



Health and Wellbeing Policy (including Mental Health)

INTRODUCTION

This policy outlines Marymount International School's commitment to promoting health and wellbeing, ensuring a supporting environment that fosters both physical and mental health. It integrates structured approaches to mental health, early intervention strategies, and staff, parental, and community involvement. Marymount International School London offers a health and wellbeing service to all students by a registered nurse, a qualified counsellor and is in partnership with a local GP surgery.

The School is a member of MOSA, and is compliant with MOSA guidelines to ensure appropriate, high-quality care. The School adheres to the Boarding School National Minimum Standards, with particular reference to Part C (2022).

The students will be listened to, and every effort will be made to understand their perspectives, opinions and feelings in relation to their needs, their right to privacy, dignity, respect and involvement. They will be given the opportunity to discuss any physical and emotional problems in confidence.

This policy applies to all workers engaged in working at Marymount International School London caring for students. This includes employees, agency workers, GAP students, self-employed/freelancers and volunteers.

This policy must be read in conjunction with the latest versions of all policies applicable to the care of students including, but not an exhaustive list;

- Health & Safety Policy
- Medicines Management Policy
- First Aid Policy
- Safeguarding Policy
- SENDA Policy

ROLES AND RESPONSIBILITIES

Whilst all staff have a responsibility to promote the mental health of students, there are specific staff who will have extra responsibilities in this area as part of their role and training.

The Headmistress is responsible for:

- Ensuring the effective communication and implementation of this policy in line with the governance structure of the School;
- Ensuring that appropriate resources are made available for the provision of equipment, training, staffing and support for students requiring medical care within the School.

ROLE OF THE MENTAL HEALTH LEAD

There is an expectation that all schools should have an individual responsible for mental health in schools. Our Senior Mental Health Lead is the Deputy Head Pastoral/DSL and is supported by the School Nurse. The Mental Health Lead will:

- provide a link to expertise and support regarding specific students;



- identify issues and make effective referrals;
- contribute to leading and developing whole school approaches concerning mental health.
- The Mental Health Lead will liaise with key members of staff as required so that students are offered appropriate support. Staff in key pastoral roles are also qualified as Mental Health First Aiders so that they can provide effective care in an emergency.
- Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Mental Health Lead 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 with an immediate referral to the Designated Safeguarding Lead or Deputy DSLs. If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services, if necessary. Where a referral to CAMHS is appropriate, this will be led and managed by the Mental Health Lead or a member of the safeguarding team.

The School Nurse is responsible for:

- Ensuring this policy and all associated procedures and guidance are applied to students requiring medical care within the School;
- Ensuring that, where appropriate, the relevant professional and/or clinical advice is obtained;
- Ensuring that audits of compliance to this policy are undertaken and submitted to the Bursar, Headmistress or Head of Boarding at agreed intervals;
- Ensuring appropriate and approved documentation is in place and that appropriate records are kept in line with school record keeping policy and with the Nursing and Midwifery Council guidelines for recordkeeping;
- Attending, where appropriate, relevant meetings to report on students' medical care activity within the School, trends, accidents and incidents and any outbreaks of infection within the School;
- Reporting any adverse incidents/accidents using the appropriate reporting system.

House Parents and First Aiders are responsible for:

- Ensuring that they act within policy with regard to administering first aid and medications when the School Nurse is not on-site or available;
- Ensuring that appropriate and approved documentation is in place to support care given;
- Reporting any adverse incidents/accidents using the approved reporting system.

ONSITE HEALTH CARE

The onsite Medical Room is staffed by a registered nurse during the following hours:

8am – 5pm (Mondays Thursdays)

8am-4pm (Fridays)

The Medical Room is complete with fully equipped facilities, including a bedroom and bathroom.

The School Nurse may buy and administer non-prescription medicine to students (and staff), providing their parents have returned the consent form on admission to school. All medicines bought and administered are in compliance with the Management of Medication Policy and stored in lockable cabinets. All prescribed medications must be discussed with the Nurse: if the student is deemed Gillick competent, self-administration forms need to be completed. All other medications need to be handed into the Nurse for administration by Houseparents.

