Mental Health & Wellbeing Policy

Policy Links
This Mental Health & Counselling Policy links to the following Policies that can be accessed on Firefly and the staff drive (R):

- Anti - Bullying, including cyber-bullying
- Equal Opportunites and Disabilty Policy
- Use of Force and Restraint Policy
- Medical Policy
- Drug, Alcohol Smoking Policy
- Social Media Policy
- Behaviour, Rewards and Sanctions Policy
- Confidentiality
- Pastoral Care and Pupils Welfare Policy
- Special Educational Needs Policy

1. Introduction

1.1   This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: 'Working Together to Safeguard Children' 2015, Revised Safeguarding Statutory Guidance 2 'Framework for the Assessment of Children in Need and their Families' 2000, 'What to do if You are Worried a Child is Being Abused' 2003. Counselling in Schools: a blueprint for the future and Mental Health & Behaviour in Schools. The guidance also reflect, 'Keeping Children Safe in Education' 2016.

1.2   The Governing body takes seriously its responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our school to identify, assess, and support those children who require Mental Health support.

1.3   Mental Health is defined as: A state of wellbeing in which every individual recognises his or her potential, can cope with the normal stressors of life, can work productively and fruitfully and is able to make a contribution to his or her own community (World Health Organisation 2014).

1.4   The aims of this policy are:

1.4.1   To support the pupil's development in ways that will improve wellbeing and resilience.

1.4.2   To provide an environment in which young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.

1.4.3   To raise the awareness of all teaching and non-teaching staff of the School Counselling service and how to refer pupils.

1.4.4   To emphasise the need for good levels of communication between all members of staff.

1.4.5   To develop a structured procedure within the school : this will be followed by all members of the school community in cases of pupils requiring support for their mental health

1.4.6   To develop and promote effective working relationships with other relevant agencies in Astana

2. Mental Health Policy Statement

2.1   We will ensure that:

2.1.1   All staff are aware of their vital role in supporting the wellbeing of their pupils and that pupils are aware of their own value and are listened to in a safe and secure environment.

2.1.2   The School will provide a range of enrichment activities that promote the mental wellbeing of pupils such as the International Award, Leadership Awards, Music/Drama clubs and cultural activities.

2.1.3   The School will actively promote Healthy Living and physical activities/sports.

2.1.4   The School will actively promote the Peer mentoring Scheme and ensure peer mentors are trained to deliver this service.

The School PSHE programme will be designed to teach pupils about mental health focusing on a range of topics aimed at teaching pupils how to be emotionally resilient, make a valuable contribution to their own community and cope with the normal stressors of life.

2.1.5   Our procedures will be regularly reviewed and updated.

2.1.6   The policy is available publicly on the school website. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the School's newsletter and website.

3. Responsibilities

3.1   The **Deputy Head** is responsible for:

3.1.1   Overseeing the referral process for pupils accessing the counselling service.

3.1.2   Ensuring the counsellor keeps written records of pupils accessing the counselling services inc., the Strength and Difficulties Questionnaire () SDQ questions are completed in an appropriate and timely matter.

3.1.3   Ensuring that all such records are kept confidentially and securely and Safeguarding/Child Protection concerns are passed to the next pupil's school/statutory agencies.

3.1.4   Meeting with the counsellor on a set regular basis to monitor referrals and ensure the counselling process is impacting the pupils.

3.1.5   Set regular supervisions sessions with the counsellor

3.1.6   Liaising with other agencies and professionals as required

3.1.7   Evaluate and Monitor the counselling service with key members of staff and report findings to the Senior Management Team.

The **Headmaster** is responsible for oversight of the responsibilities of the Deputy Head in ensuring this policy is adhered to and acted upon for each pupil with mental health needs and ensure awareness with school staff on the issues surrounding Mental Health and Wellbeing of pupils.

3.2   Haileybury staff are responsible for noting any concerns on SIMS directly or in person to the Deputy Head.

4. Promoting Positive Mental Health

4.1   The Senior Leadership Team is committed to a culture within the School that values all pupils: allowing pupils to feel a sense of belonging and make it possible to talk about problems in a non-stigmatizing way.

4.2   We have an ethos of setting high expectations of attainment for all pupils with consistently applied support. Haileybury School has clear policies on behaviour and bullying that set out what is and is not acceptable behaviour.

4.3   We employ a SENCO to ensure any pupils with persistent mental health difficulties have access to special educational need provision where possible and appropriate. The SENCO ensures colleagues understand how the School identifies and meets pupil's needs. The SENCO provides advice and support, maintains the SEN register and liaises with external SEND professionals where necessary.

4.4   Haileybury School will work with parents/carers as well as with pupils ensuring their opinions and wishes are taken into account and that they are kept fully informed so they can participate in decisions taken about them. Our school will support all pupils by:

4.4.1 Encouraging self-esteem and self-assertiveness, through the curriculum as well as forming positive supportive relationships. Promoting a caring, safe and positive environment within the school.

