OneSchool Global

Mental Health and Wellbeing Policy

Authorisation Date: 09/2026
OSG Document Code: POL_UK_ED_Mental Health and Wellbeing Policy_V6
Region: UK

Mental Health and Wellbeing Policy

OSG Document Code POL_UK_ED_Mental Health and Wellbeing Policy_V6	**Authorisation date:** 09/2026	**Next review date:** 09/2027
Policy author Tracy Greer, Regional Director of Safeguarding	**Reviewed by:** Tracy Greer, Regional Director of Safeguarding	**Approved by:** OneSchool Global UK Board on 09/2026.
Enquiries contact: support@uk.oneschoolglobal.com	**Associated documents** • Anti-Bullying Policy • Attendance Policy • Student Discipline Policy • Safeguarding & Child Protection Policy • Curriculum Policy • Data Protection Policy • Equal Opportunities Policy • Health and Safety Policy and Procedures • Learning Support (SEND) Policy • Supporting Students with medical conditions Policy	

1. POLICY STATEMENT

1.1 OneSchool Global UK Hindhead Campus is committed to promoting and protecting the mental health and wellbeing of all students. We recognise that positive mental health is fundamental to a student's safety, learning, achievement, attendance, relationships and overall development.

2. PURPOSE

2.1 The purpose of this policy is to provide a whole-campus framework for promoting wellbeing, identifying concerns early, and ensuring that students receive appropriate support when needed. We aim to create a safe, inclusive and supportive environment where students feel valued, resilient and confident to seek help.

2.2 Hindhead Campus recognises that mental health difficulties can, in some cases, be an indicator of abuse, neglect, exploitation or other safeguarding concerns. All staff therefore have a responsibility to identify concerns, respond appropriately and follow safeguarding procedures.

2.3 This policy should be applied in conjunction with our Safeguarding & Child Protection Policy, in cases where there are additional safeguarding concerns. The Health & Safety or Administration of Medicine policies in cases where a student's mental health overlaps with or is linked to a medical issue, and the Learning Support (SEND) policy where a student has an identified additional learning support need.

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2.4 Students will be encouraged to contribute to the development and evaluation of mental health and wellbeing provision through surveys, consultation activities and student leadership opportunities.

3. DEFINITIONS

Term	Definition
ALGEE	Assess, Listen, Give (information/reassurance) Encourage self-help, Encourage Professional support - Youth Mental Health England
CAMHS	Child and Adolescent Mental Health Services
CPD	Continuing Professional Development
DSL	Designated Safeguarding Lead
DSMHL	Designated Senior Mental Health Lead
CST-P	Community Support Team – Pastoral (Governance)
PSHE	Personal, Social, & Health Education

4. ROLES AND RESPONSIBILITIES

4.1 The campus has one trained senior mental health lead. The campus may also identify Mental Health First Aiders or trained staff members who can provide early support and signposting in accordance with campus procedures.

4.2 The campus has the following staff:

Role	Staff Members
Designated Senior Mental Health Lead	Simon Godber
First Aiders	(3 day) Maxine Baker, Joanne Snelling, Darren Freeman, Tony Ryder (1 Day) Liam Rowland, Imogen Barton, Mark Heffernan, Rachel Barrasford, Nicola Rowson, Nicky Christoforou

4.3 The Designated Senior Mental Health Lead will:

4.3.1 Lead the campus's mental health strategy.

4.3.2 Coordinate interventions and liaise with external agencies (e.g. CAMHS, social care).

4.3.3 Provide staff with training and tools to identify and respond to mental health concerns.

4.3.4 Support the Campus Principal and Campus Leadership Team to ensure a whole-campus culture of wellbeing.

4.4 The DSMHL will either be a member of the Campus Leadership Team or will report to a member of the Campus Leadership Team

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4.5 The role of the DSMHL can be found in the Job Description in appendix 4.

4.6 The Campus Principal will:

4.6.1 Embed mental health into strategic planning and campus improvement priorities.

4.6.2 Consult with pupils, parents, and staff to shape wellbeing initiatives.

4.6.3 Oversee training provision and maintain strong external partnerships.

4.7 The Designated Safeguarding Lead (DSL) will:

4.7.1 Record, monitor, and escalate serious mental health concerns.

4.7.2 Liaise with health and social care professionals to secure appropriate support.

4.7.3 Organise safeguarding supervision and guidance to staff on mental health-related concerns.

4.8 All Staff will:

4.8.1 Model positive attitudes and foster a culture of empathy and kindness.

4.8.2 Remain vigilant for early signs of emotional distress.

4.8.3 Record and report any concerns in line with campus safeguarding procedures.

4.8.4 Encourage openness and help-seeking behaviours among pupils.

5. WHOLE CAMPUS APPROACH TO MENTAL HEALTH

5.1 The Campus adopts a whole-school approach to mental health and wellbeing, promoting positive relationships, resilience, inclusion, early identification, intervention, partnership working and staff development. This approach is embedded across school culture, curriculum, policies and practice.

5.2 The campus has a clear procedure in dealing with concerns about Mental Health and Wellbeing, this can be seen on Appendix 1.

6. TEACHING ABOUT MENTAL HEALTH

6.1 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.

6.2 We will ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms, and considers the specific needs as identified within the cohort of students.

6.3 The campus will engage parents in raising their awareness on Mental Health and how they can spot signs at home and the process about seeking support.

6.4 Mental Health awareness is covered with all volunteers in the annual safeguarding training to ensure they can identify any signs of poor mental health and the process for reporting these concerns.

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7. SIGNPOSTING

7.1 We will ensure that staff, students and parents are aware of sources and procedures of support within campus and in the local community.

8. WARNING SIGNS

8.1 Campus staff may become aware of warning signs which indicate a student is experiencing mental ill 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 Designated Safeguarding Lead, following the campus Child Protection Policy and procedures.

8.2 Possible warning signs include:

8.2.1 Physical signs of harm that are repeated or appear non-accidental

8.2.2 Changes in eating or sleeping habits

8.2.3 Increased isolation from friends or family, becoming socially withdrawn

8.2.4 Changes in activity and mood

8.2.5 Lowering of academic achievement

8.2.6 Talking or joking about self-harm or suicide

8.2.7 Abusing drugs or alcohol

8.2.8 Expressing feelings of failure, uselessness or loss of hope

8.2.9 Changes in clothing – e.g. long sleeves in warm weather

8.2.10 Secretive behaviour

8.2.11 Skipping PE or getting changed secretively

8.2.12 Lateness to or absence from the campus

8.2.13 Repeated physical pain or nausea with no evident cause

8.2.14 An increase in lateness or absenteeism

8.2.15 Persistent difficulty sleeping

8.2.16 Significant changes in behaviour

8.2.17 Withdrawal from social interaction

8.2.18 Reduced interest in previously enjoyed activities

8.2.19 Self-neglect

8.2.20 Suicide thoughts or thoughts of death

8.2.21 Disordered eating or significant body image concerns

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9. MENTAL HEALTH IN YOUNG PEOPLE

9.1 Mental health difficulties may present in a range of forms, including anxiety, depression, emotional distress, behavioural difficulties, trauma-related responses, eating disorders, attachment difficulties and other diagnosed or emerging mental health conditions.

