Promoting Mental Health and Well-Being

BRIGHTON COLLEGE

This policy applies to:

1. BCAA Senior School

Policy owner:	Victoria Shillingford and Melanie Rackham
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BRIGHTON COLLEGE

Policy to promote the Mental Health and Well-Being of Pupils

Contents

1. Aims of Policy

- For all parties: pupil, family, counsellor, mental health professional and College staff to work together, as openly as possible, in promoting the emotional and mental welfare of those within the Brighton College community.
- To actively promote and safeguard the welfare of all pupils.
- To support all pupils with mental health or suspected mental health needs.
- To ensure that all pupils with mental health or suspected mental health needs can access and enjoy the same opportunities at the College as any other pupil.
- To ensure that pupils are able to play a full and active role in College life, remain healthy and achieve their potential.

Introduction

Brighton College Al Ain aims to facilitate a healthy life in which pupils are supported in developing strength and resourcefulness to meet the challenges of everyday life. This policy sets out how the school promotes the pupils' well-being, with particular attention paid to their mental and emotional health.

It is very important to note that this is a responsibility shared with the pupils' parents and guardians/carers. Brighton College is not a specialist physical or mental health facility, but alongside the many measures in place for identifying, monitoring and supporting those with mental health issues, the school will facilitate professional support from medical professionals and external agencies.

Reference

The Mental Health and Well-being policy draws on specific guidance and material:

Mental Health and Behaviour in Schools, DfE, March 2016

Promoting Children's Mental Health within the Early Years and School Settings, DfES, June 2001

Healthy Minds: Promoting emotional health and well-being in schools, Ofsted, July 2005

Mental Health in Schools, Mark Prever, British Association for Counselling and Psychotherapy, 2006

Counselling in Schools: a blueprint for the future, DfE, March 2015

Keeping children safe in education, September 2021

Working together to safeguard children, 2018

2. Purpose of a Mental Health and Well-Being strategy

At the heart of the aims and values of Brighton College is a commitment to allow each individual to thrive, becoming 'a first-class version of themselves, not a second-class version of someone else.' Having a strong sense of one's own identity and an assured self-confidence are integral to the provision of education at Brighton College and our well-

being and mental health strategy is aimed at allowing every child to feel comfortable in their own skin.

Estimates suggest that up to 10% of children and young people suffer from a recognisable mental health disorder. This can lead to social isolation, low self-esteem and can result in academic underachievement. Mental health disorders can manifest themselves in many ways, such as self-harm, eating disorders, depression, disruptive or anti-social behaviour, among others.

It is not uncommon for young people in any school and from any background to have difficult periods at some stage during their school years. However, for some pupils, more frequent emotional difficulties or displays of challenging behaviour, school absence or academic deterioration may be indicative of deeper issues. These will require a co-ordinated response involving not only the school and parents, but possibly also experts from external agencies and organisations.

Brighton College aims to take a proactive approach in preventing problems through educating and informing pupils and their parents about how to lead healthy lives – physically, emotionally and mentally – and about how to identify potential problems at an early stage. The pastoral support through tutors and HMs is crucial in identifying, reporting and monitoring behaviour which may point to physical or mental health issues, and this support allows the school to respond quickly, liaising with parents and additional support where appropriate. Well-directed and intentional Positive Education, Pastoral Curriculum sessions, tutor group discussions, assembly speakers and the Pulse Well-being app all form part of the school's strategy aimed at informing pupils about healthy living and ensuring they know who is available to support and help them, should they want it.

3. Promoting Good Mental Health

The framework for the promotion of good mental health at Brighton College is the positive and caring ethos of the school, where everyone is encouraged to support and help one another and, in particular, to have respect for each other, allowing others to be themselves. The pupils play an important role, therefore, through the culture they create, established through commitment to hundreds of small decisions and choices each day: their respect for routines, manners and courtesy, acceptable behaviour, anti-bullying expectations and genuine respect for each other, regardless of physical, cultural, religious, racial or other differences. The role of older pupils as role models, peer mentors and workshop leaders is absolutely crucial.

