



# Clifton High School

co-educational nursery pre-school to sixth form

<b>Policy applies from EYFS to Sixth Form</b>	<b>Mental Health</b>
Date policy updated	06.03.2020
Date policy to be reviewed	06.02.2021
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A shaded area denotes a regulation to which all schools must comply	

*Clifton High School is committed to child protection and safeguarding children and young people and expects all staff, visitors and volunteers to share this commitment.*

## Related Policies

- Admissions
- Child Protection and Safeguarding
- Counselling
- Personal, Social Health and Economic Education (PSHE)
- Special Educational Needs (SEN)

Mental Health affects all aspects of a child's development including their cognitive abilities and their emotional wellbeing. Childhood and adolescence are when mental health is developed and patterns are set for the future.

For most children, the opportunities for learning and personal development during adolescence are exciting and challenging and an intrinsic part of their school experience. However, they can also give rise to anxiety and stress. Children may also suffer mental health issues owing to circumstances outside school.

The topic of mental health is delivered to our pupils through PSHE lessons, assemblies and through guest speakers in the aim of making the subject a topic for open discussion. The frame work of support for mental health followed in school sits under The Special Educational Needs and Disabilities (SEND) 0 to 25 years Code of Practice 2014 (chapter 6). This framework is consistent with schools' duties under the Equality Act 2010.

## Purpose

- Promote positive mental health
- Increase understanding and awareness of mental health issues to facilitate early intervention of mental health problems
- Alert pupils and staff to mental health warning signs and risk factors
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who suffer from mental health issues

## Early Intervention - Embedding a Positive attitude to Mental Health

The school emphasises the importance of promoting positive mental well-being through its ethos, its strong pastoral care system, the teaching through curriculum subjects such as PSHE and positive classroom management. Potential mental health difficulties can be supported in various ways before there is any escalation. For example: pupils can be referred to the school counselling service (See Appendix A); pupils can be referred to the Enhanced Learning Department (by their teacher/tutor) for sessions to develop social skills and developing and enhancing self-esteem can be part of a special educational needs (SEN) pupil's Individual Educational Plan (IEP).

Early intervention to identify issues and provide effective support is crucial (Mental Health and behaviour in schools DfE November 2018).

The school role in supporting and promoting mental health and well-being encompasses

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient
- Identification: recognising emerging issues as early and accurately as possible
- Early support: helping pupils to access evidence based early support and interventions
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment

### **Child Protection Responsibilities**

As stated in the Child Protection and Safeguarding Policy, Clifton High School is committed to providing a safe and secure environment for pupils and promoting a climate where pupils feel confident about sharing any concerns they may have. Clifton High School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing. Our aim is to respect the rights of every pupil to

- Be free from any abuse or discrimination
- Have staff, available in Clifton High School, with whom they can feel confident to discuss concerns regarding child protection and safeguarding
- Have their self-esteem and self-confidence nurtured at all times
- Be educated in all matters to ensure that they have the skills to stay safe, be healthy, enjoy and achieve, make positive contributions and achieve economic well being

### **Clifton High School Staff Responsibilities**

The school follows The Special Educational Needs and Disabilities (SEND) 0 to 25 years Code of Practice 2014 model of graduated support: Assess – Plan – Do - Review, with those pupils who are showing signs of mental health difficulty. The SEND model of the three waves of support has been used to support the graduated response.

Please see Appendix B – Mental Health and Emotional Well Being Provision Map 2019-2020

### **Wave 1: Provided for all pupils to ensure well being**

The aim of wave 1 support is to create a culture of care where pupils know who they can talk to if they have a concern. This is what is done for all pupils, but there may be a pupil who staff suspect has a concern/anxiety and then staff would plan provision to meet their needs.

