North London Collegiate School
Founded 1850

WELLBEING POLICY

Policy Lead	Deputy Head, Pastoral, & Head of Junior School
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1. Introduction

1.1 *Mental health is a state of wellbeing 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 Organisation, August 2014)*

1.2 North London Collegiate School (the School) has an important role to play, acting as a source of support and information for pupils, parents and staff. However, it is common for staff to feel out of their depth when faced with issues related to mental health.

1.3 An estimated three children in every classroom has a diagnosable mental health problem. This rises to one in four children when we include emotional distress. By developing and implementing practical, relevant and effective mental health policies and procedures the School can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health.

1.4 This policy sets out the School's approach to promoting positive mental health and wellbeing and is designed to help staff to spot and support pupils in need of help and to follow appropriate referral pathways and procedures.

1.5 This policy must be read in conjunction with the following which are available on the School website::

- First Aid Policy (in cases where a pupil's mental health overlaps with or is linked to a medical issue)
- Pastoral Care Policy (internal document)
- Safeguarding and Child Protection Policy
- Special Educational Needs and Disabilities (SEND) Policy

1.6 This policy applies to the whole school from Early Years Foundation Stage (EYFS) to sixth form.

1.7 This policy is available on the School website.

1.8 Copies of the above are held at the Senior School Office for consultation by parents. You may also email the School at Office@nlcs.org.uk to request hard copies which can be made available in large print or other accessible format if required.

2. Aims and objectives

2.1 This 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 pupils experiencing mental health issues and their peers and parents / carers
- Provide support to staff working with young people with mental health issues

3. Statutory and regulatory framework

3.1 This policy gives due regard to the following:

- Keeping Children Safe in Education (September 2023)
- Mental Health and Wellbeing Resources for Teachers and Teaching Staff (June 2021)
- Mental Health and Behaviour in Schools (November 2018)

4. Scope and responsibilities

4.1 All School staff are responsible for fostering a culture at the School which encourages pupils to openly discuss /their problems, including any mental health issues.

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

POSITION	NAME
Head	Mrs Vicky Bingham
Deputy Head (Pastoral) and Designated Safeguarding Lead (DSL)	Ms Gayle Mellor (Youth MHFA Instructor Member)
Head of Junior School and DDSL	Mrs Sarah Cartwright-Styles

Assistant Head (Head of Sixth Form) and Deputy DSL	Mr Benjamin Tosh
Assistant Head (Head of Upper School) and Deputy DSL	Mrs Natasha Taberner
Assistant Head (Head of Middle School) and Deputy DSL	Mrs Jo Demetriou
Deputy Head of Junior School and Deputy DSL	Mr Richard Queripel
Deputy Head of Junior School and Deputy DSL	Mr Gideon Zucker
Deputy Head of Junior School and Deputy DSL	Mrs Katie Bartram
Head of PSHE in the Senior School and Junior School Subject Leader	Ms Ana Santos Mrs Emma Sandzer
SEND Advisor (Senior School)	Mrs Karen Cowan
SEND Advisor (Junior School)	Ms Lisa Weisgard
School Nurse	Ms Harriet Woods
School Healthcare Professional	Mrs Lorna Soares-Smith
School Counsellors	Ms April Wellesley Counsellor joining January 2024

4.3 Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the relevant Section Head (or Deputy Head in the Junior School) in the first instance. If there is a fear that the pupil is in danger of immediate harm then the usual child protection procedures should be followed. If the pupil presents a medical emergency then the usual procedures for medical emergencies should be followed.

5. Individual Care Plans

5.1 An Individual Care Plan (ICP) will be drawn up for pupils who are in receipt of a formal diagnosis from a suitably qualified professional pertaining to their mental health, and / or who otherwise, in the opinion of the relevant Section Head, is in need of active monitoring. This should be drawn up involving the pastoral team, the pupil, the parents and relevant health professionals. This might include:

- Brief details of a pupil's condition or concern
- 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
- Guidance for classroom teachers and other staff such as VMTs

5.2 Information from the ICP will be shared with the relevant teaching staff in order to provide the appropriate level of support for the pupils. The Medical Centre will agree an enhanced care plan that may include confidential information. The ICP will be reviewed and updated at regular intervals, agreed with the pupils and their parents or guardians.

5.3 In the Junior School the ICP will be drawn up for pupils on Level 4 of the Pastoral Concerns Register (see Pastoral Care Policy).