10. MENTAL HEALTH AND SAFEGUARDING

10.1 All staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered, or is at risk of suffering, abuse, neglect, exploitation or other adverse childhood experiences.

10.2 Staff are not expected to diagnose mental health conditions. However, they are well placed to identify changes in a child's presentation, behaviour or emotional wellbeing and should record and report concerns promptly in accordance with the Safeguarding and Child Protection Policy.

11. MENTAL HEALTH AND SEND

11.1 The campus recognises that children and young people with Special Educational Needs and Disabilities (SEND) may be at increased risk of experiencing mental health and emotional wellbeing difficulties. Mental health needs can also be a contributing factor to identified SEND, particularly where a student presents with Social, Emotional and Mental Health (SEMH) needs.

11.2 The campus will adopt a graduated and inclusive approach to supporting students whose SEND and mental health needs interact. Support will be planned and reviewed collaboratively with students, parents, carers, the Learning Support Team, the DSMHL and, where appropriate, external agencies. Reasonable adjustments, targeted interventions and additional support will be considered to ensure students are able to access education, participate fully in campus life and achieve positive outcomes.

11.3 Staff should remain mindful that a student's behaviour, communication or presentation may be influenced by both SEND and mental health needs and should seek to understand the underlying causes of concern before determining appropriate support strategies.

12. EATING DISORDERS

12.1 The campus recognises that eating disorders are serious mental health conditions that can have a significant impact on a student's physical health, emotional wellbeing, educational engagement and overall safety. Eating disorders may affect students of any age, gender, background or ability and should never be regarded as a lifestyle choice or behavioural issue.

12.2 Staff should remain alert to potential indicators of eating disorders, including significant weight changes, restricted eating, obsessive thoughts about food, exercise or body image, changes in mood, social withdrawal, fatigue, deterioration in physical health or avoidance of situations involving food. Any concerns should be reported promptly to the DSL and DSMHL and managed in accordance with safeguarding procedures.

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12.3 The campus will work closely with students, parents, carers, healthcare professionals and external agencies to ensure that concerns are identified early, and that appropriate support, reasonable adjustments and risk assessments are implemented where necessary. Students experiencing eating disorders will be supported through a compassionate, non-judgemental and child-centred approach, with their physical safety and emotional wellbeing always remaining the primary consideration.

13. ONLINE SAFETY AND MENTAL HEALTH

13.1 We recognise that online experiences can have a significant impact on children's emotional wellbeing, mental health, safety and development. This includes the impact of:

13.1.1 Cyberbullying

13.1.2 Online abuse

13.1.3 Social media pressures

13.1.4 Harmful online communities

13.1.5 AI-generated abuse and imagery

13.1.6 Exposure to inappropriate content

13.2 We will take a proactive approach to promoting online safety, identifying risks, educating students about safe and responsible online behaviours, and providing appropriate support and intervention where online activity is contributing to a student's emotional distress, safeguarding needs or mental health concerns.

14. SUICIDE, SELF-HARM AND SUICIDE THOUGHTS

14.1 Self-harm and suicidal thoughts are serious concerns that require immediate and appropriate intervention.

14.1.1 Self-harm may indicate emotional distress.

14.1.2 Suicidal thoughts or suicidal ideation require immediate assessment.

14.1.3 Disclosures should always be treated seriously.

14.1.4 Staff should never promise confidentiality.

14.1.5 Concerns must be passed immediately to the DSL and DSMHL.

14.1.6 Risk should be assessed in conjunction with safeguarding procedures.

14.1.7 We will follow the flow charts outlined in appendix 4 to ensure that we respond appropriately.

14.2 We will respond promptly and proportionately to all concerns relating to self-harm or suicidal ideation, ensuring appropriate safeguarding measures, risk assessments, support plans, parental involvement (where appropriate) and referrals to relevant services are implemented to safeguard and promote the wellbeing of the student. Templates for this are found in appendix 4.

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15. MENTAL HEALTH AND ATTENDANCE

15.1 There is a strong relationship between mental health and attendance. Emotional wellbeing difficulties, including anxiety, depression, trauma, low self-esteem, bullying, social difficulties or other mental health concerns, may impact a student's ability to attend and engage with education.

15.2 Staff should be alert to patterns of absence, persistent lateness, avoidance behaviours, requests to leave lessons, or other indicators that attendance difficulties may be linked to a student's emotional wellbeing. Where concerns are identified, the campus will seek to understand and address any underlying needs through a child-centred approach, working collaboratively with students, parents, carers and relevant professionals.

15.3 Attendance concerns will always be considered alongside safeguarding, pastoral, SEND and mental health information to ensure appropriate support is provided and barriers to attendance are identified and addressed at the earliest opportunity. The campus will work with external agencies where necessary to secure appropriate interventions and support.

16. TRAUMA-INFORMED PRACTICE

16.1 The campus recognises that traumatic experiences can have a significant impact on a child's emotional wellbeing, behaviour, relationships, attendance, learning and ability to engage with education. Trauma may arise from a single event or a series of experiences and can include abuse, neglect, domestic abuse, bereavement, family breakdown, serious illness, community violence, exploitation, displacement, bullying or other adverse childhood experiences. Children may respond to trauma in different ways and its effects may not always be immediately apparent.

16.2 Hindhead Campus is committed to adopting a trauma-informed approach that seeks to understand the experiences and needs that may sit behind a child's behaviour, presentation or emotional responses. Staff will endeavour to respond with curiosity, empathy and consistency, recognising that behaviour may be a means of communicating distress rather than simply a disciplinary concern. This approach supports the campus's commitment to safeguarding, inclusion and promoting positive mental health and wellbeing.

16.3 Where a student is known or believed to have experienced trauma, the campus will consider any additional support, reasonable adjustments, risk assessments or targeted interventions that may be required. This may involve collaboration between the DSMHL, DSL, Learning Support Team, pastoral staff, parents, carers and external professionals to ensure support is proportionate to the student's individual needs.

16.4 Staff should remain mindful that trauma can sometimes present through behaviours such as anxiety, withdrawal, low mood, difficulties with concentration, emotional dysregulation, heightened vigilance, poor attendance, oppositional behaviour or difficulties forming and sustaining positive relationships. Such presentations should be considered within the wider context of the child's experiences and welfare needs, with safeguarding procedures followed where appropriate.

17. RISK AND PROTECTIVE FACTORS

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17.1 Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events.

17.2 Risk factors are cumulative.

18. MANAGING DISCLOSURES

18.1 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.

18.2 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.

18.3 Staff should follow the ALGEE model for dealing with students experiencing poor mental health.

18.4 All disclosures should be recorded and held on the student's confidential file on CPOMS.

18.5 The DSL will manage and refer the child on for any support needed. They will follow up on the referral and offer support and advice about next steps.

19. CONFIDENTIALITY AND INFORMATION SHARING

19.1 The campus recognises that effective safeguarding and support for mental health relies upon timely, proportionate and lawful information sharing. Information will be shared with relevant professionals and agencies where it is necessary to safeguard or promote the welfare of a child, in accordance with data protection legislation, Working Together to Safeguard Children and the Safeguarding and Child Protection Policy.

