



MENTAL HEALTH POLICY

This policy should be read in conjunction with the following:

- Administration of Medicines Policy
- Healthcare & First Aid Policy
- Safeguarding and Child Protection Policy
- School Counselling Policy
- SENDA Policy
- PSHEE Policy

Introduction

A mental health problem is defined as: 'a disturbance of function in one area of relationships, mood, behaviour or development of sufficient severity to require professional intervention' (Department of Health 1995).

A mental health disorder is defined as: 'a severe problem (commonly persistent) or the co-occurrence of a number of problems, usually in the presence of several risk factors' (Department of Health 1995).

Mentally healthy pupils have the ability to develop emotionally within the normal range. Some pupils develop behavioural problems that are outside this normal range and these pupils could be described as experiencing mental health problems or disorders. These disorders can seriously impair academic performance and personal development.

Schools are uniquely placed to influence the mental health of children and young people. As well as being in a position to recognise the symptoms of mental health difficulties at an early stage, they can enhance the social and emotional development of children and foster their mental well-being through their daily responses to pupils.

The School has specific legal responsibilities towards pupils whose mental condition falls within the definition of disability under the Equality Act. This requires the School to ensure that pupils with a well-recognised mental illness are not discriminated against and that reasonable adjustments are put in place to support their learning.

The School aims to provide a supportive environment that will help pupils with mental health difficulties to realise their full academic potential and to successfully complete their school career. It also aims to facilitate and promote positive mental health and well-being by:

- Providing a range of support services led by the Matron, School Counsellor or Head of Learning Support.
- Encouraging pupils with mental health difficulties to seek support.
- Having in place effective procedures for the disclosure of information in respect of pupils with mental health difficulties.
- Ensuring that the sources of support are clearly communicated to both prospective and current pupils through the pastoral care system.
- Promoting understanding and recognition of mental health difficulties through the PSHEE programme and pastoral care.

- Providing guidance and training to staff involved in the support and care of those with mental health difficulties through INSET.
- Providing clear guidance on the confidentiality of personal information provided by pupils.

However, whilst the School is committed to providing a supportive environment, it is important to recognise that it is not a mental health facility, nor is it a therapeutic community. There are, of necessity, limits to the extent of the support which can be provided and it is not the responsibility of the School to replicate services that already exist in the community and the NHS. In addition, the School also has its own procedures for the maintenance of good order and for safeguarding academic and pastoral standards which will apply to all pupils irrespective of their medical condition or specific needs (subject to the School's reasonable adjustments duty). It also has a duty to ensure the safety and well-being of all other pupils and staff in the School community.

Risk factors influencing the mental health of children

There is no easy way of telling whether children will develop mental health problems or not. Some children maintain good mental health despite traumatic experiences, whilst others develop mental health problems even though they live in a safe, secure and caring environment. There are, however, some common risk factors that increase the probability that children will develop mental health problems. These include individual factors, such as:

- having a long-term physical illness or learning disability
- having complicated family factors, such as parental conflict and inconsistent discipline
- having parents who separate or divorce
- having a parent who has had, or may be experiencing, mental health problems, problems with alcohol, or has been in trouble with the law
- having a sibling with a serious illness, disability, or experiencing their own mental health problems
- having been bullied
- having experienced or experiencing child abuse (physical abuse, neglect, sexual abuse, emotional abuse)
- experiencing the death of someone close to them and suffering from bereavement
- experiencing discrimination, perhaps because of their race, sexuality, or religion
- acting as a carer for a relative and taking on adult responsibilities
- having long-standing educational difficulties
- experiencing difficulty with school transition
- having poor school attendance
- experiencing post-traumatic stress (caused by an event involving intense fear, helplessness or horror)
- experiencing (or suffering with) environmental factors such as socio-economic disadvantages – living in poverty or homelessness (Mental Health Foundation, 1999)
- having mental health disorders that may manifest in childhood or adolescence, that may include:
 - Conduct disorder
 - ADHD
 - Deliberate self-harm
 - Eating disorders
 - Obsessive-compulsive disorder
 - Anxiety disorders
 - Soiling and wetting
- having Autism
- having experience of substance abuse

- experiencing Depression and Bipolar Disorder
- having Schizophrenia

Prevention

The School has the following in place to help pupils to cope with school life with the aim of helping to prevent problems from developing. These systems also enable staff to recognise and help pupils with mental health problems.

