



Mental Health and Wellbeing Policy

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

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I. Introduction

Mental health is a state of well-being in which every individual realises 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 her or his community. (World Health Organisation). 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).

Stonar is committed to safeguarding and promoting the welfare of children and young people, including promoting positive mental health and emotional wellbeing, and expects all staff to share this commitment.

We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. Stonar is aware of its legal responsibilities in connection with the wellbeing of its pupils and staff, including those relating to equality and non-discrimination. We therefore aim to provide a school environment, which promotes self-confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon.

Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution, and achieve economic wellbeing (Every Child Matters, 2003, DfES). The overarching principles of the school's response to mental health problems are open-mindedness, support and education. We pursue this aim using both whole school approaches and specialised, targeted interventions for individuals.

All staff should be aware that mental health conditions can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

I.1 Associated Guidance and Documentation

This policy should be read in conjunction with the school's Safeguarding and Child Protection Policy, Stonar behavior and Discipline Policy, Stonar Self-harm policy, Stonar Eating Disorder Policy, Keeping Children Safe in Education, DfE, September 2023, Working together to safeguard children, DfE, July 2022, Mental health and behaviour in school, DfE, November 2018; The Equality Act 2010, and those protocols and guidelines relating to suicide prevention, and confidentiality in the Staff Handbook, Section J, Medical.

I.2 Purpose

The policy aims to:

- i. Promote positive mental health and emotional well-being for all pupils
- ii. Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems

- iii. Alert staff to warning signs and risk factors of mental ill health
- iv. Provide guidance on how to offer support and suggested routes for help
- v. Provide guidance on how to deal with a crisis situation
- vi. Consider both the importance and limitations of confidentiality.

2. What is Meant by the Term ‘Mental Health Difficulty’?

A mental health problem is one in which a person is distracted from ordinary daily living by upsetting and disturbing thoughts and/or feelings. These problems may disorientate a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern. Mental health is a continuum of states of minds and behaviours encompassing the mild anxieties and disappointments of daily life, to severe problems affecting mood, perception and the ability to think and communicate clearly and rationally. These can be from temporary responses to painful events through to more debilitating and persistent conditions.

2.1 Rise in Mental Health Conditions in School Pupils

UK schools are witnessing an unprecedented increase in adolescent mental health problems. There are many drivers for this change including the rise of social media, the impact of Covid and the associated lockdowns, and the challenges of an increasingly uncertain future both in the UK and worldwide.

Three quarters of life-long mental health problems in the UK start before the age of 25 and today's young people are considered to have worse mental health outcomes compared to previous generations. The RCPCH data suggests rising prevalence of mental health problems as well as increasing complexity of individual presentations.

In addition, there is a change from traditional concerns voiced by young people to more extreme themes of social anxiety, depression, eating disorders and self-harm. The sharpest prevalence rise for children aged 5-15 has been within emotional disorders (for example: anxiety, depression, OCD, phobias), increasing from 4.3% to 5.8% from 1999 to 2017.

Slightly more girls than boys suffered from emotional disorders in 2017 (6.1 % compared to 5.65%), although the increasing trend is seen for both genders. 14.9% of young people aged 17-19 have emotional disorders in 2017, rising to 22.4% of women in this age group.

Research (<https://mhfaengland.org/>) indicates that one in four people experience mental health issues each year. Figures published from the mental health in young people survey 2023 highlighted that one in five children and young people in England aged eight to 25 had a probable mental disorder in 2023. This was 20.3% of 8-to 16 year olds, 23.3% of 17-19 year olds and 21.7% of 20-25 year olds.

Current figures suggest that one in ten young people between the age of 5-16 years will have an identifiable mental issue at any one time. By the time they reach university this

figure is as high as one in six. Around 75% of mental health disorders are diagnosed in adolescence.

2.2 Diagnosing Mental Health Issues

Only appropriately, trained professionals should attempt to make a diagnosis of a mental health condition. Education staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Schools and colleges can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies.

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).*

(For the following mental health difficulties please see the appendix for anxiety, Depression and obsessions and compulsions and the separate self-harm and eating disorder policies).