What Brighton College does to promote good mental health:

- An intentional and well-directed Positive Education and Pastoral curriculum: teaches awareness of mental health issues, raises awareness and decreases stigma.

- Pastoral support from trained staff: there are various layers to this support, including tutors, HMMs, Heads of Section, the school Medical Centre, the School Counsellor. All strive to demonstrate that each individual pupil is valued, known and is listened to.

- Tutors: play a particularly important role in emphasising the academic and personal development of each pupil and encouraging them to pursue an active and balanced life, to develop friendships through engagement with the co-curricular life of the school and to nudge them outside of their comfort zone, particularly in trying new things.

- A commitment to helping others: this is viewed by many experts as one of the best ways of maintaining a healthy perspective on one's own life and to establish a strong sense of self-confidence. Each House is committed to supporting various community causes and organisations, and every pupil is encouraged to be involved in this.

- An outstanding School Counsellor (see point 6.6) with whom the school has an excellent, long-term relationship. Pupils can access this support in a variety of ways, notably through self-referral should they wish (email hjeans@brightoncollegealain.ae)

- An outstanding Inclusion Team: they provide not only practical support with specific learning support needs, but also work to reinforce pupils' self-esteem and confidence.

- All staff play a crucial role in listening to pupils and identifying vulnerabilities and concerns as early as possible. The pupil's House tutor and HM is the first point of contact for all staff and parents with concerns about a pupil.

- Appropriate support and training is provided to staff, particularly pastoral staff who may be directly involved in supporting and monitoring physical and or mental health issues with pupils.

- The school is committed to a collaborative approach to supporting pupils, including the school's staff, pastoral staff, parents, external agencies and experts. Brighton College is not a specialist physical or mental health facility, and at certain points, we rely on medical professionals and external support for advice, guidance and treatment.

- The school is committed to making r easonable adjustments to a pupil's education and daily routine, where they will not affect the learning environment of other pupils.

4. Common Mental Health risk factors

There are common risk factors that may influence the chances of a young person developing a mental health disorder. See the separate document entitled Mental Health Risk Factors. These may include:

- Family factors, such as parental conflict, inconsistent discipline, family absence, loss or bereavement, family mental-health issues, difficult relationships in the family, either with parents or siblings, unrealistic expectations from a family member.

- Physical illness or disability

- Psychological reaction to adverse events, such as bereavement, abuse, bullying

- Environmental factors and life changes, such as socio-economic disadvantages/changes, frequent moving of home/school

The details of the type of mental health issue are not likely to affect the course of action taken in school (see Appendix 5, Flow Chart) unless there is an immediate risk of harm to the pupil, in which case the school's Safeguarding policy and procedures would be followed.

A brief summary of some of the different types of mental health disorders is given in Appendix 1, although this cannot be definitive. The summary aims to help staff and parents understand some of the specific issues pupils may face.

5. Identifying a potential problem – Guidance for Staff

Supporting a distressed pupil can be extremely time-consuming and challenging. You may know the pupil well from your lessons, from your co-curricular activity or your House, but it is important to look objectively at the situation and to work with other colleagues to establish how you can best support the pupil. See Appendix 5, the Flow Chart, for next steps to consider.

5.1 General Principles:

Supporting pupils requires excellent communication and teamwork. Consult with other pastoral staff, HMs, Deputy Head - Pastoral, and always keep the appropriate tutor/HM and pastoral staff informed of your actions and interactions with the pupil.

Think carefully about what you can and cannot do to help the pupil. You may need to be explicit with the pupil to help them understand the limits of your role.

Be prepared to take a firm line about the extent of your involvement so that it does not impact on your teaching and your own well-being.

Additional training and support from others in school is always available.

5.2 General Advice (to be read in conjunction with other pastoral and safeguarding policies):

Always follow up concerns, however small, with pupils through the pastoral system. By being proactive, it may prevent a situation becoming much worse.

Always be prepared to listen to pupils.