6. Mental Health and the Curriculum

6.1 The skills, knowledge and understanding needed by pupils to keep themselves and others physically and mentally healthy and safe are included as part of the PSHE curriculum, talks by visiting speakers and in form time activities and discussions.

7. Warning Signs

7.1 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 relevant Section Head. Depending on urgency, either straight away in person or via CPOMS or in the tutor's weekly report.

7.2 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
- Challenging behaviour such as stealing or bullying

8. Disclosures

8.1 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.

8.2 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 in line with the School's Safeguarding and Child Protection Policy. Staff should always tell the pupil that they are unable to keep information shared confidential (see below).

8.3 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?'

8.4 All disclosures should be recorded in writing using CPOMS or the record of concern form in the Safeguarding and Child Protection Policy. This written record should include:

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

8.5 This information should be shared with the relevant Section Head who will store any written record appropriately and offer support and advice about next steps.

9. Confidentiality and information sharing

9.1 It is important to be honest about the issue of confidentiality. Tell the pupil upfront that it may be necessary to pass concerns on, then discuss with the pupil:

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

9.2 Never share information about a pupil without first telling them, but there may be situations where this is not possible. Ideally their consent should be received, though there are certain situations when information must always be shared with another member of staff and / or a parent. This is usually when a pupil is under the age of 16 and are in danger of harm.

9.3 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 will be encouraged to speak to their tutor, form teacher, Head of Year / Section Head or Deputy Head of the Junior School.

9.4 Parents should be informed if the pupil is under 16 and is in danger of harm, and pupils should be encouraged to tell their parents themselves. If this is the case, the pupil might be given 24 hours to share this information before the School contacts parents. However, there may be situations where it is necessary to contact the parent immediately and one of the safeguarding leads will make this judgement. Pupils will normally be given the option of School informing parents for them or with them. Form teachers or the Deputy Heads of the Junior School would contact the parents of a pupil in the Junior School in the first instance.

9.5 If a pupil gives reason to believe that there may be underlying child protection issues, the DSL or a Deputy DSL must be informed immediately.

9.6 Parents should disclose to the School any known mental health problem 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.

10. Working with Parents

10.1 Where it is deemed appropriate to inform parents, a sensitive approach should be taken. Before disclosing to parents the following questions should be considered (on a case-by-case basis):

- Can the meeting happen face to face? This is preferable but not always possible
- Can a video call be organised if contact needed the same day?
- Who should be present? Consider parents, the pupil and their wishes, other members of staff eg someone the pupil would like present
- What are the aims of the meeting?

10.2 It can be shocking and upsetting for parents to learn of their child's experiences and it is not uncommon for parents to respond with anger, fear or upset during the first conversation.

10.3 Each meeting should finish with agreed next steps and a brief record of the meeting should be kept.

11. Supporting Peers

11.1 When a pupil is experiencing poor mental health or issues relating to emotional wellbeing, it can be a difficult time for their friends. Friends often want to support but do not know how; it is important the boundaries of friendship are maintained and that each student's needs is considered. In the case of self-harm or disordered eating / 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 will be provided either in one to one or group settings and will be guided by conversations with the pupil taking into account their wishes and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- What is helpful from their peer support network or individual friends
- What is unhelpful from their peer support network
- Warning signs that their friend may need help (e.g. signs of relapse)
- Support from the School Counsellors

12. Absence from School

12.1 If a pupil is absent from School for any length of time then appropriate arrangements will be made to send work home or to a hospital school if appropriate. This may be in discussion with parents and any medical professionals involved in the treatment of a pupil.

12.2 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 School 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 reassurances have been met / made. Often this will require working with medical / psychological professionals.

13. Training

13.1 All staff should be made aware of this policy and how to deal with suspected mental health problems in pupils.

13.2 All staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep pupils safe.

13.3 Training opportunities for staff who require more in-depth knowledge will be provided throughout the year.

14. Monitoring and review

14.1 The Head and Senior Team will regularly monitor and evaluate the effectiveness of this policy.

14.2 The Deputy Head Pastoral, Head of Junior School together with relevant School staff, e.g., Section Heads, Deputy Heads in the Junior School, School Nurse, School Counsellors etc. will regularly monitor and review mental health and wellbeing issues in order to support individuals and to identify trends, issues of concerns and the operation of this policy.

14.3 This policy will be subject to review at least every two years (or more frequently if changes to legislation, regulation or statutory guidance so require) by the Deputy Head Pastoral and Head of Junior School.

