

Queenswood



# Mental Health Policy

Issued by	Resident School Counsellor//Medical Centre Nurses/Deputy Head Pastoral
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# **MENTAL HEALTH POLICY**

## ***Introduction***

Queenswood aims to provide a diverse and enriching education that allows individuals to develop their potential, work productively and creatively and build strong and positive relations with others, as well as experiencing and contributing to all aspects of life. This is enhanced when an individual is able to fulfil their personal and social goals and achieves a sense of purpose. This policy follows the guidance given in the Mental Health and Wellbeing provision in Schools 2018.

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' (Dept. of Health 1995). Mentally healthy pupils have the ability to develop emotionally within the normal range however, 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.

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 wellbeing through their daily responses to pupils.

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

## ***Aims***

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

- Providing a range of support services such as the Medical Centre nurses, resident school counsellor, wellbeing centre, school chaplain, wellbeing prefect, anti bullying ambassadors and a personalised learning department.
- Encouraging students with mental health difficulties to seek support.
- Having in place effective procedures for the disclosure of information in respect of students with mental health difficulties.
- Ensuring that the sources of support are clearly communicated to both prospective and current students through the House system and Medical Centre.
- Promoting understanding and recognition of mental health difficulties through the PSHCEE programme, pastoral care and other opportunities such as assemblies. The curriculum covers Mental Health at various ages and uses resources linked to the KCSIE.
- 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 students.

**Figure 1- Wellbeing support structure**



**Students can go to any member of staff that they feel comfortable speaking to, however the above diagram shows the direction of the support that may be offered.**

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. 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 students irrespective of their medical condition or specific needs (subject to the school's reasonable adjustments duty).

## ***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
- family factors, such as parental conflict and inconsistent discipline
- having parents who separate or divorce
- having a parent who has had mental health problems, problems with alcohol or has been in trouble with the law
- having been bullied
- child abuse and neglect (physical abuse, neglect, sexual abuse, emotional abuse)
- experiencing the death of someone close to them /bereavement (grief, aggression, regression and adjustment difficulties)
- experiencing discrimination, perhaps because of their race, sexuality or religion
- acting as a carer for a relative, taking on adult responsibilities
- having long-standing educational difficulties
- post-traumatic stress (caused by an event involving intense fear, helplessness or horror)
- environmental factors such as socio-economic disadvantages – living in poverty or homelessness (Mental Health Foundation, 1999)
- taking prescribed drugs such as Roaccutane (generic name, isotretinoin) where there have been recorded side effects including bad headaches, blurred vision, dizziness, nausea, vomiting, seizures, stroke, diarrhoea, and muscle weakness. Additionally, serious mental health problems, such as depression and suicide, have been reported with isotretinoin use. All pupils treated with isotretinoin will be observed closely for symptoms of depression or suicidal thoughts, such as sad mood, irritability, acting on dangerous impulses, anger, loss of pleasure or interest in social or sports activities, sleeping too much or too little, changes in weight or appetite, school or work performance going down, or trouble concentrating, or for mood disturbance, psychosis, or aggression.
- Childhood and adolescent mental health disorders. These may include:
- Conduct disorder (e.g. aggression, destroying or losing of property, deceitfulness or theft, truanting or running away etc.)
- ADHD (inattention, hyperactivity and impulsivity)
- Deliberate self-harm (suicidal ideation)
- Eating disorders (e.g. anorexia, bulimia, binge eating or EDNOS – eating disorders not otherwise specified)
- Obsessive-compulsive disorder (obsessions, compulsions and personality characteristics verging on the panic threshold all the time)
- Anxiety disorders (e.g. anxiety, phobias, panic, and school-phobia)
- Soiling and wetting
- Substance abuse (abuse and dependence)
- Depression and bi-polar disorder
- Schizophrenia (abnormal perceptions, delusional thinking, thought disorders)

## ***Prevention***

Queenswood 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. Staff training including, Mental Health First Aid.
- Pastoral provision: organisation of PSHCEE, pastoral care system, ability for early intervention, support and training for staff, support for vulnerable pupils and liaison with the Medical Centre, School Counsellor, Wellbeing Centre and external agencies.
- Classroom practice: facilitative teaching, guidance and PSHCEE.