If you are the tutor/HM, gather more information from other colleagues to see if your concern is shared.

If you are the tutor/HM, consider what the best way will be to communicate concerns to the pupil and their parents using the school's established pastoral communication procedures.

If you suspect the problem is not straightforward, or if there is no improvement following an initial intervention, do not delay in informing a senior member of the pastoral staff (Deputy Head – Pastoral, Head of Senior School).

Always be mindful of the guidance on confidentiality contained within the school's Safeguarding policy.

5.3 Referral:

Specific advice on referrals can be obtained through the School Nurse or College Counsellor. As a normal first port of call, the Deputy Head – Pastoral should be informed. The school will work with any family requiring assistance in these matters and will continue to engage with the external agencies and services when required.

5.4 Early help:

ADEK and UK guidance, particularly *Working together to safeguard children*, emphasises the importance of early help. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising.

Staff should, in particular, be alert to the potential need for early help for a child who:

- is disabled or has certain health conditions and has specific additional needs;
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan);
- has a mental health need;
- is a young carer;
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups;
- is frequently missing/goes missing from care or from home;
- is at risk of modern slavery, trafficking, sexual or criminal exploitation;
- is at risk of being radicalised or exploited;
- has a family member in prison, or is affected by parental offending;
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse;
- is misusing drugs or alcohol themselves;
- has returned home to their family from care;
- is at risk of 'honour'-based abuse such as Female Genital Mutilation or Forced Marriage;
- is a privately fostered child; and
- is persistently absent from education, including persistent absences for part of the school day.

6. Providing continuing support in school for a pupil receiving mental health treatment/support

6.1 Keeping things 'normal'

Whilst it is not the responsibility of Brighton College to replace or act for mental health experts if a pupil has a mental or emotional health problem which is being treated, the school will seek to play a valuable role in supporting the pupil. Part of this may be as simple as keeping the school as a constant of 'normal' life.

Subject to adjustments agreed and made to accommodate a pupil's difficulties, normal codes of behaviour should be required: when the pupil is in school, they should feel part of the school community. In other words, a pupil's individual needs will seek to be incorporated into school life, rather than fitting school around the focus of his or her medical needs. This helps to provide a secure and safe environment for pupils to feel 'normal', rather than continuing to be seen as a 'patient', even when in school.

6.2 Treatment and Medication

External treatment can have several elements of support, including different therapy, such as counselling, psychotherapy, cognitive behavioural therapy (CBT), alternative therapy, such as hypnotherapy, and medication. Parents and carers must be open with the school about any medication prescribed so that pastoral staff can be understanding and supportive, particularly if side effects are possible/likely, and particularly where they may affect mood, focus and ability to sleep. The College Clinics must also be informed of any medication being taken. Where there are suspicions that information is not being shared between parents and the College, the College Counsellor and Deputy Head – Pastoral should be informed. CLT will be made aware, including Mr Fahim, in agreeing upon the most appropriate way forward.

6.3 Threshold Evaluation

In particular cases of emotional or mental health issues, senior pastoral staff may meet to discuss whether a pupil is fit

to remain in school, and in particular whether they are fit to remain in boarding. This will be a 'threshold' discussion and will consider the following: whether the pupil is a danger to themselves or to others; whether the pupil needs a greater level of supervision than can reasonably be provided by the school, particularly in boarding/overnight; whether there is a risk of contagion, should the pupil remain in school; what the effects are on other pupils around them; where the pupil can access the best possible support. Guidance from medical professionals will be sought, but the decision will be one taken by the school in the pupil's best interests and in the interests of the wider school community.

6.4 Advice and Training

As with any medical condition in school, staff supporting pupils should receive appropriate advice and training where necessary. If a member of staff feels that they are unable to fulfil their professional duties relating to the well-being of a pupil, they must raise this as a matter of urgency with their appropriate line-manager.