Houseparents and other qualified First Aiders are trained by the School Nurse to administer such medication. Houseparents look after any unwell boarders overnight or will take a student to A&E at Kingston Hospital in case of an emergency. During the school day, if a boarder is unwell in the boarding halls, the School Nurse (or appointed first aider) will have hourly check-ins with the boarders following a medical assessment in the morning and will book medical appointments on behalf of the students if needed. During the weekends, the Houseparents completed these checks and will liaise with the GP or A&E if required.



There is a dedicated boarders' Medical Room with private bathroom facilities in Gailhac Hall. This Medical Room houses up to 2 boarding students, supervised by the Nurse and the Houseparent team. Boarders can contact the Houseparent team on the Emergency Helpline number and the Nurse on the internal phone system.

COUNSELLING

Counselling provision is made available to all students two days a week. Students can self-refer to the counsellor by contacting them via email (counsellor@marymountlondon.com) or via Teams (School Counsellor) or by visiting the Counsellor in the Counselling room. Staff may also refer a student to counselling following a conversation with the student.

PROVISION OF GP

The School has a contract with the Groves Medical Centre, New Malden. Where appropriate, students will be seen by a female doctor. The Centre provides a guaranteed 2 appointments per day, morning and afternoon. The Houseparent team have access to an after-hours GP telephone consultation and visitation where deemed necessary by the doctor on duty. Students are offered the option to be accompanied by staff when attending appointments.

All 7-day boarders are required to register with The Groves Medical Centre.

The School has links with a local dentist, optician and physiotherapist; appointments can be arranged as required.

IMMUNISATIONS

Routine school immunisations, in keeping with the Department of Health's immunisation schedule, will be offered to all students in the School. Parental consent is required.

If parents of boarders require their daughter to have vaccinations for travel, this can be arranged through the Groves Medical Centre. A charge will apply and must be paid directly to the Groves Medical Centre at the time of appointment.

CHRONIC MEDICAL CONDITIONS

All students with chronic medical conditions (e.g. asthma, diabetes, epilepsy, allergies) must ensure that the School Nurse has the relevant information as soon as the condition is diagnosed or during the process of enrolment to the School. This information is then flagged on the School's management system. The School Nurse provides all staff with annual training during the induction period, so that staff are aware of where medications are kept, relevant first aid and any treatments that are necessary for such students.

Students who require auto-adrenaline injectors (AAIs), are asked to carry two EpiPens on them at all times. Having two allows students to have more than one dose should it be required or to have a spare if the first AAI proves faulty or misfires. Students diagnosed with asthma are asked to always carry their prescribed inhaler. Spare inhalers are kept in the Medical Room and in the School Office.

Boarding staff are given further training to help support them in their care of students with chronic medical conditions. The School Nurse continuously updates and liaises with the Catering Manager to ensure that any students with allergies are identified, protected and provided for. The School Nurse will also provide information and medication (as required) to those staff who take students with such conditions on educational visits or tours.

ROUTINE HEALTH SCREENING

Boarding students will undergo a routine health check by the School Nurse at the start of the school year. This can include assessment of height, weight and general consultation. During this appointment the students will be given the opportunity to discuss any concerns.

MENTAL HEALTH & COUNSELLING

At Marymount, we seek to ensure the students receive a holistic education where they are cared for intellectually, physically, emotionally, mentally and spiritually in a safe and calm environment. Through the



pastoral care system and because of the low student-teacher ratio, issues can be identified swiftly. The PE, RSE, PSHEE and Advisory curricula, provide resources to help students understand how to adopt positive strategies for their over-all well-being in order to develop emotional resilience and protect their physical and mental health. By promoting and protecting mental health, students are happier, make friends and sustain relationships, are aware of and understand others, face problems and setbacks and learn from them, find enjoyment in their learning and leisure time.

Our structures and practices consistently support all students' mental health across the school community. We continually consider how students' individual needs are met through a stepped approach, ensuring that practices are consistent for all students, whilst providing additional support for the most vulnerable and those at risk. Counselling is provided on Tuesdays and Fridays, providing a confidential space for students to share their concerns if they require extra support.

INDIVIDUAL CARE PLANS

It may be helpful to draw up an Individual Care Plan for students causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the student, the parents and relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions including agreed strategies to help support the student
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school, parent and outside agencies

WARNING SIGNS

Staff should be vigilant of any warning signs that may 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 via CPOMS and with the safeguarding team and/or Mental Health Lead.