### **Provision at Wave 1 for all pupils**

- Embedded, everyday high-quality support and care from class teachers in the EYFS and Junior School and Tutors in the Senior School
- Access to School Health Practitioners in the Medical room  
In the event of a pupil showing high anxiety, the School Health Practitioners can offer immediate assistance
- Access to School Counsellors – pupils can refer themselves to the Counsellors (Y7-Y13) or be referred by teaching staff (Nursery – Year 6). A pupil will initially have access to a School Counsellor for a block of six sessions. Please see Appendix A for School Counsellor Referral Forms
- Signposting to appropriate outside agencies such as Child and Adult Mental Health Services (CAMHS) or advice as to how to get support through the National Health Service or a General Practitioner (GP) referral
- Personalised pupil goals discussed with some/all of the following: parents, class teacher (Nursery – Year 6), tutor in Senior School, School Counsellor, Mental Health Team, Enhanced Learning Department (ELD)
- Parental Involvement

## **Wave 2: additional to or different from what is provided to meet most children's needs**

If a pupil is not making progress at Wave 1, a discussion will take place involving some/all of the following: parents, class teacher (Nursery – Year 6), tutor in Senior School, School Counsellor, Mental Health Team, ELD and the pupil will be moved to Wave 2.

The decision would be reached through a consensus and this provision responds to needs that are additional to or different from what is normally provided at Wave 1.

Once at Wave 2 and there is a concern that a pupil is having mental health difficulties, support needs to be put into place quickly using the graduated response process which follows the Assess - Plan - Do - Review process. This process is recorded on an Individual Support/Behaviour Plan (ISBP). The plan will be decided after discussion with the Mental Health team, parents, pupil, class teacher (Nursery - Year 6), tutor (Year 7-13) and ELD.

**Assess:** An assessment will be made by the Mental Health Team and/or ELD to establish a clear analysis of the pupil's needs using measurement tools such as rating scales, Strengths and Difficulties Questionnaire (SDQ) and the Boxall Profile or Thrive or Effective Social Tracking

**Plan:** the ISBP will set out the difficulties and strategies to support the pupil

**Do:** Action will be set up to provide the support e.g. sessions with ELD

**Review:** Review dates will be set when the ISBP is written. It will ensure regular reviews to assess the effectiveness of the provision and the review can lead to changes where necessary. The Mental Health Team and ELD, parents and pupil will all be involved in the review process. At all times during the school's Assess, Plan, Do and Review process the parents and the class teacher/tutor will be involved. There will also be the awareness of the possible need to refer a pupil onto specialist mental health services such as CAMHS.

### **Provision at Wave 2 could include**

- School Health Practitioners involved - Awareness from School Health Practitioners that the pupil may need structured sanctuary time in the Medical room
- Initial contact with outside support agencies: The decision to contact an outside agency would generally be made by parents after consultation with Mental Health Team and ELD. At parents request this could be made by school
- Extension to counselling sessions
- Parental Involvement

### **Wave 3: Highest level of need**

If pupil is not making progress at Wave 2 then they need to be moved to Wave 3; this decision will be made by Mental Health Team and ELD and given that each pupil's needs are unique this move from wave 2 to wave 3 will be made on a case by case basis. Wave 3 promotes a specific targeted approach for individual pupils identified as requiring additional intervention. Pupils may have needs relating to social and emotional development and will need access to a specialist outside of school. These pupils will always be placed at School Support Plus which indicates that they are having external support; outside agencies are involved in assessing, planning and reviewing progress. This aims to help pupils to manage their transition back into in the classroom. In some circumstances, Wave 2 can continue to be in place alongside Wave 3 intervention.

