



MENTAL HEALTH AND WELLBEING POLICY

Policy Statement:

We passionately believe in promoting emotional wellbeing and positive mental health for our whole Langley school community and are proud of our diverse and inclusive environment.

We see this as everyone's responsibility, and value input from our staff, pupils, parents, governors and external partners in this area.

We recognise the importance of good mental health as this not only impacts on our day to day quality of life, but also our ability to learn and thrive.

Our school is committed to prioritising wellbeing through excellent pastoral care, a proactive approach towards promoting resilience, openly communicating about wellbeing issues and providing support where needed.

Langley School promotes the mental and physical health and emotional wellbeing of all its pupils. Wellbeing is at the forefront of the School's PSHE programme and promoting good mental health is a priority. The physical, mental and emotional health benefits of exercise are well documented, and the school actively encourages sport for all.

Mental health issues can be de-stigmatised by educating pupils, staff and parents. This is achieved through the following means:

- periodical newsletters (Welfare Matters). There will be separate editions for parents and for staff;
- ongoing staff training (aspirationally all staff will become 'Mental Health First Aiders');
- PSHE sessions;
- tutorial programme;
- parent engagement evenings.

Positive mental health is also promoted through strong pastoral care and an effective peer support system.

This policy aims to:

- describe the School's approach to mental health issues;
- increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems;
- alert staff to warning signs and risk factors;
- provide support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who suffer from mental health issues;

- provide support to pupils who suffer from mental health issues, their peers and parents/carers.

This policy has been authorised by the Board of Governors and addressed to all members of staff. It is available to parents on request and is published on the school website. This policy applies wherever staff are working with pupils even if this is away from the school, for example, on an educational visit.

Child Protection Responsibilities:

Langley School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing and expects all staff and Governors to share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon. Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing.

The School has appointed a senior member of staff with the necessary status and authority (Designated Safeguarding Lead and Deputy Head Pastoral) to be responsible for matters relating to child protection and welfare. Parents are welcome to approach the Designated Safeguarding Lead if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the child's tutor or the Headmaster who will notify the Designated Safeguarding Lead in accordance with these procedures.

In addition to the child protection measures outlined in the School's Safeguarding Policy, the school has a duty of care to protect and promote a child or young person's mental or emotional wellbeing.

Background information:

Young people's mental health and wellbeing has never been so important. It is a growing problem for young people in the UK, as these statistics demonstrate:

- one in ten young people have a diagnosable mental health disorder. By the time they reach university, this figure is as high as 1 in 5;
- half of all mental health problems manifest by the age of 14, with 75% by age 24;
- almost one in four children and young people show some evidence of mental ill health (including anxiety and depression);
- one in twelve young people self-harm at some point in their lives (girls are more likely to self-harm than boys);
- one in three adult mental health conditions relate directly to adverse childhood experiences.

Source: www.youngminds.org.uk

Good Mental Health

The school recognises that children who are mentally healthy have the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;

- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them.

Identifiable mental health issues:

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

Mental health professionals have defined these as:

- **emotional disorders**, e.g. phobias, anxiety states and depression;
- **conduct disorders**, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour;
- **hyperkinetic disorders**, e.g. disturbance of activity and attention;
- **developmental disorders**, e.g. 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**, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and
- other mental health problems include eating disorders, habit disorders, post-traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic-depressive disorder.

Source: DfEE (2001) *Promoting Children's Mental Health within Early Years and School Settings*.

More detailed information about the main types of Mental Health Needs can be found in Appendix 1.

The school recognises the importance of the role we have to play in supporting the mental health and wellbeing of our pupils. It is important for staff to be alert to signs that a child might be suffering from mental health issues.

Early intervention to identify issues and provide effective support is crucial. Our role involves:

- **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively.
- **Identification:** recognising emerging issues as early and accurately as possible.
- **Early support:** helping pupils to access evidence based early support and interventions; and
- **Access to specialist support:** working effectively with professionals to provide swift referrals to specialist support and treatment.

