



Rugby School

## **Student Mental Health and Wellbeing Policy**

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December 2021

**This policy will be made available to parents on the Rugby School website and hard copies will be available from the Deputy Head's office on request. This policy will be reviewed annually.**

**This policy is drafted pursuant to:**

- DfE Research and analysis: Promoting and supporting mental health in schools and colleges (September 2021)
- DfE Advice on Mental health and behaviour in schools (November 2018)
- DfE Guidance: Information sharing advice for safeguarding practitioners (July 2018)

**This policy should be read in conjunction with the following Rugby School policies:**

- Safeguarding & Child Protection Policy
- Anti-Bullying Policy
- Equal Opportunities Policy
- Medical Care Policy

### **Policy Statement**

*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 Organization)*

At Rugby School, we aim to promote positive mental health for every member of our staff and through our 'Floreat' (PSHEe) programme, the student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health and emotional wellbeing, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

### **Scope**

This document describes the School's approach to promoting positive mental health and wellbeing, in addition to responding to mental ill health. This policy is intended as guidance for all staff and governors.

### **The Policy Aims to:**

- Promote positive mental health in all students
- Provide support to students suffering mental ill health and their peers
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues

### **Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- Designated Safeguarding Lead and Deputy Head, Pastoral (Sally Rosser): [sar@rugbyschool.net](mailto:sar@rugbyschool.net) 01788 556350
- Emotional Health Lead and Senior School Counsellor (Mikala Torrance): [mt@rugbyschool.net](mailto:mt@rugbyschool.net) 01788 556299
- School GP (Dr Hannah Collier): 01788 556199
- Senior Nurse (Sarah Harris): [slh1@rugbyschool.net](mailto:slh1@rugbyschool.net) 01788 556199

- Deputy Senior Nurse (Karen Miles): [km@rugbyschool.net](mailto:km@rugbyschool.net) 01788 556199
- Head of PSHEe, Assistant Chaplain and Assistant Deputy Head, Pastoral (Lisa Greatwood): [ljg@rugbyschool.net](mailto:ljg@rugbyschool.net)

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Emotional Health Lead or Deputy Head Pastoral, in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the San medical team and contacting the emergency services if necessary. **This is highlighted in the flow chart at the back of this policy.**

Where a referral to CAMHS or specialist teams is appropriate, this can be instigated by the GP supported by the medical team (the San), in conjunction with the parents. This applies to students who are GP registered with The Revel Surgery (School GP service). The parents of day students registered with local GP's, are responsible for informing the San Medical Centre and keeping them up to date. This should include sending written updates from specialists.

**The Head is responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis.**

Parents are encouraged to approach the Deputy Head Pastoral if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the child's Housemaster or Housemistress (Hm).

#### **The mental health continuum:**

Mental health can be described as a continuum. We are all at different places on that continuum at any given time, depending on our lives and what might be happening for us. We may move up and down from day to day, week to week, or even year to year. It is important to remember that EVERYONE has mental health; we may be at different places on the continuum but we all have mental health. When working with children and young people, we will recognise that some young people are better able to stick to the positive end of the continuum than others. For example, a person with a mental illness may be coping very well and still managing to go to school or work because they are getting help. Another person may be at the thriving end of the spectrum when something happens; for example, a sudden bereavement, and this may send them immediately down to the 'not coping' end of the continuum.

**Not coping**

**Coping well/thriving**



**Mental**

**Languishing**

**Moderately mentally**

**Flourishing**

**Illness**

**healthy**

#### **Warning Signs**

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with our Emotional Health Lead or Deputy Head Pastoral

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping sport or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

This is not an exhaustive list and if staff are concerned they should contact the Emotional Health Lead or Deputy Head Pastoral

### **Individual Pastoral Plans**

A student causing concern may have an individual pastoral plan. This should be drawn up involving the student, the parents and relevant health professionals. This can include:

- An assessment using the 'Resilience and Risk' profiling
- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the School and parents can play
- Risk assessments

This will be updated and reviewed regularly by the Hm, involving the San Medical team and appropriate members of staff.

### **Teaching about Mental Health**

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental 'Floreat' (PSHE) curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance<sup>1</sup> to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

### **Signposting**

We will ensure that staff, students and parents are aware of sources of support within School and in the local community.

We will display relevant sources of support in communal areas such as common rooms and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand what is likely to happen next.

### **Managing disclosures**

A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix E.

All disclosures should be recorded on 'My Concern'. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information will only be shared on a need to know basis and always with the DSL, Emotional Health Lead and the San Medical team who will store the record appropriately and offer support and advice about next steps.

### **Confidentiality**

We should be honest with regard to the issue of confidentiality. If we feel it is necessary for us to pass our concerns about a student on, then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent. This applies to students who are in danger of harm.

It is always advisable to share disclosures with a colleague such as the Hm, the Emotional Health Lead or Deputy Head Pastoral. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra

source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parents must always be informed if there is a risk of harm to the student, or other students, and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the School contacts parents. We should always give students the option of us informing parents for them or with them. In the event of an individual issue that impacts on the House community, the Hm may inform parents of affected students. We will endeavour to protect the individuals confidentiality.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, and the Designated Safeguarding Lead must be informed immediately.

### **Working with Parents of Individual Students**

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we will consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? In the House or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?
- Whenever possible this will be organised within 3 working days.

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We will be accepting of this (within reason) and give the parent time to reflect.

We will always highlight further sources of information and give them website addresses to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. reliable websites, parent helplines and forums. A list of up to date sources will be held by the San Medical team and can be provided via the Hm.