3. Why do We Need to be Concerned About Pupil Mental Health?

For many pupils, entry into secondary education marks the onset of one of the most challenging aspects of adolescence. For some boarders, living away from home can also be a daunting experience that leaves them feeling lonely and isolated. For this reason, Stonar School recognises that planning for these challenges can lead to a very positive effect on a pupil’s ability to navigate this difficult period successfully.

Some pupils may have experienced mental health difficulties before starting at the school, and others will find that they are beginning to have difficulties with such things as concentration, motivation, tiredness, attendance, eating regularly, managing anxiety or mood swings and sleep patterns.

4. Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHEE curriculum and tutor programme, as well as with staff's daily interactions with pupils.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek both internal and external help, as needed, for themselves or others. Part of this will be equipping our young people to be able to articulate their emotions and have the right vocabulary to talk about their own mental health.

We will follow the PSHEE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. Including at each stage the development of healthy coping strategies and understanding of pupils own emotions as well as those of others. Staff encourage openness and lessons include challenging stereotypes.

The pupil are are aware of mental health wellbeing through promotion of resources and services by the school nursing team, pastoral care team and safeguarding team.

5. Spotting the Warning Signs

Pupils who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties. The stigma surrounding mental health issues is still strong in our society and sometimes pupils feel embarrassed or are concerned about the consequences of telling someone. They may be unaware that they have a problem, aware but feel that they have to cope with it on their own, unwilling to admit it to others or they hope the problem will go away on its own. It is important that warning signs are recognised, and an appropriate, supportive response is put in place as soon as possible.

These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the Designated Safeguarding Lead using the procedures outlines in Stonar's safeguarding policy.

The following list of indicators may help to identify at-risk pupils:

- i. Has the pupil told you that there is a problem?
- ii. Have there been any significant changes in the pupil's appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self-harm?
- iii. Has the pupil got physical signs of harm that are repeated or appear non-accidental?
- iv. Changes in clothing – e.g. long sleeves in warm weather
- v. Are there changes in eating or sleeping habits •

- vi. Is there any evidence of use of alcohol or drugs?
- vii. Has the pupil been talking or joking about self-harm or suicide?
- viii. has the pupil been expressing feelings of failure, uselessness or loss of hope
- ix. How does the pupil sound, for example: flat, agitated, very quiet, very loud?
- x. Has the mood of the pupil recently changed a lot from your previous experience of working with them, for example: moods very up and down, miserable, tired a lot?
- xi. Increased isolation from friends or family, becoming socially withdrawn
- xii. Have other people expressed concern about the pupil?
- xiii. Have there been recent changes in the pupil's behaviour, standard of work, and/or sociability, for example: doing too much work, not socialising as much as usual, withdrawn, not attending class, being late or, failure to meet deadlines?
- xiv. Has there been any secretive behaviour
- xv. has the pupil been skipping PE or getting changed secretly
- xvi. Is the pupil often late or absence from school?
- xvii. Is there repeated physical pain or nausea with no evident cause?
- xviii. Has the pupil lost interest in their hobbies?
- xix. Has the pupil been feeling, behaving or looking like this for some time? (Everyone can have bad days, but it is when days turn into weeks and months that there may be a problem.)

5.1 Assessing the Problem

When assessing the problem, the following will be considered:

- i. The duration of the changes
- ii. The severity
- iii. The impact
- iv. The complexity
- v. The context

As a school, we are mindful that some groups of children are more vulnerable to mental health difficulties than others. These include, but are not limited to, looked-after children, children with learning difficulties, children who have experienced significant life events, and self-driven high achieving and/ or anxious individuals.

6. Offering Emotional Support

Emotional support is a very valuable tool to helping those experiencing mental health difficulties. Giving prompt and appropriate support can help build a relationship of trust between staff and the pupil and prevent an escalation into a more serious mental health condition. A pupil might approach you or vice versa to discuss their concerns and you may be able to offer some friendly guidance on an issue such as homesickness, feelings of insecurity or the break-up of a relationship. The offer of an invitation to come back to talk if they want to be an important support in itself. Even in cases of informal support, there are issues of confidentiality and disclosure, and the pupil needs to give their agreement if you

are going to share this discussion or parts of this discussion with other staff members (see 'confidentiality and disclosure' below). Routes of help to suggest to a pupil are discussed below.

