



STONAR

Mental Health Policy **Incorporating the procedure for intervention relating to pupil mental health issues**

This policy is part of Stonar's approach to promoting the positive mental health wellbeing of its community.

(This policy should be read in conjunction with the school's Safeguarding Policy; and those protocols and guidelines relating to suicide prevention, and confidentiality in the Staff Handbook, Section J, Medical)

The overarching principles of the school's response to mental health problems are open-mindedness, support and education. Mental Health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of wellbeing and an underlying belief in our own and others' dignity and self-worth." (HEA 1998)

Mental health difficulties exist across a spectrum of states of mind and behaviours, from temporary responses to painful events through to more debilitating and persistent conditions. Research (<https://mhfaengland.org/>) indicates that 1 in 4 people experience mental health issues each year. Figures published by the Office of National Statistics (October 2020) indicate that 'one in six children aged 5 to 16 years were identified as having a probable mental disorder'.

Stonar is committed to promoting the mental health and wellbeing of its community and is aware of its legal responsibilities in connection with the wellbeing of its pupils and staff, including those relating to equality and non-discrimination.

As a general guide, clinical definitions of recognised mental health problems are considered unhelpful in terms of an institutional response, as it is important to avoid tendencies to label pupils and, rather, to concentrate on the issues of response and support by focusing on the needs of each pupil as an individual. Social, Emotional and Mental Health Needs (SEMH) are one of the four broad areas of need in the SEND Code of Practice (2015), SEMH includes all pupils who may be experiencing a wide range of social and emotional difficulties, which manifest themselves in many ways. *'These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.'* (SEND Code of Practice, 2015, para 6.32).

Resources to support staff with managing pupils with social emotional and mental health needs are available in the staff handbook (Pastoral Section) and from the Learning Support Team.

Parents of every pupil seeking admission to the school are required to complete and sign a detailed medical disclosure for their child. This includes mental health history. This documentation is reviewed by the School Nurse and held as part of the pupil's medical records. Information pertaining to pupils with a history of mental health issues are shared with the school Safeguarding Team and with Tutors/ Houseparents /Pastoral Care Team as appropriate. Specific strategies to support pupils with SEMH issues will be included on pupil's Learning Profiles as appropriate.

At Stonar the Pastoral Care Team has pastoral oversight of all pupils at the school. Effective communication systems including weekly meetings between key staff to share concerns about pupils, coupled with a proactive medical centre and Leadership Team help to quickly identify pupils whose personal circumstances / history, academic progress or current behaviour patterns give cause for concern.

All staff recognise that they have a responsibility for the welfare of pupils at Stonar. The Leadership Team encourage and support the whole community to be positive in its approach to mental health and wellbeing. Stonar aims to promote a culture that encourages and supports disclosure via an open door policy, and training for staff through whole school INSET and CPD. Pupils are aware of mental health wellbeing through promotion of resources and services by the school nursing team and PSHE lessons that challenge stereotypes, encourage openness and raise awareness of both internal and external support services to young people.

Stonar expects that staff will:

- Contribute towards building a non-stigmatising community, including treating pupils and colleagues with dignity and encouraging them to seek help if they have mental health issues
- Be aware of the procedures, services available and referral processes for dealing with pupils experiencing mental health issues
- Be aware of the boundaries of their own roles and pass on information to those best placed to support individual students – i.e. the school nurse, Designated Safeguarding Lead, Tutors and Houseparents as appropriate.
- Be aware of the principles of confidentiality and disclosure and school policies and guidelines relating to these

Procedure for intervention relating to pupil mental health issues

Emergencies / crisis management

Do not leave a pupil alone if you believe them to be risk to themselves; if you are at all concerned err on the side of caution!

The pupil must be taken to the school medical centre for an initial assessment by the school nurses. They will be referred to the School Doctor/Hospital immediately if they are considered to be at serious and immediate risk. Boarding pupils will be escorted to this appointment by a member of staff if their parents are not able to take them.

If the Health and Wellbeing Centre (HWBC) is closed and in a situation where it is believed that a pupil's behaviour presents an immediate and serious risk to themselves or others, staff should follow the protocol for arrangements when the medical centre is closed.

A pupil's parents will be contacted by the School Nurse or by a member of the Leadership Team (when the HWBC is closed). Parents will be asked to come to the school / hospital. (In the parent's absence, guardians will act on their behalf.) If the pupil is not admitted to hospital they must stay under close supervision by Houseparent until the parent/guardian arrives. This may involve an overnight supervision in the medical centre.

The Safeguarding team / school nurses will assess the situation and may use the emotional health risk assessment Matrix to help to gauge next steps and mitigation measures, if any. The Emotional health Risk Assessment Matrix MUST never be shown to pupils.

Concern management (non crisis situations)

In situations where a pupil's behaviour or wellbeing is causing concern, but does not present an immediate crisis, for example:

- the appearance of bizarre or irrational behaviours
- low mood and unhappiness, with tearfulness or irritability that may not be related to anything specific

- an inability to function at school
- a loss of interest in things pupils were previously interested in
- increasing social isolation
- concerns pertaining to self harm
- issues around eating and food

Staff should raise their concerns with the School Nurse or a member of the Safeguarding team and in cases of deliberate self-harm communication should be with the Designated Safeguarding Lead in accordance with the school's Safeguarding policy.

