

Mental Health and Emotional Wellbeing of Autistic Pupils/ Learners Policy

1. Purpose

This policy outlines our organisational approach to promoting and implementing support for the mental health and emotional wellbeing of the autistic pupils/ learners in our education settings. It sets out the principles that guide our practice and the expectations placed on staff.

2. The Statutory guidance

This policy meets the requirements of:

- [Children Act 2004](#)
- [Children and Families Act 2014](#)
- [Mental Capacity Act 2005](#)
- [Equality Act 2010](#)
- [Human Rights Act 1998](#)

3. Policy Statement:

We are committed to supporting the mental health and emotional wellbeing of the autistic pupils/ learners we work with across our education settings. Staff are expected to apply these principles in their day-to-day work, recognising their role in promoting emotional wellbeing, preventing poor mental health, and responding appropriately to emerging or urgent mental health needs.

4. Key Principles

4.1 Promoting positive mental health and emotional wellbeing

Staff are expected to foster environments that support emotional well-being through consistent, attuned relationships and inclusive practices. They are expected to actively promote positive mental health through everyday interactions, routines and relationships and understand that consistent, emotionally attuned engagement helps pupils/ learners feel valued and safe. Staff are expected to model openness, empathy and respect at all times.

Across our education settings, emphasis is placed on pupils/ learners developing the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves and others. Our curriculums incorporate teaching and learning activities that support knowledge and understanding about emotional wellbeing. Staff embed opportunities

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|--------------|--------------------------------|--------------|---------------|
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| Policy No. | 129 | Version No. | 3.0 |

for reflection, emotional regulation and self-advocacy into everyday practice, recognising these as key to building resilience and encouraging early help-seeking.

4.2 Preventing the development or escalation of mental health difficulties

All staff working with our pupils/ learners are expected to remain alert to early signs of distress and take proactive steps to prevent escalation.

The Ambitious Approach involves creating a safe and calm environment where mental health problems are less likely to occur. Staff understand that prevention is not a single action but a sustained approach that includes noticing and responding to small changes before they escalate.

The Ambitious Approach also takes a relational stance, whereby safe, supportive and accepting relationships sit at the centre of everything we do. Staff know that this approach acts as a protective factor for mental health and is an effective way to support pupils/ learners who may be at risk of developing mental health difficulties.

4.3 Identifying emerging mental health needs

All staff are expected to seek guidance if they have concerns about the mental health or emotional wellbeing of a child or young person they are working with.

Our staff understand that when pupils/ learners begin to struggle with their mental health, this is often first evident through signs of distress. They know that distress alone is not a mental health issue, but that most mental health issues are closely associated with distress. As a result, staff recognise that it can be difficult to determine whether a child or young person is experiencing the normal ups and downs of life or the early signs of a longer-term mental health problem.

Staff are aware that this distinction is particularly challenging when working with autistic pupils/ learners, and those with learning disabilities. They understand that even among mental health specialists, diagnostic overshadowing can occur, where mental health symptoms are misattributed to autism or a learning disability.

When staff have concerns about the *emotional well-being* of a child or young person that they are working with, and where they can hold conversations with them, they can explore changes in behaviour, thoughts and feelings together. They can then use this understanding to determine whether to involve the wider TDT.

Where pupils/ learners are unable to express themselves clearly, staff rely on noticing changes over time. Appendix 1 provides an overview of the signs and symptoms staff look out for. Staff are expected to attend to changes that are sudden, as well as those that develop gradually over a period of months.

If a staff member has concerns about a child or young person that they are working with being *mentally unwell*, they should raise this with the transdisciplinary team (TDT) for further action planning.

All staff are expected to remain cognisant at all times of the limitations to confidentiality. Where a pupil/ learners discloses information that raises safeguarding concerns or indicates a risk of harm to themselves or others, staff have a duty to share this information in line with

| | | | |
|--------------|--------------------------------|--------------|---------------|
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Ambitious About Autism’s safeguarding procedures. This duty to disclose overrides any informal assurances of confidentiality

4.4 Signposting and facilitating access to mental health support

Our staff have a role to play in supporting timely access to specialist support where that may be needed by the pupils/ learners we work with. To do so, staff need to understand what constitutes a mental health concern and how specialist support is organised (see Appendix 2).

Following discussion with the TDT, a recommended outcome might be for the pupil/ learner to access mental health support. If a child or young person is already under the care of a mental health specialist, a nominated member of the TDT will liaise with the specialist, to share the arising concerns and to access advice and support.