Prevention

Having positive mental health and wellbeing central to the culture of the school will help to promote pupils' mental health and prevent issues from arising. This will be done by implementing the following:

- **having a committed senior management team and governing body** that fosters a culture that values all pupils and allows them to feel a sense of belonging; making it possible to talk about problems in a non-stigmatising way;
- **setting an ethos of high expectations for all pupils with consistently applied support.** This is achieved through clear policies on behaviour and bullying that set out the responsibilities of everyone in the school and the range of acceptable and unacceptable behaviour for pupils;

- **fostering an ethos of growth mindset.** This helps build resilience in all;
- **having a programme of continuous professional development for staff** that makes it clear that promoting good mental health is the responsibility of all members of the school staff and community, informs them about the early signs of mental health problems, what is and isn't a cause for concern, and what to do if they think they have spotted a developing problem. The school will be conducting an ongoing programme of training staff to become Mental Health First Aiders. How to spot signs of, and deal with specific problems, is also provided through the school's Welfare Matters periodical;
- **working with parents and carers as well as with the pupils themselves.** A parent edition of Welfare Matters is produced termly and the school holds parent engagement evenings periodically;
- **having clear systems and processes to help staff who identify pupils with possible mental health problems;** these are described in detail later in this document;
- **working with others to provide interventions for pupils with mental health problems.** The school has access to a counsellor and clear systems for referring those in need to the appropriate external body so that professional help can be sought. We also have a dedicated *Time to Talk* service managed by trained listeners who can help to prevent more severe issues arising by allowing the pupils to have the opportunity to talk about their problems; and
- **having an effective education programme that informs the whole school community.** This should include the methods and advice as to how to keep mentally fit and well, as well as informing about the range of mental health issues. This is done through our PSHE, assembly and tutorial programme.

Staff should be aware that certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the pupils themselves, to their family, to school or to their community. Risk factors are cumulative. Pupils who are exposed to multiple risks are much more likely to develop problems. The risk factors are listed in the table on the next page.

Some pupils who are exposed to significant risks develop into competent, confident and caring adults. It is important that all staff have knowledge of the protective factors that enable pupils to develop this resilience when they encounter problems and challenges. These protective factors are also listed on the following page.

Risk and Protective Factors

	Risk factors	Protective factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem • Social communication (meaning when a child doesn't recognise social cues given by peers) 	<ul style="list-style-type: none"> • Secure attachment experience • Developing problem solving skills and a positive attitude • Humour • Experiences of success and achievement • Capacity to reflect • Being a planner and having a belief in control • Developing good communication skills, sociability
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, neglect or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship and pets. • Overbearing parents 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support education • Supportive long term relationship or the absence of severe discord
In the school	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Academic pressure • Poor pupil to teacher relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff code of conduct • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effecting Safeguarding policy • An effective early help process
In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High moral school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Identification and Early Support

Adverse Childhood Experiences (ACEs) and other events that may have an impact on pupils

Form tutors and class teachers at the school see their pupils day in, day out. They know them well and are therefore well placed to spot changes in behaviour that might indicate a problem. Staff need to be aware of this responsibility. The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in pupils' lives. These include:

- **loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships, family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted and deployment of parents in armed forces families;
- **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and
- **traumatic experiences** – such as abuse, neglect, domestic violence, bullying, violence, accidents or injuries; and
- **other traumatic incidents** – such as natural disaster or terrorist attack.

These negative experiences and distressing life events can affect mental health in a way that can bring about changes in a young person's behaviour or emotional state, displayed in a range of different ways, all of which can be an indication of an underlying problem. Staff need to be observant to look out for these problems and raise a concern should they suspect a child is suffering. These changes can include:

- **Emotional state** (fearful, withdrawn, low self-esteem)
- **Behaviour** (aggressive or oppositional; habitual body rocking)
- **Interpersonal behaviours** (indiscriminate contact or affection seeking, over-friendliness or excessive clinginess; demonstrating excessively 'good' behaviour to prevent disapproval; failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed; coercive controlling behaviour; or lack of ability to understand and recognise emotions).

