Mental Health Policy

Applies to the whole school, including EYFS.

Last Reviewed: August 2023 (Deputy Head Pastoral Senior & Prep) **Next review: September 2024**

The wellbeing of pupils at Oxford High School is our top priority. The concept of wellbeing comprises many aspects of life, including physical and mental health, emotional intelligence and resilience and resourcefulness: the skills to be able to respond to the challenges of life and to know how to ask for help when it's needed. Issues around wellbeing form a significant part of PSHCE programme and promoting good mental health is a priority for all staff, in all areas of the school. The physical, mental and emotional health benefits of exercise are well documented and the school actively encourages sport for all.

Mental health issues can and should be de-stigmatised by educating pupils, staff and parents. This is done through form time, assemblies and in PSHCE with the pupils, through staff INSET and through parent talks. Positive mental health is also promoted through strong pastoral care both for the whole school community and individual students.

Note: The Covid-19 Pandemic has had a significant impact on mental health and many young people are struggling as a result. It is vital that all staff recognise the pressure and difficulties some pupils will be facing and flag up any issues as early as possible to the pastoral team.

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 in the case of possible problems
- alert staff to warning signs and risk factors
- provide support and guidance to all staff, including non-teaching staff and governors, for working with and supporting pupils who suffer from mental health issues
- provide guidance and support to pupils who suffer from mental health issues, their peers and parents/carers

Child Protection Responsibilities

Oxford High 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, Governors 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.

Laura Knowles is the Designated Safeguarding Lead in the Senior School and Stacy Hurst Ramsay is the Designated Safeguarding Lead in the Prep School, including EYFS. There is a team of Deputy Safeguarding Leads. Parents are welcome to approach the DSLs 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. Parents are also able to approach Heads of Year and Form Tutors (senior), Class Teachers (prep) and the School Nurse. As good mental health is vital to the safety and wellbeing of pupils, issues around mental health may be handled according to the school's Safeguarding and Child Protection policy.

Background

In 2017 NHS digital published its report on 'Mental Health of Children and Young People' following a survey of 9,500 children aged 2 - 19. There have subsequently been three follow up 'waves' in 2020, 2021 and 2022 so that the NHS could monitor trends. This data has also been used to monitor the impact of the pandemic on children and young people. The third 'wave' (2022) includes 2,866 of the children and young people who took part in the MHCYP 2017 survey. The results were published in November 2022.

The headline findings are as follows:

- In 2022, 18.0% of children aged 7 to 16 years and 22.0% of young people aged 17 to 24 years had a probable mental disorder.
- In children aged 7 to 16 years, rates rose from 1 in 9 (12.1%) in 2017 to 1 in 6 (16.7%) in 2020. Rates of probable mental disorder then remained stable between 2020, 2021 and 2022.
- In young people aged 17 to 19 years, rates of a probable mental disorder rose from 1 in 10 (10.1%) in 2017 to 1 in 6 (17.7%) in 2020. Rates were stable between 2020 and 2021, but then increased from 1 in 6 (17.4%) in 2021 to 1 in 4 (25.7%) in 2022.

It is important, therefore, for staff to be alert to signs that a child might be suffering from mental health issues. As educators and adults who spend so much time with the young people in our care, it is important that we are proactive if we sense something is amiss or spot possible symptoms or a larger problem. In some cases, it also forms part of our safeguarding obligation, as per the school's Safeguarding and Child Protection Policy.

Possible signs of a mental health concern

- pupil is more withdrawn than usual, perhaps not sitting with friends, not participating
- pupil appears sad or tearful regularly
- pupil says, or looks like, they are not sleeping
- pupil complains regularly of tummy ache / head ache / general malaise
- pupil is evidently tense / nervous – signs could include hair twisting, nail biting / picking, protective body posture, lack of eye contact, avoids chatting
- pupil has lost / gained weight over a relatively short period of time
- pupil's academic performance has dipped
- pupil seems distracted or distant / finds it hard to concentrate
- pupil is unusually irritable

Some of the more common, specific mental health disorders include:

- Anxiety & depression
- Eating disorders
- Self-harm (not a disorder, but an unhealthy coping strategy)

Further details about the above mental health issues can be found in appendices at the end of this document.

