Mental Health Policy for Pupils

1. **The Policy**

1.1. This policy applies to all pupils attending the schools of the Stephen Perse Foundation (the '**Foundation**'). It is relevant to all pupils in the Foundation, including Early Years and those who board.

2. **Introduction**

2.1. The Foundation is committed to supporting the mental health and wellbeing of our pupils. We foster a culture which is supportive, caring and respectful. The Foundation aims to provide a safe and secure environment for pupils and promote a climate where pupils feel confident about sharing any concerns they may have.

2.2. Mental health may affect various aspects of a child's development including their cognitive abilities and their emotional wellbeing. Childhood and adolescence are when mental health is developed and patterns set for the future. For many children, the opportunities for learning and personal development during adolescence are exciting and challenging and an intrinsic part of the school experience. However, they can also give rise to anxiety and stress. Children may also suffer mental health issues owing to circumstances outside school or from a combination of both.

3. **Legislation and guidance**

3.1. This policy has regard to the following legislation and guidance:

- Department for Education (DfE) Mental Health and behaviour in schools: departmental advice for school staff (2014, updated 2018)
- DfE Guidance: Information sharing: advice for practitioners providing safeguarding services (July 2018)
- Guidance from Public Health England and the DfE: Promoting children and young people's emotional health and wellbeing (March 2015, updated September 2021)
- Keeping Children Safe in Education (2022) (KCSIE 2022)
- DfE Statutory Guidance: Working Together to Safeguard Children (updated July 2022)
- Children Act 2004
- DfE National Minimum Standards for boarding schools (2022)

4. **Policy aims**

4.1. The purpose of the policy is to:

a. Underline the importance of promoting good mental health and emotional wellbeing and to facilitate early recognition and intervention of mental health issues in pupils thereby preventing the escalation of mental health problems;
b. Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems;
c. Alert pupils and staff to mental health warning signs and risk factors;
d. Provide support and guidance to all staff including Professional Support Staff and governors, in dealing with pupils who suffer from mental health issues;

e. Provide support to pupils who suffer from mental health issues, their peers and parents/guardians;

f. Ensure all staff should also 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 or exploitation.

5. Key staff members

5.1. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

5.2. All staff have a responsibility to promote the mental health of pupils and are encouraged to be alert to possible mental health difficulties when they may identify and manage physical or behavioural symptoms. However, certain staff members have a specific role in the process. These include our Designated Safeguarding Leads, Heads of Years/Phases and Pastoral Leaders, Wellbeing Leads, the Inclusion Specialist (2-11), the SENCos, the PSHEE Coordinator, Form Tutors, the Healthcare Practitioner, boarding house Matrons, the Appointed Persons, Boarding staff, Youth Mental Health First Aiders (MHFAs) and the School Counsellors.

5.3. An Appointed Person or Matron in boarding, referenced in this policy, is a member of staff appointed to take charge of first aid arrangements. Please refer to the Foundation's First Aid Policy for further information.

5.4. If a pupil presents a medical emergency then relevant medical procedures will be followed including involving emergency services. Further information can be found in the Foundation's First Aid Policy.

6. Risk and Protective Factors

6.1. Risk factors are cumulative. Children and young people exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop mental health and behavioural problems. The Department for Education (DfE) Mental health and behaviour in schools advice (updated November 2018) states that girls are more at risk than boys in this respect but that both boys and girls are substantially more at risk when exposed to 5 or more risk factors as detailed in Table 1 below.

6.2. It is worth mentioning that sometimes there may be no apparent 'risk factors' or obvious reasons for why a student is struggling emotionally.

6.3. Table 1 below is taken from the DfE *Mental Health and behaviour in schools: departmental advice for school staff.*

	Risk factors	Protective factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord

	Risk factors	Protective factors
In the school	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

7. **Promotion of good mental health**

7.1. The Foundation actively promotes wellbeing through the pastoral and PSHEE curriculum. Encouraging independence and resilience is a key consideration of pastoral systems in all parts of the Foundation. The curriculum is regularly reviewed to ensure that we meet the aims outlined in this policy.

7.2.   Pupils are encouraged to take good care of their mental health and are supported in doing this by all our staff and by the Foundation's culture, ethos and environment. Pupil voice and pupil led initiatives are encouraged. In our 5-11 settings pupil mental health is a standing agenda item for all class and school council meetings; and the pupil voice is also sought throughout the year, principally via Google Form polls, so that staff can track any patterns and trends and respond appropriately. In the 11-18 setting there are student-led committees (e.g. 11-18 Wellbeing committee, Form reps etc.) who are champions for promoting wellbeing issues and providing an additional channel for their peers to raise concerns. In boarding, wellbeing is a standing item on the agenda and is discussed at the weekly boarding meeting and students have an individual welfare check with a House Matron or Appointed Person at half termly intervals.