19.2 We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared where this involves students who are in danger of harm.

19.3 It is always necessary to share disclosures, however low-level they may appear, with the DSL via CPOMS. 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 ensures all information about a child can be pieced together over time to support the right help for them.

19.4 The campus will normally seek to involve parents and carers in supporting students experiencing mental health difficulties. However, decisions regarding parental involvement will be considered on a case-by-case basis and may be delayed where doing so would place the child at increased risk of harm or compromise safeguarding processes.

19.5 Students may choose to tell their parents themselves. We should always give students the option of us informing parents for them or with them.

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19.6 If a child gives us reason to believe that there may be underlying child protection issues, the DSL must be informed immediately. The DSL will then decide whether parents should be informed.

20. WORKING WITH PARENTS

20.1 The Campus recognises the importance of working in partnership with parents and carers to support students experiencing mental health difficulties. Where appropriate, parents will be involved in assessment, planning and support arrangements.

20.2 When concerns are shared with parents, the campus will do so in a sensitive, supportive and child-centred manner. Consideration will be given to the wishes of the student, the nature of the concern and any safeguarding implications.

20.3 The Campus will provide information, advice and signposting to appropriate sources of support where required. A record of significant discussions, actions and agreed next steps will be maintained on CPOMS in accordance with safeguarding and record-keeping procedures.

21. SUPPORTING PEERS

21.1 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 will consider and map out, on a case-by-case basis, which friends or peers 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 with whom we will discuss:

21.1.1 What it is helpful for friends to know and what they should not be told

21.1.2 How friends can best support

21.1.3 Things friends should avoid doing or saying which may inadvertently cause upset

21.1.4 Warning signs that their friend may need help (e.g. signs of relapse)

21.1.5 Additionally, we will want to highlight with peers:

21.1.6 Safe sources of further information about their friend’s condition

21.1.7 Healthy ways of coping with the difficult emotions they may be feeling

22. STAFF WELLBEING AND PROFESSIONAL DEVELOPMENT

22.1 The campus is committed to continuous professional development for staff that makes it clear that promoting good mental health is the responsibility of all members of campus staff and community.

22.2 Campus staff cannot act as mental health experts and will not try to diagnose conditions.

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22.3 Staff are trained in the early signs of mental health problems, what is and isn't a cause for concern, and what to do if they think they have spotted a developing problem. Additional training will be considered at the campus where specific needs have been highlighted; this will be considered by the DSMHL.

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

22.5 Staff wellbeing contributes significantly to a safe, supportive and effective learning environment. Promoting positive mental health and wellbeing is a collective responsibility, and we are committed to fostering a culture in which staff feel valued, supported and able to access appropriate help when required.

22.6 Staff who have concerns about their own wellbeing are encouraged to seek support from their line manager, campus principal or appropriate professional services, such as the employee assistance program.

22.7 Staff who are managing complex cases or feel triggered by any situation arising from student mental health can access 1:1 and group safeguarding supervision in accordance with the child protection policy by contacting the Regional Director Safeguarding.

22.8 By supporting the wellbeing of staff, the campus aims to strengthen its capacity to promote positive outcomes for students and maintain a culture of compassion, resilience and safeguarding.

23. EARLY IDENTIFICATION AND SUPPORT

23.1 Early intervention to identify issues and provide effective support is crucial. The campus role in supporting and promoting mental health and wellbeing can be summarised as:

23.1.1 Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole campus population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through campus activities and ethos.

23.1.2 Identification: recognising emerging issues as early and accurately as possible.

23.1.3 Early support: helping pupils to access evidence based early support and interventions; and

23.1.4 Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

23.2 When the campus suspects that a pupil is having mental health difficulties, they should not delay putting support in place, using the graduated response process:

23.2.1 an assessment to establish a clear analysis of the pupil's needs.

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23.2.2 a plan to set out how the pupil will be supported.

23.2.3 action to provide that support; and

23.2.4 regular reviews to assess the effectiveness of the provision and lead to changes where necessary. This should be logged on CPOMS.

23.3 The DSL can seek further support or report to local agencies through the local safeguarding partnerships. OSG also has access to Chartered Psychologists (IPC) that students can be referred to.

23.4 Where concerns do not meet statutory safeguarding thresholds, the campus may seek support through local Early Help, Family Help or other targeted support services to ensure children and families receive help at the earliest opportunity.

24. ADDITIONAL IN-CAMPUS SUPPORT FOR CHILDREN WITH THE MOST COMPLEX PROBLEMS

24.1 For children with the most complex problems, additional in-campus interventions may include:

24.1.1 support for the pupil's teacher, to help them manage the pupil's behaviour within the classroom, taking into account the needs of the whole class.

24.1.2 additional educational one to one support for the pupil to help them cope better within the classroom.

24.1.3 an individual mental health and wellbeing care plan (see appendix 2).

24.1.4 if mental health professionals have recommended medication this should be detailed in the care plan. Campus staff should be aware of any medication that children are taking, and how this should be stored and administered in accordance with the administering Medicine policy.

25. COMMISSIONING SERVICES DIRECTLY

25.1 Individual campuses are able to commission individual support and health services for pupils, which gives increased flexibility and provides an early intervention response.

25.2 It is important that campuses commission appropriately qualified and experienced external providers, as this will supported by the Regional Principal and provide assurance that they are properly trained, supported, professionally supervised, insured and working within agreed policy frameworks and standards, and accountable to a professional body with a clearly articulated complaints procedure.

26. AUDIT & BEST PRACTICE

26.1 All campuses will complete an annual audit of their mental health and wellbeing practice and produce a corresponding action plan that is reviewed on a termly basis at the campus by the Safeguarding and SEND team in collaboration.

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26.2 Findings from audits and action plans will be reviewed in the half termly safeguarding committee meeting and reported annually to governance.

26.3 The Board and Safeguarding CST will receive annual assurance regarding the effectiveness of the campus mental health and wellbeing provision, including training, intervention outcomes, emerging trends and audit findings.

27. GUIDELINES AND LEGISLATION

27.1 Keeping Children Safe in Education 2026

27.2 Working Together to Safeguard Children 2026

27.3 Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges (DfE, updated 2026)

27.4 Relationships Education, Relationships and Sex Education and Health Education Statutory Guidance

27.5 Children's Wellbeing and Schools Act 2026

27.6 SEND Code of Practice

28. VERSION CONTROL

Document Code	Date	Version No.	Nature of change
QSC/10	September 2019	3	
	January 2021	4	New Policy
	September 2022	4.1	Added section on the DSMHL Role Added appendix 4, Job description of the DSMHL
	January 2023	4.2	Added Mental Health Statement Updated PSHE scheme of work
	January 2024	5.0	Policy review
	September 2025	5.2	Policy review
POL_UK_ED_Mental Health and Wellbeing Policy_V6	September 2026	6	Full policy review and rewrite to align with current working practice. Addition of Self Harm and Suicide procedures, safety plan and risk assessment tool.

Appendix 1: Mental Health Policy Support Procedures

ALGEE Model

All staff responses should reflect the MHFA England ALGEE model.