### **Provision at Wave 3 could include**

- Advice and monitoring from Personalised Learning Team including Educational Psychologist, Clinical Psychologist, Speech Therapist, Behaviour support, Occupational Therapy support or GP
- Involvement and liaison with CAMHS
- School Health Practitioners involved

- School Counsellors involved
- Individual Support/Behaviour Plan (ISBP)
- Regular review of Individual Support/Behaviour Plan by the Mental Health Team and ELD; review dates will be set when the ISBP is written
- Parental Involvement

### **Triggers for Highest level of Need**

Despite school support from the school Counsellors and the School Health Practitioners, the pupil

- Has emotional or behavioural difficulties which substantially and regularly interfere with the child's own learning or that of the class group, despite having an ISBP
- Has sensory or physical needs, and requires additional specialist advice or visits by a specialist service
- Has ongoing communication or interaction difficulties that impede the development of social relationships and cause substantial barriers to well being

Actions to be taken by a member of staff when concerned about a pupil at this level – Please see Appendix C

### **Parent**

Clifton High School recognises that our pupils come from a wide variety of backgrounds with differing attitudes and approaches to mental health issues. It is important that the parents of pupils who have, or have had, mental health problems disclose this information about their child with the School at the time of admission or at any point where mental health matters develop. Please refer to the admissions policy which can be found on the School website. The School needs to know of the pupil's circumstances in order to provide proper support and ensure that reasonable adjustments can be made to enable them to learn and study effectively. Pupils and their families can share health information on the understanding that the information will be passed onto the relevant staff on a strictly need-to-know basis.

### **Confidentiality**

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality in cases of pupil welfare. If a member of staff considers a pupil to have been or are at serious risk of 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 a member of staff to do so. The School will balance a pupil's right of confidentiality against the School's overarching duties to safeguard pupils' health, safety and welfare and to protect pupils from suffering significant harm. Where a pupil withholds consent and/or in any other circumstances where the School considers it necessary and proportionate to the need and level of risk, confidential information may be shared with parents, medical professionals and external agencies on a need to know basis.

### **Pupil Absence**

If a pupil is absent from school for any length of time, then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating the pupil. Should a pupil require some time out of School, the School will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into School when they are ready.

## **Signs and Symptoms**

Clifton High School will take all reports of concerns over the mental health and wellbeing of its pupils seriously and not delay in investigating and, if appropriate, putting support in place, including where necessary, taking immediate steps to protect and safeguard a pupil. Below are signs and symptoms that last weeks or months and could interfere with a pupil's daily life, not only at home but at school and with friends. All staff members should familiarise themselves with them; the School may become aware of concerns over a pupil's mental health in a variety of different ways, including where

- A pupil acknowledges that they have a problem and seeks help
- A pupil exhibits consistent disruptive, unusual or withdrawn behaviour, which may be indicative of an underlying problem and/or indicates that a pupil could be at risk of developing mental health problems
- A member of staff, parent or another adult reports a concern about, or issues relating to, a child's mental health or behaviour
- Another pupil or child reports concerns about, or issues relating to, a pupil's mental health or behaviour

A child or young person might need help if they

- Often feel anxious or worried
- Have very frequent expressions of anger or feels intensely irritable much of the time
- Have frequent stomach-aches or headaches with no physical explanation
- Are in constant motion; cannot sit quietly for any length of time
- Have trouble sleeping, including frequent nightmares
- Lose interest in things they used to enjoy
- Avoid spending time with friends
- Have trouble doing well in school, or academic grades decline
- Fear gaining weight; exercise, diet obsessively
- Have low or no energy
- Have spells of intense, inexhaustible activity
- Harm them self, such as cutting or burning the skin
- Engage in risky, destructive behaviour
- Harm self or others
- Smoke, drink, or uses drugs
- Have thoughts of suicide
- Think their mind is controlled or out of control; or if they hear voices

## **Anxiety**

Please see Appendix D for a list of signs and symptoms for anxiety.

All children and young people have anxiety attacks at times; this is a normal part of their development. Welfare concerns are raised when anxiety is impairing their development, or having a significant effect on their schooling or relationships.

### **Suicidal thoughts (ideation) and feelings**

Please see Appendix E for a list of thoughts and feelings relating to suicide.

“Suicidal feelings can range from being preoccupied by abstract thoughts about ending your life, or feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take your own life.” (MIND; 2017).