If a staff member has concerns about behaviour, then they must report it to the using the process described later in this document so the pastoral team can then decide if there are any underlying factors such as undiagnosed learning difficulties, child protection concerns (which would then be passed to the Safeguarding team as per the Safeguarding Policy) or mental health problems.

As a school we recognise the importance of providing support to pupils at these times, including those who are not presenting any obvious issues. This support may come from our existing provisions or it may require the involvement of specialist or support services.

Two important elements that enable the school to identify children at risk of mental health problems are the **effective use of data** (i.e. monitoring changes in pupils' patterns of attendance, academic achievement) and an **effective pastoral system** whereby staff know pupils well and can identify unusual behaviour.

Effective use of data

Every pupil receives a set of effort grades for classwork and homework every half term. These results are analysed by the Head of Year and any significant changes (or unexpected changes) are investigated and if there is a concern that the pupil is in need of extra support, a concern will be raised as described later in this document. In addition, pupils are given termly attainment grades, which are also analysed and acted upon in the same manner.

In addition to this formal half termly/termly grade analysis, the school recognises that class teachers will know their pupils extremely well and will be able to very quickly tell if there is a problem (for instance if the level of work that a pupil produces suddenly declines without a known reason, this is a clear indication that a concern may need to be raised).

The school uses a system of merits and demerits to reward and sanction pupils. These are monitored by the Form Tutors and Heads of Year. The date that arises from this can lead to concerns being raised.

Effective pastoral systems

Every pupil is assigned to a form group. The Form Tutor is expected to be the 'expert' in that child forming a close working relationship so that they are best placed to identify any potential issues. Every year has a Pastoral Head of Year who is responsible for the Pastoral care of the pupil. These Heads of Year report to the Deputy Head (Pastoral) who oversees the pastoral care of all pupils at the school (and is also the school's Designated Safeguarding Lead). The Deputy Head chairs the Pastoral Committee which includes the Heads of Year and other key staff (Nurse/EAL/LS). At this committee concerns that have been raised are discussed. As a committee the case will be assessed and a plan devised as to how best, as a school, we can support that pupil.

As a committee we produce a Pastoral Concerns Briefing Sheet that allows all staff (teaching and non-teaching) to be aware of pupils that have on-going issues, what they need to do to support that pupil and which member of staff they need to see to get more information.

We also have a system of producing ***Individual Care Plans*** where appropriate so that all staff know how best to support the pupils that have them.

