Mental Health and Wellbeing Policy 2024-25

This policy will be reviewed in January 2025 in line with Sherborne School Group Policy

Why we have this policy:

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)

The Department of Health has said: "There is no health without mental health" (2012) but possibly a more practical way of expressing this is to say: "Mental health is not just the absence of mental illness but rather the presence of emotional wellbeing". At Sherborne Prep we promote the mental and physical health and emotional wellbeing of all our pupils. Wellbeing is at the forefront of the School's Personal Development programme, and promoting good mental health is a priority.

It is fact that many young people will experience an episode where their mental health is challenged or put at risk. 1 in 10 young people under the age of 16 will have an identifiable mental health issue and by the time they reach University this figure is as high as 1 in 6. Furthermore, around 75% of mental health disorders are diagnosed in adolescence.

At our School, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

The purpose of the policy is to underline the importance of promoting good mental health and emotional wellbeing and to facilitate early recognition of mental health issues in our pupils thereby preventing the escalation of mental health problems by early intervention. Finally, it serves to assist staff in their actions so that appropriate help and support can be accessed when problems persist or increase in severity. Mental health difficulties that are more commonly seen have been included in the appendix of this policy: depression, eating disorders and self-harm.

The Aim of this Policy

Sherborne Prep School aims to promote the mental and physical health and emotional wellbeing of all its pupils. Wellbeing is promoted at the forefront of the School's Personal Development programme and promoting good mental health is a priority for all.

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents or carers

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

Child Protection Responsibilities

Sherborne Prep 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 volunteers 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 (Every Child Matters, 2004, DfES).*

The Board of Governors takes seriously its responsibility to uphold the aims of the school and its duty in promoting an environment in which children can feel secure and safe from harm. A nominated Governor instigates a review of the school's safeguarding procedures and reports to the Board annually, making any recommendations for improvements.

The Head is responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis.

The school has appointed a senior member of staff with the necessary status and authority (Designated Safeguarding Lead) to be responsible for matters relating to child protection and welfare. In addition to the child protection measures outlined in the School's child protection policy, the school has a duty of care to protect and promote a child or young person's mental or emotional wellbeing.

Promotion of good mental health

Sherborne Prep promotes emotional wellbeing, it is a part of the culture of the school, reflected in the classroom where the subject is explored and bonded to the curriculum. Time, effort and resources are directed to making good mental health a priority. As well as empowering pupils to take responsibility for their own emotional wellbeing there is also a collective responsibility within the Sherborne Prep Community for an individual to be empathic towards another's need for help and

support. At this level there much that many people can offer by way of practical support and suggestions using, for example:

- Do something caring for another person
- Getting perspective
- Walking in the fresh air
- Spending time with friends
- Listening to music
- Random acts of kindness
- Eating healthily
- Practising mindfulness and develop a growth mindset
- Sport and exercise
- Sleeping well

Key People

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of pupils, staff with a specific, relevant remit include:

- Head
- Deputy Heads
- Deputy DSLs
- Matrons
- Head of Boarding
- Head of Learning Support

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a member of SLT in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the DSL or the designated governor. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting matron or 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 DSL.

Individual Care Plans- ICPs

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our Personal Developmental curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance[1] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community.

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 with the Pastoral team.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- 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 secretively
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Teaching PSHE education guidance from the PSHE Association.

Managing disclosures

A pupil 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 pupil 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.

Staff should listen rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'.

All disclosures should be recorded in writing and held securely by the DSL. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with a member of the pastoral team who will offer support and advice about next steps.

Confidentiality

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on, then we should discuss with the pupil:

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

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

It is always advisable to share disclosures with a colleague, usually a member of the pastoral team. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence; and it provides an extra source of ideas and

support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should always be informed if the child is in danger of harming themselves and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL must be informed immediately.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

Working with All Parents

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents 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 mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our information evenings

- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Responsibilities and procedures under the policy relating to mental health first aid

The school matron is responsible for maintaining accurate records of all mental health first aid given in the sick bay.