7.3.   It is important that pupils know who they can speak to for help when they feel under emotional stress and so, apart from the teaching and boarding staff, the Foundation signposts the 'people who can help' on notice boards.

   7.3.1.   At 5-11, posters of staff that are Youth Mental Health First Aiders (**YMHFA**) are displayed in Dame Bradbury's and Junior School, Fitzwilliam Building, each school also has Mental Health Wellbeing Google Classrooms, containing useful information to support mental health and wellbeing. Assemblies and tutorial sessions on wellbeing and mental health raise awareness, inform pupils on the help available and how to access it. Topical information on wellbeing and mental health is also shared through parent communications.

   7.3.2.   In the Senior School, posters of staff who are YMHFA are displayed; a list of YMHFA, and how to contact them, is also posted on the Student Blog. Assemblies and tutorial sessions on wellbeing and mental health raise awareness, inform pupils on the help available and how to access it. Topical information on wellbeing and mental health is also shared through the Student Blog and parent communications.

   7.3.3.   At 16-18, posters of staff who are YMHFA are displayed in prominent areas around the site. Assemblies and tutorial sessions on wellbeing and mental health raise awareness, inform pupils on the help available and how to access it.

   7.3.4.   Contact details for the independent listener, who boarding students can contact for personal problems or concerns at school, as well as for the Office of the Children's Commissioner which boarding students may contact in case of problems or distress, are highlighted in boarding house meetings and made available to boarding students on posters.

7.4.   The Foundation recognises that mental health issues can be de-stigmatised by educating pupils, staff and parents. An example of this might include inviting an outside speaker to talk.

7.5.   The Curriculum Leaders for Wellbeing for students and the Senior Mental Health Lead coordinate activities and initiatives to support pupil wellbeing. The Foundation's

Healthcare Practitioner and the Appointed Persons are another source of help and are supported by counsellors, both within the Foundation and externally. The Appointed Persons in boarding see each boarding student individually once every half term.

7.6.   The Foundation recognises that bullying can affect emotional wellbeing and the Foundation has an Anti-Bullying Policy in place to help prevent this.

8.   Early recognition of mental health issues

8.1.   The Foundation recognises that schools are well placed to observe and identify pupils whose behaviour 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.

8.2.   The Foundation's system of Designated Safeguarding Leads, Heads of Years/Phases and Pastoral Leaders, Class Teachers, Teaching Assistants, Appointed Persons, Matrons and Tutors, seek to ensure that every pupil is well known and that the staff in those roles, together with all teaching and boarding staff, identify changes in behaviour or other warning signs quickly.

8.3.   Continuing Professional Development on matters relating to mental health is an important part of the ongoing staff training programme. This includes a number of relevant staff members completing Mental Health First Aid training. Staff also complete ongoing safeguarding training and regular updates through the Daily News, staff briefing, INSET and twilight CPD.

8.4.   As recognition for the work the Foundation has been doing in supporting and promoting the wellbeing and mental health of young children and adolescents, the Foundation has been awarded the Carnegie Centre of Excellence for Mental Health in Schools 'School Mental Health Award' – Bronze Status.

8.5.   As the range of mental health issues that can affect young people are wide ranging, it is not within the remit of this policy to explore specific conditions. However, it is understood that boys and girls may react differently to increased mental stress and this may affect the clinical presentation. There are common themes in the signs and symptoms a young person experiences in the early stages of deterioration in mental health. The signs and symptoms generally affect three areas - changes in mood, cognition and physical changes.

8.6.   The following is not an exhaustive list but early warning signs may include:

Change in sleeping habits	Increased anxiety	Self-isolation	Change to or poor school performance
Loss of interest in activities/people	Mood swings and or a change in mood e.g. more introverted than usual	Self-harming	Changes in appetite

Changes to energy levels	Hearing or seeing things others don't	Altered decision making	Change in attendance and/or punctuality
Drug/alcohol abuse	Secretive behaviour	Clothing unsuitable for the time of year	Deterioration in personal hygiene

9.   Early Intervention

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

9.2.   It is likely that the Foundation's pastoral teams and boarding staff will identify a possible issue in the first place and liaise with the relevant Pastoral Leader, healthcare staff and/or the Foundation's Counsellor.