With under 16s, if the pupil/ learner is not currently under the care of a mental health specialist team, the first step is usually to ask and support a parent/carer to make an appointment with the GP. The education setting can provide a supporting letter, outlining the concerns arising, changes that have been observed and what steps have been taken to provide support. Another route is for the education setting to make a direct referral to CAMHS. Where this is the case, parental consent to make the referral must be obtained. If parents are not willing or able to consent to a referral where there is evidence of unmet mental health needs, safeguarding procedures should be followed.

With pupils/ learners over the age of 16, unless they have been deemed to lack mental capacity, consent from the young person is, and must be, sought before making a referral to CAMHS or adult services. Best practice involves us also working with parents/carers to share concerns and action being taken, where permission is granted.

Children, young people, and their parents/carers can be resistant to seeking/ accessing mental health support for a range of reasons. We have a role to play in destigmatising mental health issues and encouraging access to support. We do this by recognising that they may not think they or their child could be mentally unwell and understanding that they may feel too embarrassed or frightened to talk to a doctor. In such instances we expect staff responsible for discussing mental health referrals to be:

- calm, patient and sympathetic;
- bring up the subject when everyone has time to talk;
- explain what has led to our concerns (describe the behaviours / experiences that underpin our concerns); and
- explain that they think that the professionals we are suggesting they consult can and do help with needs like the ones we have concerns about.

4.5 Responding to a mental health emergency

If there is a fear that a pupil/ learner who we work with is in danger of immediate harm due to their mental health, the standard safeguarding procedures must be followed with an immediate referral to the designated safeguarding lead (DSL).

If a pupil/learner presents a medical emergency then the standard procedures for medical emergencies must be followed, including alerting the first aid staff and contacting the emergency services if necessary. Immediate expert advice can be sought from local NHS

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|--------------|--------------------------------|--------------|---------------|
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| Policy No. | 129 | Version No. | 3.0 |

emergency mental health helplines whereby advice from trained mental health advisors and clinicians can be accessed 24 hours a day, 7 days a week, 365 days a year:

Treehouse School and Conel Campus of Ambitious College: 0800 151 0023
Barnet, Enfield and Haringey Mental Health NHS Trust

The Rise School and West Thames Campus of Ambitious College: 0800 328 4444
West London NHS Trust

Spring School: 0800 028 8000
Kingston, Merton, Richmond, Sutton and Wandsworth 24/7 Mental Health Crisis line

St Johns College and Residential: 0300 304 0078
Brighton and Hove Mental Health Rapid Response

4.6 Training

All staff receive training about recognising and responding to mental health issues as part of their regular training on keeping pupils/ learners safe. Core induction processes and ongoing learning and development activities ensure that all staff receive training in the Ambitious Approach whereby they learn about environments and relationships that meet the physical and emotional needs of pupils/ learners.

Training opportunities for staff who require more in-depth knowledge is considered as part of our performance management process and additional learning and development is supported throughout the year where it becomes appropriate due to developing situations with one or more pupil /learner. Where the need to do so becomes evident, we host training sessions for groups of staff to promote learning or understanding about specific issues related to mental health.

5. Roles and Responsibilities

5.1 Staff

All staff working with autistic pupils/ learners are expected to:

- Promote positive mental health and emotional wellbeing through everyday interactions, routines, and relationships.
- Remain alert to changes in behaviour, mood, or engagement that may indicate emerging mental health needs.
- Seek guidance when concerned about a child or young person’s mental health or emotional wellbeing, except where their role and training position them to lead on responding directly.
- Follow organisational procedures for reporting concerns, including safeguarding and referral pathways.
- Engage with core training and seek further development where needed to fulfil their responsibilities under this policy.

The following staff have additional responsibilities:

- The Assistant Head of School, TreeHouse School
- The Assistant Head of School, The Rise School

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|--------------|--------------------------------|--------------|---------------|
| Policy Owner | Director of Education and Care | Review Date: | December 2026 |
| Policy No. | 129 | Version No. | 3.0 |

- Head of School, Spring School
- The Head of Campus, (Capital City College Group – Tottenham Campus) , Ambitious College
- Vice Principal, St. John’s College

They are expected to:

- Lead on the coordination of mental health support within their setting.
- Provide guidance and oversight to other staff in responding to concerns.
- Liaise with external professionals and services where specialist input is required.
- Ensure that mental health is embedded in curriculum planning, staff development, and whole-setting approaches.

5.2 Pupils/ learners

Pupils/ learners are encouraged and supported to:

- Develop the language, confidence and understanding to seek help for themselves or others.
- Engage with opportunities to learn about mental health and emotional wellbeing.
- Participate in creating safe, respectful and inclusive environments.

5.3 Governors/Trustees

Governors and Trustees are expected to:

- Provide strategic oversight of how we address the mental health and wellbeing needs of the autistic pupils/ learners we work with.
- Ensure that policies and practices reflect legal duties and organisational values.
- Support accountability and continuous improvement.