6.5 Safeguarding (Child Protection)

Safeguarding training is an essential part of understanding and dealing with well-being issues relating to young people and children. All Brighton College staff are required to fulfil their CP training, according to the school's Safeguarding policy. Where staff have safeguarding concerns about a child, they should always discuss their concerns with the designated safeguarding lead (or a deputy DSL).

6.6 The School Counsellors

Pupils may from time to time experience difficulties which seem to them insoluble. These may be related to family worries, breakdown or loss of a relationship, feelings of isolation, loneliness or depression, stress or anxiety, behavioural problems, personal crisis or crises, major life change, or suffering from past trauma.

The School's counselling service is designed to complement the strengths of the pastoral system. It provides an opportunity for pupils with behavioural, social, or emotional concerns to address them in a calm and neutral environment. In some cases a student may need psychological intervention- these students will present with a diagnosable mental health condition.

It is important that pupils do not perceive counselling as a form of punishment. Tutors, HMs and all College staff, as well as parents, have a crucial role in this.

The School provides pupils with access to a counsellor when the pupil (and often also the parents) concerned consider that support of this kind may prove beneficial. The School will sometimes suggest to a pupil/the family that counselling should be considered as a possible course of action.

In certain circumstances, it may be the recommendation of the counsellor that a boy or girl should be referred to another agency. Such a recommendation would usually be made to parents and in consultation with CLT.

Consultations take place in the private offices of the College Counsellor or a member of SSLT/CLT. This is sometimes an important factor for some, as so many pupils seek help for a wide range of matters, providing those who have a session with the counsellor with a high level anonymity.

The first meeting with the School Counsellor provides an opportunity to decide whether the counsellor and pupil feel that they may be able to work together beneficially. Subsequent consultations may be either of limited number or over a longer period, depending on the nature of the problems being addressed.

There are many ways in which a pupil may be referred to the Counsellor: a pupil may visit the Counsellor to self- refer (hgoodenough@brightoncollegealain.ae; a College member of staff (usually in the House) may refer the pupil; a Senior teacher may refer a pupil. Families may be informed, but not necessarily. It is acknowledged that sometimes this may be counter-productive, but often it is helpful to have the understanding and support of the family.

6.6.1 The Counsellor and Confidentiality

In accordance with UAE, US and British Guidelines, (www.bacp.co.uk/ethical_framework/) the highest possible level of confidentiality will be offered to pupils who make use of the Counselling service. The position, as defined below, on the limits of confidentiality, will always be outlined to the pupil. However, absolute confidentiality can never be guaranteed and may be overridden where the Counsellor has concerns about the welfare of a pupil because:

- there is a risk of the client harming themselves or being harmed
- there is a risk of another person being harmed

In such circumstances the counsellor will always:

- seek to obtain the pupil's consent prior to disclosure
- discuss with his/her supervisor
- inform the College's Designated Safeguarding Lead of any planned breach of confidentiality and of any safeguarding concerns that have arisen.

All records and case notes will be kept securely locked in drawers.

6.7. Peer Mentoring

We have found that Peer Mentoring can be an extremely effective tool in supporting pupils and providing someone with whom they feel they can speak. In a handful of cases, it has also been a brilliant way of enabling an older pupil who has previously been through a difficult situation to feel as if they are now able to 'give something back' and support a younger pupil facing a similar challenge.

There is a Help Sheet to advise pupils who may be acting as a mentor or simply as a friend to another pupil who is experiencing difficulties. This can be found in the Pastoral Folder of the Google Drive.

Appendix 1: Overview of some mental health disorders than can affect young people

1. Self-Harm

See appendix 2, for Brighton College's self-harm policy.

2. Eating Disorders

"Eating disorders are not a diet gone wrong or a fad or a fashion. They are a way of coping with difficult thoughts, emotions or experiences." (from 'b-eat', beating eating disorders)

There are three main types of eating disorder:

- Anorexia Nervosa: people with anorexia limit the amount of food they eat by skipping meals and rigidly controlling what they will and will not eat. Their concern about food, weight and calories can lead to them isolating themselves from their social group.
- Bulimia Nervosa: people with bulimia will also think constantly about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick ("purging") in order to try to lose the calories they have eaten.
- Binge Eating Disorder: people with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.

