ISLAMIYAH GIRLS HIGH SCHOOL

MENTAL HEALTH POLICY

2025-2026

- **This document has been approved for operation for - Islamiyah Girls High School**
- **Last Reviewed – September 2025**
- **Next review – July 2026**
- **Review Period – 1 Year**
- **Owner – Islamiyah Girls High School**
- **Approved By – Governing Body**

Mental Health and Wellbeing Policy

This school policy will be made available to parents on the school website and hard copies will be available from the school office on request. This policy will be reviewed annually.

This policy is drafted pursuant to:

- DfE Research and analysis: Supporting mental health in schools and colleges (August 2017)
- DfE Advice on Mental health and behaviour in schools (March 2014; 2016)
- DfE Guidance: Information sharing advice for safeguarding practitioners (March 2015)
- Guidance from Public Health England: Promoting children and young people's emotional health and wellbeing (March 2015)
- Children Act 2004; 10 (2)

This policy should be read in conjunction with the following IGHS School documents:

- Safeguarding & Child Protection Policy
- Anti-Bullying Policy
- Equal Opportunities Policy

Mental Health affects all aspects of a child's development including their cognitive abilities and theiremotional wellbeing. Childhood and adolescence are when mental health is developed, and patternsare set for the future. For most children, the opportunities for learning and personal development during adolescence are exciting and challenging and an intrinsic part of their school experience.

However, they can also give rise to anxiety and stress. Children may also suffer mental health issues owing to circumstances outside school.

As stated in the Safeguarding and Child Protection Policy, IGHS School is committed to providing a safe and secure environment for pupils and promoting a climate where pupils feel confident about sharing any concerns they may have.

Purpose

- Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- Alert pupils and staff to mental health warning signs and risk factors
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with students who suffer from mental health issues
- Provide support to students who suffer from mental health issues, their peers and parents / guardians
- Describe the school's approach to mental health issues

Responsibilities

All IGHS School staff are responsible for fostering a culture which encourages pupils to openly discuss their problems, including any mental health concerns. Where a concern about a pupil's mental health is identified, the Designated Safeguarding Lead (DSL) will assess the risks to that pupil's welfare and will consult with the pupil, his or her parents (where appropriate) and other members of staff to determine appropriate action to be taken to safeguard, support and monitor that pupil.

Those with day-to-day contact with pupils are likely to be best placed to spot any changes in behaviour which may indicate that a pupil is at risk of a mental health problem. They should report any concerns to the DSL in accordance with the terms of this policy.

1. Child Protection Responsibilities

IGHS School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing. The school expects all staff and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide an environment which; promotes self-confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon.

2. The Headteacher is responsible for ensuring that the procedures outlined in this policy are followed on a day-to-day basis.

2.1 The school has appointed a senior member of staff, the DSL who has the necessary status and authority to be responsible for matters relating to child protection and welfare. Parents are welcome to approach the DSL if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the child's form tutor or the Headteacher who will notify the DSL or Deputy DSL in accordance with these procedures.

3. Warning Signs: If there are signs and symptoms that last weeks or months; and if these issues interfere with the child's daily life, not only at home but at school and with friends,

A child might need help if they:

- Often feel anxious or worried
- Has very frequent expressions of anger or is intensely irritable much of the time
- Has frequent stomachaches or headaches with no physical explanation
- Are in constant motion; can't sit quietly for any length of time
- Has trouble sleeping, including frequent nightmares
- Loses interest in things s/he used to enjoy
- Avoids spending time with friends
- Has trouble doing well in school, or academic grades decline
- Fears gaining weight; exercises, diets obsessively
- Has low or no energy
- Has spells of intense, inexhaustible activity
- Harms her/himself, such as cutting or burning her/his skin
- Engages in risky, destructive behavior
- Harms self or others
- Smokes, drinks, or uses drugs
- Has thoughts of suicide
- Thinks his/her mind is controlled or out of control; hears voices

4. Signs and symptoms of mental or emotional concerns: these are outlined in Appendices I, II & III

- Anxiety and Depression
- Suicidal thoughts and feelings
- Eating Disorders
- Self-harm

5. Procedures

The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined at Appendices I, II & III. Figure 1 outlines the procedures that must be followed when staff have a welfare concern about a pupil.

The school may become aware of concerns over a pupil's mental health in a variety of different ways, including where:

- A pupil acknowledges that they have a problem and seeks help.
- A pupil exhibits consistent disruptive, unusual or withdrawn behaviour which may be indicative of an underlying problem and/or indicates that a pupil could be at risk of developingmental health problems.
- A member of staff, parent or another adult reports a concern about, or issues relating to, achild's mental health or behaviour.
- Where another pupil or child reports concerns about, or issues relating to, a pupil's mentalhealth or behaviour.