The DSL is responsible for:

- maintaining accurate records of all safeguarding and child protection issues
- To sign post children and families to the appropriate level of external support.
- To support staff in dealing with pupils who have a mental health issue

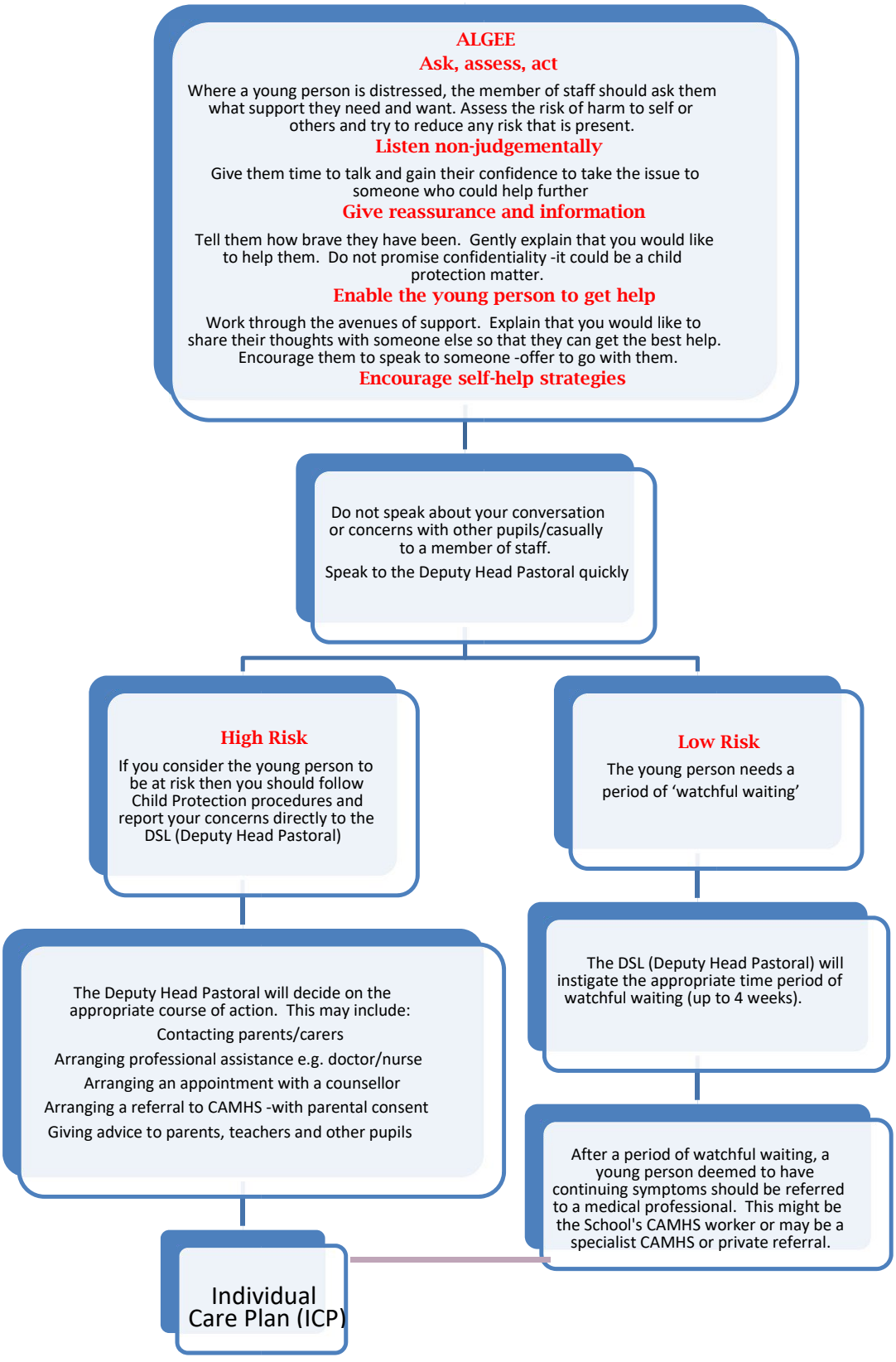
A record must be kept of all incidents and the first aid treatment/support given. A copy should be kept by the school matron and a copy should be kept in the child's file and pastoral records, this can be on CPOMS. Records should be kept for 15 years.
If an incident that is linked to a mental health concern is serious, an incident report form should be completed.