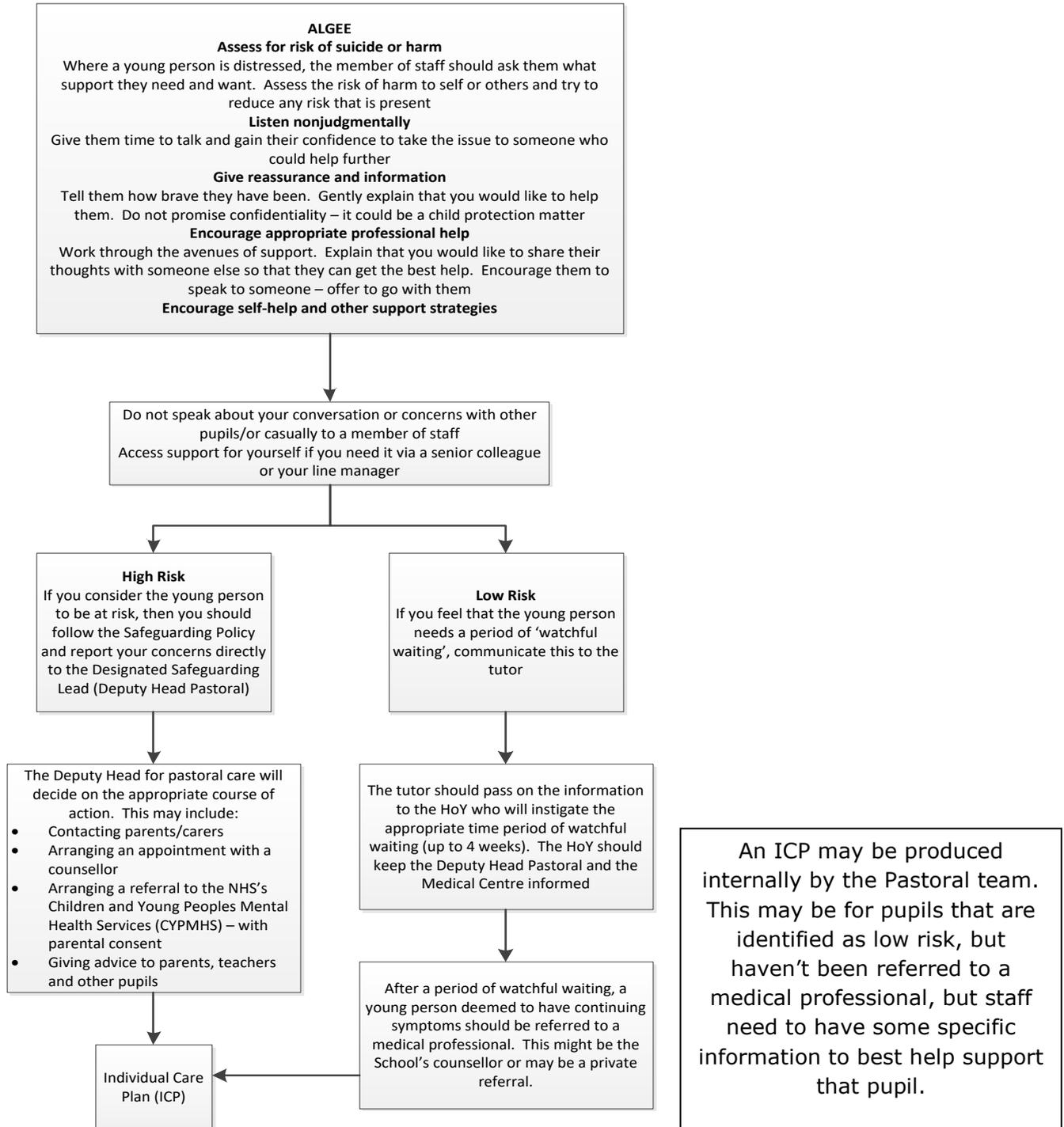
The school recognises that early intervention is the best method of preventing mental health problems from becoming more serious. As such we have a ***Time to Talk*** service. This is run by trained listeners who will listen to concerns/issues that students may have. Students can either volunteer to use the service or be referred to it by Heads of Year, the Safeguarding team or the Nurse.

For more serious problems the school has access to a Counsellor. Referrals are made by the Pastoral team via the school's Medical Centre.

Raising Concerns

All staff should be aware of the signs and symptoms of mental or emotional concerns. (These are available in Appendix 1) Although it is understood that staff are not trained medical professionals, spotting these signs early may mean that we prevent more serious problems from occurring. If a concern is identified, then staff should follow the procedure as described in Figure 1.

Figure 1 Procedures following a concern:



Individual Care Plans (ICPs):

Following consultation between the relevant members of the pastoral team, an ICP would be agreed between the pastoral team, the pupil and the pupil's parents/carers (see Appendix). This would be available to the relevant teaching staff to provide the appropriate level of support for the pupil. The medical centre may agree an enhanced care plan that may include confidential information.