Where children experience a range of emotional and behaviour problems that are outside the normal range of their age, they might be described as experiencing mental health problems or disorders. Mental health professionals have classified these as:

- Emotional disorders, for example phobias, anxiety states and depression;
- Conduct disorders, for example stealing, defiance, fire-setting, aggression and antisocial behaviour;
- Hyperkinetic disorders, for example disturbance of activity and attention;
- Developmental disorders, for example delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- Attachment disorders, for example children who are markedly distressed or social impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect; and
- Other mental health problems including eating disorders, habit disorders, somatic disorders, and psychotic disorders such as schizophrenia and manic depressive disorder

Possible warning signs include:

- physical signs of harm that are repeated or appear non-accidental
- changes in eating / sleeping habits
- increased isolation from friends or family, becoming socially withdrawn
- increased difficulty in separating from adults (clinginess)
- 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 PE 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

RISK AND PROTECTIVE FACTORS

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the student themselves, to their family, or to the community or life events. These risk factors are listed in appendix.

However, there are also factors that make students more resilient. In order to promote positive mental health, it is important that schools have an understanding of protective factors that can enable students to be resilient when they encounter problems and challenges. This is particularly important for children with less supportive home lives, who may not have a trusted adult they can talk to. Schools should be a safe and affirming place where students can develop a sense of belonging and feel able to trust and talk openly with adults about their problems. These resilience factors are listed beside the risk factors in the appendix.

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. *Please see the Safeguarding Policy for more information on how to manage disclosures.* Disclosures should be shared with the Mental Health Lead or one of the DSL team and recorded on CPOMS. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student. This also ensures continuity of care should a staff member be absent and 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. Staff should be honest with regard to the issue of confidentiality. If it is necessary to pass on their concerns about a student, then the following should be discussed with the student:

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

Working with Parents Parents must always be informed if their child is at risk and student may choose to tell their parents/carers themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents/carers. We should always give student the option of the school informing parents/carers for them or with them. If a student gives us reason to believe that there may be underlying child protection issues, parents/carers should not be informed, but the Designated Child Protection lead or the deputy DSLs must be informed immediately. Parents may react with shock and may be upset so staff should be sensitive in their approach. Staff should highlight further sources of information so that parents can reflect further on the issue or concern following the meeting. Staff will provide parents with a clear means of contacting the school with further questions. The meeting should finish with agreed steps and record of the meeting kept on CPOMS.

MENTAL HEALTH SUPPORT FRAMEWORK

We recognize the importance of mental health in student wellbeing. Our framework includes:

- Counselling and Wellbeing Services: Access to school-based mental health professionals.
- Early Intervention: Systems to identify at-risk students and provide timely support.
- Referral Pathways: Collaboration with external mental health services when needed.



SUPPORT

- Wellbeing Hub: All members of the community have access to the Wellbeing Hub where they can find further information, podcasts, training and webinars created for staff, parents and students.
- Marymount Mentors: During induction, students are also made aware of who they can turn to in their Grade and are introduced to the Marymount Mentors appointed for that year. Marymount Mentors are students who will be able to help with orientation of the campus and school life and also help to signpost students to further support if they have any concerns. Boarders are also paired with a 'Big Sister' to help new students transition in to their new environment and make friends.
- Wellbeing Booklet and Information: Students are made aware of the resources and support that they can access during their induction. They are given a 'Wellbeing Booklet' with relevant information on support available both in school and externally. This is also available on the student intranet. Posters are displayed around the school and in communal areas with information on how students can access support. Students are encouraged to speak to their Advisor or Head of Year if they feel they need to access any early help to address any mental health issues that they may be experiencing.
- Further Support: Should a student feel they need further or alternative support for their mental health, they are advised to speak to the School Life Coach/ Counsellor on a one-to-one basis or in small groups or the School Nurse. Students may self-refer or may be referred through the Nurse/DSL/ Head of Boarding/Head of Year or other member of staff
- Learning Support: At Marymount, students are conscientious and eager to learn. For students who may experience difficulty with their learning or are experiencing anxiety/stress/worry about their studies, they may consult with the staff in the Learning Resource Centre. They are available to support students with special educational needs, and also those who are experiencing stress or anxiety due to their studies.

