



FARNBOROUGH HILL
WHOLEHEARTEDLY

MENTAL HEALTH POLICY

This policy should be read in conjunction with the following:

- Administration of Medicines Policy
- Health Care and First Aid Policy
- Safeguarding and Child Protection Policy
- School Counselling Policy
- SENDA Policy
- PSHEE Policy

Introduction

The World Health Organisation (WHO 2019) defines mental health as ‘a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community’.

Mentally healthy pupils have the ability to develop emotionally within the normal range. Some pupils develop 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. ‘Mental disorders are generally characterised by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others. They include: depression, bipolar disorder, schizophrenia and other psychoses, and developmental disorders including autism.’

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 fully recognises and is alert to issues affecting both the mental and physical health of pupils; staff treat them as having equal importance.

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 School Nurse, 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 may be broken down into groups:

1. External influences, such as:
 - 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 police/subject to criminal proceedings
 - having a sibling with a serious illness, disability, or experiencing their own mental health problems
 - substance abuse of a close family member or friend
 - acting as a young carer for a relative and taking on adult responsibilities
2. Environmental influences, such as:
 - experiencing (or suffering because of) environmental factors such as socio-economic disadvantages, for example living in poverty or experiencing homelessness
 - living with the potential for a societal lockdown due to a pandemic, where their experience of previous lockdowns was a negative one or they have concerns about their ability to cope with it (for example COVID-19 from 2020)
3. Behavioural and emotional influences, such as:
 - having been bullied
 - having experienced, or be 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
 - having long-standing educational difficulties
 - experiencing difficulty with school transition
 - having poor school attendance
 - self-harm
 - struggling with issues around gender or sexual identity
 - soiling, enuresis and nocturnal enuresis
 - substance abuse
 - experiencing post-traumatic stress
4. Having a diagnosed or currently undiagnosed mental health disorder, such as:
 - Anxiety disorder
 - Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)
 - Autistic Spectrum Disorder (ASD)
 - Disordered eating or an eating disorder
 - Obsessive-Compulsive Disorder
 - Learning disability or additional need

- Depression
 - Conduct Disorder
 - Bi-Polar disorder
 - Schizophrenia
5. Having a long-term physical illness, for example cystic fibrosis, diabetes, juvenile arthritis or post COVID-19 syndrome, or a permanent disability.
 6. Having a Functional Neurological Disorder (FND)

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 Year and Assistant Heads of Year, the School Nurse, 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 of Year 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.

Mental Health and Safeguarding

All staff are 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 or exploitation. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact on their mental health, behaviour and education throughout childhood, adolescence and into adulthood. Whilst only appropriately trained professional should attempt to make a diagnosis of a mental health problem, staff are well placed to observe children on a day-to-day basis and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Where staff have a mental health concern about a child that is also a safeguarding concern, they will take immediate action to report this to the DSL or DDSLs following the procedures set out below, and in the *Safeguarding and Child Protection Policy*. If there is any doubt as to whether the mental health concern is safeguarding-related, staff will report this to the DSL or DDSLs.

Responsibilities

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

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

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

Each case will be discussed and evaluated. An appropriate course of action will then be chosen. In some cases this will be recorded on a care/welfare plan or risk assessment, with re-evaluations carried out frequently. If appropriate, external interventions will be considered and the DSL, School Nurse or other senior staff will liaise as necessary with these agencies, for example CAMHS and other specialist mental health services.

The Rennie Surgery provides general medical services to all 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. This may extend to information about another person, if a disclosure was made about a different individual. In this case the pupil would be informed that confidentiality was to be broken. There is also a School Counsellor available for all pupils. Appointments can be made via referrals by the Deputy Head - Pastoral (see *School Counselling Policy*). Alternatively, pupils can attend drop-in sessions on a Friday lunchtime without an appointment.

Pupils who disclose a mental health difficulty, either upon application or subsequently, or who are referred for an assessment, will often be invited to a meeting with the staff in the Rennie Surgery 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 Safeguarding 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 can often be restricted to the Deputy Head - Pastoral, Head of Year, 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. The final decision will be taken by the specific members of the pastoral team as to whether the parents should be involved.

The School Nurses and School Counsellor have a code of conduct which they are obliged to follow. This ensures confidentiality for all their pupils. However, they too will encourage pupils to involve their parents and share necessary information if they feel that the pupil is at risk to themselves or others, or if another person, particularly a child, could potentially be at risk.

This policy is reviewed annually by the Deputy Head - Pastoral, School Nurses and School Counsellor. The next review is due in December 2024.