Referring to Children and Young People's Mental Health Service (CYPMHS)

When referring a pupil to CYPMHS, we will make sure that:

- we have gone through a clear process when identifying a child who is in need of further support (as described earlier in this document);
- we will document evidence of the symptoms or behaviour that are causing concern. This will be done by the Pastoral team and will be included with the referral;
- we will encourage the pupil and their parents/carers to speak to their GP where appropriate;
- consult with CYPMHS about the most effective things the school can do.

A referral to CYPMHS needs to go through the Pastoral team in association with the guidance of the School Nurse.

Confidentiality and information sharing:

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality. **If a member of staff considers a pupil is at serious risk of causing themselves harm or others, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so.

It is likely that a pupil will present at the medical centre in the first instance. Young people with mental health problems typically visit the medical centre more than their peers, often presenting with a physical concern. This gives the medical team a key role in identifying mental health issues early. If a pupil confides in a member of the school medical team, then they should be encouraged to speak to their tutor or head of year. **Confidentiality will be maintained within the boundaries of safeguarding the pupil.** The Deputy Head Pastoral may decide to share relevant information with certain colleagues on a need to know basis. Parents/carers should be involved wherever possible, although the pupil's wishes should always be taken into account.

Parents/carers must disclose to the Deputy Head Pastoral any known mental health problems or any concerns they may have about a pupil's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the pupil's wellbeing.

Mental Health First Aid:

To ensure adequate mental health first aid provision and awareness, it is our policy that:

- There are enough numbers of trained personnel to support those pupils who are experiencing mental and/or emotional difficulties
- A qualified mental health first aider is always available during normal school hours.

It is our mission to expand the amount of Mental Health First Aiders we have. To help us achieve this we will have a member of staff who has completed the 'Train the Trainer' course so we can begin to give all staff this vital professional development.

A qualified mental health first aider is someone who has undertaken a 12-hour training module approved by MHFA England and holds a valid certificate of competence. Mental Health First Aid is used in over 16 countries worldwide and was introduced into England by the National Institute for Mental Health England (NIMHE) in 2007. MHFA does not prepare people to become therapists. It does, however, enable people to recognise the symptoms of mental ill health, how to provide initial help (first aid) and how to guide a person towards appropriate professional help. The certificate must be issued by an approved organisation and must be renewed every three years. See Appendix 3 for a list of current Mental Health First Aiders.

Responsibilities under the policy relating to mental health first aid:

The School Nurse is responsible for:

- maintaining accurate records of all mental health first aid given in the medical centre.

The Designated Safeguarding Lead is responsible for:

- maintaining accurate records of all safeguarding and child protection issues.

Qualified mental health first aiders (Appendix V) are responsible for:

- responding promptly to calls for assistance;
- providing first aid support within their level of competence;
- summoning medical help as necessary;
- recording details of support given.

Absence from school

If a pupil is absent from school for any length of time, then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating the pupil.

If the School considers that the presence of a pupil in school is having a detrimental effect on the wellbeing and safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the school, the Headmaster reserves the right to request that parents/carers withdraw their child temporarily until appropriate reassurances have been met.

Reintegration to school

Should a pupil require some time out of school, the School will be fully supportive of this and every step will be taken to ensure a smooth reintegration back into school when they are ready.

The Deputy Head Pastoral will work alongside the Headmaster, the Head of Year (HoY), the School Nurse, the pupil and their parents/carers to draw up an appropriate care plan. The pupil should have as much ownership as possible with regards to the ICP so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents/carers.

The School will consider whether the pupil will benefit from being identified as having a special educational need (SEN) and may work alongside the SEN coordinator where special provision may be required.

Wellbeing of staff

Pastoral support for all members of the Langley School community is fundamental to the aims and philosophy of Langley School. We believe that a well-supported, valued staff with clear and shared purpose is best placed to promote emotional wellbeing of pupils in their care. Staff are encouraged to join various social activities throughout the year and an after-school sports session to promote wellbeing.

Our line management structure promotes in-house support, alongside the range of agencies that can be accessed via the staff noticeboard. Staff are offered a debriefing with a member of SLT following any challenging incident with on-going support as required.

