

Reading Girls' School Succeeding Together

| Name of Policy | Mental Health Intervention | | | | |
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| | Policy | | | | |
| Scope of Policy | This policy applies to members of the school community (including staff, students, volunteers and parents/carers) who feel that mental health support is required for a student. | | | | |
| Approved by | Principal | | | | |
| Date of Approval | May 2020 | | | | |
| Review period | One year | | | | |
| Review Date | May 2020 | | | | |



Scope and Purpose

This policy outlines the therapeutic support which is available at Reading Girls' School and the ways in which to access the necessary support.

There is a strong body of evidence about the beneficial impact of all students having access to onsite mental health support when necessary. The significant role schools can play in helping to promote the emotional health and wellbeing of students is recognised and encouraged (Future in Mind Report, 2016). Students experiencing stress or emotional concerns find it difficult to engage with the education process and to reach their potential; when we recognise and respond appropriately to the emotional needs of the student, the educational outcome is maximised.

At Reading Girls' School, we offer weekly one to one or group therapeutic interventions in a safe supportive environment by our qualified Mental Health Practitioner, with sessions held weekly. Therapeutic interventions can include cognitive behavioural, mindfulness, solution-focussed and compassion-focussed techniques, or creative approaches where helpful and necessary.

School based mental health support is not generally suitable for students who are under the care of CAMHS (Child and Adolescent Mental Health Services), unless this is authorised by CAMHS. In such cases CAMHS has the ultimate responsibility for the student and does not oversee the school based Mental Health Practitioner's work. In addition, school based mental health support is not suitable for students who are receiving mental health support from another practitioner unless this is part of a coherent and agreed plan of support managed by the student's lead professional and agreed by within the context of a care plan.

Private counselling outside school should be managed by the student's GP and/or parents/carers. Whilst we are able to offer support, we encourage the use of mental health support outside school and can provide details of specialists in numerous fields, such as bereavement, family and substance and alcohol misuse.

Referral Process

All therapeutic interventions are voluntary - it can only be effective if students attend on their own volition.

Self-Referral

There are a number of referral routes to access school based interventions. Students at Reading Girls' School may self-refer using a referral form (appendix A) which should be handed in to a member of the Pastoral team.

• If a student is under the age of 13, consent will be sought from the parent/carer prior to any therapeutic work taking place.

- Students over the age of 13 may access school based support without parental consent, this is decision is led by Gillick competency and Fraser guidelines.
- Safeguarding policies apply and parents/carers will be informed if any safeguarding concerns arise during sessions, where appropriate.
- Students are always encouraged to speak with their parents/carers prior to accessing school based support.

Parent Referral

- If parents/carers feel that their child may benefit from mental health support, this should be discussed with a member of the Pastoral team or the SENCO (Special Educational Needs Coordinator).
- Self-referral forms (appendix A) can be made available to parents/carers, if relevant.
- Consulting with the Pastoral team means that concerns and issues can be identified, and
 everyone can be confident that other avenues have been explored prior to accessing mental
 health support.

Staff Referral

• School staff are able to make referrals through our School Inclusion Panel, if it is felt that therapeutic intervention is required.

If a student is seeing a mental health specialist outside school, they would only receive school based mental health support if this is an agreed part of the student's health care plan.

Safeguarding and Information Sharing

Any mental health intervention should be established in a confidential, safe, neutral space to explore a client's thoughts and perceptions of the world and give the individual choice over what they want to bring to their sessions.

- Our Mental Health Practitioner adheres to the school's Safeguarding and Child Protection policy.
- General conversations will only be shared with a parent or member of staff if requested by the student; this will be discussed and agreed with the student prior to sharing the information.
- Confidentiality laws are not a bar to information sharing and information will always be shared if it is in the interests of the child or if it is necessary in order to prevent significant harm. In practice, this means that if the Mental Health Practitioner believes that a child has been significantly harmed, or is at risk of significant harm (either from themselves or others), the Designated Safeguarding Lead (DSL) will be notified.
- All safeguarding concerns are logged on CPOMS, the school's central recording system.
- Although there is a duty to report the information whether or not the student gives consent, such consent will always be sought before information is shared, unless it is not possible to do so.
- Relevant safeguarding important may be shared with the Mental Health Practitioner, if such information may be beneficial to the therapeutic work with the pupil.

