



THE AMERICAN SCHOOL IN ENGLAND

Mental Health Policy

This policy applies to the whole school including Boarding and the Early Years.

The current version of any policy, procedure, protocol or guideline is the version held on the TASIS website. It is the responsibility of all staff to ensure that they are following the current version.

Document

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Agreed by:

Head of School	DSL	Chair of the Board
Bryan Nixon	Jason Tait	Fernando Gonzalez
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TASIS is committed to safeguarding and promoting the welfare of students and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.

1. Introduction

The World Health Organisation has defined Mental Health as “a state of wellbeing in which the individual realises his or her own abilities, 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”. As a boarding school, we recognise and acknowledge the position we have in providing support to young people living away from home and the issues they may experience within the School as a social care environment.

2. Factors that put children at risk

Research has taught us that particular groups and individuals are at increased risk of having mental health problems. Table 1 demonstrates these risk factors for the child, family, school and local community and also highlights some protective factors that are thought to make developing a mental health problem less likely. Longitudinal studies propose that the more risk factors a child has, the more likely they are to develop a mental health or behavioural problem. In particular, there is a correlation between socio-economic disadvantage, family breakdown and a child having cognitive or attention problems increasing the likelihood of these children developing behavioural problems (Brown, Khan and Parsonage, 2012). Data highlights that five or more risk factors increases eleven times the risks for boys aged 10 or under to develop a mental health disorder compared with boys with no risk factors. For girls of the same age range with five risk factors makes them nineteen times more likely to develop a disorder (Murray, 2010).

Table 1: Mental Health and Behaviour in Schools: Departmental Advice for School Staff, Department of Education, (March 2016)

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humor • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual neglect or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • 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

In the school	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor student to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • ‘Open door’ policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Wider support 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

Mentally healthy students are able to progress emotionally within the usual scope. Students acquiring behavioural difficulties beyond this normal scale are defined as experiencing mental health problems or disorders. These disorders can critically damage academic performance.

Schools are in a position to influence the mental health of children and young people as well as being best placed to identify the indicators of mental health problems at an early stage. They can increase the social and emotional development of children and nurture their mental wellbeing through their everyday involvement with students. At TASIS England we understand our responsibilities and ensure that such students are not discriminated against, making sure that we provide reasonable adjustments to support their learning in accordance with the Equality Act (2010).

At TASIS England we aim to offer an empathetic environment that will support and aid students with mental health struggles to accomplish their greatest academic potential. We do this by:

- Providing a range of support services such as student advisors and school counsellors as well as a pastoral support team that oversees the health and wellbeing of all students
- Having an ‘open door’ policy to encourage students with mental health difficulties to seek support
- Promoting understanding and recognition of mental health difficulties
- Providing support and education to staff/faculty
- Having effective procedures in place to deal with disclosures and confidentiality (and guidance on when information will be passed onto other people/parents if immediate health and safety concerns are raised)
- Having an effective Child Safeguarding Policy to work alongside this policy

TASIS England is committed to providing a supportive environment, however it is important to recognise that we are not a mental health facility and there are limits to the extent of support we can provide and in some cases, we will need students to seek outside support from the NHS and from within the community.

3. Child and Adolescent Mental Health Disorders

Some examples of such disorders may include:

- Conduct Disorder (aggression, destroying/losing property, theft, running away etc.)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Deliberate Self Harm
- Eating Disorders
- Obsessive Compulsive Disorder (obsessions, compulsions, personality characteristics verging on panic)
- Anxiety Disorders (including panic attacks)

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- Soiling and Wetting
- Autism (social deficits, communication difficulties, restrictive and repetitive behaviors)
- Substance Abuse
- Depression and Bi-Polar Disorder
- Schizophrenia (abnormal perceptions, delusional thinking)
- Suicidal Thoughts (not a disorder but thoughts based and equally as serious)

4. Prevention

TASIS England has the subsequent procedures in place to assist students in school life. These procedures support staff/faculty to identify and support students with mental health problems. This includes but is not limited to: pastoral support team, policies, advisor system, anti-bullying and safeguarding policies, behaviour management, student leaders, programmes such as PSHEE, support for vulnerable students and liaison with TASIS Health Center and external agencies.

5. Identification of Mental Health Difficulties

It can be very difficult to recognise a student with mental health difficulties. However, staff/faculty should be alert to changes in a student's behaviour, presentation and engagement and should raise any concerns in CPOMS Any immediate concerns such as a student of risk of harm to themselves or others must be raised immediately with the Designated Safeguarding Lead (DSL).