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

a)   a pupil acknowledges that they have a problem and seeks help;
b)   a pupil 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 pupil or child reports concerns about, or issues relating to, a pupil's mental health or behaviour.

9.4.   If a pupil discloses concerns about themselves or a peer, Foundation staff should respond in a calm, supportive and non-judgmental manner. Concerns raised should be logged in MyConcern, as a wellbeing matter, in accordance with the Foundation's Safeguarding and Child Protection Policy.

9.5.   Initial assessment of mental health in a pupil involves thinking about several aspects. Much of this is 'second nature' to healthcare professionals but it is helpful to outline key points:

a.   *What has brought the pupil to see you; what has triggered this?*
b.   *How do they look? Body language, demeanour, eye contact.*
c.   *How are they feeling? Use of a 'thought thermometer'.*
d.   *What are the pupil's current support mechanisms e.g. family structure?*
e.   *Are there risk factors that are a concern?*

10.   Subsequent referral

10.1.   Information is shared within the pastoral leadership of the relevant school and will involve the tutor, boarding and teaching staff, if appropriate, and within the bounds of confidentiality. Support is initially offered in school where appropriate. Following the report, on a case by case basis, the pastoral leadership will decide on the most appropriate course of action.

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

10.2.1. immediate medical assistance;

10.2.2. completing a risk assessment, in accordance with the Risk Assessment Policy for Student Welfare, to assess and identify appropriate action to be taken to reduce the risks identified;

10.2.3. discussing the matter with the pupil to develop a strategy to support and assist them;

10.2.4. contacting parents/carers/guardians as appropriate;

10.2.5. arranging professional assistance e.g. doctor, nurse;

10.2.6. arranging an appointment with a Foundation or external Counsellor;

10.2.7. arranging a referral to Emotional Health and Wellbeing Service (EHWS) or to YOUnited, Centre 33 or an online counselling and emotional wellbeing platform for children and young people such as Kooth;

10.2.8. giving advice to parents, teachers, boarding staff in their role as loco parentis where appropriate, and other pupils.

10.3. We will work with General Practitioners (GPs) and other professionals in the locality to support pupils as necessary. The involvement of GPs is encouraged. The pupil and parents/carers, where appropriate, should be directed towards outside agencies and support groups that offer help. There are many charities and agencies involved in supporting young people with emotional health issues such as Kooth or Centre 33, and information for such organisations are made available.

10.4. The Foundation will take all reports of concerns over the mental health and wellbeing of its pupils seriously and not delay in investigating and, if appropriate, in putting support in place, including where necessary, taking immediate steps to safeguard a pupil.

10.5. Where it is decided that support and/or intervention is required, the Pastoral Leadership will ensure that the pupil is monitored and periodically review the welfare plan seeking feedback from the pupil and appropriate members of staff including the Safeguarding team as necessary. The review will include consideration as to whether further therapeutic/medical intervention and/or external referrals should be sought.

11. Safeguarding

11.1. All staff, particularly teaching staff, have a responsibility to look out for key signs of poor mental health in pupils which may also fall under safeguarding concerns. Where there are concerns about safeguarding, staff must also refer to the Foundation's Safeguarding and Child Protection Policy and act in accordance with KCSIE 2022.

12. Involving parents

12.1. The DfE (2018) Mental Health and behaviour in schools gives advice for school staff, specifically in sections 4.16, 4.17 and 4.18, relating to the involvement of parents and carers:

- *"4.16 Evidence shows that where support is provided to help manage behaviour at home, alongside work being carried out with the child at school, there is a much greater likelihood of success in reducing the child's problems, and in supporting*

their academic and emotional development. Many support services will provide this support as well as that for the child."