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A – Approach, Assess, Assist

- Approach the young person calmly
- Use “I” statements:
- “I’ve noticed you seem quieter than usual – how are you feeling?”
- Assess for risk, including:
    - self-harm
    - suicide thoughts or behaviour

L – Listen and communicate non-judgementally

- Use active listening (acceptance, empathy, genuineness)
- Allow silence and avoid interrupting
- Avoid:
    - judgement
    - excessive questioning
    - sharing personal experiences unnecessarily

G – Give support and information

- Validate the young person’s experience:
- “That sounds really difficult for you”
- Provide reassurance and hope
- Offer age-appropriate, accurate information

E – Encourage professional help

- Discuss options such as:
    - GP
    - CAMHS
    - campus-based support
    - Support the young person in accessing help

E – Encourage other supports

- Identify trusted adults
- Encourage peer and family support networks
- Promote positive coping strategies

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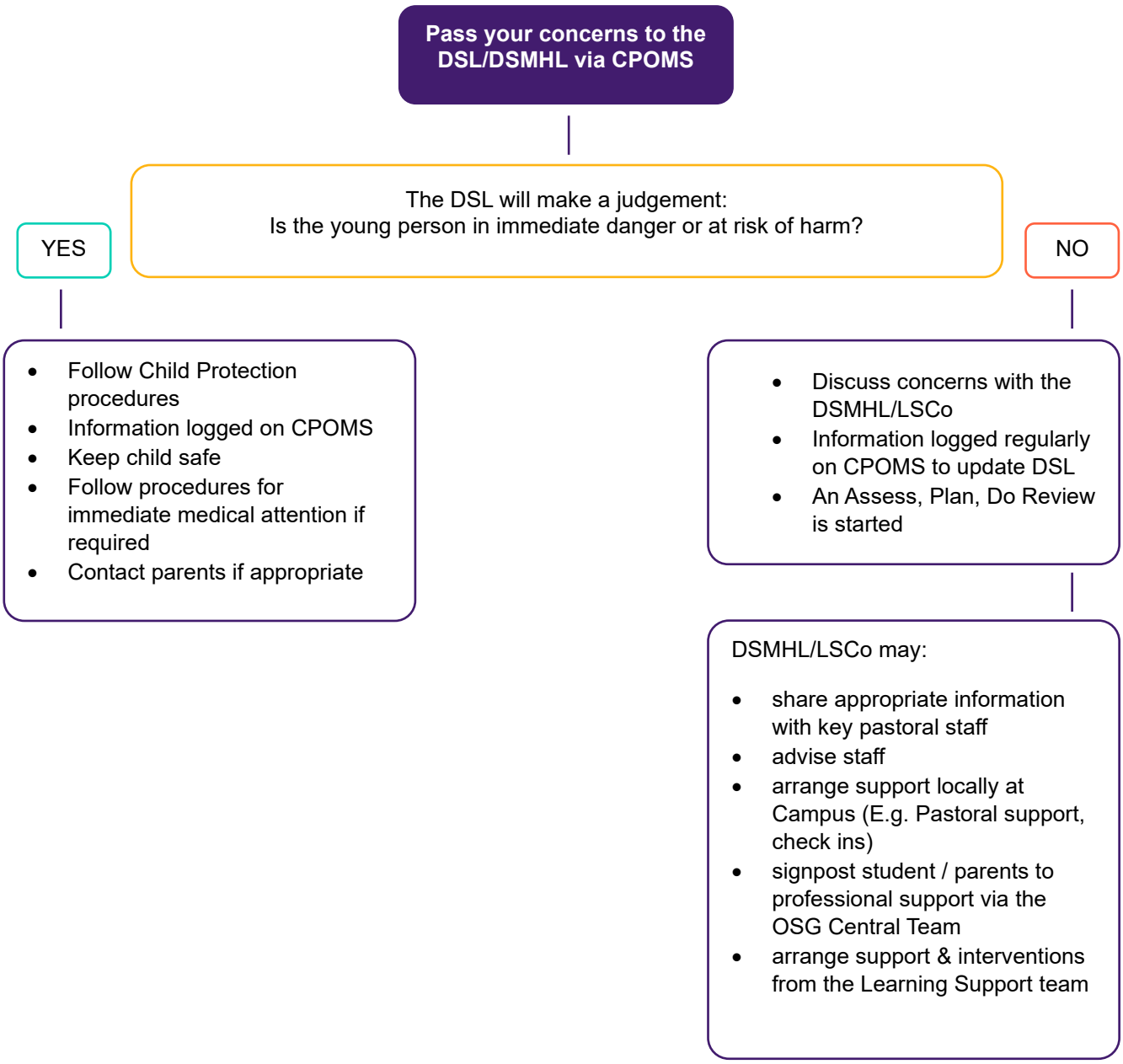
Self-referral process

Follow ALGEE procedure:



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Early identification process: To be Finalised

Guided by Pyramid of Need (PON):

Initial PON completed

Completed by **homeroom** tutors termly – Monitored by DSMHL

Identification of students

PON weighting identifies students into tiered level of need

Provision of intervention

Students offered appropriate targeted intervention based on level of need

Tier 1	Tier 2	Tier 1
Homeroom tutor updates DSMHL DSMHL includes students to monitoring register Wider staff team informed of students on monitoring CPD for the wider team considered to allow for development of skills in supporting potential issues with mental well being Students monitored through homeroom and quality first teaching Concerns elevated to homeroom tutor	Homeroom tutor updates DSMHL DSMHL completes further assessment DSMHL includes students to intervention register DSMHL to communicate with parents Targeted intervention plans developed for students Wider staff team informed of students receiving intervention CPD for the wider team considered to allow for development of skills in supporting potential issues with mental well being Intervention impact monitored by DSMHL using assessment tool alongside consideration of data from progress lead/homeroom tutor Concerns elevated to DSMHL	Homeroom tutor updates DSMHL DSMHL includes students to referral register DSMHL to communicate with parents regarding referral into external agency Targeted intervention plans developed for students if appropriate (in conjunction with or following guidance from external agency) Wider staff team informed of students receiving intervention CPD for the wider team considered to allow for development of skills in supporting potential issues with mental well being Intervention impact monitored by DSMHL alongside consideration of data from progress lead/ homeroom tutor Concerns elevated to DSMHL

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Appendix 2: Individual Mental Health & Wellbeing Care Plan

1. Student Details

Student name		Male/ female		Plan Creation Date	
DOB		Campus		Review Date	
Year group		DSMHL		DSL	
Parent contact		GP		External agencies involved	

2. Primary Mental Health Concern

- Anxiety
- Depression/Low Mood
- Eating Disorder
- Self-Harm
- Suicidal Ideation
- Trauma
- Attendance Related Anxiety (EBSA)
- SEMH Need
- Other
- Details

3. Student Voice

- What does the student say helps?
- What does the student want staff to know?
- Preferred trusted adults:

4. Strengths and Protective Factors

- What is working well for the student?
- Positive friendships
- Strong family support
- Good attendance
- Academic strengths
- Safe adults in school
- Other strengths:

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5. Triggers and Risk Factors

- Exams or assessments
- Social situations
- Unstructured times
- Friendship difficulties
- Family circumstances
- Online interactions
- Attendance expectations
- Other identified triggers:

6. Early Warning Signs

- Withdrawal from peers
- Changes in mood
- Increased anxiety
- Reduced engagement in lessons
- Absence or lateness
- Changes in eating behaviour
- Physical symptoms
- Self-harm indicators
- Other indicators:

7. Support Strategies

The following support arrangements have been agreed:

28.1 Universal Support	28.2 Targeted Support	28.3 Specialist Support
Named trusted adult Check-in/check-out system Wellbeing monitoring Seating adjustments Pastoral mentoring Staff awareness	Counselling Therapeutic intervention Emotional regulation support Attendance support plan Learning Support intervention Reduced timetable (where appropriate)	CAMHS Family Help Educational Psychologist/ IPC Referral Social Care Other Details:

8. Safety and Risk Management

Is there a current risk assessment?* Yes/ No

Risk Identified

- Self-harm
- Suicidal ideation
- Eating disorder concerns
- Absconding
- Online safety concerns
- Other safeguarding concerns

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Details:

9. Adult Response Required

What should staff do?