The school will take all reports of concerns over the mental health and wellbeing of its pupils seriously and not delay in investigating and, if appropriate, in putting support in place, including where necessary, taking immediate steps to safeguard a pupil.

5.1 Following a welfare concern referral, the DSL will decide on the appropriatecourse of action. If the pupil also has special educational needs/disability (SEND), we will act in accordance with the SEND policy.

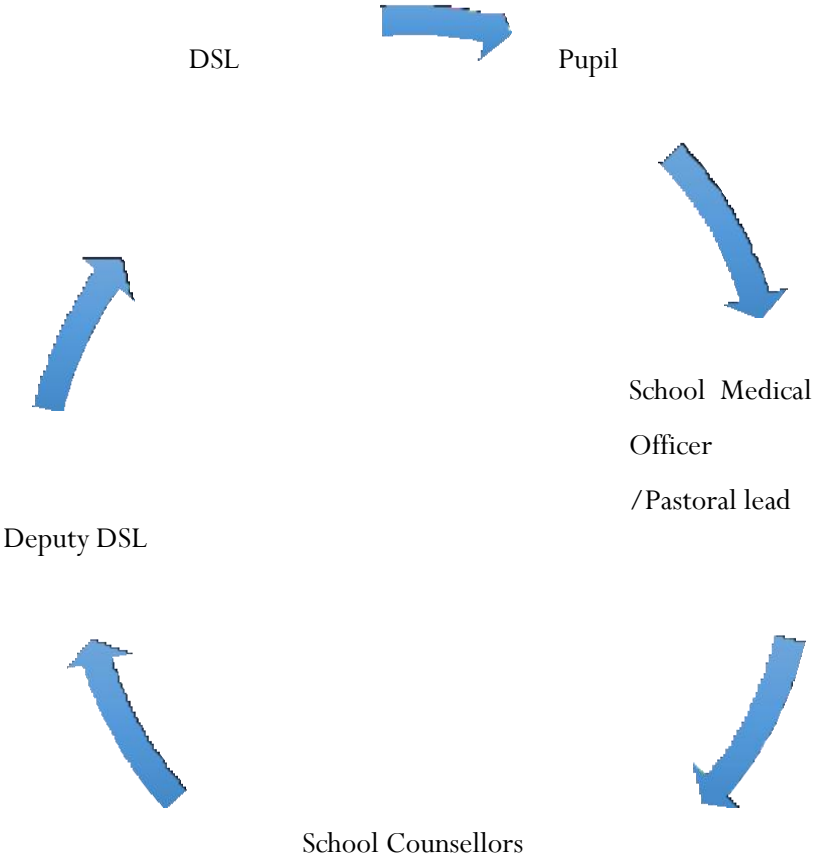
5.2 An assessment of immediate risk will be made (in consultation with the form tutor where appropriate) and a decision taken as to whether any further action is required, this may

include:

- Immediate medical assistance and/or
- Contacting parents/guardians were appropriate
- Arranging professional assistance e.g., doctor/nurse
- Arranging an appointment with a counsellor
- Giving advice to parents, teachers and other students
- The DSL will discuss the matter with the pupil to develop a strategy tosupport and assist them.
- Support for the friends of the affected pupil, where appropriate.

5.3 Where it is decided that support and/or intervention is required, the DSL will ensure that the pupil is monitored and periodically review the welfare plan seeking feedback from the HT, DSL and members of the Safeguarding team as necessary. The review will include consideration as to whether further therapeutic/medical intervention and/or external referrals shouldbe sought.

Figure 1: Safeguarding team: Wellbeing support structure 'Circle of Care'



6. Parent/Guardians

We recognise that our pupils come from a wide variety of backgrounds with differing attitudes and approaches to mental health issues. It is important that the families of pupils who have, or have had, mental health problems are encouraged to share this information with School's Medical Officer and/or School Counsellors or DSL. The school needs to know of the pupil's circumstances in order to provide proper support and ensure that reasonable adjustments can be made to enable them to learn and study effectively. ***Parents must disclose any known mental health problem or any concerns they may have about their child's mental health or emotional wellbeing.***

Pupils and their families can share relevant health information on the understanding that the information will be shared on a strictly need-to-know basis. The school asks for a confidential reference from a pupil's previous school and specifically asks whether there are any welfare ormedical issues of which the school should be aware in order to discharge our duty of care.

7. Confidentiality and information sharing

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality in cases of pupil welfare. If a member of staff considers a pupil to be at serious risk of harm, then confidentiality cannot be kept, and the concern must be shared with the DSL immediately. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so.

A pupil may present at the medical officer in the first instance. This gives the team a key role in identifying mental health issues early. If a pupil confides with the medical officer, then they should be encouraged to speak to their DSL.

