PEPONI

HOUSE

Mental Health Policy

For Pupils

Author / reviewed by:	Deputy Head Pastoral
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1. The policy
   1.1 Peponi House School is committed to promoting and protecting the mental health and emotional wellbeing of all pupils.
   1.2 The school recognises that good mental health is fundamental to learning, achievement, personal development, healthy relationships, and overall wellbeing. We are committed to creating a safe, inclusive, nurturing, and supportive environment where every child feels valued, respected, listened to, and able to reach their full potential.
   1.3 Mental health is regarded with the same importance as physical health. The school adopts a whole-school approach to wellbeing that is embedded within teaching, learning, safeguarding, pastoral care, behaviour management, inclusion, and relationships with families.

Mental health concerns should never be viewed in isolation and may be indicators of abuse, neglect, trauma, exploitation, bullying or other safeguarding risks. All concerns will therefore be considered through a safeguarding lens and managed in line with the school's safeguarding procedures.

2. Introduction
   2.1. The World Health Organisation defines mental health as:
   "A state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to their community."
   2.2. Children and young people experience a wide range of emotions as part of normal development. At times they may face challenges arising from academic pressures, friendships, family circumstances, social media, transitions, bereavement, trauma, illness, or other life events.
   2.3. Schools play a vital role in promoting positive mental health, building resilience, identifying concerns early, and providing support when difficulties arise.
   2.4. Peponi House seeks to:
3. Create a culture where mental health is openly discussed.
4. Reduce stigma surrounding mental health.
5. Promote emotional literacy and resilience.
6. Ensure pupils know how and where to seek help.
7. Support pupils experiencing mental health difficulties.
8. Work collaboratively with families and external agencies.

9. Scope

This document describes the school's approach to promoting positive mental health and wellbeing.

This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read alongside:

- Safeguarding and Child Protection Policy.
- Behaviour Policy.
- Anti-Bullying Policy.
- SEND Policy.
- Medical Policy.
- Online Safety Policy.
- First Aid Policy.
- Attendance Policy.
- Relationships and Sex Education Policy.

Where mental health concerns present a safeguarding risk, safeguarding procedures will take precedence.

10. Legislation and guidance

This policy is informed by:

- Constitution of Kenya (2010)
- Children Act (2022)
- Kenya Mental Health Policy 2015-2030
- Basic Education Act (2013)
- Data Protection Act (2019)
- UN Convention on the Rights of the Child (UNCRC)
- Keeping Children Safe in Education (KCSIE) guidance (UK principles adopted as international best practice)
- UK Department for Education Guidance: Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges
- ISI Inspection Framework 2023
- Anna Freud Centre Guidance on Whole-School Mental Health

The school recognises that mental health difficulties can be indicators of abuse, neglect, exploitation, bullying, discrimination, or trauma and should therefore be considered within safeguarding processes.

11. Policy aims.
    11.1. The purpose of the policy is:
        11.1.1. Promote Positive Mental Health
12. Foster resilience, self-esteem and emotional wellbeing.
13. Create a supportive, inclusive and caring environment.

        13.1.1. Increase Awareness

14. Improve understanding of mental health among pupils, staff and parents.
15. Reduce stigma and encourage help-seeking behavior.

        15.1.1. Enable Early Identification

16. Equip staff to identify warning signs and risk factors.
17. Promote early intervention to prevent concerns escalating.

        17.1.1. Provide Appropriate Support

18. Ensure effective pastoral and counselling support is available.
19. Facilitate access to external services where required.

        19.1.1. Safeguard Children

20. Ensure mental health concerns are recognised as potential safeguarding concerns.

21. Protect pupils from harm and provide appropriate intervention.

    21.1.1. Strengthen Partnerships

22. Encourage collaboration between school, families and external agencies.
23. Whole School Approach to Mental Health and Wellbeing

Peponi House adopts a whole-school approach to mental health and wellbeing.

This includes:

- Positive relationships across the school community.
- Strong pastoral systems.
- High-quality PSHE provision.
- B&G Connect sessions
- Emotional literacy and resilience education.
- Healthy lifestyle promotion.
- Anti-bullying initiatives.
- Student voice and participation.
- Access to counselling support.
- Staff wellbeing programmes.
- Effective safeguarding systems.
- Strong partnerships with parents.