Example:

- Remain calm and supportive.
- Contact DSL/DSMHL immediately if risk increases.
- Follow self-harm procedures where appropriate.
- Ensure concerns are recorded on CPOMS.

10. Attendance Considerations

Current Attendance: _____ %

Identified attendance barriers:

Actions agreed:

Review attendance weekly/monthly.

11. SEND and Additional Needs

Does the student have:

- EHCP
- SEND Support
- SEMH Need
- Other identified learning need

Support adjustments required:

12. Parent/Carer Views

- Parent/carer comments:
- Agreed actions:

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13. Outcome Targets

Target	Success Measure	Review Date

14. Review Record

Date	Attendees	Progress	Actions

15. Signatures

Student (where appropriate)	_____
Student print name	_____
Parent	_____
Parent print name	_____
DSL	_____
DSL print name	_____
DSMHL	_____
DSMHL print name	_____
Campus Principal	_____
Review Date	_____

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Appendix 3: DSMHL Job Description

JOB TITLE: Designated Senior Mental Health Lead

JOB PURPOSE

- Champion our commitment to delivering excellent outcomes in whole campus mental health and wellbeing.
- Oversee the development of effective mental health and wellbeing provision in line with the government guidance for senior mental health leads

DUTIES

SPECIFIC DUTIES

Strategic Leadership and Whole School Approach

- Lead the strategic development, implementation and review of the Campus Mental Health and Wellbeing Strategy.
- Champion a whole-campus approach to mental health, wellbeing and resilience.
- Promote a culture that reduces stigma and encourages help-seeking behaviours.
- Ensure mental health and wellbeing are embedded within the Campus Improvement Plan and wider strategic priorities.
- Review and evaluate mental health provision to ensure compliance with statutory guidance and best practice.
- Lead the annual review of the Mental Health and Wellbeing Policy and associated procedures.
- Identify emerging needs, trends and risks relating to student mental health and wellbeing.
- Ensure mental health and wellbeing considerations are reflected across relevant policies and procedures.

Safeguarding and Mental Health

- Work closely with the Designated Safeguarding Lead (DSL) to ensure that mental health concerns are considered within the wider safeguarding context.
- Support the identification of students whose mental health difficulties may indicate abuse, neglect, exploitation, trauma or adverse childhood experiences.
- Ensure all concerns relating to mental health are appropriately recorded, monitored and escalated where required.
- Support the management of complex safeguarding cases where mental health is a contributing factor.
- Provide advice and guidance to staff regarding safeguarding issues linked to emotional wellbeing and mental health.
- Contribute to safeguarding risk assessments and safety planning where mental health concerns are identified.
- Ensure safeguarding procedures are followed where students present with self-harm, suicidal ideation, eating disorders or other high-risk behaviours.

Early Intervention and Prevention

- Lead the campus approach to early identification of mental health and emotional wellbeing concerns.
- Develop and maintain systems for identifying emerging needs and vulnerabilities.

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- Ensure students receive timely and proportionate support through graduated and evidence-based interventions.
- Develop preventative approaches that promote resilience, emotional literacy and wellbeing.
- Support staff to recognise early warning signs of mental ill health.
- Monitor the effectiveness of preventative and early intervention programmes.
- Develop targeted support pathways for vulnerable groups of students.

Mental Health Provision

- Coordinate the provision of mental health and wellbeing support across the campus.
- Oversee the implementation of support plans, wellbeing plans and risk assessments.
- Support students experiencing anxiety, low mood, emotional distress, trauma, self-harm, eating disorders, suicidal ideation and other mental health needs.
- Ensure appropriate pathways are in place for referral to internal and external support services.
- Oversee the planning, implementation and evaluation of interventions.
- Ensure support remains child-centred and responsive to individual needs.
- Contribute to individual healthcare plans where mental health concerns impact upon a student's educational experience.

SEND, Inclusion and Trauma Informed Practice

- Work collaboratively with the Learning Support Team and SENDCo to support students whose mental health and SEND needs interact.
- Contribute to planning and reviewing appropriate adjustments and support programmes.
- Promote inclusive practices that support positive wellbeing for all students.
- Lead and promote trauma-informed approaches across the campus.
- Support staff to understand the impact of trauma, attachment difficulties and adverse childhood experiences.
- Ensure mental health provision reflects the needs of vulnerable, disadvantaged and protected groups.
- Support the development of emotionally safe learning environments.

Attendance, Behaviour and Engagement

- Work closely with attendance, pastoral and safeguarding teams to identify links between attendance, behaviour and mental health.
- Support interventions for students whose attendance is impacted by emotional wellbeing difficulties.
- Advise staff on appropriate responses where behaviour may be linked to mental health, trauma or unmet need.
- Contribute to support plans for students experiencing emotionally based campus avoidance.
- Monitor attendance patterns and wellbeing indicators to identify students requiring intervention.
- Promote strategies that improve engagement, belonging and participation in campus life.

Partnership Working and Multi-Agency Collaboration

- Develop effective partnerships with parents and carers to support student wellbeing.
- Liaise with external agencies including CAMHS, Family Help services, Mental Health Support Teams, educational psychologists, social care professionals and healthcare practitioners.
- Attend professional meetings where appropriate.
- Support referrals to specialist services and monitor outcomes.
- Contribute to multi-agency planning and intervention processes.
- Ensure effective communication between campus, families and professionals.

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- Signpost students and families to appropriate support services.

Staff Training and Professional Development

- Assess staff training needs relating to mental health and wellbeing.
- Develop and deliver mental health awareness training for staff.
- Promote understanding of self-harm, suicidal ideation, eating disorders, trauma and emotional wellbeing.
- Provide advice, guidance and consultation to colleagues.
- Support staff in developing confidence when responding to mental health concerns.
- Maintain up-to-date knowledge of legislation, research and best practice.
- Attend relevant training and professional development opportunities to maintain expertise.

Online Safety and Mental Health

- Work with safeguarding and online safety leads to monitor the impact of online activity on student wellbeing.
- Support the identification of students affected by cyberbullying, online abuse, harmful online communities or inappropriate online content.
- Promote digital resilience and healthy online behaviours.
- Contribute to educational programmes relating to online safety and mental wellbeing.
- Monitor emerging risks associated with technology, social media and AI-generated harms.
- Ensure online wellbeing considerations are reflected in relevant policies and procedures.