Pupils who raise concerns about their peers should be reassured that these will be followed up. A concern raised in isolation should be discussed with the school nurses and DSL or in their absence a DDSL. Staff cannot promise confidentiality with regards to the source of the concern.

Where it is suspected that a pupil's behaviour may be related to an on-going or emerging emotional/mental health problem the school nurses, in conjunction with the Safeguarding Team, will make a professional judgement about how best the pupil can be supported. This may include consultation with parents, the school doctors (for registered pupils) or referral to other outside agencies. The school nurses or Safeguarding Team may choose to undertake an emotional health risk assessment. Following this initial discussion, the student's boarding status at the school will determine the actions taken.

Pupils who are suspected of developing an eating disorder will require a medical assessment along with an assessment of their current social behaviour, psychological or emotional state and academic performance. The HWBC become the point of contact for parents managing and supporting pupil.

Rapid weight loss of pupil (day or boarding) with a known eating disorder / disordered eating and with a weight on the second centile or below and /or a pupils whose behaviour and/or emotional / psychological state is giving significant cause for concern will be discussed with the Safeguarding Team and houseparent/tutor and parents as appropriate. If a pupil becomes uncooperative, the Safeguarding Team will meet to discuss future management and their suitability to remain in school / boarding. Bulimics (self-induced vomiting) or pupils using other methods of self-injury may not remain in the boarding houses if their condition causes significant upset, disturbance or risk to the other pupils.

The School Nursing team respect a pupil's wishes to keep issues confidential; however, they also recognise that mental health problems may mean that the pupil involved does not have the ability to recognise 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 or to others, 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, decisions regarding sharing information with parents will be made on an individual basis with the final decision being taken by the team as to whether the parents should be involved considering the level of risk involved. *(For further information see the school guidelines on medical confidentiality)*

An Individual Welfare Plan (IWP), Health Care Plans (IHCP), Behaviour Care Plans (BCP's) and Individual Education Plan (IEP), Personalised Risk Assessments (PRAs) and safety plans may be developed detailing support strategies in place within the school if deemed appropriate by the Pastoral Care Team or School Nurse.

Weighing pupils

Pupils are not weighed termly at Stonar; this practice was reviewed by the medical staff as evidence suggested that this on its own was not an effective means of detecting pupils with eating disorders. On entry to Stonar school boarders are weighed as part of their initial medical examination. Pupils may be weighed as part of a Section C Pastoral Policies Mental Health Policy

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medical assessment following concerns about weight loss. Pupils with eating disorders or suspected eating disorders should only be weighed in the HWBC by the medical staff or with own doctors.

Support and Advice for pupils and parents

The school nurses will signpost pupils and parents to support and resources as appropriate. Pupils who self-harm are supported by the HWBC, for example with wound management and care. Counselling, dietary and exercise advice is the responsibility of the pupils medical team and nominated professionals and should not be given by any other member of school staff.

Pupils may require specialised intervention or maintenance counselling, following discussion with HWBC staff and the lead medical professional. A pupil's parents may be required to arrange external counselling or a Psychologist or another suitably qualified mental health professional to support their child. Parents will be required to cover the cost of any taxis and staff escorts (as required) to accompany the pupil to their appointments, which must be within a 10-mile radius of the school.

Time out of school and returning to school / Withdrawal from school

It is school procedure that in order for pupils to receive appropriate levels of care and support, all pupils who are deemed to be a serious risk to themselves or those pupils whose behaviour is seriously disturbing or threatening others around them take a period medical absence from school. This decision will be made by the Head following discussion with the Safeguarding Team and the School Nurse and, where appropriate, advice will be taken from the SENCO and houseparent/tutor. During this time out from school pupils may undergo further clinical evaluation and suitable support structures and medication regimes and risk assessment (where appropriate) should be put in place.

If a pupil's behaviour has caused disruption in boarding accommodation, it may also be necessary for the Head to make a decision on whether temporary exclusion from the boarding house is required. In reaching these decisions, due care and consideration will be exercised, through consultation with the relevant staff (see above) to avoid, as far as possible, the pupil being placed in a more vulnerable situation.

Return to school and / or boarding

Pupils may only return to school and/or boarding (and this may be in the form of a phased return) when there is agreement by both the school and medical professionals that this is in the child's best interests. Boarding pupils may be required to return as day pupils in the first instance as part of this phased return to school.

The school nursing team must receive appropriate confirmation of a pupil's health and ability to resume studying. This may include reports from one or more medical professionals (including for example, CAMHS, the pupil's Psychiatrist, GP's and bereavement counsellor). Where the report is provided in a foreign language it must be accompanied by an authenticated translation.