Two important elements enabling the School to identify mental health issues 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. Regular one-to-one conversations between teachers and pupils aim to ensure that issues are identified early or, where warning signs may be present, monitoring can be put in place.

Procedures for raising a concern

Staff who have a concern about the mental health of a pupil must raise it immediately and parents in a similar position are encouraged to do so. Depending upon the severity of the concern, appropriate people to contact would be the pupil's Classroom Teacher (Prep School including EYFS), Tutor (Senior School), Head of Year or the DSL. If the concern is of a safeguarding or child protection nature (the pupil in question is at serious risk of coming to harm), it must be raised with the DSL, before the end of the school day. For lower level concerns, an email outlining the nature of the concern to the relevant teacher may be appropriate.

When discussing concerns about mental health with parents, it is almost always best to have a face-to-face conversation in the first instance. The sensitivity of such conversations for parents must never be underestimated. In the case that time is

limited and important information must be conveyed before a face-to-face conversation can be arranged, a telephone call would be the next best option.

The first conversation about a mental health concern should never happen by email, though it may be appropriate for email to be used once the lines of communication have been opened on the topic. It is also appropriate for staff to contact parents by email to set up a time to meet parents/speak on the phone. Alternatively, staff can ask the PA to the Deputy Head to contact the parents via phone to set up a meeting, thereby providing an appropriate level of distance and not putting the staff member in a position where they have to explain too much on the phone in order to arrange a meeting.

In all cases, the details of the concern and any communication with the girl herself, the parents or other professionals must be recorded on CPOMS as soon as possible. This is important for future reference and further monitoring.

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 confidentiality. **If a member of staff considers a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept; this must be regarded as a safeguarding matter and brought to the attention of the DSL immediately.** 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.

If a pupil is working with an agency or professional outside school, the School will seek to work with them to establish the best possible arrangement for supporting the pupil. It is important that all the professionals supporting that young person are working in the same direction and not at cross-purposes. Except in the case of serious safeguarding concerns, permission from the pupil would always be sought before liaising or sharing information and only information that would be helpful to the pupil's care and wellbeing would be shared.

It is possible that a pupil will present at the Nurse in the first instance. This gives the Nurse and designated First Aider key roles in identifying mental health issues early. The confidentiality of visits to the Nurse will be maintained, within the boundaries of safeguarding the pupil (in which cases the Nurse or First Aider will refer to the DSL). If a pupil confides in the Nurse or First Aider, then they should be encouraged to speak to their Class Teacher, Tutor or Head of Year or asked for permission for the Nurse to do so. The Deputy Head, Pastoral may decide to share relevant information with certain colleagues on a need to know basis, if it is deemed to be in the best interests of the welfare of the pupil. Parents should be involved wherever possible, although the pupil's wishes should always be taken into account, according to the principles of safeguarding and Gillick competence.

Parents are likely to know if something is amiss with their daughter's mental health, whether there is a diagnosed disorder or just something not quite right. Parents should never feel that there is any embarrassment about discussing such issues with the school, nor any stigma or judgement attached to their daughter after such a disclosure. It is vital that parents disclose to the School (Head, Deputy Head Pastoral, Nurse, Head of Year, Tutor, Class Teacher) 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.

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 Head reserves the right to request that parents withdraw their daughter temporarily until appropriate reassurances have been met or measures put in place. The DSL oversees any risk assessments linked to pupils with disordered eating and/or self-harm in collaboration with the school nurse.

For any student identified as having a diagnosed mental health condition, the School will consider whether the pupil will benefit from having special access arrangements for examinations and whether any other adaptations would be appropriate to support their learning.

Preventative / Supportive Measures

A proactive approach to wellbeing is a thread running through all aspects of provision at Oxford High School. Below is a list of some key aspects of ongoing wellbeing. These important aspects of life are reinforced through many initiatives, curriculum teaching, school culture and the overarching ethos of pastoral care in the school.

1. Proper sleep patterns
2. Making time for exercise
3. Eating healthily at regular intervals
4. Making time to relax
5. Emotional resilience
6. A sense of humour
7. A sense of perspective

The good mental health of all pupils is a top priority for Oxford High School and we work hard to help pupils develop the understanding, resilience and resourcefulness to feel empowered to take care of their own mental health and to be helpful to those around them. Issues around mental health are covered in a range of ways within the school, including the PSHCE programme, form time activities, assemblies and specific initiatives such as Wellness Week. In many of these settings, external speakers with specific areas of expertise are invited to work with pupils and parents.