Data Storage

- Any personal data or information generated as a result of a mental health intervention (such as session notes) will be held by the Mental Health Practitioner and stored securely and confidentially, either electronically, using codes with password protection or in paper format which is stored in a locked cabinet in a locked office.
- The data collected is only used to enable effective communication during the therapeutic process, it is used in a safe and ethical manner and is in line with EU General Data Protection Regulations (GDPR) May 2018.
- It may become necessary to share this data with a third party if the Mental Health Practitioner believes the student or someone else close to the student is at risk of significant harm.
- It may also be necessary to share information when referring a student to another service (e.g. CAMHS), but this will be agreed with the student in advance.

Managing Referrals

- It may be necessary that referrals from staff, parents or self-referrals are placed on the waiting list.
- New referrals are discussed with the Mental Health Practitioner and Pastoral team and SENCO at weekly meetings and the waiting list reviewed; more pressing cases are discussed as and when they arise.
- The priority for each pupil awaiting support is re-assessed by risk and, if there is any new relevant information about a pupil on the waiting list, this is shared.

Duration and Overview of Sessions

- Sessions are held weekly or twice a week if appropriate.
- It is important to manage the schedule of sessions for pupils to ensure that a pupil does not regularly miss the same lesson and that sessions are sensitive to the school's timetabling constraints. Year 11 pupils will have sessions during break or lunch.
- Pupils will receive a minimum of 6-8 sessions, which will be reviewed with the pupil and extended if required and in collaboration with the pupil.
- In the first session, the Mental Health Practitioner reviews confidentiality and consent with pupils and part of this is ensuring that pupils are aware that they can end engagement at any time during throughout the process.
- Students will complete a pre and post intervention questionnaire, in the form of a RCADS
 (Revised Children's Anxiety and Depression Scale) score or a TME (Target Monitoring and
 Evaluation) self-evaluation.
- Where necessary, referral to other external agencies such as CAMHS, through consultation with the SENCO.

Management of Mental Health Practitioner and Quality Assurance

- The work of the Mental Health Practitioner is overseen by the SENCO.
- The Mental Health Practitioner must receive external clinical supervision.
- The Mental Health Practitioner must be registered with an appropriate regulatory body.
- The Mental Health Practitioner must hold Professional Indemnity Insurance.

At the end of each academic term, the SENCO will receive a report from the Mental Health
Practitioner detailing the duration of an intervention for each pupil referred and, with pupil
consent, a quality assurance measure detailing pre and post intervention outcomes (e.g.,
RCADS scores or TME self-evaluation).

Alternative Support

- In extenuating circumstances where face to face therapy cannot be provided, due to school closure sessions will be offered by phone.
- The student will have the option to decide if they are comfortable with the setting to enable the session to remain confidential.
- The Mental Health Practitioner will support with carrying out wellbeing checks via phone for key students.

Appendix A

CONFIDENTIAL

Reading Girls' School Counsellor Self-Referral Form



| What do you feel that you need support with? | | | | | | | | | |
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| I understand that what I say in counselling is confidential, unless: | | | | | | | | | |
| There is evidence or I tell my counsellor that I am at risk of harm to myself, harm from others or harm to others. If this is the case, I understand that my counsellor has to share this information with one of the Safeguarding Leads. | | | | | | | | | |
| under 13 | 3, I must g | get conse | ent from | my parent/c | arer befo | re I can be s | een by the | | |
| I understand that if I have an immediate safety concern, I should speak with one of the Safeguarding Leads, instead of using this form. | | | | | | | | | |
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| Your parent/carer should complete below, if you are under 13 years old. | | | | | | | | | |
| I give permission for my child to see the school Counsellor and I understand that counselling is confidential. In accordance with safeguarding procedures, if my daughter makes a disclosure or if there is evidence of harm to self, to others or from others, I understand that this will be reported to the Safeguarding Lead in school and I will be contacted by a member of the team. | | | | | | | | | |
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