Monitoring, Evaluation and Quality Assurance

- Monitor the effectiveness and impact of mental health provision.
- Collect and analyse wellbeing, attendance, safeguarding and intervention data.
- Lead annual mental health and wellbeing audits.
- Develop and monitor action plans arising from audits and evaluations.
- Review intervention outcomes and recommend improvements where necessary.
- Maintain accurate records relating to provision, referrals and outcomes.
- Support inspection preparation and quality assurance activities.

Governance and Assurance

- Produce annual reports regarding mental health and wellbeing provision.
- Provide assurance information to campus Leadership Teams, Regional Safeguarding teams and governance bodies as required.
- Report on emerging trends, risks, training, interventions and student outcomes.
- Support governors and trustees in understanding the effectiveness of mental health provision.
- Ensure compliance with relevant legislation, statutory guidance and organisational policies.
- Contribute to strategic planning and continuous improvement activities.

GENERAL DUTIES

- To contribute to effective and safe daily operation of the campus.
- To perform such other duties as may be requested from time to time, commensurate with the role.
- Uphold and promulgate the Focus ethos within all areas of responsibility.
- Contribute to, share in and promote the wider and longer-term vision of OSG UK and OneSchool.
- To promote equality, diversity and inclusion and demonstrate this within the role, adhering to the OSG UK Equal Opportunity Policy.

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- Comply with and support the implementation of all campus and OSG UK policies.
- To adhere to Health & Safety Policies and ensure all tasks are carried out with due regard to Health and Safety.
- To work with due regard to confidentiality and the principles of Data Protection, encouraging others to do the same.

PERSONAL DUTIES

- To set an example of positive personal integrity and professionalism, with positive, appropriate and effective communications and relationships at all levels.
- Ensure high standards are maintained, progressed and promoted in all areas of work.
- To undertake appropriate professional development and positively participate in the appraisal of own performance.
- Communicate and co-operate effectively and positively with specialists from outside agencies where applicable.
- Attendance at staff meetings as appropriate.

SAFEGUARDING

OneSchool Global UK and its affiliated schools are committed to safeguarding and protecting the children and young people that we work with. As such, all posts are subject to a safer recruitment process, including the disclosure of criminal records and vetting checks.

We ensure that we have a range of policies and procedures in place which promote safeguarding and safer working practice across the campus. This is in line with statutory guidance Keeping Children Safe in Education 2026, Working Together to Safeguard Children 2026 and The Education Act, we expect all staff and volunteers to share this commitment.

REPORTING TO

- Reporting to [specified by campus]

SUPPORT FOR THE ROLE

The role is supported on occasion by the Regional Support Office.

OneSchool Global UK provides a range of support services in areas such as IT, recruitment, P&C, policies, resources and compliance.

ISSUED BY

OneSchool Global UK

Issue date: September 2026

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Designated Senior Mental Health Lead
Person Specification

Specification	Essential	Desirable
Experience and Knowledge	• Experience supporting children and young people with mental health or emotional wellbeing needs. • Experience working with parents and external agencies. • Experience developing support plans and interventions. • Experience of using safeguarding and case management systems to record, monitor and evaluate interventions. •	• Experience leading wellbeing initiatives. • Experience of multi-agency working.
Education and Qualifications	• Relevant professional qualification in education, pastoral care, safeguarding, psychology, counselling, mental health, SEND or related field.	• Qualified Teacher Status • Mental Health First Aid Instructor or equivalent. • Counselling qualification. • Safeguarding qualification.
Training	• Senior Mental Health Lead training (or willingness to complete within 12 months). • Safeguarding training appropriate to role. • Understanding of KCSIE and Working Together.	
Attributes and Attitudes	• Punctual and reliable	
Equality, diversity and inclusion	• Knowledge, understanding and commitment to equality, diversity and inclusion informed by practical experience and application.	
Safeguarding	• Demonstrable commitment to safeguarding and promoting the welfare of children. • Ability to recognise, respond to, and manage safeguarding concerns in line with statutory guidance. • Commitment to creating a culture where children feel safe, listened to, and supported. • Understanding of professional conduct and the importance of maintaining safe working practices.	

The post holder will be required to complete an enhanced Disclosure Barring Service (DBS) Check with appropriate barred list checks, or the equivalent, a S128 check, and must be eligible to work in the UK.

OneSchool Global UK is committed to safeguarding and promoting the welfare of children and young people and expects all staff to share this commitment.

All staff are expected to be committed to the Equal Opportunities Policy.

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Appendix 4: Self Harm and Suicide Procedures

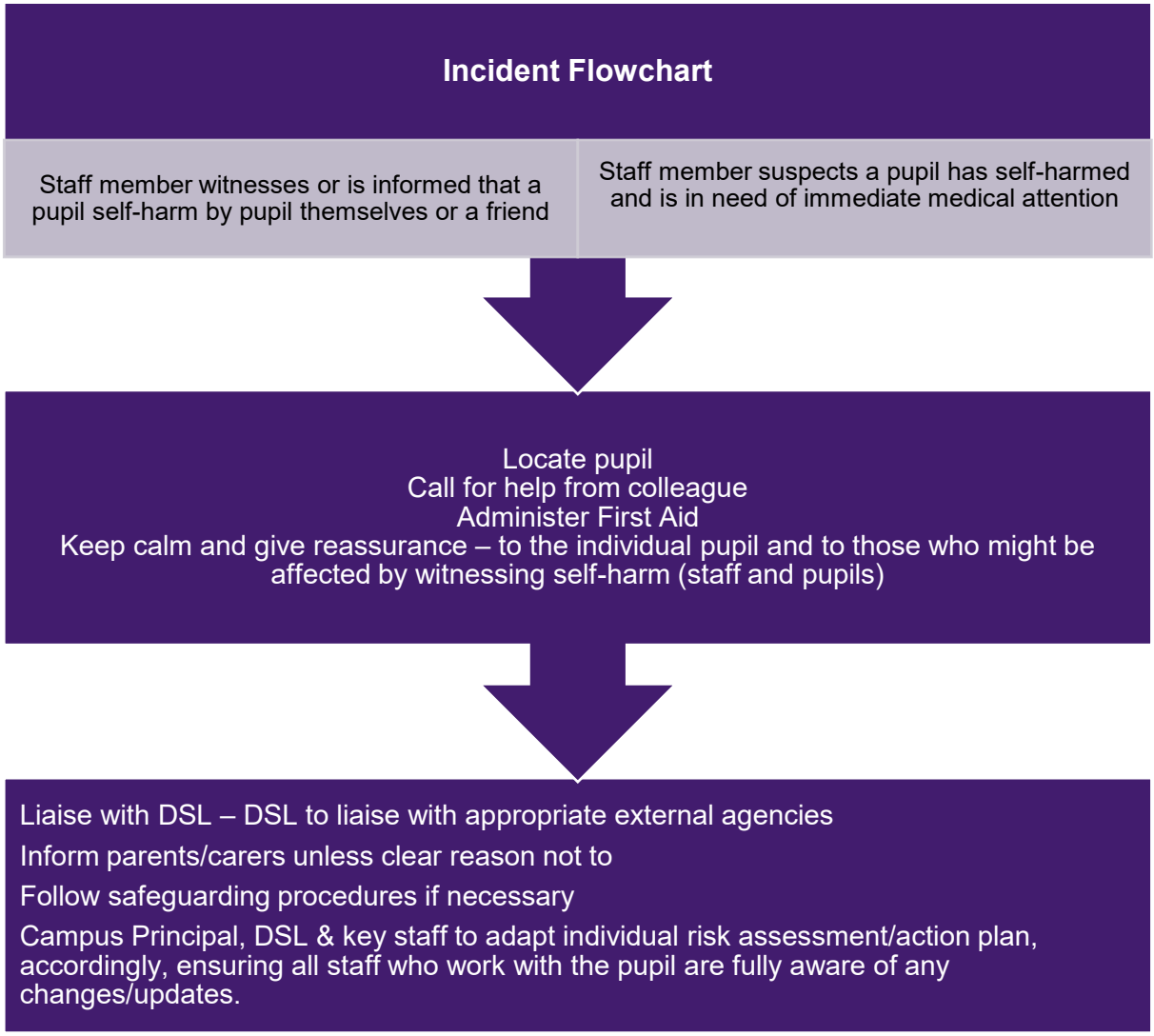
Managing Self Harm & Suicide thoughts in Crisis Situations