Any suggestion that a pupil may be considering suicide should always be taken seriously. Pupils are instructed to inform a member of staff immediately if they are feeling suicidal, or if another pupil confides suicidal thoughts to them. The pupil may be asked to undertake counselling, and to that end, professional advice concerning the management of, and support for, the pupil will be sought. This will include assessing the feasibility of the pupil’s continued presence at Clifton High School. Consideration will be given as to whether or not the pupil may benefit from a period away from School.

### **Eating Disorders**

Please see Appendix F for a list of signs and symptoms for eating disorders.

An Eating Disorder in a child is a mental health and safeguarding concern. Eating disorders are serious mental illnesses that involve disordered eating behaviour. This might mean limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (e.g. purging, laxative misuse, fasting, or excessive exercise), or a combination of these behaviours. Eating disorders are not all about food itself, but about feelings. The way the person interacts with food may make them feel more able to cope, or may make them feel in control. Eating disorders include anorexia, bulimia, and binge eating disorder. It is also common for people to be diagnosed with “other specified feeding or eating disorder” (OSFED). This is not a less serious type of eating disorder – it just means that the person’s eating disorder does not exactly match the list of symptoms a specialist will check to diagnose them with anorexia, bulimia, or binge eating disorder. 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 follow the Schools’ Safeguarding procedures.

### **Self-harm**

Please see Appendix G for a list of signs and symptoms for anxiety.

It is important to encourage pupils to tell an adult if they know or suspect one of their peers is showing signs of self-harming. Peers of the self-harming pupil will be supported by the School, who will reinforce that pupils are not responsible for the care of pupils who self-harm. When a young person is self-harming it is important to be vigilant in case close contacts with the Individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.

Self-harm is any behaviour where the intent is to deliberately cause harm to one’s own body by

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	Abusing drugs and alcohol
Eating Disorders		

### **Further Information**

More information can be found through the Department of Education website document: Mental health and behaviour in schools

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755135/Mental\\_health\\_and\\_behaviour\\_in\\_schools\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf)

## Appendix A

### Referral for Counselling at Clifton High School

Please complete Part 1 of the form to refer a pupil for counselling.

#### Part 1 – Referral for Counselling

Name of pupil:	
Date of birth:	
Year and Class:	
Class Teacher or Form Tutor:	
Home address of priority 1 Parent:	
GP name and surgery (if known):	
Name of person making the referral:	
Contact details of referrer:	
What are the referrer's concerns:	
Date of referral:	

#### Part 2 – Counselling Report

Counsellor's name:	
Number of sessions taken:	
Child Protection or Safeguarding issues:	
Outcome:	

## Appendix A

### Consent Slip for Counselling of Year 1 - 6 Pupils

I \_\_\_\_\_ give permission for my child \_\_\_\_\_

whose date of birth is \_\_\_\_\_ to work with a school counsellor in a series of counselling sessions.

I understand that this counselling will be confidential unless there is a child protection or safeguarding concern.

Signature of Parent 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent 2: \_\_\_\_\_ Date: \_\_\_\_\_

Year 1 - 6 pupils need to have consent from both parents, where applicable. If parents live separately then each parent can sign a separate form.

Please sign and return the form to Mrs Jackie Brangwyn, Lead Counsellor, via the School Office.

## Appendix A

### Consent Slip for Counselling of Senior Pupils

I \_\_\_\_\_ date of birth \_\_\_\_\_ agree to work with a school counsellor in a series of counselling sessions.

I understand that this counselling will be confidential unless there is a child protection or safeguarding concern.

Signature of Senior Pupil: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and return this form, to Mrs Jackie Brangwyn, Lead Counsellor via the box outside the counselling room.