After assessment, any immediate concern for a pupil's mental health should be reported to the school Medical Officer and /or GP and an appointment made. Confidentiality will be maintained within the boundaries of safeguarding the pupil and guidelines on information sharing. Confidential information may be shared in order to ensure the safety and well-being of the pupil and others who may be affected by their actions. The school Medical Officer and/or GP will decide what information is appropriate to share with parents and/or DSL.

7.1 The school will balance a pupil's right of confidentiality against the school's overarching duties tosafeguard pupils' health, safety and welfare and to protect pupils from suffering significant harm.
7.2 Where a pupil withholds consent and/or in any other circumstances where the school considers itnecessary and proportionate to the need and level of risk, confidential information may be shared with parents, medical professionals and external agencies (such as Children's Social Services) on a need-to-know basis.

8. Pupil Absence

If a pupil is absent from school for any length of time, then appropriate arrangements will be made tosend work home. This may be in discussion with any professionals who may be treating a pupil.

9. Management of pupil mental health concerns in school

Management of pupil mental and emotional health issues will be assessed on a case-by-case basis. The Headteacher and DSL will consider whether a pupil is fit to remain in school. This review will evaluate the following: whether the pupil is a potential risk to themselves or to others.
Guidance from the schools' safeguarding team will be sought, but the decision will be ultimately one taken by the Headteacher in the best interests of the pupil and the interests of the wider school community. Therefore, if the Headteacher considers that the presence of a pupil in school is having a detrimental effect on the wellbeing and safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the school environment, the Headteacher reserves the right to request that parents withdraw their child temporarily until appropriate reassurances have been met

9.1 Reintegration to school

Should a pupil require some time out of school, the school will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready. The DSL will draw up an appropriate welfare plan. The pupil should have as much ownership as possible with regards to the welfare plan so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents and

medical/counselling professionals.

10. Mental Health: Risk Factors, Warning Signs and Case Management

Appendix I: Anxiety

All children and young people get anxious at times; this is a normal part of their development. Welfare concerns are raised when anxiety is impairing their development or having a significant effecton their schooling or relationships.

Anxiety disorders include:

- Generalized 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 can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing, heartburn
- Respiratory – hyperventilation, shortness of breath, hiccups and burping
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – dry mouth, nausea, vomiting, diarrhea, bloating, increased gas,
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events and places)
- 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)

It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptomsof anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression ***(to be read in conjunction with 9.0 above)***

Risk Factors:

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long-term physical illness
- Death of someone close
- Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situationmay not.

Symptoms

*E*motions:

- Sadness

- Anxiety
- Guilt
- Anger
- Mood swings
- Lack of emotional responsiveness
- Helplessness & hopelessness

Thinking:

- Frequent self-criticism
- Self-blame
- Pessimism
- Impaired memory and concentration
- Indecisiveness, confusion and a tendency to believe others see you in a negative light.
- Thoughts of death or suicide

Behaviour:

- Crying spells &withdrawal from others
- Neglect of responsibilities
- Loss of interest in personal appearance &motivation.
- Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances,
- Risk-taking sexual behaviour.

Physical:

- Chronic fatigue, lack of energy & sleeping too much or too little
- Overeating or loss of appetite & constipation
- Weight loss or gain
- Irregular menstrual cycle
- Unexplained aches and pains.

Suicidal thoughts (ideation) and feelings (to be read in conjunction with 9.0 above)

"Suicidal feelings can range from being preoccupied by abstract thoughts about ending your life, or feeling that people would be better off without you, to thinking about methods of suicide, or makingclear plans to take your own life." (MIND; 2017)

Think or feel	Experience
• hopeless, like there is no point inliving • tearful and overwhelmed bynegative thoughts • unbearable pain that you can'timagine ending • useless, unwanted or unneeded byothers • desperate, as if you have no otherchoice • like everyone would be better offwithout you • cut off from your body or physically numb	• poor sleep with early waking • change in appetite, weight gain or loss • no desire to take care of yourself, for example neglecting your physical appearance • wanting to avoid others • self-loathing and low self-esteem • urges to self-harm

Any suggestion that a pupil may be considering suicide should always be taken seriously. Pupils are instructed to inform a member of staff immediately if they are feeling suicidal, or if another pupil confides suicidal thoughts to them.

Members of staff will respond in accordance with the following protocol:

1. Assess the immediate risk and take whatever urgent action is necessary, which may include immediately calling 999 in an emergency if a suicide attempt has been made.
2. Report all incidents and disclosures immediately (by telephone and text) to the DSL
3. A full risk assessment will be undertaken by the DSL and Safeguarding team.
4. The pupil may be asked to undertake counselling, and to that end, professional advice concerning the management of, and support for, the pupil will be sought. This will include assessing the feasibility of the pupil's continued presence at the School. Consideration will be given as to whether or not the pupil may benefit from a period at home/away from school.
5. Parents will be informed at the earliest opportunity/as appropriate.

