



DORSET HOUSE SCHOOL

Mental Health Policy

Contents	Page #
1. Policy Statement	2
2. Context	3-4
3. Providing Support – a targeted approach	4-6
4. Sharing Information/ Respecting Confidentiality	7
5. Training and Teaching about Mental Health	7-8

Appendix 1: Further information about common mental health issues

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1. POLICY STATEMENT

Dorset House School is committed to providing a safe and secure environment for pupils and promoting a climate where pupils will feel confident about sharing any concerns which they may have. We want pupils to be happy and to thrive whilst at Dorset House and to ensure they acquire the skills necessary for life after school.

We aim to provide a supportive environment that will help pupils who experience mental health difficulties – one which will help them to realise their academic potential. By providing the opportunity to pursue social, cultural and sporting success, in addition to academic excellence, we also aim to facilitate and promote positive mental health and wellbeing.

Dorset House seeks to achieve these aims by:

- fostering a supportive community that encourages a sense of social responsibility and spiritual and personal development; helping children to develop emotional resilience
- providing a range of specialised and targeted approaches (medical and non-medical) to pupils who may need help and support
- maintaining a culture in which mental health problems are accepted, not stigmatised
- liaising with appropriate external services to ensure that pupils with serious mental health problems receive appropriate treatment as part of a co-ordinated approach within the wider pastoral network
- meeting the support and study needs of pupils with mental health disabilities
- making reasonable adjustments to policies and procedures which might otherwise unlawfully discriminate against pupils with mental health difficulties
- ensuring that the availability of support is accurately represented to both prospective and current pupils and their families
- establishing consistent procedures across the school for helping pupils with mental health difficulties
- providing guidance and awareness training to the teaching and other staff involved in the support and care of pupils
- respecting the confidentiality of personal information provided by pupils with mental health difficulties in line with the General Data Protection Regulation



2. CONTEXT

What is mental health?

The World Health Organisation (WHO) defines mental health as:

A state of well-being in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2007).

Emotional well-being is described by the National CAMHS Support Service (2011) as:

A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.

What is mental ill-health?

Mental health problems are relatively common, affecting 30%-40% of all children at some time during childhood. They are likely to be mild and transient and may arise from a broad range and combination of congenital, physiological or environmental factors. Mental health disorders are usually diagnosed by a health professional based on observations of a pattern of extended behaviour. There are four main categories, emotional disorder (anxiety) conduct disorder (anti-social behaviour), hyperkinetic disorder (ADHD) and less common disorders such as ASD. Mental illness refers to very severe conditions including severe depressive illness, eating disorders and psychotic disorders such as schizophrenia.

The Background

Recent research suggests that:

16 million people in the UK experience a mental illness.

One in four adults will experience a mental illness at some point each year in the UK.

Three in four mental illnesses start in childhood.

75% of illnesses start before a child reaches their 18th birthday, while 50% of mental health problems in adult life (excluding dementia) present before the age of 15 years.

10% of school children in the UK have a diagnosable mental illness.

In an average British class of 24 pupils, three will have mental health problems. Figures show that 10% of children aged 5-16 have been diagnosed with a mental health problem.

75% of young people with a mental health problem in the UK are not receiving treatment.



There has been a rise in the time children are having to wait to receive treatment for complex mental health issues and children with depression and anxiety are often not being identified or given help.

Suicide is the biggest killer of young people in the UK.

Suicide is a leading cause of death in young men and women aged 20-34 in the UK.

More than half of young people in the UK link mental health illness with alienation and isolation.

56% believe that anyone their age diagnosed with a mental health illness would be treated differently and 55% believe that they would lose friends.

3. PROVIDING SUPPORT - a targeted approach

Early Identification

The role of Form Tutors, Subject teachers and those running extra-curricular activities is often crucial in identifying pupils who may be in need of additional response. Weekly staff meetings enable staff to raise concerns about, increase awareness of and direct responses to specific children. Pupils may self-identify their own need for additional support or pass on their concerns about peers to staff and parents may contact school with concerns about their children.

