **Appendix 3:** Anxiety and Depression
- **Appendix 4:** Eating Disorders
- **Appendix 5:** Self-Harm
- **Appendix 6:** Curriculum Coverage for Wellbeing Topics

### **Review and Monitoring**

This policy is reviewed annually, in line with KCSIE updates, by the Senior Mental Health Lead and governors.

## Appendices

### Appendix 1: Mental Health Agencies & Referrals

- **CAMHS (Child and Adolescent Mental Health Services):** Referral through GP or school pastoral team. Criteria include significant or persistent symptoms affecting daily life. [Referral Form here](#)
- **Youth Trust**-<https://www.iowyouthtrust.co.uk/>
- **MHST (Mental Health Support Teams):** Early intervention support in schools. Contact via Senior Mental Health Lead. - internal use [iownt.mhst@nhs.net](mailto:iownt.mhst@nhs.net)
- **Early Help:** Family-focused support for emerging concerns. Accessed via local authority referral. - Accessed through IARF then through to FLO - Paula Goodwin
- **YoungMinds** - <https://www.youngminds.org.uk/>
- **Kooth**, <https://www.kooth.com/>
- **Emergency Services (999) or NHS 111:** For urgent or crisis support.
- **Local charities and counselling providers:**

### Annex A: Outside Agencies: Signposting

National websites and phone numbers

ITALK	<a href="http://www.italk.org.uk">www.italk.org.uk</a>
<b>NHS 111</b> to access specialist mental health support 24 hours a day, 7 days a week	<a href="tel:111">Call 111</a>
Young Minds	<a href="http://www.young.minds.org.uk">www.young.minds.org.uk</a> or text YM to 85258
Beat (eating disorder charity)	<a href="http://www.beateatingdisorders.org.uk">www.beateatingdisorders.org.uk</a>
Students Against Depression	<a href="http://www.studentsagainstdepression.org">www.studentsagainstdepression.org</a>
CBT based strategies	<a href="http://www.youth.anxietybc.com">www.youth.anxietybc.com</a>
CBT based strategies	<a href="http://www.moodjuice.scot.nhs.uk">www.moodjuice.scot.nhs.uk</a>
CBT based strategies	<a href="http://www.getselfhelp.co.uk">www.getselfhelp.co.uk</a>
Support for people who self harm	<a href="http://www.harmless.org.uk">www.harmless.org.uk</a>
Childline	<a href="http://www.childline.org.uk">www.childline.org.uk</a> 0800 11 11
Samaritans	<a href="http://www.samaritans.org">www.samaritans.org</a> 116 123
Obsessive Compulsive Disorder	<a href="http://www.ocduk.org">www.ocduk.org</a>
Papyrus (prevention of young suicide)	<a href="https://www.papyrus-uk.org/">https://www.papyrus-uk.org/</a>

## Local websites

Kooth	<a href="http://www.kooth.com">www.kooth.com</a>
Yellow Door (Domestic & sexual abuse support)	<a href="https://yellowdoor.org.uk/services/">https://yellowdoor.org.uk/services/</a>
Simon Says (Bereavement Support up to age 18)	<a href="https://www.simonsays.org.uk/young-people/">https://www.simonsays.org.uk/young-people/</a>
Eastleigh Young Carers Project	<a href="https://1community.org.uk/support-at-home/young-carers/">https://1community.org.uk/support-at-home/young-carers/</a>

## Appendix 2: Identification and Intervention (Risk Factors and Signs)

- **Risk factors:** Family conflict, trauma, bereavement, bullying, academic pressure, poverty, identity issues, neurodiversity.
- **Protective factors:** Strong relationships, resilience skills, access to trusted adults, supportive school culture.
- **Warning signs:** Withdrawal, aggression, mood changes, decline in academic performance, self-harm indicators, physical complaints, changes in eating/sleeping habits.
- **Intervention:** Early discussion with pastoral staff, referral to in-school support, onward referral if concerns escalate.

## Appendix 3: Anxiety and Depression

### Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are naturally more anxious than others, and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

### **Anxiety disorders include:**

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

### **Symptoms of an anxiety disorder**

These can include:

#### Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

#### Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

#### Behavioural effects

- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

### **First Aid for anxiety disorders**

Follow the ALGEE principles a structured action plan encompassing five critical steps that a Mental Health First Aider can apply:

- 1 **Approach** the person, assess and assist with any crisis.
- 2 **Listen** and communicate non-judgmentally.
- 3 **Give** support and information.
- 4 **Encourage** the individual to get appropriate professional help.
- 5 **Encourage** other supports.

#### Appendix 4: Eating Disorders

- **Overview:** Conditions such as anorexia nervosa, bulimia nervosa, and binge eating disorder may arise in adolescence.
- **Signs:** Significant weight changes, food avoidance, over-exercising, secrecy around eating, obsession with body image.
- **Response:** Confidential discussion with student, immediate safeguarding if risk is high, referral to GP/CAMHS.
- **Support:** Regular check-ins, meal support plans if needed, education for peers where appropriate.

#### Appendix 5: Self-Harm

- **Definition:** Deliberate self-injury or risk-taking behaviours as a way to manage emotional distress.
- **Signs:** Unexplained injuries, wearing long sleeves, isolation, withdrawal, possession of sharp objects.
- **Immediate action:** Prioritise safety, calm and non-judgemental approach, inform DSL immediately.
- **Safety planning:** Document risks, agree on coping strategies, involve parents/carers and external agencies as appropriate.
- **Staff support:** Debrief and emotional support for staff involved in high-risk cases.

#### Appendix 6: Curriculum Coverage for Wellbeing Topics

- **Primary themes:** Emotional literacy, resilience, relationships, physical health, online safety.
- **Delivery methods:** PSHE/PDL lessons, assemblies, tutor time, workshops, targeted group work.
- **External input:** Guest speakers, local services, charities to reinforce messages.
- **Evaluation:** Annual review of curriculum to ensure compliance with statutory guidance and relevance to student needs.

Documents used in writing this policy

[https://assets.publishing.service.gov.uk/media/625ee6148fa8f54a8bb65ba9/Mental\\_health\\_and\\_behaviour\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/media/625ee6148fa8f54a8bb65ba9/Mental_health_and_behaviour_in_schools.pdf)

[https://assets.publishing.service.gov.uk/media/614cc965d3bf7f718518029c/Promoting\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_and\\_wellbeing.pdf](https://assets.publishing.service.gov.uk/media/614cc965d3bf7f718518029c/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf)

<https://schooladvice.co.uk/>