6.1 Encouraging pupils to disclose

The following guidance may be useful:

- i. Don't avoid the situation or pretend that nothing is wrong, as this could make the problem worse and persist for longer. Talk to the pupil but try not to humour them by pretending to agree that there isn't a problem if it is clear that there is one.
- ii. Think about it in advance and approach the pupil in a sympathetic and understanding way. Remember to be sensitive to issues relating to sexuality, race, religion, culture and gender or any physical or sensory impairment or condition that they might have.
- iii. Listen actively to the pupil - the situation may only require empathetic listening. You can simply ask the pupil how they are as this may provide them with an opportunity to discuss their concerns with you.
- iv. Be prepared to listen and give the pupil some time if you can. If there are constraints on your time, inform the pupil from the start that this is the case.
- v. Be open and honest in your initial contact as this will help to develop trust.
- vi. Staff should listen rather than advise and first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'
- vii. Discuss anything practical you can do to help but avoid 'problem solving'.
- viii. If you feel you need to tell someone, try to obtain the pupil's consent. However, it is usually possible to discuss the situation and ask for advice without revealing the identity of a pupil.
- ix. If a pupil chooses to disclose concerns about their own mental health and wellbeing or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

6.2 Routes of Help to Suggest

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. The safeguarding team meet weekly to review pupils safeguarding concerns. This allows for individualised target support and intervention.

6.3 Support for Pupils in School

- i. The school counsellor is available to give support to pupils who are experiencing mental health difficulties themselves, or who have concerns about someone else experiencing them.

- ii. The Health and Wellbeing Centre staff are also a valuable means of support, and a route of help to suggest to a pupil experiencing mental health difficulties. They can be contacted at the HWBC in person or via email (medical@stonarschool.com). For boarders, the school GP visits on a regular basis and it is possible to make an appointment through the school nurses. Accurate health records for pupils are kept at the HWBC, including issues relating to mental health.
- iii. The Pastoral Care Team (Tina Tilley, Deputy Head Pastoral and DSL; Rob Cunningham, Head of Prep and DDSL; Branwen Russell, Pastoral Lead and DDSL; Lorraine Tovey-Cooke Senior School SENCO and DDSL; Jo Birkett-Wendes, Prep SENCO; Jessica Carter, Head of Key Stage 3 & 4 Pastoral and DDSL; Houseparents), as well as form tutors, subject teachers and parents.

6.3 Support for Pupils Outside of School

CAMHS - Child and Adolescent Mental Health Services

CAMHS is the name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties. The School or a GP can make a referral to CAMHS with the online referral form. A young person can also self-refer using the online self-referral form: <https://www.oxfordhealth.nhs.uk/camhs/support/referral/>

7. If the Pupil does not Want to Talk or Refuses Support

It can be extremely difficult to help someone with a problem unless they are ready to admit they have one. If the pupil is not ready to accept help or talk about their problem, it is unwise to ask intrusive questions and the pupil's right not to discuss things must be respected. Offer an open invitation to the pupil to come back and talk to you and continue to ask how they are. However, if you are still very concerned about a pupil who is refusing help, you will need to speak to their tutor/houseparent and designated safeguarded lead.

8. Procedure for Intervention Relating to Pupil Mental Health Issues

8.1 Emergencies/Crisis Management

A crisis situation occurs when a person's feelings have become outside their control. These emotions might express themselves in a number of ways, for example talking about suicide or having persistent suicidal thoughts, having no sense of reality and exhibiting behaviour which is out of character.

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

The pupil must be taken to the school Health and Wellbeing Centre (HWBC) for an initial assessment by the school nurses and the safeguarding team notified. 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 (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 HWBC is closed.

A pupil's parents will be contacted by the Safeguarding Team, School Nurse or by a member of the Leadership Team. 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 HWBC.

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.