5.4 Managers/ SMT

Managers are responsible for:

- Ensuring that staff are trained, supported, and equipped to meet the expectations of this policy.
- Monitoring implementation and impact across settings.

6. Other Key Policies

This policy should be read alongside the following other policies, which can be found on the Ambitious about Autism and Ambitious about Autism Schools Trust website:

- Adult at Risk Safeguarding Policy and Procedure
- Child Protection Policy and Procedure
- Health Care and First Aid Policy
- Restrictive Physical Intervention Policy
- Antbullying Policy

7. Further details:

The additional details referred to in this policy can be found in the appendices below:

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|--------------|--------------------------------|--------------|---------------|
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Appendix 1: Possible Signs and Symptoms of mental health needs

Changes in behaviour that *can be* a sign that someone needs mental health support are:

- being anxious,
- being irritable,
- trying to start arguments,
- having mood swings,
- self-harming,
- sleeping too much or too little,
- not wanting to be around other people,
- being less able to cope with work or studies,
- having concentration problems,
- having memory problems,
- eating more or less,
- having suicidal thoughts.

Changes linked to psychosis (uncommon in under 18s and very uncommon in under 13s) can include:

- focusing on odd ideas or beliefs,
- being suspicious and paranoid, such as thinking people are talking about them,
- believing that friends or family members want to harm them,
- thinking that the TV is talking to them,
- believing they are on a special mission or have special powers,
- not talking to anyone or not wanting to leave their room for days,
- having problems concentrating or remembering things,
- stopping eating, washing or dressing properly.

Many of the above behaviours/experiences are not untypical of autistic pupils/ learners and/or those with learning disabilities. The key task for us is to notice **changes in frequency and intensity and when such behaviours/ experiences are new or different.**

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|--------------|--------------------------------|--------------|---------------|
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Appendix 2: Mental Health Provision

Mental health:

Mental health encapsulates how we feel and think. It can affect our emotional, psychological and social well-being. We all have mental health and like our physical health, our mental health can fluctuate, meaning that sometimes we feel good and sometimes we do not feel as good. When we have good mental health, we still experience negative and painful emotions such as grief, loss and failure – these are a normal part of life that we can successfully navigate when we have good mental health.

It can be helpful to understand mental health as being made up of two key elements:

- Feeling good - experiencing positive emotions like happiness, contentment and enjoyment and feelings like curiosity, engagement, and safety.
- Functioning well - coping with the normal stressors of life, having a sense of purpose and experiencing positive relationships and social connections.

Mental health conditions

Mental health conditions, like physical health conditions, range from having a few mild symptoms and feeling a bit 'under the weather' to being seriously ill. Mental health conditions are usually classified as mild, moderate, severe or complex and are characterised by a combination of atypical emotions, thoughts, behaviours and relationships with others.

These problems can be worsened for those with greater support needs, particularly when individuals are unable to communicate their feelings or communicate their distress.

Most mental health conditions can be successfully treated by self-management, talking therapies and/or medication.

Autism and mental health:

Autistic people are at much higher risk of developing a mental health problem than the general population. Nearly 78% of autistic pupils/ learners have at least one mental health condition and nearly half of those have more than one condition.

Mental health support for pupils/ learners (Up to 18 years):

- *Tier 1* support is provided by GPs who can inform, support and treat children and young people with mild mental health needs. Education settings are also considered to provide Tier 1 support through contributing to mental health promotion, early identification of problems, and by supporting parents or young people to consult their GP as and when needed.
- *Tier 2* support is provided by Local Child and Adolescent Mental Health Services (CAMHS) for those with moderate mental health needs. CAMHS provide treatment for under 18s as well as providing consultation and advice to families and other practitioners. CAMHS practitioners also identify severe or complex needs whereby children and young people require access to more specialist services.
- *Tier 3* provision is for children and young people with severe, complex and persistent conditions and is usually delivered through outpatient services.
- *Tier 4* services are provided for those whose needs require highly specialist support, which is usually provided in day units or in-patient provision.

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|--------------|--------------------------------|--------------|---------------|
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| Policy No. | 129 | Version No. | 3.0 |

While the tiered model remains widely used, some NHS Trusts are adopting integrated frameworks such as THRIVE or 0–25 models. These approaches aim to provide more flexible, needs-led support and improve transitions between services.

Provision of mental health support for over 18s

Adult mental health services are divided into 3 types:

- *primary care*, which is provided by GPs;
- *secondary care*, which usually comprises of community and home treatment teams and is accessed through a referral from a GP; and
- *tertiary care*, which involves highly specialised treatment, often within an in-patient setting.

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|--------------|--------------------------------|--------------|---------------|
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