6. Intervention

It is in the best interests of the student to offer support for mental health problems when they arise as the longer a student struggles the more complex the problem becomes. Supporting a distressed student can take up a lot of time and be challenging so please follow the guidance below:

- Think cautiously about how you can/are unable to help
- Do you have the time and expertise to help them?
- Is there a conflict with another role you may have?
- Clarify your role/limits to the student
- Be ready to take a definite line about the degree of your involvement
- YOU ARE NOT ALONE PLEASE REFER FOR SOME HELP.

If you are concerned about a student:

- Be proactive, don't evade the problem
- Collect more information from faculty/staff members to determine if your concern is shared
- Discuss your concerns in private with the student and be willing to listen
- Tell the student that you may not be able to maintain confidentiality, explaining you will converse with them if information needed to be shared and who with
- If you still have concerns that you are not the best person to deal with the students' problems and there is no improvement in spite of your minimal intervention, please enter onto CPOMS – they may have more information available to them and they have more skills in dealing with these types of problems
- IF UNSURE ALWAYS REFER THE STUDENT ON so you are not left to deal with situations you may not be able to manage (see Appendix 1).

7. Next Steps

The relevant divisional head, DSL, school nurses and school counsellor (and if appropriate boarding staff) will meet to discuss the student with relevant staff/faculty. The aim of the meeting will be to decide whether:

- There are any child safeguarding concerns
- Who, if anyone the information should be referred to (other staff/faculty, parents, outside agencies)
- The next steps to be taken, which may include referral to outside agencies such as therapist, Psychiatrists and/or emergency care
- The appropriate support and follow up with school (and externally if required) will be arranged for the student and actions agreed

The team is made up as follows:

- Divisional head (Lower, Middle, Upper School, Boarding)
- DSL
- Boarding Staff
- School Nurse's
- Relevant School Counsellor
- Student's Advisor
- Relevant teaching staff (if appropriate)

8. TASIS Health Center

TASIS England Health Centre provides both reactive and proactive medical services to all students, including care for students with mental health problems and concerns. TASIS England nurses request that parents and students notify the health center of their needs at the earliest opportunity so the student can be best supported within school. The School nurses are able to refer students to the School counsellors and can provide students with early help and support.

9. Confidentiality

Students will be encouraged to tell their parents about their problems or give permission for a member of staff/faculty to do so. If it is felt they are at risk to themselves, confidence will be broken, and the parents informed. We do recognise that mental health problems may mean a student might not have the ability to recognise that they need help, resulting in their wishes for confidentiality to be broken in order to get them the support they need.

Appendix 1: Dealing with a Situation

Deal with the situation. Be ready to listen.
Speak confidentially.

Assessing if a student has a problem?

- Did the student tell you?
- Have other staff/students informed you of their concerns?
- Have you noticed an alteration in the student's appearance (weight increase/decrease, deterioration in personal hygiene)?
- Have you observed a variation in the student's mood (solitary, sad, depressed)?
- Has the student's behavior recently declined?
- Has the student's academic accomplishment altered considerably?
- Has the student had these issues for a considerable time?

After discussion with the student, if you still have concerns or further intervention is required, log the concern in CPOMS Ask the student for consent to share the information and tell the student with whom and what is being shared (if you are worried you do not need their consent)

The team (divisional head, DSL, school nurses, boarding staff (if applicable), school counsellor, any relevant teaching staff) meets and determine:

- There are any child safeguarding concerns
- Who, if anyone the information should be referred to (other staff/faculty, parents, outside agencies)
- The next steps to be taken, which may include referral to outside agencies such as therapist, Psychiatrists and/or emergency care
- The appropriate support and follow up with school (and externally if required) will be arranged for the student and actions agreed

Encourage them to tell parents. Team to nominate someone to tell parents unless inappropriate/child safeguarding issues.

FOLLOW UP

Appendix 2: Reference to other legislation/documents**School Policies**

- Safeguarding Children – Child Protection Policy
- Data Protection Policy

Brown, E., Khan, L. and Parsonage, M. (2012) *A Chance to Change: Delivering effective parenting programmes to transform lives*. Centre for Mental Health.

Data Protection Act (1998, 2018). London: HMSO.

GDPR Regulations

Department for Education (2014) *keeping children safe in education: statutory guidance for schools and colleges*. London: Department for Education.

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Equality Act 2010. London: HMSO.

Murray, J. J. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. *Journal of Child Psychology & Psychiatry*, 51(11), pp. 1198-1207.

Murphy, M. and Fonagy, P. (2012) Chapter 10: Mental health problems in children and young people. [Online]. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CMO_Chapter_10.pdf. [Accessed 18th April 2016].

Ofsted (2015) *inspecting schools: handbook for school inspectors*. London: Ofsted.

Public Health England (2014) *The link between student health and wellbeing and attainment*, London: Public Health England.