Halliford School
SHEPPERTON

# Mental Health and Wellbeing Policy

# October 2020

*Approved by the Governing Body October 2020*
*To be reviewed March 2021*

# Contents

## Mission Statement

Halliford is a school based on strong family values where we know and respect every student as an individual. We encourage and support Hallifordians to flourish and become the best version of themselves that they can possibly be.

We aim for excellence by being academically ambitious but at the same time academically sensitive.

We inspire Hallifordians within a community that is founded on high quality teaching and learning, outstanding pastoral care and first class sporting, cultural and extra-curricular opportunities. Our curriculum should imbue the following Hallifordian values:

- Intellectually curious
- Respectful
- Warm-hearted
- Team players
- Creative
- Resilient

## Introduction

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 Organisation)

## Scope

This document describes the School's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our medical, safeguarding, anti-bullying and SEN policies in cases where a student's mental health impacts or is impacted by a student's other needs.

All staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. When staff have a mental health concern about a child that is also a safeguarding concern, immediate action is taken, following this child protection policy and speaking to the designated safeguarding lead or a deputy.

## Aim

At Halliford School we recognise that in order to help our students succeed, we have a role to play in supporting them to be resilient and mentally healthy and we understand the importance of happiness and wellbeing for every member of the school community. We aim to create an environment where all students are known as individuals and all are equally valued, supported and encouraged.

We aim to promote positive mental health within the school community by educating our students, staff and parents, by increasing understanding and awareness of common mental health issues and by alerting staff, parents and students to early warning signs of mental illness.

We aim to support those suffering from mental ill health, as well as their teachers, parents and peers, and to promote a safe caring environment for students affected either directly or indirectly by mental ill health.

It is not the role of the School to diagnose and treat conditions; our aim is to be alert to the signs of mental health concerns, to intervene as soon as possible and to provide support whilst the student accesses professional help from the appropriate services. Where severe problems occur it is expected that the student will be supported by medical professionals, including those in Child and Adolescent Mental Health (CAMHS), voluntary organisations and local GP surgeries, as well as private healthcare professionals.

These aims are in line with government guidance 'Mental Health and Behaviour in Schools'

Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping students to be resilient so that they can manage the normal stress of life effectively. This will include teaching students about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;

- Identification: recognising emerging issues as early and accurately as possible;
- Early support: helping students to access evidence based early support and interventions; and
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

## Procedure

The most important role school staff play is to familiarise themselves with the risk factors and warning signs.

Any member of staff who is concerned about the mental health or emotional wellbeing of a student should speak to a member of the Pastoral Team.

If a student is worried about one of his/her peers, concerns can be raised anonymously/discretely via email or on paper using the 'House Box System'. There are also emails that send directly to the DSL; concerns@hallifordschool.co.uk and DSL@hallifordschool.co.uk Parents are encouraged to discuss any concerns with their child's tutor or a member of the Pastoral Team.

If there is a fear that the student is in danger of immediate harm, the School Safeguarding Procedure should be followed with an immediate referral to the Senior Deputy Head (DSL). If the student presents with a medical emergency, then the normal procedures for medical emergencies should be followed, by alerting Matron, or a first aid trained colleague or emergency services if appropriate.

The school counsellor is used regularly to support students mental health and wellbeing.

Responsibility for coordinating school support will usually be Head of Year 7, Head of House or Head of Sixth Form. These colleagues have all been trained with the 2 day MHFA award.

## Managing Disclosure

Where a student discloses concerns about their own mental health or that of a friend to a member of staff, they should respond in a calm, supportive, non-judgmental way.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgmental.

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

All concerns should be documented on a Safeguarding 'Cause for Concern' Form – Concerns about Child's Safety and Welfare. You should include the date, the name of the member of staff to whom the disclosure was made, the main points from the conversation and the agreed next steps. The form should then be submitted to the Senior Deputy Head (DSL), for support and advice about what happens next.

For more information about how to handle mental health disclosures sensitively see Appendix E.

## How do we achieve our aims?

Creating a calm and dignified environment where positive mental health is promoted

Continual training of staff and parents, such as MHFA courses and Parent support talks

We remove the stigma of mental health through consistent messages in assemblies and a culture of openness

Recognise the importance of communication in all areas of school and foster a strong pastoral instinct in tutors and teachers. Parental engagement in these matters is high as are the quality of conversations held in form times.