We will always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as we recognise that parents often have many questions as they process the information. We will finish each meeting with agreed next steps and always keep a record of the meeting which will be shared with the parents.

### **Working with all parents**

Parents are often very welcoming of support and information from the School about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our school portal and can also be found at the end of this policy
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child.
- Make our Student Mental health and Wellbeing policy easily accessible to parents via the website
- Share ideas about how parents can support positive mental health in their children through our regular parent seminars and other resources
- Keep parents informed about the mental health topics their children are learning about in PSHEe and share ideas for extending and exploring this learning at home

### Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will include:

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

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Parents of peers will be updated as necessary via the Hm.

### Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training to enable them to keep students safe.

The [MindEd learning portal \(www.mindEd.org.uk\)](http://www.mindEd.org.uk) and [Educare \(www.educare.co.uk\)](http://www.educare.co.uk) provide free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more indepth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

Suggestions for individual, group or whole school INSED should be discussed with members of the SMT, who can also highlight sources of relevant training and support for individuals as needed.

### Responsibility of Parent/Guardians

We recognise that our students come from a wide variety of backgrounds (including overseas) with differing attitudes and approaches to mental health issues. It is important that the families of students who have, or have had, mental health problems are encouraged to share this information with School's San medical team and/or Deputy Head Pastoral. The School needs to know of the student's circumstances in order to provide proper support and ensure that reasonable adjustments can be made to enable them to learn and study effectively. ***Parents must disclose any known mental health problem or any concerns they may have about their child's mental health or emotional wellbeing.***

Students and their families can share relevant health information on the understanding that the information will be shared on a strictly need-to-know basis. The School asks for a confidential reference from a student's previous school and specifically asks whether there are any welfare or medical issues of which the School should be aware in order to discharge our duty of care.

### Student Absence from School

If a student is absent from School for any length of time, then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a student.

### **Management of student mental health concerns in School and boarding**

Management of student mental and emotional health issues will be assessed on a case by case basis. The Head, Deputy Head Pastoral and School medical team will consider whether a student is fit to remain in School, and in particular whether they are fit to remain in boarding.

This review will evaluate the following: whether the student is a potential risk to themselves or to others; whether the student needs a greater level of supervision than can be reasonably accommodated in a boarding setting, particularly in regards to weekend and overnight supervision; whether there is a risk of 'contagion', should the student remain in School; what the effects are on their peers; and consideration of available medical and mental health support.

It is important that where a student is receiving external support the School must be informed and appropriate contact provided to enable shared care. This will include written reports and verbal discussion.

Guidance from the Schools' pastoral team and medical professionals will be sought, **but the decision will be ultimately one taken by the Head in the best interests of the student and the interests of the wider School community.** Therefore, if the Head considers that the presence of a student in School is having a detrimental effect on the wellbeing and safety of other members of the community or that a student's mental health concern cannot be managed effectively and safely within the boarding environment, the Head reserves the right to request that parents withdraw their child temporarily until appropriate reassurances have been met.

### **Reintegration to School**

Should a student require some time out of School, the School will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into School when they are ready.

**Students will not commence reintegration to School until a specialist report and/or discussion has occurred outlining a step by step plan of care.** The Deputy Head Pastoral and pastoral team will draw up an appropriate welfare plan. The student should have as much ownership as possible with regards to the welfare plan so that they feel they have control over the situation. If a phased return to School is deemed appropriate, this will be agreed with the parents and medical/emotional health professionals.

Review date: December 2022



## Appendix A: Further information and sources of support about common mental health issues

### Prevalence of Mental Health and Emotional Wellbeing Issues<sup>2</sup> (2019)

This was the first data of its kind to be released about the number of young people experiencing mental health problems since 2004, and it found that:

- One in eight (12.8%) of children and young people aged between five and 19 has a diagnosable mental health condition
- The prevalence of 5 –15 year olds experiencing emotional disorders (including anxiety and depression) has increased by 48% - from 3.9% in 2004 to 5.8% in 2017
- Nearly a quarter (22.4%) of young women aged 17-19 has an emotional disorder
- A third (34.9%) of the young people aged 14 –19 years old who identified as lesbian, gay, bisexual or with another sexual identity had a mental health condition, as opposed to 13.2% of those who identified as heterosexual
- Only a quarter (25.2%) of 5 –19 year olds with a mental health condition has contact with the mental health specialists in the past year, meaning that three-quarters hadn't had any contact with mental health services

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) ([www.youngminds.org.uk](http://www.youngminds.org.uk)), [Mind](http://www.mind.org.uk) ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) ([www.minded.org.uk](http://www.minded.org.uk)).

The School has subscribed to the 'Teen Tips Wellbeing Hub' which is also a valuable resource and parents, staff and students all have access.

### Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

### Online support

[SelfHarm.co.uk](http://SelfHarm.co.uk)

National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk)

[www.talktofrank.com/](http://www.talktofrank.com/) Drug abuse

<http://www.re-solv.org/> Solvent abuse

### Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

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<sup>2</sup> Source: [Young Minds](http://www.youngminds.org.uk)

## **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.

### **Online support**

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

### **Books**

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

Matthew Johnstone (2007) *I had a black dog*. Robinson, London

## **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.

### **Online support**

Anxiety UK: [www.anxietyuk.org.uk](http://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

## **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: [www.ocduk.org/ocd](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

### **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 other young people die suddenly from suicide apparently out of the blue.

### **Online support**

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/)

### **Books**

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

### **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.

### **Online support**

Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

### **Books**

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Flow chart of actions in response to a serious mental health concern