Should a member of staff have a wellbeing or mental health concern then any of the following should be sought in order for that member of staff to receive the support that is needed:

- a trusted colleague;
- their line manager;
- a member of SLT;
- the School's HR department;
- the School's Medical team;
- the Headmaster.

The School recognises that there are certain risk factors (in addition to those that affect pupils) that specifically affect staff, these include:

- pressure to achieve results (not only academic results of students, but to achieve targets in all department areas; i.e. admissions may have pressure to achieve a number of new applicants);
- workload pressures (particularly at certain times of the year);
- stress of having to provide emergency cover for absent staff;
- long hours;
- unrealistic expectations or deadlines;
- inability to use annual leave;
- a poor physical working environment;
- lone working;
- difficult interpersonal relationships;
- poor internal communication
- poor managerial support
- job insecurity or poorly managed change

These may well have detrimental effects on a member of staff's mental health and wellbeing and as a result problems may arise. SLT and the Governing body will consider all risk factors and the impact that decisions may have on staff wellbeing. Staff should also be mindful of the above risk factors when communicating with each other. If problems arise, staff are encouraged to seek support from those colleagues mentioned above when necessary.

If a member of staff does not wish to consult with any colleague, then the following external agencies can be contacted which will be able to offer support and guidance:

- **The Employee Assistance Programme** – this is a free 24 hour helpline (0800 030 5182) that will help with a range of issues that may be negatively affecting staff wellbeing, such as;

stress and anxiety; debt; work; lifestyle addictions; relationships and legal issues. Their website is www.healthassuredeap.com, which contains a huge range of resources and information to support staff.

- **The Education Support Partnership** – this is a charity that exists solely for all staff who work in education. Staff can contact their 24 hour helpline (08000 562 561) and a trained counsellor will be on hand to listen to problems that staff may be facing, whether professional or personal and to help them think the problems through and begin to find a way forwards.
- **Your GP** – if a pupil was suffering from potential mental ill-health, we would recommend that they talk to their GP, we recommend this for staff also.

Appendix 1 – Information on Mental Health Problems

Anxiety and Depression

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with – some people are just naturally more anxious than others and are quicker to get stressed and worried.

Concerns are raised when anxiety **is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships.** It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder

These can include:

Physical effects:

- cardiovascular – palpitations, chest pain, rapid heartbeat, flushing;
- respiratory – hyperventilation, shortness of breath;
- neurological – dizziness, headache, sweating, tingling and numbness;
- gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea;
- musculoskeletal – muscle aches and pains, restlessness, tremor and shaking.

Psychological effects:

- unrealistic and/or excessive fear and worry (about past or future events);
- mind racing or going blank;

- decreased concentration and memory;
- difficulty making decisions;
- irritability, impatience, anger;
- confusion;
- restlessness or feeling on edge, nervousness;
- tiredness, sleep disturbances, vivid dreams;
- unwanted unpleasant repetitive thoughts.

Behavioural effects:

- avoidance of situations;
- repetitive compulsive behaviour e.g. excessive checking;
- distress in social situations;
- urges to escape situations that cause discomfort (phobic behaviour);

First Aid for anxiety disorders

Follow the ALGEE principles (see *Figure 1* in main policy)

How to help a pupil having a panic attack:

- if you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away;
- if you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible;
- help to calm the pupil by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds;
- be a good listener, without judging;
- explain to the pupil that they are experiencing a panic attack and not something life threatening such as a heart attack;
- explain that the attack will soon stop and that they will recover fully;
- assure the pupil that someone will stay with them and keep them safe until the attack stops.
- ensure that the school nurse is informed/contacted at the earliest possible opportunity.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors:

- experiencing other mental or emotional problems;
- divorce of parents;
- perceived poor achievement at school;

- bullying;
- developing a long-term physical illness;
- death of someone close;
- break up of a relationship.

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness.

Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide.