Invest in a school counsellor and place great importance in their work within the school community

Conduct regular student surveys relating to safeguarding and mental health

Promote mental health and wellbeing through the charitable work the School carries out and the raising of awareness through these events

Places mental health as a consistent message throughout the teaching and care within the school (see appendix E)

Engage students to speak of their mental health journeys, as and when appropriate in supporting others

Ensure quiet reflective spaces are available for students, such as the Garden of Reflection, and areas for quiet prayer or spirituality

To have mental health and wellbeing of both students and staff a a standing agenda item in Patoral and Department meetings

## Confidentiality

The School believes that the welfare of a student is best served by working with the knowledge and support of their parents. However, there may be occasions where a student will approach a member of staff for help before telling their parents and may ask for their confidentiality to be respected. In accordance with our Safeguarding and Child Protection Policy, staff should make it clear that if they believe the student to be at risk of harm, they will need to pass the information on to the appropriate safeguarding authorities. We should encourage sharing of information with their parents and work with the student to find a way to do this which is acceptable to the student.

The member of staff will only share information about a student when they have told them that they need to do this. The staff member should make it clear:

- Who they are going to talk to.
- What they are going to tell them.
- Why they need to tell them.

The School Matron and School Counsellor will follow their professions' ethical codes of confidentiality which are more clearly defined. Their codes of confidentiality prevent them from informing the School of issues unless they have the student's direct permission, unless they deem the student to be in danger.

## Warning signs – Risk factors

Staff may become aware of concerns regarding a student's mental health in a variety of ways, including where:

- A student acknowledges that they have a problem and seeks help.
- A sudden or progressive deterioration in academic performance.
- Persistent lateness.
- Change in appearance – unkempt, weight change, decline in personal hygiene.
- A student's comments about interest in extreme, harmful or reckless behaviour.
- Visible signs of self-harm, or attempts to cover up such signs.
- Talking or joking about self-harm or suicide.
- Abusing drugs or alcohol.
- Secretive behaviour.
- Repeated physical pain or nausea with no evident cause.
- Appearing unusually tired.
- Ceasing to join in with sporting, social and cultural activities that were known to be important.
- Obsessive attitude towards work, unwarranted fixation on failure.
- A change in mood and communication, aggressive, downcast, overly emotional.
- Parental mental health issues.
- Where a member of staff, parent or other adult reports concerns or issues relating to a student's mental health or behaviour.
- Where another student reports concerns about or issues relating to a students mental health.

Any member of staff recognising these signs should inform a member of the Pastoral Team immediately and comply with the School's procedures.

## Pastoral Team

Mr J Bown, Senior Deputy Head, Designated Safeguarding Lead (DSL)

Mr J Davies, Headmaster, Deputy Designated Safeguarding Lead (DDSL)

Mr S Slocock, Assistant Head Co-Curricular, Deputy Designated Safeguarding Lead (DDSL)

Mr M Shales, Head of House, Deputy Designated Safeguarding Lead (DDSL)

**Heads of House:**

Mr V Harden-Chaters (Desborough)

Mr D Howard (Greville)

Mr M Shales (Russell)

Ms J Butler-Smith (Wadham)

**Head of Year 7:**

Miss H Foster

**SENCO:**

Mrs P Peacock

**Head of Sixth Form:**

Mr J MacLean

**School Counsellor:**

Mrs Nabila Ghauri

**Governor responsible for Safeguarding:**

Mr P Roberts

## Parents

The School believes that the welfare of its students is always best served by working with the full knowledge and support of the student's parents. If the student indicates that there may be some underlying safeguarding issues, parents will not be informed but the DSL will take advice from the Local Safeguarding Children Board.

Parents who themselves have had mental health problems are encouraged to share this with the School's Matron or Senior Deputy. The School needs to be aware of the student's circumstances in order to provide the proper support and ensure that reasonable adjustments are made to enable the student to learn and study effectively. We ask that parents disclose any known mental health problem or any concerns that they may have about the student's mental health or emotional wellbeing. This includes any changes in the family circumstances that may impact on the student's wellbeing.

All information received will be shared on a strictly need-to-know basis.

Where the School needs to disclose sensitive information to parents about their child a record of the meeting will be kept with the student's confidential record.

## Students' Absence

Where a student 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 professional involved in treating the student.

