

SINCLAIR HOUSE
Mental Health Policy

This policy applies to the whole school including the Early Years Foundation Stage (EYFS)

This Policy is publicly available on the School's website and upon request a copy (which can be made available in large print or other accessible formats if required) may be obtained from the School Office. All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures, both within and outside of normal school hours, including activities away from school. All employees and volunteers should read this policy in conjunction with Part 1 of the latest version of Keeping Children Safe in Education (KCSIE, 2020), our Safer Recruitment Policy, Whistleblowing Policy, Children missing from education policy, Staff Code of Conduct and The Teachers' Standards. Our approach at Sinclair House School is child-centred and, at all times, we will act in the best interests of the child. This policy takes full account of the child protection procedures agreed by the Surrey Safeguarding Children Board and statutory guidance *Working Together to Safeguard Children (2018)*.

Monitoring and Review: This policy is subject to continuous monitoring, refinement and audit by the Principal, who also as the Proprietor, will undertake a full annual review of this policy and procedures, inclusive of its implementation and the efficiency with which the related duties have been discharged. This discussion will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay.

Signed:

Date: 1st September 2020



Mrs Carlotta T.M O'Sullivan (Principal and Proprietor)

Date of next review: 1st September 2021

This policy will be reviewed no later than September 2021 or earlier if changes in legislation, regulatory requirements or best practice guidelines so require.

Introduction

The World Health Organization has defined Mental Health as "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community".

Mental Health

All staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff are 'well placed' to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem. All observations and logs of concern are recorded on CPOMs and the DSL (and any other appropriate staff members) are alerted. If a staff member has a mental health concern about a child that is also a safeguarding concern, immediate action should be taken with the concern logged on CPOMs, alerting the DSL. If needed, the school will seek advice from and work with external trained professionals to make a diagnosis and plan for the child.

Factors that put children at risk

Research has taught us that particular groups and individuals are at increased risk of having mental health problems. Table 1 demonstrates these risk factors for the child, family, school and local community and also highlights some protective factors that are thought to make developing a mental health problem less

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

Table 1: Mental Health and Behaviour in Schools: Departmental Advice for School Staff,

Department of Education, (March 2016)

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Low IQ learning and disabilities • Specific Development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability# • Being a planner and having a belief in control • Humour • Problem solving and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual neglect or abuse • Parental psychiatric illness] • Parental criminality, alcoholism or personality disorder • Death and loss –including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent – child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of a severe discord
In the school	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown of a lack of positive relationships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Wider support network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

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

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

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

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

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

Child and Adolescent Mental Health Disorders

Some examples of such disorders may include:

- Conduct Disorder (aggression, destroying/losing property, theft, running away etc.)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Deliberate Self Harm
- Eating Disorders
- Obsessive Compulsive Disorder (obsessions, compulsions, personality characteristics verging on panic)
- Anxiety Disorders (including panic attacks)
- Soiling and Wetting
- Autism (social deficits, communication difficulties, restrictive and repetitive behaviours)
- Substance Abuse
- Depression and Bi-Polar Disorder
- Schizophrenia (abnormal perceptions, delusional thinking)
- Suicidal Thoughts (not a disorder but thoughts based and equally as serious)

Prevention

Sinclair House School has the subsequent procedures in place to assist students in school life. These procedures support staff/faculty to identify and support students with mental health problems. This includes but is not limited to: pastoral support team, policies, advisor system, anti-bullying and

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safeguarding policies, behaviour management, School Listener, support for vulnerable students and liaison with external agencies.

Identification of Mental Health Difficulties

It can be very difficult to recognize a student with mental health difficulties. However, should staff notice changes in a student's behaviour, presentation and engagement and should raise any concerns to the Deputy Head immediately. Any immediate concerns such as a student of risk of harm to themselves or others must be raised immediately.

Intervention

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

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

If you are concerned about a student:

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

Next Steps

The Deputy Head will meet to discuss the student with relevant staff/faculty. The aim of the meeting will be to decide whether:

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

The team is made up as follows:

- Class Teacher
- School Listener
- Deputy Head (DSL)

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- Principal

Confidentiality

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

Reference to other legislation/documents

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

Data Protection Act (1998). London: HMSO.

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

Department of Education (March 2016) *Mental Health and Behaviour in Schools: Departmental Advice for School Staff*. [Online]. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf. [Accessed 19th April 2016].

Department of Health (2015) *Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing*. London: Department of Health.

Equality Act 2010. London: HMSO.

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

Murphy, M. and Fonagy, P. (2012) Chapter 10: Mental health problems in children and young people. [Online]. Available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CMO_Chapter_10.pdf. [Accessed 18th April 2016].

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

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

Appendix 1: How to help flow chart

Assessing if a pupil has a problem?

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

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

After discussion with the pupil, if you still have concerns or further intervention is required, speak to a member of the team below who will arrange for the team to meet. Ask the pupil for consent to share the information and tell the pupil with whom and what is being shared.

Speak with the pupil's advisor, school counsellor, nurses, dorm parent (if relevant) and/or divisional head as required

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

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

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

FOLLOW UP