## ***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 aware of the signs of possible mental health difficulties and bring to the attention of the safeguarding team, pupil's tutor, Head of Year, Housemistress, Houseparent, Wellbeing Centre, Medical Centre and/or Deputy Head Pastoral any cases that they feel may be a cause for concern. Many young people exhibit occasional episodes of disruptive or withdrawn behaviour but these are not necessarily cause for mental health concern.

Those that develop emotional, social and behavioural problems outside of the normal range could be described as experiencing mental health problems or disorders. These disorders can seriously impair the academic performance. These may include;

- Anger management issues
- Anxiety disorders (e.g. anxiety, phobias, panic attacks)
- Depression and bi polar disorder
- Direct self-harm
- Non direct self-harm such as eating disorders
- Obsessive compulsive disorder
- Stress
- Schizophrenia
- Hyperkinetic disorder
- Attachment disorders
- Substance misuse

***Responsibilities:***

All staff with a concern about a pupil should complete this on CPOMS; if they feel it is a serious Child Protection issue they should contact the following Designated Safeguarding Lead or Deputy Designated Safeguarding Lead below as soon as possible and within 24 hours.

Violaine Ludwick  
Victoria Greensmith  
Ceri Stokes

These designated staff will decide

- who information needs to be fed on to (other staff, parents, multi-agency)
- the next steps to be taken
- actions will be set in place 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

## Appendix 1- Self Harm

Self-harm is a serious action for any young person to undertake and the school recognises that young people who self-harm are likely to be at risk. Queenswood follows the procedures and guidance provided on Self-Harm and Suicidal Behaviour as laid down by the [Hertfordshire Safeguarding Children Partnership \(HSCP\)](#).

The School co-operates with the HSCB and other appropriate external agencies as may need to take part in any Safeguarding investigation.

Self-harm can involve:

- Cutting, often to the arms using razor blades, broken glass or knives
- Burning using cigarettes or caustic agents
- Punching and bruising
- Inserting or swallowing objects
- Head banging
- Pulling out hair or eyelashes
- Restrictive or binge eating
- Overdosing of tablets or medicines
- Inhaling or sniffing harmful substances (Mental Health Foundation 2006)'

Any member of Queenswood staff to whom a pupil discloses information related to self-harming must make clear to the pupil that this information cannot be kept confidential. The member of staff should immediately refer this information to the Deputy Head Pastoral (or in her absence a Deputy Designated Safeguarding Lead). If a member of staff suspects a pupil may be self-harming or may have self-harmed, this too must be passed to the DSL. The DSL will seek specialist help by liaising immediately with the Medical Centre/School Counsellor who can assess the pupils' need and level of risk and, where necessary, refer the case to additional external agencies such as CAMHS, NHS or 111. Where the child is deemed to be at immediate risk, the DSL and or School Counsellor may call an ambulance or make a direct referral to a Hospital Accident and Emergency Unit. In all cases of self-harming, active consideration must be given to informing the parents of the child who is undertaking this activity. Unless there is a compelling reason not to do so, the parents should be informed and then kept closely in touch with developments.

### ***Related documents:***

Safeguarding Pupils (Child Protection) Policy

## **Appendix 2- Procedures following a concern**

The Medical Centre 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, including the school, without the 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 pupils. Appointments can be made directly via email with the pupils, once a referral has been made.

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 of Year, House Staff (if relevant) and/or staff responsible for teaching the student. The purpose of the information is to ensure that appropriate staff are aware of the student's support needs and can put in place any reasonable adjustments that have been recommended.

As of January 2023, the current Medical Centre Nurses at Queenswood School are:

Nurse Lisa Gaudion  
Nurse Tracy Bacon  
Nurse Gina Cornish

Resident school counsellor- Katie Bishop

The school nurses have a code of conduct, which they are obliged to follow, it ensures medical confidentiality to all of 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.