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

If a student requires some time out of school, the School will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready. The Head of Pastoral and the student will work together to draw up an appropriate welfare plan in order that the student feels that they have ownership and control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents and medical professionals.

## Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends will want to help but often do not know how. The School recognises the important role that friends will have in the ongoing support of a person suffering from a mental health issue however, the School does not wish to over-burden friends with unreasonable responsibility. The School will offer advice and support to these friends through the appropriate channels.

## Staff Training

Teaching staff will receive regular training about recognising and responding to mental health issues as part of their annual safeguarding and child protection training. Staff who require in-depth knowledge are encouraged to attend further training through CPD. Matron and the School Counsellor are available to provide guidance for staff who wish to find out more about particular mental health issues relating to a student. The pastoral team have been trained in the 2 day MHFA award.

## Depression

We all have times when our mood is low and we're feeling sad or miserable about life but, for some students these feelings dominate and interfere with their everyday life. It affects how they think, feel and behave and it can cause emotional, functional and physical problems.

Signs of depression in a young person may vary but include low mood (lasting longer than two weeks) feelings of sadness or hopelessness, irritability, anger or hostility. Tearfulness or frequent crying, withdrawal from friends and family, loss of interest in activities, poor school performance, changes in eating and sleeping habits. They may also have thoughts of self-harming or feeling suicidal.

When the School becomes aware that a student may be suffering from depression, steps will be taken to enable them to access professional help through their GP, or if they are having suicidal thoughts, to access immediate support from CAMHS. The student should be encouraged to speak to Matron, the Senior Deputy Head or the School Counsellor who can work with parents to get help and treatment as soon as possible.

## Anxiety

It is natural that a young person may feel anxious at times but for some students it can escalate significantly to affect their ability to develop, to learn and to maintain and sustain friendships. Anxiety disorders can be caused by a variety of reasons, e.g. worries about issues at home, school or a traumatic event. Signs of anxiety include panic attacks, OCD, specific phobias like school refusal, separation anxiety, social phobia or having difficulty sleeping. If the School becomes aware that a student is suffering from an anxiety disorder steps will be taken to enable them to access specialist help and support through their GP or CAMHS.

## Suicidal

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

A student who is suffering from depression may experience suicidal thoughts. Suicide is the act of intentionally taking your own life. Suicidal feelings range from being preoccupied by abstract thoughts about ending your life, for feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take your own life. These feelings are unique to the individual and may accumulate to them attempting or committing suicide. The School therefore recognises, that if they identify a student may be suffering from depression, that it is important to work with the student and parents, as early as possible to help the family access appropriate Self-Harm.

Self-harm is where a student may cause harm to themselves as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences that feel out of control. It can be the thing they turn to when they feel they have no other option and become a behaviour pattern. It most frequently takes the form of cutting, burning or non-lethal overdoses. If a student discloses or, a member of staff or peer suspects and reports that a student maybe self-harming then the appropriate procedures need to be followed to access support and professional help.

## Eating Disorder

An eating disorder is where a person has an abnormal attitude towards food that causes them to change their eating habits and behaviour. This can include a range of conditions that can affect a person physically, psychologically and socially. The most common disorders are anorexia nervosa, bulimia and binge eating disorder. Often it is family and friends that become aware of the problem before school. On other occasions it could be that the student seeks help from a member of staff. The School will advise the student and parents to seek help from their GP and offer support and monitor the situation at school.

# Useful Contacts

## Shepperton Health Centre

Concerns contact Practice Manager Caroline Self on 01932 220524 who will advise and give contact numbers for referral. (CAMHS, Counselling. GP)

Local GP within the practice who will be the Safeguarding Lead

Dr Atkins is the Mental Health Lead at Shepperton Health Centre

Shepperton Health Centre website: http://www.sheppertonhc.co.uk/

Self-referral – counselling/psychological services

Mind Matters Surrey 0300 330 5450 www.mindmattersnhs.co.uk/surrey

Health Minds Surrey 01483 698986 http://healthymindssurrey.nhs.uk/

Think Action 01483 746900 http://thinkaction.org.uk/

IESO Digital Health – on line CBT 01954 230066 http://uk.iesohealth.com/accessing-ieso/patients/surrey/