14.4 This policy will be subject to review at least every two years (or more frequently if changes to legislation, regulation or statutory guidance so require) by the relevant committee of the Governing Body.

14.5 The date of the next review is shown on the front page.

Appendix 1- Guidance notes on dealing with self-harm

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. School staff can play an important role in preventing self-harm and in supporting pupils, peers and parents of pupils currently engaging in self-harm behaviour.

Definition of self-harm

Self-harm is a behaviour not an illness. The actions are deliberate and usually (but not always) hidden / concealed.

Self-harm behaviour is often a way of expressing and / or coping with deep distress or communicating feelings that cannot be put into words and has been described as an "inner scream".

Self-harm is a broad term and may involve any of the following:

- 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

It may also involve taking unnecessary risks, alcohol or substance abuse, or simply not looking after one's own emotional or physical needs. It is recognised that some instances of substance misuse / abuse may be forms of self-harm.

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

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 relevant Section Head.

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 appearance and clothing

Strategies to minimise anxiety and promote positive wellbeing

The School has a number of strategies to promote positive wellbeing. These include mindfulness sessions, relaxation club and an active programme of peer mentoring. Displays in each section of the School provide information on how to access support both within School and from external agencies. Referrals to the School Counsellors may also be made.

Staff roles in working with pupils who self-harm

Pupils may choose to confide in a member of staff if they are concerned about their own welfare, or that of a peer. Staff may experience a range of feelings in response to self-harm in a pupil.

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 or immediate 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 relevant Section Head.

Following the disclosure, the Section Head / Deputy Head Pastoral (DSL) will decide on the appropriate course of action. This may include:

- Seeing the School Nurse
- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with the School Counsellors
- 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 discloses that they have self-harmed in the past then the pupil should not be left unattended at any time.
- An assessment should be made as to whether the parents are aware of the self-harm. The Safeguarding and Child Protection policy should also be considered. Save in exceptional cases where the DSL determines it would not be appropriate, the parents should be informed immediately, but not in the presence of the pupil, and advised that the pupil cannot be left alone while on School premises. Ongoing support and guidance will be provided to the parents and the pupil
- If a pupil has self-harmed in School the School Nurse or Healthcare Professional should be called for immediate help
- The preparation of an ICP (or updating any existing one) will be put into action

If a child makes a disclosure of self-harm, they should be accompanied to the relevant Section Head or Deputy Head (Pastoral), who will decide on the appropriate course of action. The pupil should not be left on their own.

In making this decision the Section Head or Deputy Head (Pastoral) will take the following into consideration:

- The nature of the disclosed self-harm
- The known history of the pupil

The action proposed by the Section Head or Deputy Head (Pastoral) may include the following:

- Seeing the School Nurse
- Contacting parents*
- Arranging professional assistance e.g. doctor, nurse, social services, CAMHS, School counsellor or other counsellor

- The preparation of an ICP (or updating the existing one)
- Ongoing support for the parents and the pupil

*Save in exceptional cases where the DSL determines that it would not be appropriate, the parents should be informed as quickly as possible / immediately, but not in the presence of the pupil.

Working with the Parents and Medical Centre / other medical teams

Pastoral staff will liaise with parents and the medical team supporting the pupil to get advice on best support strategies.

The School's Medical Centre has up to date information on details of pupils who have in the past self-harmed or who are self-harming.

In the case of suspected self-harm, pupils are spoken to by the relevant Section Head who will gently persuade the pupil to visit the Medical Centre to see the School Nurse or Healthcare Professional. If a pupil has admitted that they have self-harmed in the past. There is a need to clinical care and

Further Considerations

If there has been a serious case of self-harm such as an attempted suicide the School will insist on medical evidence that the pupil is safe to return to School. After consultation with the Section Head the same will be requested before allowing a pupil who has actively self-harmed in this way to go on a residential trip. Section Heads will also need to consider the affected pupil's friendship group and consider how best to support them and their parents and establish clear and effective communication with them.

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
- Drawing up of an ICP

This information should be stored in the pupil's file and safeguarding file.

It is important to encourage pupils to let you 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 those in close contact with the individual are also self-harming. Occasionally schools discover that a number of pupils in the same peer group are harming themselves.

Further information

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Appendix 2 – Guidance notes on 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. Anorexia nervosa is a syndrome in which the individual maintains a low body weight as a result of pre-occupation with body weight, construed either as a fear of fatness or pursuit of thinness. 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.