4.4.2 Encourage pupils to gain support via the school Counsellor and the Independent listeners and have help line contact numbers to be able to have independent support outside of the School Community.

4.4.3 Have a clear system in place to assist staff in identifying pupils with possible mental health problems and ensure accountability of these systems both within and beyond the School. These are set out clearly in the SEN Policy.

5. Identifying Pupils with Mental Health Issues

5.1   Difficult life events may have an effect on pupils. All staff sees pupils at the School on a regular basis and get to know them well – Staff are well placed to spot changes in behaviour that may indicate there is a problem. The balance between the risk and protective factors set out in the below table is most likely disrupted when difficult events happen in pupil's lives.
These include:

- **Loss or Separation –** resulting from death, parental separation, divorce, hospitalisation, loss of friendships, family conflict or breakdown that results in the pupil having to live elsewhere, being taken into care or adopted.
- **Life Changes –** such as the birth of a sibling, moving house or changing schools: and
- **Traumatic Events –** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disasters.

Table 1: Risk and protective factors for child and adolescent mental health Risk factors	Risk Factors	Protective factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• 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 skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• 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 or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• 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 severe discord

In the School	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer Pressure • Poor pupil to staff relationships	• Clear policies on behaviour and bullying • Open door policy for pupils to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influence
In the community	• Socio economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider supportive network • Good housing • High standard of living • High Morale School with positive policies for behaviour, attitude and anti-bullying • Opportunities for valued social roles • Range of Sports/Leisure activities

5.2   As a School we will often be best placed to be able to support pupils at such times, intervening well before mental health problems develop.

5.3   Behavioural difficulties do not necessarily that a young person has a possible mental health problem or specific educational need (SEN). Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem

5.4   Only medical professionals should make a formal diagnosis of a mental health condition. Schools however are well placed to observe pupils behaviour on a day-to-day basis and identify those whose behaviour suggests they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised

5.5   Pupils whose behaviour has changed or their attainment has decreased need to be reported on SIMS and the relevant Housemaster/Head of Key Stage. The Housemaster or Head of Key Stage will then investigate the note/s made and speak to the pupil to ascertain if there are any issues. If necessary they may ask the pupil to complete a Strength and Difficulties Questionnaire (SDQ - http://www.sdqinfo.com/a0.html). The team may also ask the Deputy Head to complete a SDQ on the pupil to obtain an all-round 'picture' of behaviour.

5.6   The SDQ helps identify pupils who are struggling and may have an underlying mental health issue. Abnormal scores identify pupils who are struggling with high level of psychological difficulties. In these cases consideration will be given to referral for either a specific intervention service such as the School Counsellor or other local provision available.

5.7   The SDQ is not always the right assessment tool for every pupil – Some pupils may require other assessments where there is a concern over the pupil's health, development, welfare, progress in learning or other aspect of their wellbeing.

5.8   Where a conduct disorder after using the SDQ is suspected then Haileybury School will refer the pupil for comprehensive assessment by the counsellor or appropriate local specialist.

6. Special Educational Needs (SEN)

6.1   Persistent mental health difficulties may lead to pupils having a significantly greater difficulty in learning than the majority of those the same age. As a School we have a SENCO in place who will identify pupils with SEN needs.

6.2   The SENCO will also liaise and work alongside Housemasters and DSLs to ensure a fully comprehensive assessment of the pupil's needs is identified and support provision is in place both in the classroom and in the residence. Where necessary an EHC plan will be implemented and sent to staff on a need to know basis ensuring the pupils and their parents are fully aware of the support being given.

When deciding if a pupil has SEN, the School will use the definition of SEN in the SEND Code of Practice: 0 to 25 years.

Please refer to the SEN policy for further guidance

7. What is counselling & how can it help Pupils?

7.1 Counselling is a mental health intervention that pupils can voluntarily enter into if they want to explore, understand and overcome issues in their lives which maybe causing them difficulty, distress and/or confusion.

7.2 A counselling relationship has identified boundaries and an explicit contract agreed between the young person, counsellor and where appropriate the parent/carer.

7.3 Good mental and emotional wellbeing is an integral part of the young person's holistic development. When this development is inhibited counselling can be an effective and important resource.

7.4 The aims of the counselling are to assist the young person to achieve a greater understanding of themselves and their relationship to the world, to create a greater sense of awareness and utilisation of their personal resources, to build their resilience, and to support their ability to address problems and pursue personally meaningful goals.

7.5 Counselling can be beneficial in a number of ways, for example it can help:
- Reduce psychological distress as a result of facing life difficulties such as bereavement or experiencing buying
- Support young people who are having difficulties within relationships, for example with family and friends.
- Support young people who are having difficulty managing their emotions, such as anger.

7.6 Many young people report improvements in their capacity to study and learn following counselling and frequently report that counselling helps them to concentrate. Pupils also report an increased motivation to complete for school and school work.