Appendix II: Eating Disorders

Eating disorders are serious mental illnesses that involve disordered eating behaviour. This might mean limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (e.g., purging, laxative misuse, fasting, or excessive exercise), or a combination of these behaviours. Eating disorders are not all about food itself, but about feelings. The way the person interacts with food may make them feel more able to cope or may make themfeel in control.

Eating disorders include anorexia, bulimia, and binge eating disorder. It's also common for people to be diagnosed with "other specified feeding or eating disorder" (OSFED). This is not a less serious type of eating disorder – it just means that the person's eating disorder doesn't exactly match the list of symptoms a specialist will check to diagnose them with anorexia, bulimia, or binge eating disorder.

Some specific examples of OSFED include:

- **Atypical anorexia** – where someone has all the symptoms a doctor looks for to diagnoseanorexia, except their weight remains within a "normal" range.

- **Bulimia nervosa (of low frequency and/or limited duration)** – where someone has all of the symptoms of bulimia, except the binge/purge cycles don't happen as often or over as long a period of time as doctors would expect.
- **Binge eating disorder (of low frequency and/or limited duration)** – where someone has allof the symptoms of binge eating disorder, except the binges don't happen as often or over as long a period of time as doctors would expect.
- **Purging disorder** – where someone purges, for example by being sick or using laxatives, toaffect their weight or shape, but this isn't as part of binge/purge cycles.
- **Night eating syndrome** – where someone repeatedly eats at night, either after waking up from sleep, or by eating a lot of food after their evening meal.
- **Orthorexia -** refers to an unhealthy obsession with eating "pure" food. Food considered "pure" or "impure" can vary from person to person. This doesn't mean that anyone who subscribes to a healthy eating plan or diet is suffering from orthorexia. As with other eating disorders, the eating behaviour involved – "healthy" or "clean" eating in this case – is used to cope with negative thoughts and feelings, or to feel in control. Someone using food in thisway might feel extremely anxious or guilty if they eat food, they feel is unhealthy.

It's also possible for someone to move between diagnoses if their symptoms change – thereis often overlap between different eating disorders.

An Eating Disorder in a child is a mental health and safeguarding concern.

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable todevelopan eating disorder:

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement
- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse

- Overly high family expectations of achievement
- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g., sport

Warning Signs

School staff may become aware of warning signs, which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should follow the Schools' Safeguarding procedures.

Physical Signs

- Weight loss/weight gain
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay
- Restricted eating/over-eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes s/he is fat when s/he is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise
- Control around food: removal of food groups, quantities and avoidance of social events

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self-dislike
- Fear of gaining weight
- Excessive perfectionism

The reintegration of a pupil with an ED into school following a period of absence should be handled sensitively. The pupil, parents, Medical Officer, form tutor and members of the team treating the pupil will be consulted during both the planning and reintegration phase. Any meetings with a pupil and/or their parents and School Safeguarding team should be recorded in writing by the DSL and include:

- Dates and times
- An action plans
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the pupil's safeguarding and welfare file held by the DSL.

Appendix III: Self-harm ***(to be read in conjunction with 9.0 above)***

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body by:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

- Abusing drugs and alcohol
- Eating Disorders

Risk Factors

The following risk factors, particularly in combination, may make a young person particularlyvulnerable to self-harm:

- Depression
- Anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers

Possible warning signs include:

- Changes in eating/sleeping habits (e.g., pupil may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g., more aggressive or introverted than usual
- 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., always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities e.g., swimming

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should follow the School's Safeguarding & welfare procedures and consult the DSL.

Any meetings with a self-harming pupil and/or their parents and Safeguarding team should berecorded in writing by the DSL and include:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the pupil's safeguarding file held by the DSL.

It is important to encourage pupils to tell an adult if they know/suspect one of their peers is showing signs of self-harming. Peers of the self-harming pupil will be supported by the Safeguarding team, who will reinforce that pupils are not responsible for the care of pupils who self-harm. They will be given a clear course of action to follow if they become aware of continued self-harm; this will be to notify the DSL.

Our welfare strategies will be closely monitored to assess progress; the pupil who self-harms will be expected to show a clear attempt to use relevant strategies to reduce self-harm. If progress is not made, or if the pupil does not co-operate within an agreed period of time, a meeting with parents/guardians will be set up to discuss future management. This may include a break from school and/or further professional referral. Incidents of self-harm, which lead to hospitalisation or significant medical intervention will lead to an enforced time at home. Return to school may be dependent on medical/psychiatric advice.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult the DSL.

When a young person is self-harming, it is important to be vigilant in case close contacts with the Individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.