## Appendix B

### Mental Health and Emotional Well Being Provision Map

<b>Name:</b>	<b>Date of Birth:</b>	<b>Year:</b>	<b>Class Teacher/Form Tutor:</b>
<b>Reason for referral:</b>			
<b><i>Wave 1: Provision that is provided for all pupils to ensure wellbeing</i></b>	<b><i>Wave 2: additional to or different from</i></b>	<b><i>Wave 3: Highest level of need</i></b>	
<p><b><u>Pastoral Support</u></b></p> <ul style="list-style-type: none"> <li>• Imbedded everyday high quality support and care from class teacher in the EYFS and Junior School and Tutor in the Senior School</li> <li>• Signposting to appropriate outside agencies to support wellbeing evident in all classrooms</li> <li>• Access to School Health Practitioners in the Medical room</li> <li>• Access to School Counsellors – pupils can refer themselves to the Counsellors or be referred by teaching staff</li> <li>• Awareness of Mental Health Team</li> <li>• A pupil will initially have access to a School Counsellor for a block of 6 sessions</li> <li>• Parental support discussion</li> <li>• Signposting to appropriate outside agencies</li> <li>• Personalised pupil goals discussed</li> </ul> <p><b><u>Resources</u></b></p>	<p><b><u>Extended Pastoral Support in school</u></b></p> <p><b>Every pupil has access to wave 1 support, but if difficulties are not resolved through wave 1 support the following extended support can be put in place:</b></p> <ul style="list-style-type: none"> <li>• Extension to block of six initial counselling sessions</li> <li>• Individual Behaviour Support Plan put in place by Mental Health Team</li> <li>• Awareness from School Health Practitioners that pupil may need structured sanctuary time in the Medical room</li> <li>• Frequent review of Individual Support Plan involving: assess, plan, do, review</li> <li>• Initial contact with outside support agencies if appropriate</li> </ul> <p><b><u>Resources</u></b></p> <ul style="list-style-type: none"> <li>• Medical room with three School Health Practitioners</li> </ul>	<p><b><u>Involves Outside Agency Support giving support and advice to school and working closely with Mental Health Team</u></b></p> <ul style="list-style-type: none"> <li>• Advice and monitoring from Personalised Learning Team (Educational Psychologist, Clinical Psychologist, Speech Therapist, Behaviour support, Occupational Therapy support; General Practitioner (GP))</li> <li>• Involvement and liaison with Child and Mental Health Services (CAMHS)</li> <li>• Mental Health Team involved</li> <li>• Medical Team involved</li> <li>• Individual Support Plan</li> <li>• Parental Involvement</li> <li>• Regular review of Individual Support Plan</li> </ul> <p><b><u>Resources</u></b></p> <ul style="list-style-type: none"> <li>• Regular contact with outside agencies</li> </ul>	

<ul style="list-style-type: none"> <li>• Medical room with three School Health Practitioners</li> <li>• Counselling service with two counsellors</li> <li>• Mental Health Team</li> <li>• Information to outside support agencies</li> <li>• Enhanced Learning Department – friendship skills</li> </ul> <p><b><u>Behaviour management</u></b></p> <ul style="list-style-type: none"> <li>• Embedded discipline policy</li> <li>• Pastoral support: class teacher; LSA and TA; Tutor, ELD</li> <li>• Structured appropriate reward system in use</li> <li>• Individual targets</li> <li>• Positive relationships evident</li> <li>• Circle time if appropriate/Year Group Buddies if appropriate</li> <li>• PSHE Programme</li> </ul>	<ul style="list-style-type: none"> <li>• Counselling service with two counsellors</li> <li>• Access to information about outside support agencies</li> <li>• Mental Health Team involved</li> <li>• Enhanced Learning Department</li> </ul> <p><b><u>Behaviour management</u></b></p> <ul style="list-style-type: none"> <li>• Individual Support Plan</li> <li>• Pastoral support: class teacher; LSA and TA; Tutor, ELD</li> <li>• Closer monitoring of behaviour</li> <li>• Circle of friends if appropriate</li> <li>• Home-school communication</li> <li>• School Counsellor involvement</li> <li>• School Health Practitioner involvement</li> <li>• Mental Health Team involvement</li> <li>• Senior Leadership Team involvement as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Medical room with School three Health Practitioners</li> <li>• Counselling service with two counsellors</li> <li>• Mental Health Team</li> <li>• Enhanced Learning Department</li> </ul> <p><b><u>Behaviour management</u></b></p> <ul style="list-style-type: none"> <li>• Pupil and parent Key worker from Mental Health Team</li> <li>• Advice and monitoring from personalised team</li> <li>• Individual Support Plan</li> <li>• Regular attendance with School Counsellor</li> <li>• School Health Practitioner involvement</li> <li>• Regular attendance with outside agency</li> <li>• Circle of friends</li> <li>• CAMHS</li> <li>• Senior Leadership Team involvement as needed</li> </ul>
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## Appendix B