Although staff are not in a position to make a diagnosis for any mental health issues, they should inform the Mental Health Lead / DSL if they feel a student is suffering from any mental health concern (e.g. self harm, depression, suicidal thoughts, trauma) or is at risk of suffering from one, which could become or has become a safeguarding concern. In some cases, such problems can be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. The DSL will liaise with external agencies and work with families to ensure that a student has the appropriate support for a mental health issue they may be experiencing.

If further support is needed to reduce risk and build a student's emotional resilience, the team who are working with the student may create an Individual Care Plan which will be created with the student and their parents. Information from external experts will also be included on this care plan where possible and appropriate plans put in place to keep the student safe whilst at school (see above).

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 may be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents with whom we will discuss:

- 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



EATING DISORDERS

At Marymount, we recognise that eating disorders are a way of coping with feelings that are making a person unhappy or depressed. Early intervention is essential, and it is important for families to seek professional help as soon as possible. All agencies concerned must work together in the best interests of the child.

Should there be a concern that a student could potentially have an eating disorder or has been diagnosed with an eating disorder, the safeguarding team will create an Individual Care Plan for that student. A member of the team will be designated to communicate with parents. Referral for specialist counselling will be strongly encouraged and may be made a condition of continued school attendance.

The following agencies may be involved: the School Counsellor or specialist therapist, the Designated Safeguarding Lead, the School Nurses, the Eating Disorders Association and Adolescent Psychiatry Unit and the student's GP. The School will request that the medical team supporting the child be based in the UK to allow for effective supervision.

The student's care plan will be kept in their confidential medical record. If a student is unable to manage the care plan whilst in school, the team, along with the Headmistress, will discuss the individual situation in order to decide if care is better managed at home.

Further information and guidance about Eating Disorders is available from the School Nurse: nurse@marymountlondon.com For additional information on Eating Disorders and support available, please visit <https://www.beateatingdisorders.org.uk/get-information-and-support/>.

WORKING WITH PARENTS

The pastoral team understand the importance of working in partnership with parents and also that addressing emotional and mental health issues can be upsetting. To support parents, the pastoral team will:

- Highlight and signpost sources of information and support about common mental health issues
- Ensure that all parents/carers 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 Health & Wellbeing policy easily accessible to parents/carers
- Share ideas about how parents/carers can support positive mental health in their children through the Wellbeing Hub, external speakers and school bulletins
- Keep parents/carers informed about the mental health topics their children are learning about in PSHEE and share ideas for extending and exploring this learning at home
- Promote joint planning and decision making with each child's parents/carers

Support and training for all staff to build skills, capacity and their own resilience

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

Further training is available on the Wellbeing Hub which staff have access to. Staff are encouraged to complete the Mental Health and Wellbeing modules to gain a greater understanding of the issues that students encounter and experience. Staff with greater pastoral responsibility are also given the opportunity to participate in Mental Health First Aid training with an external provider.

Training opportunities for staff who require more in-depth knowledge will be considered as part of the appraisal process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students. Suggestions for individual, group or whole school CPD should be discussed with the Deputy Head Pastoral and Deputy Head Operations and Co-Curricular. Should staff require further information on specific mental health topics or guidance for schools, they should see the Deputy Head Pastoral for information. Staff who are DSLs are required to have supervision to support their own emotional and mental wellbeing whilst also ensuring that they are providing appropriate support to the students in their care. All staff have access to the Staff Counsellor who is available on campus once a week. Further counselling opportunities are also available through the School's EAP provider.



HEALTH EDUCATION

Health advice and education is available for all students and staff. The Nurse can provide further information on other local services available to the students. The School Nurse also collaborates with the PSHEE Coordinator and staff to ensure that health education is relevant, up to date and informative. Students access a PSHEE curriculum that teaches life skills, including social and emotional skills. Mental health within PSHEE is developmental and appropriate to the age and needs of every student. It is part of a well-planned programme, delivered in a supportive atmosphere, where we aim for all student to feel comfortable engaging in open discussion and confident enough to ask for help if necessary.

The PSHEE Coordinator is responsible for the monitoring and evaluation of mental health lessons. A range of methods are used including:

- lesson observations
- students completing end of topic evaluations and/or questionnaires
- Student voice taken verbally
- teachers evaluating the topic through department meetings

MEDICAL RECORDS AND CONFIDENTIALITY

A confidential health questionnaire is completed by the family of each student on admission to the School. This requests information on past and present medical history, any allergies, chronic medical conditions, contraindications and all medication, prescription, over the counter or complimentary (herbal) that is taken by the student. It is essential that the questionnaire is fully completed and returned before the onset of the school year to enable the appropriate care to be offered to the student. It is updated by the parent/guardian whenever there is a change in circumstances; the School sends the parent/guardian an annual reminder about this.