Bulimia nervosa is characterised by recurrent binge eating and compensatory behaviour e.g., vomiting, purging, fasting, use of weight reducing drugs, laxatives, exercising or a combination of these, in order to prevent weight gain. Binge eating and purging are commonly associated with extreme subjective guilt and shame.

There is considerable overlap between the long-term disabling consequences of anorexia nervosa and bulimia nervosa and anxiety symptoms are very common, as is self-harm in the form of scratching or cutting.

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
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 the relevant Section Head, the Deputy Head (Pastoral) or 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 they are fat when they are 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 staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the relevant Section Head or DSL aware of any pupil causing concern.

The School Counsellors and School Nurse will be informed.

The form tutor should be informed and involved.

Following the disclosure, the Section Head and/or 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 Child and Adolescent Mental Health Services (CAMHS) or private referral – with parental consent
- Giving advice to parents, teachers and other pupils
- Drawing up an ICP

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 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.

It is vital to establish clear boundaries regarding responsibility over these matters. The role of the School Counsellors and School Nurse regarding cases of established eating disorders, is to offer initial assessment and then where appropriate, tried and tested referrals to Private Eating Disorder Units, with support.

It is essential that parents are informed and consulted so that they take full responsibility.

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 medical staff deem it appropriate they may liaise with PE staff to monitor the amount of exercise a pupil is doing 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 form tutor and School Nurse will initially talk to the parents / carers to work out how to prevent their child from falling behind and manage their workload. If applicable, the School Nurse or the Section Head 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 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 re-integration 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
- Drawing up of an ICP

This information should be stored in the pupil's file and safeguarding file.

Further information

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix 3 – Guidelines for dealing with 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 young person'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 Generalised Anxiety Disorder (GAD) at some point in their lives.

Anxiety disorders include:

- Generalised Anxiety Disorder
- Panic disorder and agoraphobia
- Acute stress disorder
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive Compulsive Disorder
- Phobic disorders (including social phobia)

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.

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)

What to do if a pupil is 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 pupil is in distress, send for the School Nurse and 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.

· Assure the pupil that someone will stay with them and keep them safe until the attack stops.

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 it 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.

Staff Role

The most important role staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the relevant Section Head aware of any child causing concern.

Following the disclosure, the Section Head 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 Child and Adolescent Mental Health Services (CAMHS) or private referral – with parental consent
- Giving advice to parents, teachers and other pupils
- Drawing up an ICP

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.

Further information

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression
Anxiety UK: www.anxietyuk.org.uk
Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers

Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge

Appendix 4 – Individual Care Plan (ICP) for pupils with mental health / emotional concerns

Name	Form	Date
Outline of symptoms		
Internal referral to CAMHS worker? Yes / No Receiving treatment? Yes / No		
Advice for staff		
Aims for pupil		
Support for pupil		
Support for form / year group		
Parental involvement		
Special requirements		
Review arrangements		

Brief 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

Appendix 5 – Guidance on dealing with suicidal ideations

Introduction

Suicide is the leading cause of death among young people and in children the numbers are alarmingly high. Over 200 schoolchildren are lost to suicide every year in the UK. Further, suicidal thoughts are common among young people, with as many as one in four reporting that they had thought about taking their own life and an estimated one in ten having made a suicide attempt.

School staff can play an important role in the prevention of suicide, in recognising that a child may be at risk of suicide and in supporting pupils, peers and parents of pupils currently having suicidal ideations.

Definitions

Suicide is the intentional taking of one's own life.

Suicidal ideations are also known as suicidal thoughts or ideas. It is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide. Active suicidal ideation involves an existing desire to end one's life accompanied by a plan on how to carry out the death. Passive suicidal ideation involves a desire to die, without a specific plan on how to do so. Suicidal ideation should be considered a medical emergency.