The PSHCE curriculum is reviewed annually and modified according to need and feedback from pupils who express that they really value learning about mental health issues. We have two Wellbeing Prefects in the Sixth Form. Their aim is to lead initiatives to bring issues of wellbeing and good mental health to the fore and to keep sharing messages about good habits, coping strategies and resources to access for support. As evidence is growing about the link between social media use and self-esteem / mental health, this is a specific area we seek to bring to the attention to our pupils via the PSHCE curriculum. Advice is shared with parents on topics such as social media through pastoral bulletins and talks.

It is vital that, as a community, we reinforce the need to talk about mental health issues responsibly. Whilst speaking openly about mental health is vital, pupils must be taught about how to speak sensitively, proportionately and in a manner that is helpful rather than hurtful. Pupils must also be taught about the limits of the support that they can expect from peers who are not equipped to handle the burden of the serious problem a friend is experiencing, nor do they have the skill or expertise to give that friend the help they need. Both the friend suffering and the friend supporting must understand the importance of getting help from a trusted adult and neither one should begrudge the other taking this responsible step.

In addition to the pastoral teaching staff, all pupils have access to the school counsellors. Pupils in the senior school refer themselves to the counsellors or can be referred by parents or school staff via the Health Centre. In the Prep School, the DSL liaises with the school nurse for student referral. Confidentiality is important as pupils need to feel that the counsellor is a safe place for them to share anything (subject to safeguarding obligations.) The counsellors can be particularly helpful at advising other members of the school community about how best to work with a pupil who might be finding things difficult.

Home Visits

In cases of severe mental ill health, a home visit may be required. Home visits are done on the recommendation of CAMHS or Social Services and any home visit should take into consideration and SEND requirements. The DSL or a member of the safeguarding team should conduct a risk assessment prior to the home visit. Home visits require the consent of the child and parent unless CAMHS or Social Services have given consent for the home visit to proceed without the family's consent. This would only be in exceptional circumstances and would require a professional from CAMHS or Social Services to also attend the visit.

When conducting home visits, two members of OHS staff should be present and one member should be DSL/DDSL trained. Staff should only use personal vehicles for home visits if they have business insurance. If transport is required, the staff members should liaise with the school's Transport Manager.

Appendix 1: Suicide

(This is an excerpt of the more comprehensive OHS Suicide Safety Policy.)

Whilst suicide is a part of the broader topic of Mental Health, it is important to address it specifically. By doing so, the School seeks to protect the health and wellbeing of all pupils by having in place proactive and reactive procedures to assess the risk of, intervene in, respond to and, as much as possible, prevent suicide in our community.

Context:

- Suicide is the leading cause of death in young people
- Schools play a vital role in helping to prevent young suicide

OHS recognises that:

- Suicidal thoughts are common among young people
- Stigma surrounding suicide and mental illness creates barriers to seeking or offering help. OHS will promote open, sensitive language that does not stigmatise or perpetuate taboos.
- Talking responsibly about suicide does not create or worsen risk. We will provide pupils with opportunities to speak openly about their worries with people who are ready, willing and able to support them.
- Suicide is part of the wider topic of Mental Health and prevention of suicide is part of the wider aim of safeguarding children through being alert to and supporting pupils' mental health during their time at Oxford High School.

Guidance for teachers and support staff during or following a disclosure:

- Stay calm and try not to appear shocked or make any sort of judgement
- Don't dismiss what they are saying; they are asking for help
- Recognise that a disclosure may not include the word 'suicide': phrases such as 'I just don't see the point anymore' or 'I just don't want to go on' should raise concern and prompt questions (see below)
- If you feel comfortable, ask the student if they are thinking of suicide? If they are not, they will tell you so. If they are, listen and allow them to express their feelings. Be assured that you can't make it worse by asking the question. If you feel comfortable, you could also ask questions such as 'Have you talked about this with anyone else?' or 'How long have you been feeling this way?' 'Can you tell me a little more about your thinking?'
- Reassure them that they are not alone; there is help and hope and you are going to help them get support
- Inform the student that you will need to share the information with others
- Inform the DSL immediately then write it up according to safeguarding procedures

*If there is imminent risk of death or harm?