IMPORTANT: Contact emergency services if injury is life threatening or if pupil experiencing suicide thoughts.

If the pupil is taken to hospital, emergency protocols for treatment and care will be implemented and a CAMHS referral will be activated by the hospital.

On pupils' return to campus, their risk assessment and action plan will be modified and accordingly adapted and shared with the pupil where appropriate.

Any self-harm incident should be recorded on CPOMS and considered within the context of safeguarding, mental health, trauma, peer relationships and wider welfare concerns.



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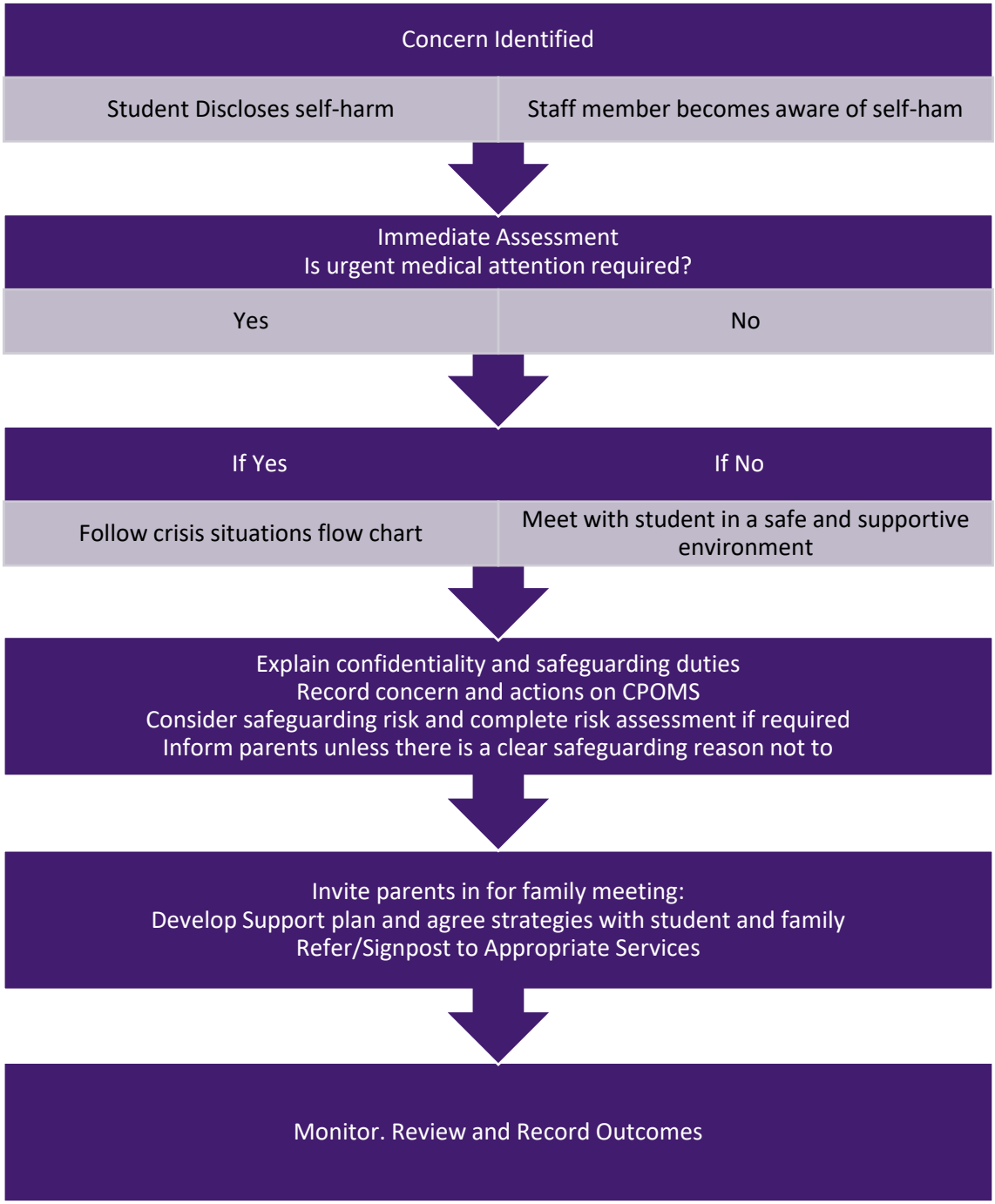
Managing Self-Harm in Campus (not in need of urgent medical treatment & return to campus)



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Self-Harm/Suicide Safety Plan

Safety Planning and Risk assessing must only be completed by a trained youth mental health first aider or DSL.

Safety Plan with Prompts for the YMHFA

Considerations	What needs to be done now for safety?	Who can help with this? (Include 24-hour contact & GP)
Aloneness Do they have support? How alone do they feel?	Someone they can call. Who do you think can help us with this? Must have someone: cannot be the only person holding this information. Partnership working.	Helplines/Apps Named person Somebody close by that can act if they are at risk. Ideally 2 people.
Pain/Desperation Include both emotional and physical pain	Talking may reduce it slightly but won't remove it entirely.	Activities, Friendship Groups/ Clubs Sense of belonging Music/Arts/Nature what's worked in the past?
Suicide Plan How? When? How prepared are they?	If they say yes, we should start to dismantle the plan. Ie if jumping if front of a bus, then we avoid that route.	Removing medication. Removing sharp instruments. Think about who is a trusted adult and conversations to encourage them to make decisions. Gain the child's opinion how the conversation could happen. Think of other ways to put barriers in place.
Prior Suicide Behaviour What or who has helped before?	Not *thought* about it but actually acted on it. What kept you safe? How did you prevent it last time? (within 12 months is highest risk)	
Alcohol / Drugs How much is 'normal'? How much is safe?	Encourage safe or no use Eg: don't drink alone or lower alcohol content Cocaine: contributing factor	Let friends know, Don't do it alone Signpost to other services if needed
Mental Health What or who has helped before?	Side effects of some medication can increase suicide risk. GPs are gate keepers of secondary care	

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Blank Safety Plan for use with students

Name:

Date:

Considerations	What needs to be done now for safety?	Who can help with this? (Include 24-hour contact & GP)
Aloneness Do they have support? How alone do they feel?		
Pain/Desperation Include both emotional and physical pain		
Suicide Plan How? When? How prepared are they?		
Prior Suicide Behaviour What or who has helped before?		
Alcohol / Drugs How much is 'normal'? How much is safe?		
Mental Health What or who has helped before?		