Prior to a pupil's return to school the School Nurse will work in conjunction with the Safeguarding team and Pastoral Lead and where appropriate SENDCo to draw up appropriate support plans. The school is able to make adjustments, such as a time out card or amendments to the games programme in order to adapt the learning environment to accommodate reduced physical strength or concentration span. Stonar can facilitate a reduced academic programme to support a pupil's return to school. Support plans are designed to address the specific support needs of the pupil and, where applicable, detail the involvement of and liaison with external agencies. Risk assessments and safety plans will be drawn up where appropriate. The pupil will be kept informed and supported at each stage of the above process.

On the pupil's return to school the school nurses become the key point of contact for staff, parents, the pupil concerned and external agencies. They will have oversight of the pupil and frequent, regular contact with the key workers or other mental health professionals.

If conditions set by the school or targets set by medical teams, including other health professionals involved in a pupil's care are not met, and following consultation with the Head, Safeguarding Team and school nurses; parents may be required to remove their child from the school.

The above procedure is quite separate, in the first instance, from Stonar's disciplinary procedures. The school will only recommend this course of action because the pupil's behaviour is seriously disturbing or threatening others around them and/or themselves or is of such a level that they are unable to successfully continue with their learning experience. In cases where the pupil's behaviour is such that under normal circumstances they would have been subject to serious disciplinary procedures, the parents of the pupil concerned may be asked to withdraw their pupil from the school on a temporary or permanent basis. The fact that a pupil has mental health difficulties in no way lessens the duty of care that Stonar owes to other pupils and staff. The duty of care to pupils with mental health problems should be balanced against the duty of care to other pupils.

Discorded Eating / weight management concerns

With regard to concerns involving weight management or disordered eating, a pupil may be readmitted once targets set by their medical team have been achieved. On readmission the pupil or parents may be asked to sign a contract agreed by the Head. (*For example the pupil's weight must not fall below a level agreed by their medical team and they must agree to regular weighing, attend counselling and/or support from their medical team*); this process usually be led by the Psychiatrist / clinician that the pupil has been referred to.

The school is not able to facilitate long term supervision at meal / snack times so the pupil must be independently managing their own daily food intake. Short term (2 weeks) supervision of at lunch may be offered where staffing levels permit this.

Boarding pupils diagnosed with an eating disorder and who require ongoing close supervision at meal times may be offered to defer to a day place. This forms part of a staged return to education and school life in order to ensure that their progress in maintained without the added pressure of living away from home which may increase the risk of relapse.

All pupils for whom their weight remains on or below the third centile or pupils for whom significant self-harm / mental health concerns remain an issue which is not resolving may not remain in school without the agreement of the Head and assessment by a medical professional (eg CAMHS, GP, Psychiatrist).

Supplementary information for Prospective Pupils with pre-existing mental health conditions or concerns:

In line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so.

Pupils seeking admission to Stonar as a boarding pupil:

- with a mental health condition must have had no acute medical episodes; no related hospital admissions within this year and no significant therapy input other than maintenance counselling.

- with a known eating disorder must have maintained a normal weight for one consecutive year with no acute medical episodes; no hospital admissions within this year and no significant therapy input other than maintenance counselling.

Pupils seeking admission to Stonar as a day pupil

- with a mental health condition must have had no acute medical episodes; no related hospital admissions within this year and no significant therapy input other than maintenance counselling.
- with a known eating disorder must have maintained a normal weight for a minimum of three to four months with no acute medical episodes, no hospital admissions within this period and no significant therapy input other than maintenance counselling.

Before a place is offered parents may be asked to provide a full medical report from the pupil's Consultant Psychiatrist or GP. The report should also state that the pupil is currently considered well enough to join the school and, in the case of boarders, that the pupils is well enough to join a busy boarding environment. Any recommended modifications to the pupil's curriculum (e.g. participation in sports) should be detailed in this report. The school medical team may wish to contact the report's author directly for confirmation. The pupil and the parent may be asked by the school to meet with members of the School's medical and safeguarding team.

Maintenance counselling for pre existing mental health issues must be paid for and arranged by parents. If a pupil is accepted the school reserves the right to request that a pupil goes home if they become unwell again or if they disengage from any support or ongoing maintenance therapy against professional advice. Depending on the nature of the relapse the pupil may be asked to leave the school.

Supervision of meals

In line with expectations for existing pupils; the school is not be able to facilitate and monitor one to one supervision at meal times (outside of the nursery). Pupils must be capable of independently managing their own daily food intake.

Guardian Support for Boarders

Overseas boarders must have a guardian, within 2 hours drive of the school appointed by their parents. The guardian must have been informed by the parent of the pupils' medical history, with full disclosure concerning and mental health issues. The parents have responsibility to ensure that any appointed guardian understands and agrees that if the school feels it is in the pupils' best interest to go home they must arrange to collect the pupil by the end of the academic day or within 3 hours of the notification request to collect the pupil from the school.

The guardian must make themselves known to the school health team and the boarding house staff. The school will inform the parents if the pupil is asked to leave with their guardian.

UK based parents must also arrange to collect their child by the end of the academic day or within 3 hours of the notification request to collect the pupil from the school. Costs incurred by school looking after child whilst awaiting collection (after the end of the school day) will be passed to the parent.