First Steps 0808 801 0235 https://www.healthysurrey.org.uk/

Safe Haven 18-64 years http://www.sabp.nhs.uk/

## Other useful websites

Young minds: www.youngminds.org.uk

Big White Wall: www.bigwhitewall.com

Child line: www.childline.org.uk 0800 1111

Mind: www.mind.org.uk

Recover Your Life: www.recoveryourlife.com

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

NHS: www.nhs.uk

Young people and mental health: www.nhs.uk/livewell/youth-mental-health

NICE: www.nice.org.uk/guidance

Samaritans: www.samaritans.org

## Appendix A - Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

### Focus on listening

> *"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."*

If a student has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

### Don't talk too much

> *"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."*

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

## Don’t pretend to understand

> *“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”*

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.

## Don’t be afraid to make eye contact

> *“She was so disgusted by what I told her that she couldn’t bear to look at me.”*

It’s important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn’t feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a ‘freak’. On the other hand, if you don’t make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can’t bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

## Offer support

> *“I was worried how she’d react, but my Mum just listened then said ‘How can I support you?’ – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming.”*

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the School’s policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you’re working with them to move things forward.

## Acknowledge how hard it is to discuss these issues

> *"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."*

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been and how glad you are they chose to speak to you, conveys positive messages of support to the student.

## Don't assume that an apparently negative response is actually a negative response

> *"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."*

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

## Never break your promises

> *"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."*

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the School's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

# Appendix B - 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.

**Anxiety disorders include:**

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

**Symptoms of an anxiety disorder 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, diarrhea.
- 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

How to help a student having a panic attack.

If you are unsure whether the student is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away. Once the ambulance has been called, contact Matron during normal school hours. Do not leave the student.

If you are sure that the student is having a panic attack, move them to a quiet safe place if possible and call Matron if you are able to do so.

Help to calm the student 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 student 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.
- Reassure the student that someone will stay with them and keep them safe until the attack stops.
- Accompany the student to the Medical Centre when they are well enough to be moved.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder.

It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

## Depression

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

Depression in young people often occurs with other mental health disorders. 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.
- Separation or 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, substance misuse, 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

Be familiar with the risk factors and warning signs outlined above and make the designated safeguarding lead aware of any child causing significant concern.

Course of action may include:

- Contacting parents/carers.
- Arranging professional assessment and help e.g. doctor, nurse.
- Arranging an appointment with a counsellor.
- Referral to CAMHS – with parental consent.
- Giving advice to parents, teachers and other students - with appropriate consent.

# Appendix C - Eating Disorders

School staff can play an important role in preventing eating disorders and also in supporting students, peers and parents/guardians of students currently suffering from or recovering from 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***: 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***: 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).

***Binge Eating Disorder***: People experiencing Binge Eating Disorder have recurrent episodes of binge eating with feelings of loss of control.

## Risk Factors

The following risk factors are only a guide and not necessary present however, they are factors that may make a young person more vulnerable to developing an eating disorder:

***Individual Factors:***

- Difficulty expressing feelings and emotions.
- A tendency to comply with others' 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 expectations of achievement.

***Social Factors:***

- Being bullied, teased or ridiculed due to weight or appearance.
- Pressure to maintain a high level of fitness requiring low body weight.

## Warning Signs

***Physical Signs*** (not exclusively associated with eating disorders)

- 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 behavior.
- Visits the toilet immediately after meals.

**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.

School staff may become aware of warning signs which indicate a student 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 report concerns to Matron / Heads of House / Senior Deputy Head immediately as early treatment is vital.

Matron will liaise with the designated safeguarding lead, parents, school counsellor and healthcare professionals (as agreed). Other staff members will be informed on a 'need to know' basis and subject to confidentiality obligations.

Students with eating disorders/suspected eating disorders should NOT be weighed by any member of staff academic or sporting. They should only be weighed by Matron.

Counselling, dietary and exercise advice will be managed by Matron and other healthcare professionals in consultation with parents/guardians.

## When an Eating Disorder is suspected

Students will be encouraged to speak to parents/guardians about any issues or concerns that have arisen. It is important that students understand the benefit of Matron speaking with parents in order to maintain continuity and support between home and school.

Parents will be advised to arrange an initial individual assessment with their GP. With permission from the student/parents, Matron may liaise with the student's GP to develop a treatment plan that will support the student both at home and school.