Suicide Risk Factors

Individual

- Suicidal ideations
- A recent or serious loss (might include the death of a family member, a friend or pet)
- A difficult or serious life event (this might include the separation or divorce or parents or a the loss of a family home)
- Abuse (physical, emotional, psychological or sexual)
- Mental health or psychiatric disorders
- Alcohol and other substance use disorders
- Previous suicide attempts
- Self-harm

Family/Social

- History of suicide within the family
- Social transmission
- Lack of social support
- Bullying
- Barriers to accessing services
- Stigma associated with asking for help

Warning Signs

- Isolation from friend and family
- Problems eating or sleeping
- Mood swings
- Reckless behaviour
- Dropping grades
- Increased use of alcohol or drugs
- Giving away of belongings
- Talking about feeling hopeless or trapped
- Talking about being a burden to others or not belonging
- Talking about suicide or wanting to die
- Writing or drawing about suicide, or acting it out in a play or performance
- Psychosomatic symptoms (headaches, stomach aches as well as other aches and pains that cannot be explained)

Staff roles in working with students who may be suicidal/having suicidal ideations

The most important role staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the relevant Section Head or DSL aware of any pupil causing concern.

The form tutor should be informed and involved.

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 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.

If a child makes a disclosure of suicidal ideations/intention of suicide, they should be accompanied to the relevant Section Head or Deputy Head (Pastoral), who will decide on the appropriate course of action. The pupil should not be left on their own. An assessment should be made as to whether the parents are aware of the suicidal thoughts. The Safeguarding and Child Protection policy should also be considered.

Save in exceptional cases where the DSL determines it would not be appropriate, the parents should be informed immediately, but not in the presence of the pupil, and advised that the pupil cannot be left alone while on School premises.

The action proposed by the Section Head or Deputy Head (Pastoral) may include the following:

- If a pupil has admitted that they are suicidal/have had suicidal ideations in the past then the pupil should not be left unattended at any time.
- Contacting parents/carers*

- Arranging professional assistance e.g. doctor, nurse, social services, School counsellor or other 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
- The preparation of an ICP (or the updating any existing one)
- Giving advice and ongoing support to parents, teachers and other pupils
- Arranging an appointment with a counsellor
- Arranging a referral to Child and Adolescent Mental Health Services (CAMHS) or private referral – with parental consent

*Save in exceptional cases where the DSL determines that it would not be appropriate, the parents should be informed as quickly as possible / immediately, but not in the presence of the pupil.

It is vital to establish clear boundaries regarding responsibility over these matters and that parents are informed and consulted so that they take full responsibility.

Talking About Suicide

Unhelpful language when asking about suicide- You're not thinking of doing stupid/silly are you?

This judgemental language suggests that the person's thoughts of suicide are stupid or silly, and furthermore, that the pupil is stupid or silly. When faced with this question, most will deny their thoughts of suicide, for fear of being viewed negatively. This is dangerous. You become someone it is not safe to talk to about suicide.

If you think that somebody is feeling very low and you are worried that they might be having thoughts of suicide, it is fine to ask them. Talking about suicide doesn't make it more likely to happen. Talking about thoughts of suicide makes people feel safe and more able to ask for help. You can find more guidance on:
It's Time to Talk about Suicide - Papyrus UK | Suicide Prevention Charity (papyrus-uk.org)

Further Considerations

Any meetings with a pupil, their parents or their peers regarding suicidal ideations/intention of suicide should be recorded in writing including:

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

This information should be stored in the pupil's file and safeguarding file.

Unhelpful Language	Why it is Unhelpful	Language to use instead (using Papyrus guidance)
Successful suicide	If someone dies by suicide it cannot ever be a success.	Died by suicide. Ended their life. Took their own life. Killed themselves
Commit suicide	Suicide hasn't been a crime since 1961. Using the word "commit" suggests that it is still a crime which perpetuates stigma or the sense that it's a sin.	Died by suicide. Ended their life. Took their own life. Killed themselves
You're not thinking of doing something stupid/silly are you?	This suggests that the person's thoughts of suicide are stupid or silly, and/or that the person is him/herself stupid or silly. If asked this question, people are most likely to deny their true feelings for fear of being viewed negatively.	Are you telling me you want to kill yourself/end your life/die/die by suicide? Sometimes, when people are feeling the way you are, they think about suicide. Is that what you're thinking about? It sounds like you're thinking about suicide

Useful Links

Papyrus UK Suicide Prevention | Prevention of Young Suicide (papyrus-uk.org)
Preventing suicide: lesbian, gay, bisexual and trans young people - GOV.UK (www.gov.uk)
Support after a suicide: a guide to providing local services - GOV.UK (www.gov.uk)
Identifying and responding to suicide clusters (publishing.service.gov.uk)

PAPYRUS HOPELINEUK

Are you, or is a young person you know, not coping with life? For confidential suicide prevention advice:
Call: **0800 068 4141**
Text: **0778 620 9697**
Email: **pat@papyrus-uk.org**