- Whole-school organisation: policies, curriculum, tutorial system, pastoral care, management of behaviour, home-school liaison, anti-bullying and learning support provision.
- Pastoral provision: organisation of PSHEE, pastoral care system, ability for early intervention, support and training for staff, support for vulnerable pupils and liaison with the Deputy Head (Pastoral), Heads of Years and Assistant Heads of Years, Matron, School Counsellor and Chaplain, and external agencies.
- Classroom practice: Facilitative teaching, guidance and PSHEE provision.

Procedures for identification of disorders

Recognising when a child is suffering from mental health problems is not always easy but staff are often the 'front line' of identification. As an integral part of their pastoral role, staff should be alert to the signs of possible mental health difficulties and bring to the attention of the pupil's tutor, Head or Assistant Head of Year and/or Deputy Head (Pastoral) any cases that they feel may be a cause for concern.

However, many children exhibit occasional episodes of upset, disruptive or withdrawn behaviour, or occasional bouts of misbehaviour. These are not necessarily cause for mental health concern.

Responsibilities:

All staff with a significant safeguarding concern about a pupil should inform the Designated Safeguarding Lead (DSL), as well as completing a record and handing it to the DSL as soon as possible and within 24 hours. However, other concerns should also be passed on to the Deputy Head (Pastoral), Heads of Years and Assistant Heads of Years, Matron, School Counsellor, and Chaplain (see *Safeguarding and Child Protection Policy*).

The DSL (Deputy Head – Pastoral), or other senior staff, will decide:

- who information needs to be relayed to (other staff, parents, multi-agency)
- the next steps to be taken
- actions to be put in place or set in motion to arrange appropriate support

Each case will have to be discussed and evaluated and an appropriate course of action chosen and drawn up onto a care/welfare plan, with re-evaluations carried out frequently.

The Infirmary provides general medical services to all its pupils and this includes the provision of services and care for pupils with mental health concerns. Information is never disclosed to a third party without a pupil's permission. The only exception to this would be if it were believed that someone may come to serious harm if the information was not disclosed. In this case the pupil would be informed that confidentiality was to be broken. There is also a School Counsellor available for all girls. Appointments can be made via referrals by the Deputy Head (Pastoral) (see *School Counselling Policy*).

Pupils who disclose a mental health difficulty, either upon application or subsequently, or who are referred for an assessment, will be invited to a meeting with the staff in the Infirmary and key pastoral staff including the Deputy Head (Pastoral). There are strict ethical guidelines on confidentiality and the School complies with Data Protection legislation. No information given by a pupil will be disclosed to any person, unless this has been agreed by the pupil (depending on age, maturity and any disability and/or special educational need), or in exceptional circumstances, such as a Child Protection or Health and Safety issue.

However, pupils, and parents of pupils, are encouraged to disclose their needs at the earliest opportunity to ensure that appropriate support will be made available. These support needs are communicated on a need to know basis and access to this information is restricted to the Deputy Head (Pastoral), Head and Assistant Head of Year, Form tutor, and/or staff responsible for teaching or supporting the pupil. However, it may be deemed appropriate to alert a wider number of staff if it is felt to be in a child's best interest. The purpose of the information is to ensure that appropriate staff are aware of the pupil's support needs and can put in place any reasonable adjustments that have been recommended.

Whilst we wish to respect pupils' wishes to keep issues confidential we also recognise that mental health problems may mean that the pupil involved does not have the ability to recognise the need for help.

Pupils who are over the age of 16 will be encouraged to tell their parents about their problems or to give permission for a member of staff to do so. If it is felt that they are at risk to themselves, confidence will be broken and the parents will be informed.

Pupils under the age of 16 will also be encouraged to talk to their parents, or allow a member of staff to do so. In the case of refusal, they will be treated on an individual basis with the final decision being taken by the specific members of the Pastoral team as to whether the parents should be involved.

The School Matrons have a code of conduct which they are obliged to follow. This ensures medical confidentiality for all their patients. However, they too will encourage pupils to involve their parents and can break confidentiality if they feel that the pupil is at risk to themselves or others.

This policy is reviewed annually by the Matron and School Counsellor.

The next review is due in December 2018.