8.2 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:

- i. The appearance of bizarre or irrational behaviours
- ii. Low mood and unhappiness, with tearfulness or irritability that may not be related to anything specific
- iii. An inability to function at school
- iv. A loss of interest in things pupils were previously interested in
- v. Increasing social isolation
- vi. Concerns pertaining to self-harm
- vii. 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 pupil'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.

An Individual Welfare Plan (IWP), Individual Health Care Plans (IHCP), Behaviour Care Plans (BCPs) 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.

8.3 Time out of 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, where appropriate, advice will be taken from the School nurse, SENCO and houseparent/tutor.

The Children's Schools and Families Act 2010 (Section 3aa) may apply when determining if it would not be in the best interests of the pupil to continue in full time education. The Head and DSL will refer to the school's Mental Health Policy and DfE Mental Health and Behaviour in Schools (Departmental Advice) (2016) when making their decision.

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 becomes uncooperative, the Safeguarding Team will meet with the Health and Wellbeing Centre team to discuss future management and the pupil's suitability to remain in school / boarding.

If a pupil's behaviour has caused significant impact, upset, 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.

8.4 Returning 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 safeguarding and 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 DSL will work in conjunction with the safeguarding team, School nurse 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 DSL becomes 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.

9. Confidentiality and Disclosure

Sharing information is an essential part of the support we give to pupils with mental health difficulties, but it should only be done on a 'need to know' basis and the emphasis should be on providing information which highlights the pupil's support needs. Confidentiality should be maintained within the boundaries of safeguarding the pupil. The various members of staff involved in supporting a pupil with mental health difficulties will need to talk to each other regularly in order to agree what is happening with a pupil and whether the level of support is appropriate.

However, information about someone with a mental health difficulty is covered under the Data Protection Act (and in some cases by The Equality Act) and comes under the heading of personal, sensitive information. For this reason, all information about pupils with mental health difficulties has to be considered as confidential information and can only be shared under specific circumstances. It is advisable to seek parental/guardian permission to speak to relevant external services and it is good practice for such permission to be obtained in writing, perhaps, and then recorded. Sharing confidential information also applies to information discussed in staff meetings, telephone discussions, emails and other forms of communication. Breaking confidentiality is something that needs to be taken seriously but there are situations where you might feel it is essential, for example where there is an immediate or significant risk to self or others.

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).*

10. Reporting Concerns

Staff report well-being, behavioural, safeguarding and child protection concerns on the safeguarding platform MyConcern. This includes mental health and emotional concerns and a chronology of action taken and outcomes is held within this system.

11. Support and Advice for Pupils and Parents

The DSL, Safeguarding Team and 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 safeguarding and 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 the DSL, Safeguarding Team, 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.

We value teamwork with parents: we appreciate they are experts on their child and are the main asset in a young person's mental health treatment. As professionals, we must listen and understand when parents express concerns about their child's development. We are conscious they may be under tremendous stress and need empathy. For our international pupils, we will work with guardians where appropriate; to ensure the parents feel supported and have confidence we are doing our utmost to support their child.

11.1 Offering Support to Friends

It is frequently other pupils who are most involved in the daily lives of fellow pupils who are experiencing mental health difficulties. Helping a friend who is distressed or exhibiting unusual or irrational behaviour can be extremely upsetting and time consuming.

Fellow pupils may be the first to notice that another pupil has changed in any of the ways described above and they need to know which members of staff they can approach (see 'routes of help to suggest', above). Pupils who are supporting their peers with mental health difficulties should know when, where and how to refer on and be encouraged to recognise their own personal limits.

Where friends or fellow pupils have supported someone through a particularly difficult period, we will consider on a case by case basis which friends or fellow pupils may need additional support and signposting as well as counselling. Support will be provided in one to one or group settings and will be guided by conversations by the pupil who is suffering and their parents with whom we will discuss:

- i. What it is helpful for friends to know and what they should not be told
- ii. How friends can best support
- iii. Things friends should avoid doing / saying which may inadvertently cause upset
- iv. Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- v. Where and how to access support for themselves
- vi. Safe sources of further information about their friend's condition
- vii. Healthy ways of coping with the difficult emotions they may be feeling
- viii. It can be helpful to suggest counselling support

12. Staff Training

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 to enable them to keep pupils safe. Tina Tilley DSL/ Deputy Head Pastoral is the Schools Senior Mental Health Lead and is trained to this level, and key medical and pastoral staff are Mental Health First Aid trained.