- Do not leave the student alone; go together to see the DSL, DDSL, school nurse, school counsellor
- It may be necessary to call '999' (for instance if a friend has disclosed a worry about a pupil at imminent risk somewhere outside of school)

If the pupil doesn't want to talk whilst waiting for assistance, reassure them that this is fine and that you will remain with them in supportive silence. Your reassurance will help the student to feel understood and safe.

Helpful language	Unhelpful language
Attempted suicide Attempted to take their life Engaged in suicidal behaviours Acted on suicidal thoughts Ended their life Died by suicide 'Have you had thoughts of ending your life? 'Have you had thoughts of suicide?' 'Have things ever felt so bad that you've thought of ending your life?' 'There is hope; there is help. We can find it together' 'It sounds like things are really tough at the moment; can you tell me a little more?' 'You've shown a lot of strength in sharing this with me – I want to help you.'	'Commit' suicide – it hasn't been a crime since 1961 so we should not use this language 'Successful' suicide – if someone dies, this could never be considered a success 'Failed suicide attempt' – a person who has tried often may feel 'I can't even get that right' 'It wasn't a serious attempt' or 'It's attention seeking' – anyone going to this length needs attention and support 'You're not going to do something stupid are you?' – fear of being seen as silly or stupid will lead this person not to divulge true intentions

Appendix 2: 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 the same way that progressive resistance builds physical muscle, facing increasingly trying circumstances as they grow older helps young people develop their skills and increase their ability to cope with the difficulties life will throw at them as adults. 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.

It is important not to treat all 'anxiety' as something to be feared or as a cause for concern and, as educators, we have a role to play in helping young people to put their stress or worries into perspective, develop strategies and giving them cause for optimism that they can and will learn to cope with the tough bits of normal life.

In cases where anxiety becomes unmanageable, 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.

Anxiety disorders include:

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

Symptoms of an anxiety disorder 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)

How to help a pupil who 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 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 can 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 illnesses, 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
- Upheaval in home life
- 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 as a result of a distressing situation, whereas others in the same situation will not. Depression can also develop when there seem to be no igniting factors. It can appear to come out of the blue.

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.

How to help a person with anxiety or depression:

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 Head of Year or Deputy Head Pastoral (DSL) aware of any child causing concern.

Following the report, the Head of Year or 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 or private referral – with parental consent
- Giving advice to parents, teachers and other pupils about how to be supportive / helpful

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.**

Appendix 3: 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 two most prevalent eating disorders. People with anorexia try to keep their weight as low as possible by not eating enough food or exercising too much, or both. This can make them very ill because they start to starve. In contrast, people who have bulimia go through periods where they eat a lot of food in a very short amount of time (binge eating) and then make themselves sick, use laxatives or do excessive exercise, or a combination of these, to try to stop themselves gaining weight.

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
- Participation in an activity where body size / shape is regularly emphasised

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An overprotective 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 health centre. Concerns should be logged on CPOMS.

Physical Signs

- Weight loss
- Regular dizziness, tiredness, fainting
- Regularly feeling cold more severely than would be expected
- Hair becomes dull or lifeless
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Unusual behaviour around food
- Wearing baggy clothes or several layers of clothing (to hide physique)
- Excessive chewing of gum/drinking of water
- Increasing isolation / loss of friends
- Believes she is fat when she is not
- Secretive behaviour
- Visits the toilet frequently, possibly 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 role

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 Head of Year or Deputy Head Pastoral (DSL) aware of any child causing concern.

It is important to encourage pupils to let staff know if one of their group is in trouble, upset or showing signs of an eating disorder. Friends can worry about betraying confidence so they need to know that eating disorders 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.

Following the report, the Head of Year or 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 or private referral – 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.**

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. Any student returning to school after a period of absence due to mental ill health must be supported by an external professional. The school will work with this professional when devising a personal support plan for the student.

The needs of the pupil concerned will, of course, be at the centre of any discussion, but the impact on other pupils, staff and the wider school community must also be considered when establishing care plans and involvement in school activities.