- *"4.17 Surveys show that a large proportion of pupils and families are not aware of the mental health support available in their school; and many indicate that the information on what the school provides is one of the most useful resources to support their child's mental health. It is important that schools make all aware of what support is available."*

- *"4.18 Whilst it is good practice to involve families wherever possible, in some circumstances the child may not wish to have their families involved with any interventions or therapies they are receiving. In these cases schools should be aware that those aged 16 or over are presumed to be capable of consenting to their own medical treatment, and any ancillary procedures involved in that treatment (by virtue of section 8 of the Family Law Reform Act 1969). Children under the age of 16 may in certain circumstances consent to their own treatment if they are deemed to be 'Gillick competent', i.e. a relevant medical professional judges that they have sufficient intelligence, competence and understanding to appreciate what is involved in their treatment. Otherwise, an adult with parental responsibility can consent for them."*

12.2. The Foundation follows this advice and therefore a student aged 16 years and above will be assumed to be 'Gillick competent'. Although there is no lower age limit for Gillick competence to be applied, it would rarely be appropriate or safe for parents not to be involved in decisions relating to a child under 12. Whether or not a student is 'Gillick competent' is therefore principally an issue for the Senior School. However, the Foundation will assess the competence of each student on a case by case basis, with reference to the facts and seeking advice from a relevant medical professional, where appropriate.

12.3. Although the guidelines for 'Gillick competency' did originally emerge from a medical context, the guidelines are now more widely used by other professionals who work with children, to help them assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Therefore, although the School Counsellors are not technically medical professionals, they are deemed to be professionals who are able to decide the 'Gillick competency' of a child seeking counselling from the School Counsellors.

12.4. Students in the Sixth Form and Senior School can self-refer to our School Counsellor without the knowledge of parents, the Head of School or other staff. For the purposes of this policy, students who self-refer to a School Counsellor and attend a single session only will not be considered as having 'treatment'. Students who initially self-refer and revisit the Foundation's counsellor for the same issue or are initially referred by a member of Foundation staff will be considered as having 'treatment' and therefore, in accordance with the DfE advice detailed above and the principles of 'Gillick competence', parents and carers may be involved.

12.5. Where a pupil is receiving medication for mental health issues, we encourage parents or the pupil to provide suitable details to the Healthcare Practitioner, Pastoral Leader, relevant Head of School or Head of Boarding such that appropriate information can be stored in the medical record and on their Individual Healthcare Plan, where applicable. The

Foundation's Medicine Policy and Supporting Pupils with Medical Conditions Policy should be referred to in this case.

13. Confidentiality and information sharing

13.1. Pupils may choose to confide in a member of school or boarding staff if they are concerned about their own welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality in cases of pupil welfare. If a member of staff considers a pupil to be at serious risk of harm then confidentiality cannot be kept and the concern must be shared with the Pastoral Leadership team immediately and the concerns reported in MyConcern. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so.

13.2. The Foundation will balance a pupil's right to confidentiality against the overarching duties to safeguard pupils' health, safety and welfare, to protect pupils from suffering significant harm and with the duties of the Foundation in respect of involving parents and carers, as detailed in the 'Involving Parents' section above.

14. Special Educational Needs and Disabilities (SEND)

14.1. The Inclusion Specialist (INCO) (2-11) and the Special Educational Needs Coordinators (SENCo) (11-18) work with Professional Support Staff and all teachers to ensure that colleagues understand the relationship between identified Special Educational Needs and Disabilities (SEND) and mental health concerns. However, behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or special educational needs. "*Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Schools, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem*" (DfE advice: Mental Health and Behaviour in Schools, November 2018, para 3.3).

15. Pupil absence

15.1. If a pupil is absent from school for any length of time, then appropriate arrangements will be made to send work, normally via Google Classroom, home or to boarding, as appropriate. This may be in discussion with any medical professionals or other organisations involved externally.

15.2. The Foundation will aim to ensure a smooth reintegration back into school when the pupil is deemed fit to return. An appropriate welfare plan may be drawn up and the pupil should have as much input and ownership as possible with regard to this so that they feel that they have control over the situation.

16. A final note

16.1. The Foundation recognises that, sometimes, early identification of a mental health issue may not lead to complete resolution or recovery. Individuals who may be dealing with OCD, high anxiety, low mood or other mental health issues may live with these throughout their time at the Foundation. Staff being mindful of an individual's issues can be equally as important as being proactive in trying to help them.

17.   Policy review

17.1.   The policy will be reviewed annually, in any event. This is so it remains up to date, useful and relevant. We will also regularly review it in accordance with changes in legislation and guidelines.

18.   Related Policies
- First Aid Policy
- Pastoral Care Policy
- Safeguarding and Child Protection Policy
- Special Educational Needs and Disabilities
- Supporting Pupils with Medical Conditions

Reviewed: May 2023

Version Control

Date of adoption of this policy	11 May 2023
Date of last review of this policy	May 2023
Date for next review of this policy	Summer Term 2024
Policy owner	Deputy Head Pastoral 11-18
Authorised by	The Principal, Vice Principal and the Heads of Section