**Wave 1:** The aim is to create a culture of care where pupils know who they need to talk to if they are worried about anything. This is what is done for all children, but there may be a pupil who staff suspect has a concern/anxiety and then staff would slant provision along a particular line to meet their needs.

**Wave 2:** This is provision that responds to needs that are additional to or different from what is normally provided. This has two aspects. There is the day to day management of a pupil who suffers from attacks of anxiety and there is the long term provision/intervention which aims to enable the pupil to use certain strategies to manage the anxiety themselves. There is the support given by the Medical and Counselling team with the Mental Health team overarching both. Once at Wave 2 the pupil may be placed on an Individual Support Plan (ISP) which involves the stages of: assess, plan, do review

**Wave 3:** This is the highest level of need and involves outside agency support e.g. CAMHS; Clinical Psychologist; Educational Psychologist, Speech and Language Therapist; General Practitioner. The aim would always be for the outside agency to work with the school through the Mental Health Team, giving support and advice to school. At this level of need the pupil would be on an Individual Support/Behaviour Plan (ISBP)

**Triggers for ISBP's:** ISBP's will be needed for some pupils when, despite access to the school counsellor and or the Medical team, the child shows some or all of the following

- ❖ Has emotional difficulties which are persistent and which can prevent learning
- ❖ Visits the Medical room repeatedly and medical team are concerned by the number of visits
- ❖ Presents persistent emotional, behavioural or social difficulties which are not successfully managed by the behaviour management techniques usually employed in the school/setting
- ❖ Has sensory or physical impairment which effects the child's ability to access to the curriculum
- ❖ Has communication and/or interaction difficulties with their peer group which affects well being

**Wave 3:** If children are not making progress at Wave 2 then they need to be moved to Wave 3. This promotes a specific targeted approach for individual children identified as requiring additional intervention. Pupils may have particular needs relating to social and emotional development and will need access to a specialist outside of school. These pupils will always be placed at School Support Plus when outside agencies are involved in assessing, planning and reviewing progress. This aims to help children to manage back in the classroom again.

**Triggers for Highest level of Need:** Despite school support from the school Counsellors and the Medical team, the pupil