School staff are not able to directly supervise a child eating at break or lunch time in the senior school. If a child needs to be directly supervised (for example, on return to school after a period of absence due to their eating disorder or if a medical professional has recommended supervised meals) then an arrangement will be made for the parents to collect the child at lunch time/break time if direct supervision is needed. If this is not possible, then the school will work with parents to find a suitable alternative. This may involve the student video calling one of their parents from school so that parents are able to supervise lunch virtually.

The GDST has produced an 'Eating Disorder Protocol' which staff in school adhere to.

Appendix 4: Self-Harm

Introduction

Research suggests that 1 in 4 young women and 1 in 10 young men have self-harmed at some point in their life (source: www.samaritans.org). 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 not a disorder; it is an unhealthy coping strategy that can become addictive and dangerous. 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 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 Head of Year, School Nurse or Deputy Head Pastoral). Concerns should also be logged on CPOMS.

Possible warning signs include:

- Visible marks / cuts / injuries on the pupil's body which look unlikely to be accidental
- 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 Role

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. It is important to try and maintain a supportive and open attitude and not express alarm at the disclosure – 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.

- 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 then the School Nurse or a first aider should be called for immediate help
- If a pupil discloses that they have taken an overdose or otherwise ingested something dangerous, medical help should be sought immediately

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 School Nurse, Head of Year or Deputy Head Pastoral (DSL).

Following the report, the School Nurse, Head of Year or 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 services
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers

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 the Deputy Head Pastoral. 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 5 – Emotional Based School Avoidance

Emotionally-based school avoidance is a term referring to reduced or nonattendance at school by a child or young person. Rather than the term 'school refusal', the term EBSA recognises that this avoidance has its root in emotional, mental health or wellbeing issues.

The 2022 Attendance Audit from the Children's Commissioner found that in Autumn 2021, 1 in 4 children were persistently absent. In 2018/2019, this figure was 1 in 9 – meaning that persistent absence has more than doubled in this time period.

Risk factors:

Child/young person:
Anxiety, depression or other mental health concerns
Difficulties with managing and regulating emotions
Trauma and adverse childhood experiences (ACEs)
Low levels of self-confidence or self-esteem
Separation anxiety or attachment issues with a parent/carer
Having a special educational need or disability

School:
Bullying
Difficult relationships with staff members
Difficulties making and maintaining friendships, being socially isolated
Difficulties in particular subjects
Demanding, pressurised academic environment
Transitions: from primary to secondary, or through key stages

Family:
High levels of family stress (including financial stress, conflict or domestic violence)
Changes to the home environment (including divorce, separation or parent/carer illness)
Being a young carer
Loss and bereavement
Family history of EBSA
Poor parental mental health

Warning signs

Members of the pastoral team monitor school attendance and strategic oversight of attendance matters sit with the DSLs (Prep and Senior).

Pastoral members of staff should remain alert to those susceptible to EBSA by paying particular attention to the attendance record of the students displaying the risk factors above. In addition, pastoral staff members should look for patterns emerging if a child is absent from school and should report any concerns to the DSL. Persistent absence should be flagged as a safeguarding concern.

Staff role

The pastoral team in consultation with the DSL support students and family who are struggling with EBSA. Meetings will be arranged to discuss ways to improve attendance and any reasonable adjustments that need to take place. For serious cases, a referral to CAMHS will take place and TAF meetings will be set up in order to support the young person. This meeting should consider the barriers stopping attendance and any push/pull factors from home and school. A plan should be put in place to help support the child in increasing their school attendance.

On the advice of CAMHS or another medical professional (GP) the school may consider a phased return in exceptional cases of persistent absence. The school may also arrange a home visit on advice from a medical professional or social services. We only offer Guided Home Learning to students if this is recommended by CAMHS, a GP, or Social Services.

The school follows advice from the Anna Freud Centre when managing cases of EBSA that do not meet the threshold for CAMHS or Social Services.
https://d1uw1dikibnh8j.cloudfront.net/media/18945/addressing-emotionally-based-school-avoidance-rebrand.pdf

Further Reading and Useful Links

For acute mental health support (in lieu or A&E): https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline

Emergency Services (999)

The Multi-Agency Safeguarding Hub (0345 050 7666)

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

DfE: Mental Health and behaviour in schools; November 2018