A mixture of the disorders above is also quite common. Any pupil who is stressed, unhappy or lacking in confidence may be at risk of developing at eating disorder. In some cases, an eating disorder may be triggered in a vulnerable person by a period of illness. Eating disorders tend to be very secretive and can often be associated with a high level of denial, making diagnosis very difficult. It is often the bringing together of 'clues' from different sources which build up the bigger picture, resulting in a diagnosis or strong suspicion of an eating disorder.

A pupil with an eating disorder can impact not only themselves, and their academic performance, but also the school community and peer group, particularly in a boarding community. HMs and tutors should, therefore, be aware of possible effects on those around them, who may also need support. Occasionally, there are elements of copying and competition, although these are uncommon and tend not to manifest into serious cases.

It is likely that most pupils and some parents will be in denial about the existence of a problem and may refuse to co-operate with the steps advised to rectify the situation. As with most mental health issues, until a pupil accepts that they have a problem, it is very difficult to refer them to additional support. Obviously, in very severe cases, referral must be made even if cooperation is not forthcoming due to safeguarding concerns. Regular monitoring during a time of non-disclosure/denial is essential by staff and parents, and if there is deterioration, safeguarding steps should be discussed.

If staff suspect a pupil has an eating disorder based on physical signs, the School nurses can make contact with the pupil in order to rule out other potential medical causes.

Throughout monitoring and treatment, the school will liaise with external medical experts to help the school and parents provide the best possible support and, as far as is reasonably practical, to maintain a normal

school routine.

3. Depression

Childhood and adolescent depression can impact on cognitive development, socialisation, family relationships and behaviour. Children who are depressed often present with non-specific symptoms which may include refusal or reluctance to attend school, irritability, poor sleep, pain and headaches. There can also be a loss of concentration and loss of interest in previously enjoyed activities with a marked decline in academic

performance and a persistent feeling of low mood and unhappiness. Depression is a disorder that should be distinguished from the understandable melancholy which can arise from difficult life experiences.

Depression may develop over days and weeks. The duration can also vary in length of time, and it should be noted that most cases will self-resolve. About 20% will have a residual low-level depressive state continuing for months or years. About 5% will have full symptoms lasting 2 years or more. Treatment considerably shortens the duration of the depressive phase, meaning that diagnosis is essential.

The school's role is to foster a balanced, supportive, non-judgmental and confidential environment for the pupil. This involves acceptance of the situation and possibly some adjustments being made to the academic and co- curricular involvement of the pupil.

Professional help will be needed externally consisting of therapy, plus or minus medication. The school will expect to work closely with these professionals to ensure that the school can play a positive role in the pupil's overall care plan.

4. Obsessive Compulsive Disorder (OCD)

OCD in children can be described as 'troublesome and distressing rituals and ruminations outside the criteria of 'normal' childhood rituals. OCD rituals are those that interfere with, rather than enhance, socialisation and growth of independence.'

OCD is a very under-diagnosed condition and should be considered with pupils who show poor adherence to timetables, lateness or an inability to adapt to change. Other clues can be frequent/prolonged trips to the toilet, excessive questioning in class and messy word due to constant erasing and re-writing.

OCD is mostly treated with CBT, in conjunction with medication. CBT for children with OCD may involve them keeping a diary, with the child drawing up a hierarchy of compulsions and, starting with the easiest to tackle, being encouraged to try to avoid carrying out the compulsion.

Appendix 2: Brighton College's Self-Harm policy

Introduction

Within the Brighton College Schools, we endeavour to keep all pupils out of harm's way and protect them from danger. Unfortunately, there are times when the pupil actually inflicts the damage to themselves. In these cases, most of the time, it is a coping mechanism, learnt by the individual, when life is difficult. It involves an individual who harms their 'physical self' to deal with emotional pain, or to break feelings of numbness by arousing a painful sensation.