The following can indicate that a pupil may be suffering from mental ill health and/or be warning signs that they are engaging in or contemplating self-harming behaviour:

- withdrawal
- change in demeanour (uncommunicative; aggressive; heightened sensitivity)
- altered appearance (weight loss or gain; decline in personal hygiene; dishevelment)
- lack of appetite
- fatigue and reduced concentration
- decline (gradual or sudden) in academic performance
- obsession with work – and failure
- display of interest in harmful or risky behaviour
- lack of engagement in extra-curricular activities
- lateness or irregular attendance at school
- risky behaviours, for example drug taking, alcohol misuse
- lack of self-esteem, being overly negative
- bullying of others
- significant change in friendships.



The following may be signs that a pupil has engaged in self-harming behaviour:

- regular bandaged wrists or arms
- obvious cuts, burns or scratches (that don't look like accidents)
- a reluctance to participate in PE or change clothes
- frequent accidents that cause physical injuries.

All staff and teachers are expected to:

- listen to pupils in emotional distress calmly and in a non-judgmental way
- not make promises (e.g. assuring confidentiality) which can't be kept
- reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help
- broaden their personal knowledge

In following Dorset House School's safeguarding procedures, any colleague to whom a pupil makes a disclosure, or who is concerned about the mental health or wellbeing of a pupil, should speak to the Deputy Head (who is the Designated Safeguarding Lead for the school) or, in her absence, one of the Deputy Designated Safeguarding Leads. If there is a fear that the pupil is in danger of immediate harm, the colleague should report the concern as a matter of urgency. Please note that if disclosure is made to the school's Independent Listener, she may wish to retain confidentiality unless there is a safeguarding concern. All concerns relating to mental ill health are taken seriously. As a school, we aim to provide the most appropriate emotional support possible.

The Deputy Head is responsible for co-ordinating support for pupils with mental health problems including incidents of self-harm. In each case, the Deputy Head or a Deputy Designated Safeguarding Lead will:

- keep records of incidents and concerns
- liaise with local services about the help available
- keep up to date with information
- liaise with the Head as appropriate
- contact parents or guardians at the appropriate times, wherever possible involving the pupil in this process
- inform the parents or guardians about appropriate help and support available for their child
- monitor the pupil's progress following an incident or raised concern
- use external agencies e.g. social workers, educational psychologists and Child and Adolescent Mental Health Service (CAMHS)
- know when to seek help to deal with their own personal feelings and distress.

Providing support: individual pupils

Pupils are given the contact details of people at Dorset House and outside organisations whom they can approach if they wish to speak someone and are encouraged to report concerns.



Posters reiterating the importance of mental health are displayed in form rooms and around the school. Most problems experienced at school can be resolved quickly by talking to a family member or a friend, by seeking help from a form tutor, or by talking to the Deputy Head or Head of PE & ICT (Adam Bardouleau) These systems of non-medical pastoral care are usually sufficient to address academic problems that give rise to anxiety or stress.

More serious emotional and psychological problems identified by staff may require professional intervention by specialists and an appointment can be made to see the school's Independent Listener. Where deemed necessary a referral may be made to the Child and Young People's Mental Health Service (CYPMHS) by the Deputy Head.

Providing support: peer groups

If mental health problems and, in particular self-harming, become known to wider group (e.g. Year group) the following needs to be taken into account:

- the more overt the behaviour –the greater the effects on the Year group
- support and guidance for the peer group will be needed (either from within Dorset House or externally). These cases can be complex and protracted. Staff will not only be dealing with the pupil in question, they will need to manage the reactions of the peer group (and possibly their parents) and will need to provide an appropriate combination of support, reassurance and information whilst observing carefully the need for patient confidentiality.
- ideally, the pupil's best interests should be the primary driver in all decision-making but this will need to be balanced against the needs of other pupils. Staff should consult the Deputy Head regarding the communication strategy with other parents if they become concerned.

Providing support: parents

We recognise that our pupils come from a wide variety of backgrounds with differing attitudes and approaches to mental health issues.

Parents will be encouraged to:

- endorse Dorset House's approach to self-harm education and pastoral care
- work in partnership with the school.

It is important that the families of pupils who have, or have had, mental health problems are encouraged to share this information with an appropriate member of staff. The school needs to know of the pupil's circumstances in order to provide proper support and ensure that reasonable adjustments can be made to enable them to learn and study effectively. Pupils and their families can share their relevant health information on the understanding that the information will be shared on a strictly need-to-know basis. In other words, only those who need to know will be informed.