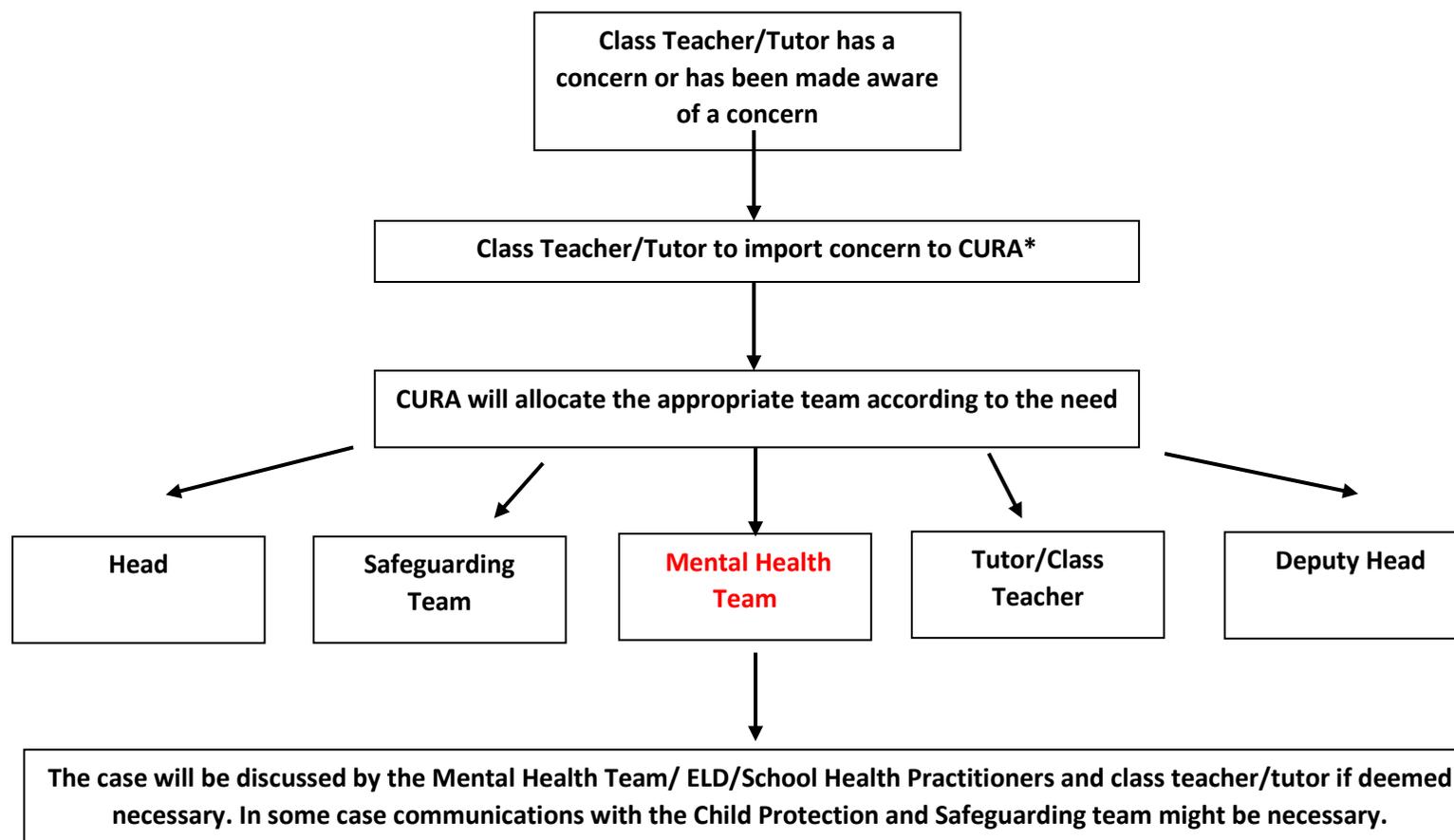
- ❖ Has emotional or behavioural difficulties which substantially and regularly interfere with the child's own learning or that of the class group, despite having an ISBP
- ❖ Has sensory or physical needs, and requires additional specialist advice or visits by a specialist service
- ❖ Has ongoing communication or interaction difficulties that impede the development of social relationships and cause substantial barriers to well being

**Adequate Progress:** The SEND Code of Practice outlines the following as possible definitions of adequate progress. These may be agreed by all those involved in drawing up an ISBP as possible exit criteria

- ❖ Ensures access to the full curriculum
- ❖ Demonstrates an improvement in self-help, social or personal skills
- ❖ Demonstrates improvements in the child's behaviour

### Appendix C - Actions to be taken by a member of staff when concerned about a pupil

At Clifton High School, staff are responsible for fostering a culture which encourages pupils to openly discuss their problems, including mental health concerns. Actions to be taken by a member of staff, when concerned about a pupil. (Please read in conjunction with the Counselling Policy)



\* **CURA** - allows staff to log incidents and concerns simply and securely; captured data, such as body mapping and behavioural issues, can be cross referenced and collated into evidential reports for internal use or external authorities

## Appendix D

### Anxiety - Signs and Symptoms

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.