The school seeks to foster a culture where every child feels:

- Safe.
- Known.
- Heard.
- Respected.
- Included.
- Supported.

24. Key staff members
    24.1. While only appropriately trained professionals should formally diagnose mental health issues, school staff are in a prime position to monitor children's daily behaviors and recognise any signs indicating potential mental health concerns or risks.

    24.2. While all staff share the responsibility of promoting pupils' mental health and are encouraged to remain vigilant for potential mental health difficulties alongside managing physical or behavioral symptoms, certain individuals hold specific roles in this process. These include, Heads of Years and Pastoral Leaders, the PSHE Coordinator, Form Tutors, Youth Mental Health First Aiders (MHFAs), and the School Counsellors.

    24.3. Whilst all members of staff have a responsibility to promote the mental health of pupils, staff with a specific, relevant remit include:
        a. Matt Carr – Deputy Head Pastoral & Designated Safeguarding Lead
        b. Serah Shuma –School Counsellor

c. Nahashon Wanyoike- School Counsellor
d. Youth Mental Health First Aiders

25. Teaching about Mental Health

25.1. The skills, knowledge and understanding needed by pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE and RS curriculum. The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language, and confidence to seek help, as needed, for themselves or others. We will follow the PSHE guidance (JIGSAW) to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps rather than harms.

26. Risk and protective factors.

26.1. Attached in the table below:

	RISK FACTORS	**PROTECTIVE FACTORS**
CHILD	• Difficult temperament • Low self esteem • Negative thinking	• Easy temperament • Good social and emotional skills • Optimistic coping style
FAMILY	• Family instability • Harsh discipline style • Parent/s with mental illness or substance abuse	• Family stability • Supportive parenting • Strong family values
SCHOOL	• Peer rejection • School failure • Poor connection to school	• Positive school climate • Belonging and connectedness
LIFE EVENTS	• Difficult school transition • Death of family member • Emotional trauma	• Involvement with caring adult • Support available at critical times
SOCIAL	• Discrimination • Isolation • Socioeconomic disadvantage • Lack of access to support services	• Participation in community networks • economic security • strong cultural identity and pride

27. Early recognition of mental health issues

27.1. Peponi House recognises that schools are well placed to observe and identify pupils whose behavior suggests that they may be experiencing a mental health problem or be at risk of developing one. However, only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.

27.2. The school has established a system involving Heads of Years, Pastoral Leaders, Class Teachers, Teaching Assistants, Youth Mental Health First Aiders, Mental Health Ambassadors and other staff to ensure that each pupil is well-known within the school community. Together with all teaching staff, these roles aim to swiftly identify any changes in behavior or other warning signs among students.

27.3. Some of the possible early warning signs include:

a. Increased anxiety.
b. Change in sleeping habits.
c. Self-isolation.
d. Changes in appetite.
e. Loss of interest in people/activities
f. Self-harming.
g. Suicidal ideation
h. Mood swings/change in mood.
i. Change in attendance/punctuality.
j. Secretive behavior.
k. Deterioration in personal hygiene.
l. Skipping PE or getting changed secretively.
m. Expressing feelings of failure, uselessness, or loss of hope.
n. Lowering academic achievement.

28. Early intervention

28.1. Research suggests that early and effective intervention for young people with mental health problems may help to prevent longer term mental health problems.

28.2. It is likely that the school's staff will identify a possible issue in the first place and liaise with the relevant staff member or the Counsellor.

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

a) a student acknowledges that they have a problem and seeks help.
b) a student exhibits one or more of the warning signs identified above.
c) a member of staff, parent or another adult reports a concern about, or issues relating to, a child's mental health or behaviour.
d) where another student or child reports concerns about, or issues relating to, a student's mental health or behaviour.
e) A Mental Health Ambassador notices a change in behavior or concern about a student.

29. Suicide Risk and Self-Harm

Peponi House recognises that self-harm, suicidal thoughts, and suicide risk are serious safeguarding concerns requiring an immediate and proportionate response.

Any disclosure, concern, observation, or report relating to self-harm, suicidal ideation, suicidal intent, or behaviour that presents a risk of significant harm will be treated as a safeguarding matter and managed in accordance with the school's Safeguarding and Child Protection Policy.