Nursing records documenting students' visits to the Medical Room are kept confidential by the Nurse. Letters from the Doctor/specialists are also kept in the student's medical file. If the matter pertains to a Child Protection case then the letter is retained in the Designated Safeguarding Lead's file and the Nurse is advised of the content.

In keeping with the School Nurse and Doctor's professional responsibilities, medical information about each student shall be kept confidential, regardless of the student's age. Gillick competence shall be recognized by all healthcare professionals. However, it is recognized that there may be occasions/emergency situations whereby medical information may need to be shared with the DSL, Headmistress, Houseparents or parents. This will ideally be done with the student's knowledge and consent. The exception to this is where consent for divulgence cannot be gained from the student and there is significant risk of harm to the student or others. In such instances confidences may be breached and the relevant people/authorities will be notified. (See Safeguarding Policy).

MONITORING POLICY COMPLIANCE

An audit of adherence to policy shall be carried out annually and reported to the Health and Safety Committee.

REVIEW FREQUENCY

This policy shall be reviewed no later than three years from the date of issue, or earlier if required in response to any changes in guidance, standards or regulations or as identified through audits to monitor compliance.

REFERENCES

Boarding School's Association (2022) Boarding School's National Minimum Standards. Department for Education.

Medicines Management (2020) Royal College of Nursing

Mental Health and Behaviour in Schools (DfE 2018)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2016)

Promoting children and young people's mental health and wellbeing A whole school or college approach (2021)

Social, emotional and mental wellbeing in primary and secondary education (2022)

Keeping Children Safe in Schools (2025)

RELATED POLICIES:



Safeguarding Policy

First Aid Policy

Management of Medication Policy

Health and Safety Policy

PSHEE Curriculum

RSE Curriculum and Policy

APPROVED:

March 2025

TO BE REVIEWED:

March 2028



APPENDIX

RISK FACTORS AND PROTECTIVE FACTORS

Table 1: Risk and protective factors that are believed to be associated with mental health outcomes

	Risk Factors	Protective factors
In the child	<ul style="list-style-type: none"> - Genetic influences - Low IQ and Learning disabilities - Specific development delay or neuro-diversity - Communication difficulties - Difficult temperament - Physical illness - Academic failure - Low self esteem 	<ul style="list-style-type: none"> - Secure attachment experience - Outgoing temperament as an infant - Good communication skills, sociability - Being a planner and having a belief in control - Humour - A positive attitude - Experience of success and achievement - Faith or spirituality - Capacity to reflect

	Risk Factors	Protective Factors
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 and rejecting relationships - Failure to adapt to a child's changing needs - Physical, sexual, emotional abuse or neglect - Parental psychiatric illness - Parental criminality, alcoholism or personality disorder - Death or 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 severe discord

	Risk Factors	Protective Factors
In the School	<ul style="list-style-type: none"> - Bullying including online (cyber) 	



	<ul style="list-style-type: none"> - Discrimination - Breakdown or lack of positive friendships - Deviant peer influences <ul style="list-style-type: none"> - Peer pressure - Peer on peer abuse - Poor student to teacher/school staff relationship 	<ul style="list-style-type: none"> - Clear policies on behaviour and bullying - Staff behaviour policy (also known as code of conduct) - Open door policy for children to raise problems - A whole school approach to promoting good mental health - Good student to teacher/school staff relationships <ul style="list-style-type: none"> - Positive classroom management - A sense of belonging - Positive peer influences - Positive friendships - Effective safeguarding and child protection policies - An effective early help process - Understanding their role in and be part of effective multi agency working - Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively
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	Risk factors	Protective factors
In the community	<ul style="list-style-type: none"> - Socio-economic disadvantage <ul style="list-style-type: none"> - Homelessness - Disaster, accidents, war or other overwhelming events <ul style="list-style-type: none"> - Discrimination - Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation 	<ul style="list-style-type: none"> - Wider support network - Good housing - High standards of living - High morale school with positive policies for behaviour, attitudes and anti-bullying - Opportunities for valued social roles - Range of sport/leisure activities



	- Other significant life events	
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