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 a pupil.

If the School considers that the presence of a pupil in a 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 Head reserves the right to request that parents withdraw their child temporarily until appropriate reassurance 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 in order to ensure smooth reintegration back into school when they are ready. A phased return to school plan may be implemented on an individual case by case.

The DSL will work alongside appropriate colleagues, matron, the pupil and the parents to draw up an appropriate individual care plan (see Appendix IV). The pupil should have as much ownership as possible with regards to the ICP so that they feel they have some control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents.


ALGEE
Ask, assess, act
Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present.
Listen non-judgementally
Give them time to talk and gain their confidence to take the issue to someone who could help further
Give reassurance and information
Tell them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality -it could be a child protection matter.
Enable the young person to get help
Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help. Encourage them to speak to someone -offer to go with them.
Encourage self-help strategies
Do not speak about your conversation or concerns with other pupils/casually to a member of staff.
Speak to the Deputy Head Pastoral quickly
High Risk
If you consider the young person to be at risk then you should follow Child Protection procedures and report your concerns directly to the DSL (Deputy Head Pastoral)
Low Risk
The young person needs a period of 'watchful waiting'
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 CAMHS -with parental consent
Giving advice to parents, teachers and other pupils
The DSL (Deputy Head Pastoral) will instigate the appropriate time period of watchful waiting (up to 4 weeks).
After a period of watchful waiting, a young person deemed to have continuing symptoms should be referred to a medical professional. This might be the School's CAMHS worker or may be a specialist CAMHS or private referral.
Individual Care Plan (ICP)

Appendix I: 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 or 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) Oppositional Defiance Order (ODD)

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 (on page 9 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.

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. In England if affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

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 (on page 9 in 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 director of pastoral care (designated teacher for safeguarding children) aware of any child causing concern.

Following the report, the director of pastoral care 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 CAMHS – with parental consent
- Giving advice to parents, teachers 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 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.

Appendix II: 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. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in 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

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children 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 she is fat when 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 DSL aware of any child causing concern.

Following the report, the DSL 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 CAMHS – with parental consent
- Giving advice to parents, teachers and other pupils

The DSL will ask the medical centre to weigh the pupil and to monitor their weight on a regular basis. Parents will be consulted once the girl 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 disordered eating in school

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 Deputy Head Pastoral, form tutor and matron (in conjunction with the DSL) will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the school will consult with the professional treating the child. This information will be shared with the relevant pastoral/ teaching staff on a need to know basis and to inform the 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, school staff and members of the multi-disciplinary 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, school staff and members of the multi-disciplinary team treating the pupil should be consulted during both the planning and reintegration phase.

Further Considerations

Any meetings with a pupil, their parents or their peers regarding eating disorders should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the pupil's safeguarding file held by the DSL.

Appendix III: Self Harm

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents 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 director of pastoral care.

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 harming themselves 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 DSL.

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

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- 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 a first aider should be called for immediate help**

Further Considerations

Any meetings with a pupil, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the pupil's safeguarding file held by the DSL.

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. Any member of staff wishing for further advice on this should consult either the DSL or a member of SLT.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of pupils in the same peer group are harming themselves.

Appendix IV

INDIVIDUAL CARE PLAN (ICP) for pupils with mental health/emotional concerns

DATE: **NAME:**
Symptoms
Internal referral to CAMHS worker? Yes / No
Receiving treatment? Yes / No **Details**
Aims
Advice for staff

Appendix V

Further Reading and Useful Links

HM Government (2011), *No Health Without Mental Health*, Department of Health

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