Where a member of staff becomes aware of a concern, they must:

- Remain calm, listen carefully, and avoid making promises of confidentiality.
- Reassure the pupil that appropriate support will be provided.
- Report the concern immediately to the Designated Safeguarding Lead (DSL) or a deputy safeguarding lead.
- Make an accurate written record of the concern as soon as possible.
- Seek urgent medical assistance where there is an immediate risk of harm.

The school will undertake an appropriate risk assessment, involving relevant pastoral staff, counsellors, safeguarding personnel, parents/carers, and external agencies where necessary. The level of intervention will be based on the identified risk and the needs of the pupil.

Parents or carers will normally be informed of concerns relating to self-harm or suicide risk unless doing so would place the pupil at greater risk of harm. In such circumstances, decisions will be made by the DSL in consultation with relevant safeguarding professionals.

Where required, the school will work collaboratively with medical professionals, mental health practitioners, and external agencies to ensure pupils receive appropriate assessment, treatment, and ongoing support.

Following any incident involving self-harm or suicide risk, the school will maintain an appropriate support plan, monitor the pupil's wellbeing, and implement measures to support their safe engagement in school life.

30. Subsequent referral

30.1. Information is communicated within the pastoral leadership team of the school, involving the tutor, counsellor, and teaching staff as necessary, while respecting confidentiality boundaries. Initial support is provided within the school environment where considered suitable. Subsequently, based on the specifics of each case, the pastoral leadership team will determine the most suitable course of action.

30.2. This may include one or more of the below:

a. immediate medical assistance (e.g. Aga Khan University Hospital Mental Health Services, Nairobi Hospital Psychiatry Department)
b. discussing the matter with the student to develop a strategy to support them.
c. contacting parents/guardians as appropriate.
d. arranging an appointment with an external counsellor/psychologist.
e. giving advice to parents, teachers, and staff in their role, where appropriate.

30.3. We will collaborate with key relevant professionals in the local area to provide support for students as needed. Encouraging the involvement of these professionals is a priority. Additionally, when appropriate, students and their parents/carers will be directed towards external agencies and support groups that offer assistance.

30.4. The Foundation is committed to treating all reports of concerns regarding the mental health and wellbeing of its students with the utmost seriousness. There will be no delay in investigating such reports, and if deemed appropriate, necessary support will be promptly provided, including immediate steps to safeguard the student if required.

31. Involving parents

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

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

31.2. It can be shocking and upsetting for parents to learn of their child's issues, and many may respond with anger, fear, or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

31.3. We should always highlight further sources of information, as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too.

31.4. We should always provide a clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information.

31.5. Finish each meeting with an agreed next step and always keep a brief record of the meeting on the child's confidential record.

32. Confidentiality and information sharing

32.1. Students have the option to confide in a school staff member if they have concerns about their own welfare or that of a peer. However, it is essential to communicate to students that complete confidentiality is not always possible in cases involving pupil welfare. If a staff member believes that a student is at serious risk of harm, confidentiality cannot be maintained, and the concern must be shared with the DSL. It is crucial not to make assurances of confidentiality that cannot be honoured, even if a student insists on it.

32.2. Records relating to mental health and safeguarding concerns will be recorded on CPOMS and managed in accordance with the Kenya Data Protection Act 2019. Access to records will be restricted to authorised safeguarding and pastoral staff on a need-to-know basis.

33. Mental Health Ambassadors

33.1. The school may appoint trained Mental Health Ambassadors annually. This is a voluntary pupil role for Year 7-8.

33.2. Mental Health Ambassadors receive training in key skills such as active listening, empathy, problem solving, patience, communication and being non-judgmental.

33.3. The primary responsibility of the Mental Health Ambassadors is to offer support and guidance to pupils at the school. During break times from Monday to Friday, three students will be available to fulfill these duties and provide the services.

33.4. A debriefing session will be held with the Mental Health Ambassadors and School Counsellor every 2/3 weeks for them to raise any concerns they may have or guidance regarding any area.

34. Communication process

The Pastoral & Safeguarding Team coordinates all mental health and wellbeing support within Peponi House Mental Health Policy for Pupils. Pupils, staff and parents may raise concerns through multiple routes. Significant concerns are managed through established safeguarding procedures and, where appropriate, supported by counsellors and external specialists.

35. Policy review

35.1. The policy will be reviewed annually.

36. Related policies
    a. Safeguarding and Child Protection policy
    b. SEND policy
    c. Anti-bullying policy
    d. Behaviour policy