4. SHARING INFORMATION/RESPECTING CONFIDENTIALITY

A pupil with mental health difficulties is extremely unlikely to seek help unless they know the information they provide will be treated as confidential. Doctors, nurses and counsellors are all required to observe confidentiality in accordance with strict ethical codes. Whilst emphasising the responsibility to respect privacy, these codes also provide advice about the very rare circumstances when it would be appropriate to share information with third parties who need to know that there are specific concerns about a pupil, for example where there is a significant danger of pupils harming themselves.

In line with nation guidance, Dorset House has a policy for the transfer of confidential information to other schools, so that pupils can be provided with an appropriate level of support once they have left school.

5. TRAINING AND TEACHING ABOUT

Dorset House has provided training for all staff to help them recognise and respond to mental health issues as part of their regular safeguarding training. All staff have completed a 'Child Mental Health' course.

The skills, knowledge and understanding needed by our pupils in order to keep themselves and others physically and mentally healthy and safe are taught within PSHEE and ICT lessons and in assemblies. Dorset House School is a member of the PSHE Association.

Principles of the PSHE Association's programme of study:

The programme of study is intended to support teachers to create a PSHE education programme that will enable children to develop and gradually enrich their understanding of these concepts:

- Identity (their personal qualities, attitudes, skills, attributes, and achievements and what influences these; understanding and maintaining boundaries around their personal privacy, including online)
- Relationships (Including different types and in different settings, including online)
- A healthy (including physically, emotionally and socially), balanced lifestyle (including within relationships, work-life, exercise and rest, spending and saving and lifestyle choices)
- Risk (Identification, assessment and how to manage risk, rather than simply the avoidance of risk for self and others) and safety (including behaviour and strategies to employ in different settings, including online in an increasingly connected world)
- Diversity and Equality (in all its forms, with due regard to the protected characteristics set out in the Equality Act 2010)
- Rights (including the notion of universal human rights), responsibilities (including fairness and justice) and consent (in different contexts)
- Change (as something to be managed) and resilience (the skills, strategies and 'inner resources' we can draw on when faced with challenging change or circumstance)



- Power (how it is used and encountered in a variety of contexts including online; how it manifests through behaviours including bullying, persuasion, coercion and how it can be challenged or managed through negotiation and 'win-win' outcomes)
- Career (including enterprise, employability and economic understanding)



Appendix 1: Further information about common mental health issues

(A) Self-harm

Self-harm is a way of expressing and managing emotional distress. Self-harm may serve a number of purposes. It may seem a way of:

- 'getting the pain out'
- being distracted from it
- communicating feelings to others
- finding a kind of comfort
- self-punishing
- attempting to get control over life

People can often feel ashamed or worried about others perception of them if they reveal what they are doing, so it may become a hidden problem. Self-harm includes anything which causes physical harm to the self, where it is a regular habit (such as pulling hair out) or something that is only done at times of stress. It can include less obvious forms, such as risk-taking, eating problems, being in abusive relationships, overdosing, or simply being careless of emotional or physical needs.

Action to be taken when suspicion or evidence of Self-Harm:

- if a fresh injury that needs medical attention or any concerns about suicide risk escort the student to Matron for evaluation.
- report to the Deputy Head
- information gathering - from various sources. (Form Tutors, teachers, Independent Listener)
- support structure prepared by the Deputy Head
- Local Authority Safeguarding Officers - refer on as necessary.
- pupils will be encouraged to:
 - o not display open wounds/injuries - these must be dressed appropriately
 - o talk to an appropriate staff member if they are in emotional distress
 - o alert a teacher if they suspect a fellow pupil of being suicidal or at serious risk of harm to themselves, and know when confidentiality must be broken

(B) Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities. Where a child is deemed to be showing signs of depression, contact will be made with parents/guardians by either the Form Tutor or the Deputy Head.



(C) Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

(D) 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 do not 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.

(E) Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey. Staff on duty in the dining hall are responsible for keeping a 'weather eye' on children's eating and passing on any concerns to their Form Tutor in the first instance.

(F) Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while tragically other young people take their own lives without prior warning. Any indication that a child is thinking about suicide must be treated as an emergency and should be reported to the DSL or deputies DSLs immediately; they will then contact parents/guardians and other authorities as appropriate.