MENTAL HEALTH POLICY
2021/2022

INTRODUCTION

The purpose of Rochester Independent College's Mental Health Policy is to help ensure that the college provides a coherent institutional approach when responding to students with mental health problems.

This policy forms part of a suite of pastoral care policy and should be read in conjunction with the college Eating Disorders, Self-Harm and Health Care policies

Definitions:
- 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).
- 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' (Dept. of Health 1995)
- Mentally healthy students have the ability to develop emotionally within the normal range. Some students develop behavioural problems that are outside this normal range and these students 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 recognize 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 students

The College has specific legal responsibilities towards Students whose mental health 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.

The college 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 College nurses, the counsellor and for boarders the Independent Listener
- Encouraging students with mental health issues 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.
- Promoting understanding and recognition of mental health difficulties.
- Providing guidance and training to staff involved in the support and care of those with mental health difficulties.
- Providing clear guidance on the confidentiality of personal information provided by students. However, whilst the college 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 college to replicate services that already exist in the community and the NHS. The college also has its own procedures for the maintenance of good order and for safeguarding academic standards which will apply to all students irrespective of their medical condition or specific needs.
- Asking parents for the students full medical disclosure on entry to the college, which includes any history of mental health/anxiety concerns.

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 severely 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 Prozac (generic name fluoxetine) or 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 otretinoin use. All pupils treated with Prozac or 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 and neurodiversity

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 behaviour –suicide is very unusual)
- Eating disorders e.g. anorexia, bulimia, binge eating or EDNOS (eating disorders not otherwise specified)
- Obsessive-compulsive disorder (obsessions, compulsions that interfere with daily activities of living)
- Anxiety disorders (e.g. anxiety, phobias, panic, and school-phobia)
- Soiling and wetting
- Autism (social deficits, communication difficulties, restrictive and repetitive interests and behaviours)
- Substance abuse (abuse and dependence)
- Depression and bi-polar disorder
- Schizophrenia (abnormal perceptions,
- delusional thinking, thought disorders)

PREVENTION

RIC 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 recognize 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 SEN provision.
- Pastoral provision: organisation of PSHE, pastoral care system, ability for early intervention, support and training for staff, support for vulnerable pupils and liaison with the school nursing team and mental health first aider, pastoral support officer and external agencies.
- Classroom practice: Facilitative teaching, guidance and PSHE.

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 this to the attention of the pupil's personal tutor, head of year, boarding staff, College Nurse and/or Pastoral team any cases that they feel may be a cause for concern.

Many children exhibit occasional episodes of disruptive or withdrawn behaviour or occasional bouts of 'naughtiness'.

These are not necessarily cause for mental health concern.

INTERVENTION PROTOCOL

It is recognized that it is important to give support to young people with mental health problems as soon as the problems are seen to affect the child. The longer the young person struggles, the more complex the problem will become. Supporting a distressed pupil can be extremely time consuming and stressful to the member of staff.

- Think carefully about what you can and cannot do to help.
- Ask yourself whether you have the time and skills to support them.
- Consider whether there might be a conflict with any of your other   responsibilities e.g. disciplinary
- Explain clearly to the student the limits of your role.
- Be prepared to take a firm line about the extent of your involvement.
- DON'T DEAL WITH THE SITUATION ON YOUR OWN.

If you have concerns for a pupil:
- Don't avoid the situation, be proactive not reactive.
- Speak to the Designated Safeguarding Lead or Nurse
- Gather more information from colleagues to see if your concern is shared.
- Express your concerns in private to the pupil and be prepared to listen.
- Explain to the pupil that it may not be possible to keep any information given confidential, but that you would discuss with them if you felt that you needed to share any of the information. (see later paragraph on confidentiality).
- If you are concerned that you may not have the skills to deal with the student's problems, or if there is no improvement in the pupil despite your basic intervention, speak again to relevant staff o (It is important that you err on the side of caution and not get drawn into situations which you may not be able to manage. If in doubt always refer the pupil on).
- [The relevant flow chart in the Appendix will be of value.]

The 'Team'

The Principal, the school Nurses, Designated Safeguarding Lead and if appropriate boarding staff will call a case meeting with the appropriate members of staff to discuss whether:

- there are any child protection issues
- 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 The team will be made up of the relevant members of staff from the following:
- Principal
- Boarding Staff
- Tutor/Head of Year
- college Nurses
- relevant teaching staff (if appropriate)

The Pastoral Lead for the College is Helen Rose, working with the Mental Health Lead Ben Garton.

Medical Room.

The college nurse 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 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 and the pupil would be informed that confidentiality was to be broken. Counselling services can be accessed through a referral from the College Nurses for Boarders or in the case of day pupils, through their General Practitioner.

Confidentiality/ Disclosure of Information.

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 Nurse in the medical room. The Medical room has strict ethical guidelines on confidentiality and complies with Data Protection legislation. No information given by a pupil will be disclosed to any person unless it has been given permission by the pupil (depending on age, maturity and any disability and/or special educational need) o do so 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 Principal, College Nurse and Boarding 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.

Whilst we wish to respect pupil's wishes to keep issues confidential we also recognize that mental health problems may mean that the pupil involved does not have the ability to recognize 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 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 team as to whether the parents should be involved. The school nurses have a code of conduct which they are obliged to follow, it ensures medical confidentiality to 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.

Reference to other legislation and relevant school policies.

The Mental Health Policy is regularly updated in order that RIC complies with new legislation and good practice. Currently the Colleges policy is consistent with, and so reinforces:
· NHS/MOSA/BSA guidelines regarding mental health in Schools
· Data Protection Act 1998 (General Data Protection Regulation from May 2018)
· DofE Mental Health and Behaviour in Schools (June 2014)

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August 2017	AMB & PL	AB	August 2017
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Appendix 1 - Policy Flow Charts

1) Concern relating to mental health

Concern about a student's mental health

Document the behaviour / language that triggered the concern

Is there a safeguarding element to the concern?

NO → Discuss concerns with student and listen to how they are feeling

YES → Inform DSL immediately

Is there a safeguarding element to the concern?

NO → Discuss with college nurse/mental health first aider

Organise ongoing support and liaise with parents as appropriate

Staff should be aware that if at any point they cannot contact a DSL or feel adequate action has not been taken they can make a referral themselves

In a situation where there is an immediate risk of harm or a medical emergency 999 should be contacted as a priority action