### **Step 1**

- Staff who have a concern should inform the tutor and HoY
- Talk to the student and/or parent
- Write up their concern and add it to CPOMS
- Discuss strategies depending on the needs of the individual
- If the concern develops further, they should go to **step 2**

### **Step 2**

Encourage pupil to visit the wellbeing centre staff, school nurses or safeguarding team who will consider the following;

- If there are any CP issues
- Who this information should be passed onto
- What the next steps should be (Assess, Plan, Do, Review)
- Actions that should be put in place to arrange support
- Encourage the pupil to discuss with their parents



### **Step 3**

The pupil should gain assistance from the Medical centre/counsellor. Help will differ depending on the issues and age of the pupil however; this could include the use of the school counsellor, nursing team, textbooks, leaflets,, Kooth or Sandbox. Support will be offered to look at coping mechanisms in school. Further information can be found on the [Queenswood website](#). Outside help could include GP and CAMHS (Child and Adolescent Mental Health Services).

### **Step 4**

The pupil should let their parents know and the DSL should receive confirmation of this. The medical centre staff, HoY or Tutors may support or tell the parent if the pupil requests this.

If the pupil is under the age of 16 and unwilling to follow the steps, or is showing no sign of progression, then the nursing team or the DSL may jump to step 4. The pupil will however, be informed of this action. NICP (The National Institute for Clinical Psychologists) express no guidance on when and how to inform parents simply to “pay special attention” to confidential cases. The Gillick competence test may be considered by external medical staff which could alter the age that contact with parents would need to be made.

#### [Gillick competence fraser guidelines](#)

Whilst we wish to respect pupil’s 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.

If serious, the school will support the child to phone 111 or will organise for the parent/guardian to meet with them at A&E.

### **Step 5**

Continued support of the pupil in school and communication with parents about support available outside of school. A member of the Safeguarding team will complete an in school [mental health risk assessment](#) which will be shared with selected staff. This will include the monitoring and review of attendance as students with Mental Health concerns can sometimes manage to maintain their attendance.

#### **Further reading/useful links**

Young Minds: <http://www.youngminds.org.uk>

b-eat: <http://www.b-eat.co.uk/>

Childline: <http://www.childline.org.uk>

Mind: <http://www.mind.org.uk/>

NHS: <http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx>

Mental Health Foundation: <http://www.mentalhealth.org.uk>

Stem4: <http://www.stem4.org.uk/>

The Sandbox: <https://thesandbox.mindler.co.uk/>

Royal College of Psychiatrists:

<http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers.aspx>

**Staff support:**

Employee Assistance Programme called RISE, it is provided through a company called BHSF.

- General Support – including mental health, legal, financial, wellbeing, GP, counselling and carer support - **0800 2851538**
- Emotional Support – counsellor support for matters such as stress, anxiety and relationship matters – **0800 1076147**

The schools' membership code is **206760**

<https://www.nhs.uk/every-mind-matters/>

**Related documents**

- [School counselling services](#)
- Safeguarding Children (Child Protection) Policy
- PSHCEE Policy
- RSE Policy
- Pupil Behaviour Policy
- SEN and Disability Policy
- Attendance Policy
- Children Missing from Education Policy



Counsellor Referral Form- to be completed electronically.

<b>Name</b>	
<b>Date of Birth</b>	
<b>Year Group</b>	
<b>Boarder/ Weekly/ Flexi/ Day</b>	
<b>Address</b>	
<b>Contact Details (Inc. Telephone Number)</b>	
<b>Date of Referral</b>	
<b>Member of Staff or Parent Requesting Referral</b>	
<b>Self-referral</b>	Yes/No (delete as appropriate)
<b>Reason for Referral</b>	
<b>Relevant Background Information</b>	
<b>Any other relevant information (including details of other agencies involved)</b>	
<b>Student Signature</b>	
<b>Parent Consent to Referral?</b>	Yes/ No/ N/A (delete as appropriate)
<b>Parental Signature (if required)</b>	