Self-harm is considered to be any deliberate, non-suicidal behaviour that inflicts physical harm on any part of one's body and is usually aimed at relieving emotional distress.

Context

Physical pain can be thought to be easier to cope with than emotional pain, because it causes 'real' feelings. Self-harm injuries can prove to an individual that their emotional pain is valid. Self-harm can include but is not limited to, cutting, burning, banging and bruising, non-suicidal medication over-dose, eating disorders, alcohol misuse, or even intentional bone breaking. It can be very addictive and habitual. Chronic and repetitive self-harm may affect people for months and years.

Who

There is no 'typical' person who self-harms. It can be anyone. An individual who self-harms cannot and should not be stereotyped; they can be of all ages, any sex, sexuality or ethnicity and of different family backgrounds. Each individual's relationship with self-harm is complex and will differ. There can be many reasons behind self-harm such as childhood abuse, sexual assault, bullying, stress, low self-esteem, family breakdown, dysfunctional relationships, mental ill health and financial worries, as well as pressure at home/in school to succeed or a desire for some particular attention in relation to others.

Risk Factors associated with self-harm

- Low self esteem
- Pupil high expectations/ perfectionism
- Mental health issues – such as depression & anxiety.
- Problems at home or school.
- Physical, emotional or sexual abuse.

It is important to recognise that none of these risk factors may appear to be present. Sometimes the individual is outwardly happy, high achieving person with a stable background who is suffering internally and hurting themselves in order to cope.

Warning signs associated with self-harm.

- Drug and or alcohol misuse or risk taking behaviour.
- Negativity and lack of self-esteem.
- Out of character behaviour.
- Bullying other pupils.
- A sudden change of friendship or withdrawal from group.
- Frequently absenting him/herself from lessons, withdrawing physically to be alone

Physical signs of self-harm

- Obvious cuts scratches or burns that do not appear to be accidental.
- Frequent 'accidents' that cause physical injury.

- Regularly bandaged arms and /or wrists.
- Reluctance to take part in exercise or other activities that require a change of clothes.
- Wearing of long sleeves and trousers even in hot weather.

However, it should be noted that in the majority of cases self-harm is a very private act and individuals can go to great lengths to hide scars and bruises and will often try to address physical injuries themselves rather than seek medical treatment.

How to help?

- Refer to the DSL, to the Nurse and potentially the School Counsellor.
- The immediate question may be whether urgent or non-urgent medical help is required.
- The DSL will, in consultation with the HM and counsellor, where appropriate, consider whether external agencies and support are required.
- The College Clinic will check both the physical impact of the self-harm (the extent of any damage inflicted or medical help required), as well as what emotional support may be needed.
- Opportunities either with the College Counsellor or through pastoral staff for the pupil to talk about any underlying worries or issues will be provided.
- The Designated Safeguarding Lead should always be informed as soon as possible.

All staff involved should consider the following guidelines:

- Provide practical and emotional help.
- Be non-judgemental and calm in approach to knowledge.
- Avoid dismissing a pupil's reasons for distress as invalid.
- Teach positive coping mechanisms.
- Praise good coping mechanisms.
- Endeavour to enable the pupil to feel in control, by asking what they would like to happen and what help they feel they need.
- Wounds, injuries and scars should not be openly displayed.
- Senior pastoral staff should discuss with the HM whether any other pupils may have been affected by the incident of self-harm.

Threshold Considerations

In certain cases of self-harm, senior pastoral staff may meet with the DSL to discuss whether a pupil is fit to remain in school, and in particular whether they are fit to remain in boarding. This will be a 'threshold' discussion and will consider the following: whether the pupil is a danger to themselves or to others; whether the pupil needs a greater level of supervision than can reasonably be provided by the school, particularly in boarding/overnight; whether there is a risk of contagion, should the pupil remain in school; what the effects are on other pupils around them; where the pupil can access the best possible support. Guidance from medical professionals will be sought, but the decision will be one taken by the school in the pupil's best interests and in the interests of the wider school community