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

First Aid for anxiety and depression:

Follow the ALGEE principles shown in Figure 1 of the main policy.

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Deputy Head Pastoral (Designated Safeguarding Lead) aware of any child causing concern.

Following the report, the Deputy Head Pastoral (with the Pastoral team) will decide on the appropriate course of action. This may include:

- contacting parents/carers;
- arranging professional assistance e.g. doctor, nurse;
- arranging an appointment with a counsellor;
- arranging a referral to CYPMHS or private referral – with parental/carer consent;
- giving advice to parents/carers, teacher and other pupils.

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves harm or others, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Eating Disorders

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape and are usually highly

dissatisfied with their appearance. Most eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live a low body weight, beyond the point of slimness and an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors:

- difficulty expressing feelings and emotions;
- a tendency to comply with other's demands;
- very high expectations of achievement.

Family Factors:

- a home environment where food, eating, weight or appearance have a disproportionate significance;
- an over-protective or over-controlling home environment;
- poor parental relationships and arguments;
- neglect or physical, sexual or emotional abuse;
- overly high family expectations of achievement.

Social Factors:

- being bullied, teased or ridiculed due to weight or appearance;
- pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing.

Warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated safeguarding leads or from the medical centre.

Physical Signs:

- weight loss;
- dizziness, tiredness, fainting;
- feeling cold;
- hair becomes dull or lifeless;
- swollen cheeks;
- callused knuckles;
- tension headaches;
- sore throats/mouth ulcers;
- tooth decay.

Behavioural Signs:

- restricted eating;
- skipping meals;
- scheduling activities during lunch;
- strange behaviour around food;
- wearing baggy clothes;

- wearing several layers of clothing;
- excessive chewing of gum/drinking of water;
- increased conscientiousness;
- increasing isolation/loss of friends;
- believes he/she is fat when he/she is not;
- secretive behaviour;
- visits the toilet immediately after meals;
- excessive exercise.

Psychological Signs:

- preoccupation with food;
- sensitivity about eating;
- denial of hunger despite lack of food;
- feeling distressed or guilty after eating;
- self-dislike;
- fear of gaining weight;
- moodiness;
- excessive perfectionism.

Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Deputy Head Pastoral (DSL) aware of any child causing concern.

Following the report, the Deputy Head Pastoral will decide on the appropriate course of action. This may include:

- contacting parents/carers;
- arranging professional assistance e.g. doctor, nurse;
- arranging an appointment with a counsellor;
- arranging a referral to CYPMHS or private referral – with parental/carer consent;
- giving advice to parents/carers, teacher and other pupils.

The Deputy Head Pastoral may ask the medical centre to weigh the pupil and to monitor their weight on a regular basis. Parents/carers will be consulted once the pupil has been weighed regardless of whether the weight gives cause for concern. Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves harm, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Management of eating disorders in school

Exercise and activity – PE and games:

Taking part in sports, games and activities is an essential part of school life for all pupils. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the Deputy Head Pastoral and Medical team deem it appropriate, they may liaise with PE staff to monitor the amount of exercise a pupil is doing at school. They may also request that the PE staff advise parents/carers of a sensible exercise programme for out of school hours. All PE teachers at the School will be made aware of which pupils have a known eating disorder.

The School will not discriminate against pupils with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

When a pupil is falling behind in lessons:

If a pupil is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the form tutor and school nurse will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the school nurse will consult with the professional treating the pupil. This information will be shared with the relevant pastoral/teaching staff on a need to know basis and to inform the Individual Care Plan (ICP).

Pupils Undergoing Treatment for/Recovering from Eating Disorders:

The decision about how, or if, to proceed with a pupil's schooling while they are suffering from an eating disorder, should be made on a case by case basis. Input for this decision should come from discussion with the pupil, their parents/carers, school staff and members of the team treating the pupil.

The reintegration of a pupil into school following a period of absence should be handled sensitively and carefully and again, the pupil, their parents/carers, school staff and members of the team treating the pupil should be consulted during both the planning and reintegration phase.