Is there anything else that we haven't talked about that you need to help you stay safe now?

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Personal Safety Plan

Immediate safety
To stay safe from suicide, what needs to be done now? And in what order?
1.

2.

3.

4.

5.

Future safety
How will I recognise if I am ever at risk again in the future?

If I notice these signs in myself:

- I will talk to:

- I will seek help from:

- I will calm and comfort myself by:

- I will distract myself by:

- I will go to these places where I feel safe:

- I will remember these things and people who have helped me in the past:

- My safe alcohol/drug limit is:

- I will keep myself within these limits by:

Emergency contact numbers

- 24-hour contacts:
- My GP number:
- Other numbers:

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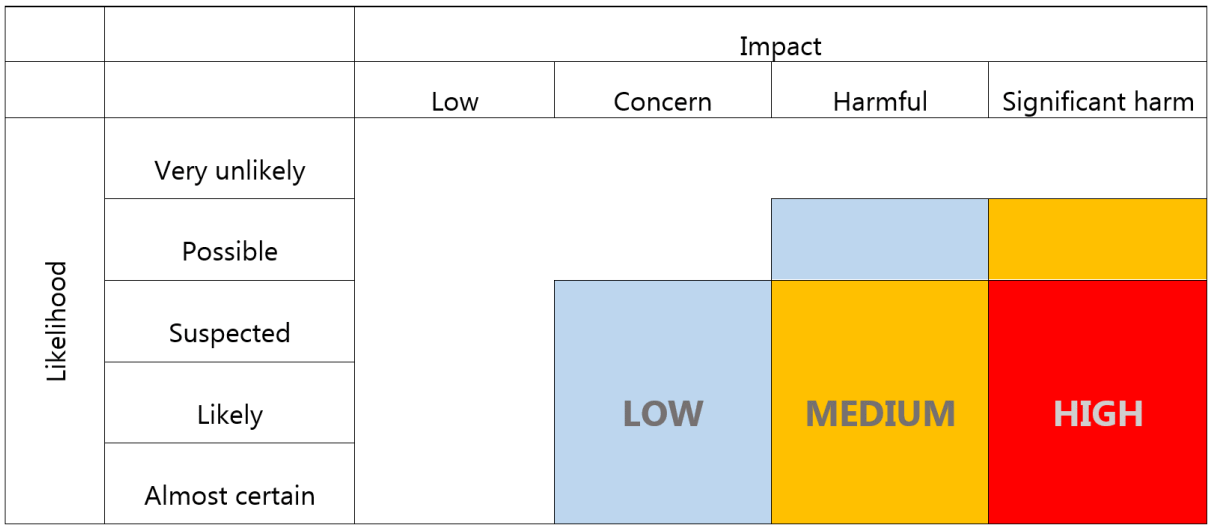
Risk Assessment Tool



Likelihood

Likelihood	Example
Very unlikely	An event that could happen, but is almost certain not to happen
Possible	An event that could happen
Suspected	There is an indication that something has happened or may happen
Likely	Something you believe is more likely to happen than not
Almost Certain	Something that will happen unless action is taken

Impact

Level	Potential Impact	Example
1	Low	No injury or cause for concern
2	Concern	A young person isn't doing as well as they should, although there is no evidence of harm.
3	Harmful	Ill-treatment or the impairment of health or development, including for example, impairment suffered from seeing or hearing the ill-treatment of another.
4	Significant Harm	Neglect, physical abuse, sexual abuse or emotional abuse including for example, impairment suffered from seeing or hearing the ill-treatment of another.

NB: Where a student has multiple risks, each one should be listed and risk assessed separately

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Risk Assessment for:

Young Person Risk Assessment

Hindhead Campus

This risk assessment is not exhaustive of activities or equipment, types which may be found in school campus areas and this risk assessment will need to be adapted taken that into account. Children must be supervised at all times.

Work equipment must be maintained and serviced in accordance with Manufacturer's instructions and legal requirements.

Policies and other guidance which will need to be considered include:

Refer to relevant supportive documents, policies and guidance here, such as:

- Health & Safety Policy
- Supervision of students Policy
- Pastoral Support Plan

Date:	Ref:	Review Date:	Assessor: Ownership:	OSG UK Campus:
Risk Assessment: Young Person Risk Assessment – Student at Risk of Harm				Persons Exposed/Affected: Young person, staff, students

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Ref. N°.	Hazard	Persons at Risk and How They Might be Harmed	Controls Currently in Place	Further Controls Recommended	Action by Whom	Action by Date	Completed Date
1.	XXX may self-harm	XXX may attempt to cut their arms	XXX completes his GFI on a weekly basis so we can monitor his mood. Laptop is monitored by staff member on dyknow in the classroom and SDM team for out of hour use. Parent login to SDM to check on a weekly basis. Staff to be mindful of when XXX asks to use the toilets the amount of time he is there and his mood before asking. Were he not to return within 5 minutes a same gender member would have to check. It has been mentioned he has been banging his head on the wall - this would be clearly… Staff to check in arrival with Learning Support from buses and primary staff during Daily Mile. If there were to be an instance of SH other students would be evacuated by the class teacher to a nearby space. The office would be contacted either on zoom or phone to alert them. NNN, in the first instance, or if he were to be unavailable for any reason, BBB. The use of positive handling would be used if deemed necessary by the professional. A cushion will discreetly be in storage in the back of the classroom, and this would be used. Member of safeguarding team would stay unless their own safety to be threatened. Practical lessons to be monitored closely (Particularly for Food and PE) where equipment is being used.				

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Ref. N°.	Hazard	Persons at Risk and How They Might be Harmed	Controls Currently in Place	Further Controls Recommended	Action by Whom	Action by Date	Completed Date
2.	Suicide Thoughts	If they were to become depressed, they could attempt suicide	XXX has been added to the learning support register under SEMH. He will have an LSA (two of which are on the safeguarding team) in almost all lessons. Regular contact with Mum to gauge how XXX has been, particularly after weekends where there has been extended time at home.				
3.							
4.							
5.							
6.							
7.							

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Ref. N°.	Hazard	Persons at Risk and How They Might be Harmed	Controls Currently in Place	Further Controls Recommended	Action by Whom	Action by Date	Completed Date
8.							

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CIRCULATION LIST				
Name (CAPITALS)	**Job Title (CAPITALS)**	**Signature**	**Date**	*By ticking box below, you confirm that you have read and understood the document.*
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