



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:

- Mental health is defined as a state of wellbeing in which every individual recognises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community. (World Health Organisation, August 2014)
- 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 students and foster their mental wellbeing through their daily responses.

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. It also aims to facilitate and promote positive mental health and well-being by:

- Providing a range of support services such as the college medical team, the counsellor and 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.
- Creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole population, and equipping students to be resilient so that they can manage the normal stress of life effectively. This will include teaching students about mental wellbeing through the curriculum and reinforcing this teaching through college activities and ethos

Risk Factors influencing the mental health of children

There is no easy way of telling whether students will develop mental health problems or not. Some students 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. We recognise that risk factors are cumulative and the more risk factors a student has the higher the chance of them developing behaviour problems and mental health needs.

These include individual factors, such as:

- having a long-term physical illness or learning disability
- family factors, such as parental conflict, divorce, separation and inconsistent discipline
- having a parent who has had mental health problems, substance abuse or has been in trouble with the law
- having been severely bullied (Child on Child abuse)

- 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 otreinoin use. All students 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
- Special Educational Need (SEN) there is an increased likelihood of mental health problems. Children with autism or learning difficulties, for example, are significantly more likely to have conditions such as anxiety

Childhood and adolescent mental health disorders and neurodiversity

These may include:

- emotional disorders, for example phobias, anxiety states and depression;
- conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders, for example disturbance of activity and attention;
- developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect;
- other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic depressive disorder.

PREVENTION

RIC has the following in place to help students to cope with school life with the aim of helping to prevent problems from developing. These systems also enable staff to recognize and help students 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 students 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.
- Multi agency working to ensure a 'joined up' approach of holistic support.
- Positive peer relationships and a sense of belonging.
- An effective use of data, including behaviour, attendance and academic along with pastoral records allow for early intervention of mental health needs in students.

PROCEDURES FOR IDENTIFICATION OF DISORDERS

Recognising when a student 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 student's Form/Personal Tutor, Head of Year, Boarding Staff, College Nurse and/or Pastoral/Safeguarding team any cases that they feel may be a cause for concern.

Many students exhibit occasional episodes of disruptive or withdrawn behaviour or occasional bouts of changes in behaviour. Short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some students and their families. 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 them . The longer the student struggles, the more complex the problem will become. Supporting a distressed student 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 student:

- Don't avoid the situation, be proactive not reactive.
- Speak to the Designated Safeguarding Lead and/or Nurse
- Gather more information from colleagues to see if your concern is shared.
- Express your concerns in private to the student and be prepared to listen.
- Explain to the student 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 student despite your basic intervention, speak again to the relevant staff (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 student on).
- [The relevant flow chart in the Appendix will be of value.]

The 'Team'

The team will be made up of the relevant members of staff from the following; Principal, the school Medical Team, Designated Safeguarding Lead, boarding staff, Form/personal tutors and relevant teaching staff. A case meeting will be held to discuss an assessment, plan, do, review graduated response process and to discuss:

- an assessment to establish a clear analysis of the pupil's needs;
- a plan to set out how the pupil will be supported;
- action to provide that support
- regular reviews to assess the effectiveness of the provision and lead to changes where necessary.
- Whether there are any child protection issues
- who information needs to be fed on to (other staff, parents, multi-agency)

The Pastoral Lead for the College is Helen Rose, working with the Mental Health Lead Kayleigh Simpson.

Medical Room

The college nurse provides general medical services to all its students and this includes the provision of services and care for students with mental health concerns. Information is never disclosed to a third party, including the school without a student'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 student 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 students, through their General Practitioner.

Confidentiality/ Disclosure of Information

Students 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 student will be disclosed to any person unless it has been given permission by the student (depending on age, maturity and any disability and/or special educational need) to do so or, in exceptional circumstances, such as a Child Protection or Health and Safety issue.

However, students and parents of students 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 student's wishes to keep issues confidential we also recognize that mental health problems may mean that the student involved does not have the ability to recognize the need for help.

Students 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, confidentiality will be broken and the parents informed.

Students 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 students to involve their parents and can break confidentiality if they feel that the student 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)
- DoF Mental Health and Behaviour in Schools (November 2018)

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Appendix 1 - Policy Flow Charts

1) Concern relating to mental health