Stonar expects that staff will:

- i. 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
- ii. Be aware of the procedures, services available and referral processes for dealing with pupils experiencing mental health issues
- iii. Be aware of the boundaries of their own roles and pass on information to those best placed to support individual students – i.e. Designated Safeguarding Lead and safeguarding team, the school nurse, Tutors and Houseparents' as appropriate.
- iv. Be aware of the principles of confidentiality and disclosure and school policies and guidelines relating to these

13. Supplementary Information for Prospective Pupils with Pre-existing Mental Health Conditions or Concerns

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. This allows the School to put the necessary support mechanism in place. Specific strategies to support pupils with SEMH issues will be included on pupil's Learning Profiles as appropriate.

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.

Parents/Guardians failure to disclose a known mental health problem or history of mental health or any concerns they have about their child's mental health or emotional wellbeing

on the application form and through the admissions process and medical disclosure and throughout their education time at Stonar, could result in the withdrawal of a school place.

13.1 Pupils seeking admission to Stonar as a boarding pupil:

- i. 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.
- ii. 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.

13.2 Pupils seeking admission to Stonar as a day pupil

- i. 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.
- ii. 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.

13.3 Guardian Support for Boarders

Overseas boarders must have a guardian, within two 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 three 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 three 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.

14. Support Organisations

CAMHS - Child and Adolescent Mental Health Services CAMHS is the name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties. The School or a GP can make a referral to CAMHS with the online referral form. A young person can also self-refer using the online self-referral form:

<https://www.oxfordhealth.nhs.uk/camhs/support/referral/>

Useful Websites links:

www.youngminds.org.uk Young Minds is the national charity committed to improving the mental health of all children and young people

<https://www.happymaps.co.uk> Happy Maps

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

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

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

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

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

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

Psychiatrists:

<https://www.kooth.com/> Kooth

<https://www.annafreud.org/> Anna Freud Centre

<https://www.themix.org> The Mix

<https://www.camhs-resources.co.uk/apps-1> CAMH's apps

<https://www.giveusashout.org> Shout

Appendix I

Anxiety and Depression

Anxiety Disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years. All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

3.3% or about 290,000 children and young people have an anxiety disorder. (Knightsmith, 2019)

Physical effects:

- Cardiovascular - palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory - hyperventilation, shortness of breath
- Neurological - dizziness, headache, sweating, tingling and numbness
- Gastrointestinal - choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal - muscle aches and pains, restlessness, tremor and shaking

Psychological effects:

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory

- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts Behavioural effects:
- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

How to help a pupil having a panic attack:

- If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.
- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible.
- Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds. (Some of our pupils will have specific breathing techniques they use e.g. box or star breathing).
- Be a good listener, without judging.
- Explain to the pupil that they are experiencing a panic attack and not something life threatening such as a heart attack.
- Explain that the attack will soon stop and that they will recover fully.
- Assure the pupil that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Online support

Anxiety UK: <https://www.anxietyuk.org.uk>

Books

Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers Carol Fitzpatrick (2015)

A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys. Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Nearly 80,000 children and young people suffer from severe depression. The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s. Over 8,000 children aged under 10 years old suffer from severe depression. (Knightsmith, 2019)

Risk Factors:

- Experiencing other mental or emotional problems
- Divorce of parents • Perceived poor achievement at school
- Bullying
- Developing a long-term physical illness
- Death of someone close
- Break up of a relationship
- Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms:

Emotional effects: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness.

Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide.

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains

Online support

Depression Alliance: <https://www.depressionalliance.org/cbd-oil/>

Books

Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: <http://www.ocduk.org/ocd/>

Books

Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

Susan Connors (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers. San Francisco: Jossey-Bass