If the student refuses any parental notification/involvement, the on-going well-being of that student will be closely monitored and supported by Matron in school. However, if a developing eating disorder is clearly identified, this puts the student at risk and parents/guardians will almost certainly be informed in line with our Safeguarding duties. Students are encouraged to be a part of this process.

When a student or parents are uncooperative and the School is unable to ensure the dietary health of the student whilst in school, Matron and the safeguarding lead will meet to discuss future management.

Full responsibility for the student's diet, health and well-being may fall to the parents, who will need to make satisfactory provision for that student's well-being. If provision is not made and deterioration is noted, safeguarding procedures will be followed.

# Appendix D : Self-Harm

Halliford School is committed to supporting the mental and emotional wellbeing of students who self-harm, recognising that self-harm is almost always a symptom of some underlying emotional or psychological issue.

## What is self-harm?

Self-harm is any deliberate behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress.

Self-harm may include:

- Cutting themselves.
- Scratching themselves.
- Burning or scalding their body.
- Banging and bruising themselves.
- Scrubbing or scouring their body.
- Deliberate bone-breaking.
- Punching themselves.
- Sticking things into their body.
- Swallowing inappropriate objects or liquids.
- Taking too many tablets (overdose).
- Biting themselves.
- Pulling their hair or eye lashes out.
- Attempting to terminate an unwanted pregnancy.

Less obvious self-harm behaviours also include:

- Controlled eating patterns – anorexia, bulimia, over-eating.
- Indulging in risky behaviour/risky sexual behaviour, destructive use of drugs or alcohol.
- An unhealthy lifestyle.
- Getting into fights.

## Warning signs

Self-harm may present as visible or invisible signs. The latter can include ingested materials or cuts/bruises under the clothing.

***Warning signs may include:***

- Visible signs of injury (e.g. scarring).
- A change in dress habit that may be intended to disguise injuries (e.g. an unexpected/sudden change to wearing long sleeved tops).
- Changes in eating or sleeping habits.
- Increased isolation from friends or family; becoming socially withdrawn.
- Changes in activity or mood (e.g. becoming more introverted or withdrawn).
- 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/image.

***Links to emotional distress*** (including abuse)

Those who self-harm are usually suffering emotional or psychological distress and it is vital that all such distress is taken seriously to assist in alleviating that distress or to minimise the risk of increasing distress and potential suicide.

Any young person who suggests they are experiencing suicidal feelings must be taken seriously and safeguarding procedures put in place immediately; a young person showing this level of distress must NOT be left unattended.

***Emotional/psychological risk factors associated with self-harm can include:***

- Recent trauma e.g. death of a friend or relative, parental divorce.
- Negative thought patterns and low self-esteem.
- Bullying.
- Abuse – sexual, physical, emotional or through neglect.
- Sudden changes in behaviour and/or academic performance.
- Relationship difficulties (with family or friends).
- Learning difficulties.
- Pressure to achieve (from teachers or parents).
- Substance abuse (including tobacco, alcohol or drugs).
- Issues around sexuality.

***Other causes or risk factors:***

- Inappropriate advice or encouragement from internet websites or chat-rooms.
- Experimentation, ‘dares’ or bravado, ‘copycat behaviour’.
- Concerns by a girl that she may be pregnant (including an attempt to terminate this).
- A history of abuse of self-harming in the family.
- Parental separation.
- Domestic abuse and/or substance misuse in the home.
- Media influence.
- Issues surrounding religious or cultural identity.

Staff, parents and fellow students may become aware of warning signs that might indicate that a student is experiencing difficulties that may lead to self-harm or suicide. Within Halliford School, the Matrons, School Counsellor and the Designated Safeguarding Lead work in partnership when managing self-harm matters. Anybody concerned about a student must liaise with Matron or the Designated Safeguarding Lead (or a deputy in his absence) who will follow up with sensitivity, discretion and in line with the Safeguarding Policy.

## Prevention

The risk of self-harm can be significantly reduced by the creation of a supportive environment in which the individual's self-esteem is raised and healthy peer relationships are fostered. Halliford School aims to achieve this through the development of good relationships by all members of the school community, effectively managing student issues and concerns and through a PSHE programme that fosters positive direction for students.

## School Procedures for dealing with self-harm/mutilation

If there is concern that a student may be self-harming or is thinking of self-harming, this should be reported to the Matrons, Designated Safeguarding Lead or Deputy Safeguarding Lead, in person as soon as possible.