7.7 At Haileybury Astana the counselling service will be used as:
- A preventative Intervention
- For assessment purposes, which may include an assessment of risk – This maybe to provide in house counselling or refer to other statutory/voluntary services as would be appropriate to meet the need pf the young person.
- As an early intervention measure.
- As a parallel support alongside external specialists – to support the young person between appointments as agreed with specialists and the Deputy Head.
- A tapering or step down intervention when a case is closed by specialist mental health services. This tapering must consolidate the work done and taper itself down to end the service. However, should further problems escalate; a fast track communication and referral system can operate between the counsellor and the external providers.

8. Confidentiality

8.1 Ensuring confidentiality between the young person and counsellor is crucial to ensuring the success of the relationship and the outcomes of the counselling. Counsellors work to the BACP code of confidentiality or equivalent in Kazakhstan and they will be aware that there is no such thing as absolute confidentiality when working with young people. Child protection concerns and welfare concerns of the young person will at times take precedent over confidentiality.

8.2 The counsellor will explain the confidentiality boundaries to the young person at the start of the counselling relationship to ensure young person is aware of the limitations.

8.3 Confidentiality issues will vary according to the age of the young person and whether they are Gillick competent (see box below). Where young people are not considered Gillick competent then the permission of their parents are required. If parental consent is sought then it is imperative that the parents are made aware of the principles of confidentiality and consent. Equally, counsellors will recognise when they need to encourage the young person to share what is being discussed with parents/carers.

9. Counselling Referral Procedure

9.1 Referral process:
- Self-referral – by emailing pupilsupport@haileyburyastana.kz
- Via House Tutor - to use referral form and scan to kholmes@haileyburyastana.kz – see appendix 1
- Via Housemasters (Team to use referral form and scan to the above email account).

9.2 Counselling Process:
- Introductory Session – data protection and confidentiality explained- pupil would need to sign and consent to this.
- Sessions last 30 – 50 minutes. Sessions will not be recorded on SIMS but notes may be made and kept by the counsellor.
- Counsellor will hold all notes in a locked secured placed where only he or she can access.

9.3 Staff will not be told anything about the sessions. The only exceptions to this will be if there is a safeguarding issue – these will be raised the DSL, or if the pupil agrees to disclosure.

9.4 A log will be kept by the Counsellor of pupils attending sessions – this will be anonymized at the end of every term to analyse the use of the service and assess if the pupil's needs are being met in the time allocation for the service.

9.5 If necessary a SDQ assessment will be used to ascertain the priority of accessing the counsellor or if there are deeper underlying issues arising the counselling procedure may be overridden by the Welfare Team and referral made to CAMHS or a Psychology service.

10. Implementation, Monitoring and Review Procedures

- Monitoring of this policy will be undertaken by:
  - o The Headmaster and Deputy Head
  - o The Governors via the Deputy Head and DSL report

All Safeguarding and Welfare Policies have regard to the guidance issued by the Secretary of State and the Local Safeguarding procedures.

Appendix one

REFERRAL FORM
Counselling Service

Contact Details:

Name:
………
……

Date of Birth: …………………   **Male / Female / :** ……………….. **Mobile Number:**
………………………………………

Email address:………….……………………….

Please give brief details of why the pupil wants to access this service:

Name of Referee:……………………………………………………………….

Position of referee:……………………………………………………………….

Date of referral: …………………………………………………………………

Upon receipt of this referral form the Counsellor will contact the pupil direct and arrange to meet them for an initial assessment of need. Counselling sessions will be offered if appropriate and are typically offered on a weekly basis for up to 6 weeks. Please scan this referral to the email address below and then shred this form.

Please email/scan the completed form to: Email: kholmes@haileyburyastana.kz

Annex B – Sources of support and information

Here are links to some UK support and information services offering assistance for child mental health issues. We can only list national services but please remember to look around for local services too.

Childline – **http://www.childline.org.uk** A confidential service, provided by the NSPCC, offering free support for children and young people up to the age of nineteen on a wide variety of problems.

Counselling MindEd – Counselling MindEd is an online resource within MindEd that provides free evidence-based, e-learning to support the training of school and youth counsellors and supervisors working in a wide variety of settings.

Counselling in schools: A Blueprint for the Future - Departmental advice for school leaders and counsellors. This advice is non-statutory, and has been produced to help school leaders set up and improve counselling services in primary and secondary schools. It provides practical, evidence-based advice informed by experts on how to ensure school based counselling services achieve the best outcomes for children and young people.

Education Endowment Foundation – The Sutton Trust-EEF **Teaching and Learning Toolkit** is an accessible summary of educational research which provides guidance for teachers and schools on how to use their resources to improve the attainment of all pupils and especially disadvantaged pupils.

HeadMeds – website developed by the charity YoungMinds providing general information about common medications that may be prescribed for children and young people with diagnosed mental health conditions.

Mental health and bullying: a guide for teachers and other children's workforce staff – Free resource produced by the Anti-bullying Alliance for schools, teachers and other professionals on supporting children with mental health issues who are bullied.

MindEd –MindEd provides free e-learning to help adults to identify and understand children and young people with mental health issues. It provides simple, clear guidance on mental health to adults who work with children and young people, to help them support the development of young healthy minds.