Self-Harm

Introduction

School staff can play an important role in preventing self-harm and in supporting pupils, peers and parents/carers of pupils currently engaging in self-harm

Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- cutting, scratching, scraping or picking skin;
- swallowing inedible objects;
- taking an overdose of prescription or non-prescription drugs;
- swallowing hazardous materials or substances;
- burning or scalding;
- hair-pulling;
- banging or hitting the head or other parts of the body;
- scouring or scrubbing the body excessively.

Risk Factors:

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- depression/anxiety;
- poor communication skills;

- low self-esteem;
- poor problem-solving skills;
- hopelessness;
- impulsivity;
- drug or alcohol abuse.

Family Factors:

- unreasonable expectations;
- neglect or physical, sexual or emotional abuse;
- poor parental relationships and arguments;
- depression, self-harm or suicide in the family.

Social Factors:

- difficulty in making relationships/loneliness;
- being bullied or rejected by peers.

Warning Signs:

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the Deputy Head Pastoral.

Possible warning signs include:

- changes in eating/sleeping habits (e.g. pupil may appear overly tired if not sleeping well);
- increased isolation from friends or family, becoming socially withdrawn;
- changes in activity and mood e.g. more aggressive or introverted than usual;
- 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. always wearing long sleeves, even in very warm weather;
- unwillingness to participate in certain sports activities e.g. swimming.

Staff Roles in working with pupils who self-harm:

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils, it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves harm, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm should consult the Deputy Head Pastoral.

Following the report, the Deputy Head Pastoral will decide on the appropriate course of action. This may include:

- contacting parents/carers;
- arranging professional assistance e.g. doctor, nurse, social service;
- arranging an appointment with a counsellor;
- arranging a referral to CYPMHS or private referral – with parental/carer consent;
- immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers;
- **in the case of an acutely distressed pupil, the immediate safety of the pupil is paramount, and an adult should remain with the pupil at all times;**
- **if a pupil has self-harmed in school, the School Nurse should be called for immediate help.**

It is important to encourage pupils to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences, so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. When a young person is self-harming, it is important to be vigilant in case close contacts with the individual are also self-harming.

Appendix 2

INDIVIDUAL CARE PLAN FOR PUPILS WITH MENTAL HEALTH/EMOTIONAL CONCERNS

Name:	Form:	Date:
Symptoms/reason concern raised:		
Referred to Time to Talk?	Yes/No	
Referred to school counsellor?	Yes/No	
Referred to CYPMHS	Yes/No	
Advice for staff:		

What the pupil says:

Parental/carers involvement:

Date of next review:

Appendix 3

YOUR MENTAL FIRST AIDERS:

Name	Title	Location	Extension:
Karen Beaumont	Exams Officer	Alston Centre	x 270
Paul Clark	Deputy Head Pastoral	Salisbury Arch x 235	
Noeleen Goddard	Girls' Houseparent	Salisbury Arch x 225	
Caroline Hay	School Nurse	Medical Centre x 223	
Fiona Lambert	School Nurse	Medical Centre x 223	
Lynn McGarry	HR Manager	Main House	x 263
Leslie McRobert	Head of Sixth Form	Alston Centre	x 274
Mark Thorogood	Transport Manager	Transport	x 233
Adrian Watts	Head of Year 6	Drama Studio	x 249

If a member of staff is unavailable, please try the staff room on: 01508 520 210 x 226 or reception on: 01508 520 210 x 214

Appendix 4

Useful Websites:

Young Minds: http://www.youngminds.org.uk/for_parents

b-eat: <http://www.b-eat.co.uk>

Childline: <http://www.childline.org.uk>

Mind: <http://www.mind.org.uk>

NHS: <http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx>

Mental Health Foundation: <http://www.mentalhealth.org.uk/>

Stem4: <http://www.stem4.org.uk/>

Royal College of Psychiatrists: <http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers.aspx>