The Designated Safeguarding Lead will liaise with the safeguarding team and a plan put in place in line with school self-harm and safeguarding policy and procedures.

If physical harm has occurred the student should be taken to the Medical Centre or to A&E for medical assessment and care. (In an emergency an ambulance must be called). Parents will be notified and will attend as soon as able.

Students must not display open wounds/injuries in school - these must be dressed appropriately.

The Matrons will monitor the young person and put a framework of intervention in place. This may include organising counselling for the student within school or supporting the student and their family by signposting or making contact with appropriate support agencies or organisations.

In some cases, self-harm may raise safeguarding issues, in which case the procedures laid down in the

School's Safeguarding Policy must be followed.

Where a student does not want parents informed, the decision about involving parents/guardians will be taken in consultation with the Designated Safeguarding Lead, Matrons and the Headmaster.

Where the student is judged not to be Gillick competent, is considered to be at severe risk of harming themselves, or where severe self-harm requires medical intervention/A&E, parents/guardians will be informed directly. This will be discussed with the student beforehand. It is always better for the student to share information with parents/guardians so they can be at the centre of their care

Parents and guardians are encouraged to work in partnership with the School to support the student. If any member of staff has any concerns about confidentiality issues they should take advice from the designated safeguarding lead. Staff must not promise confidentiality, but reassure the student that only those people who need to know will be informed for their safety (see Safeguarding and Child Protection Policy).

If a member of staff becomes aware of or is alerted to a self-harming issue, or a student discloses self-harm, s/he is advised to treat the matter as a safeguarding issue in the first instance and follow the procedures set out in the Safeguarding and Child Protection Policy. It is safer to do this, even if the incident eventually turns out to be an isolated one that was not indicative of a serious underlying cause.

If a student suggests that there is evidence of self-harm beneath his/her clothing, a member of staff should accept such statements and not ask the student to remove clothing to reveal wounds/bruises etc. Matron may investigate such evidence in a sensitive and appropriate manner in the Medical Centre.

Where a student who is self-harming is adversely affecting other students, they may be required to go home temporarily.

## Appendix E: Mental Health Guidelines June 2020

It is understandable for children to feel anxious about coronavirus. The return to school should help by providing routine and a sense of stability.

Through its communication and response to the Corona-virus documentation, Halliford School has considered how to support students who may:

- continue to have anxieties related to the virus, by ensuring adequate counselling and awareness is available.
- have found the long period at home hard to manage
- be subject to safeguarding concerns, by asking tutors to be extremely vigilant and through student voice surveys
- make safeguarding disclosures after returning to school, which was a focus on Safeguarding INSET in September and followed through with students when returning to school.
- have lost family members to the virus (Protocol relating to School response to a bereavement in the community)
- be currently transitioning into a new educational phase

Teachers ensure students have opportunities to:

- develop coping skills and self-care techniques
- talk about their experiences during the outbreak, such as 1-1 meetings with colleagues and tutors
- have one-to-one conversations with trusted adults, if needed
- learn about topics related to coronavirus (e.g. how to stay alert), through assemblies and form time
- renew and develop friendships and peer groups
- take part in other enriching developmental activities through the continuation of our business as usual approach to as many aspects of school life as we could. Such as; clubs, sport and break times

Halliford's safeguarding procedures and policy has been updated to fully reflect the changing need.

Students may be affected by issues discussed in lessons. Colleagues were made aware to, and have made the child protection/pastoral/safeguarding lead know what teaching is taking place, so pre-emptive conversations with students, including those with adverse childhood experiences can take place.

Coleagues are also aware to follow safeguarding procedures, including:

- **setting ground rules** for lessons, where needed, particularly around not sharing personal information
- **stopping discussions if personal information is shared** in lessons and following up with students later where needed
- **not promising confidentiality** if a student confides something concerning
- **telling students they can ask for help** and they will be taken seriously

Through assemblies and our culture, students are aware of the early signs of mental wellbeing issues such as:

- behaviour / mood change over days or weeks
- sleep problems - too little or too much sleep
- feeling regularly overwhelmed, anxious, angry
- deliberate isolation from friends and family
- lack of self-care or hygiene habits
- difficulty concentrating (not focusing on work)
- more regular physical health concerns (headaches)