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, heartburn
  - Respiratory – hyperventilation, shortness of breath, hiccups and burping
  - Neurological – dizziness, headache, sweating, tingling and numbness
  - Gastrointestinal – dry mouth, nausea, vomiting, diarrhoea, bloating, increased gas
  - Musculoskeletal – muscle aches and pains, restlessness, tremor and shakingPsychological effects
  - Unrealistic and/or excessive fear and worry (about past or future events and places)
  - 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)
  - Suicidal thoughts and feelings
  - Eating Disorders
  - Self-harm

### Depression

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 may not

## Appendix E

Sadness	Anxiety	Guilt
Anger	Mood swings	Lack of emotional responsiveness
Helplessness and hopelessness thinking	Frequent self-criticism	Self-blame
Pessimism	Impaired memory and concentration	Indecisiveness, confusion and a tendency to believe others see you in a negative light
Thoughts of death or suicide	Crying spells & withdrawal from others	Neglect of responsibilities
Loss of interest in personal appearance and motivation	Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances	Risk-taking sexual behaviour
Chronic fatigue, lack of energy and sleeping too much or too little	Overeating or loss of appetite and constipation	Weight loss or gain
Irregular menstrual cycle	Unexplained aches and pains	

### Suicide

Thoughts and feelings relating to suicide:

#### Think or feel

- Hopeless, like there is no point in living
- Tearful and overwhelmed by negative thoughts
- Unbearable pain that you can't imagine ending
- Useless, unwanted or unneeded by others
- Desperate, as if you have no other choice
- Like everyone would be better off without you
- Cut off from your body or physically numb

#### Experience

- Poor sleep with early waking
- Change in appetite, weight gain or loss
- No desire to take care of yourself, for example neglecting your physical appearance
- Wanting to avoid others
- Self-loathing and low self-esteem
- Urges to self-harm

## Appendix F

### Eating Disorders

Some specific examples of OSFED include

- Atypical anorexia – where someone has all the symptoms a doctor looks for to diagnose anorexia, except their weight remains within a “normal” range
- Bulimia nervosa (of low frequency and/or limited duration) – where someone has all of the symptoms of bulimia, except the binge/purge cycles don’t happen as often or over as long a period of time as doctors would expect
- Binge eating disorder (of low frequency and/or limited duration) – where someone has all of the symptoms of binge eating disorder, except the binges do not happen as often or over as long a period of time as doctors would expect
- Purging disorder – where someone purges, for example by being sick or using laxatives, to affect their weight or shape, but this is not as part of binge/purge cycles
- Night eating syndrome – where someone repeatedly eats at night, either after waking up from sleep, or by eating a lot of food after their evening meal
- Orthorexia - refers to an unhealthy obsession with eating “pure” food. Food considered “pure” or “impure” can vary from person to person. This does not mean that anyone who subscribes to a healthy eating plan or diet is suffering from orthorexia. As with other eating disorders, the eating behaviour involved – “healthy” or “clean” eating in this case – is used to cope with negative thoughts and feelings, or to feel in control. Someone using food in this way might feel extremely anxious or guilty if they eat food they feel is unhealthy. It is also possible for someone to move between diagnoses if their symptoms change – there is often overlap between different eating disorders

### Risk Factors

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

- Difficulty expressing feelings and emotions
- A tendency to comply with other’s demands
- Very high expectations of achievement
- 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
- 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

## Eating Disorders

### Warning Signs

#### Physical Signs

Weight loss/weight gain	Dizziness, tiredness, fainting	Feeling cold	Hair becomes dull or lifeless
Swollen cheeks	Callused knuckles	Tension headaches	Sore throats, mouth ulcers
Tooth decay	Restricted eating/over-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	Visits the toilet immediately after meals
Secretive behaviour	Excessive exercise	Control around food: removal of food groups, quantities and avoidance of social events	

#### Psychological Signs

Preoccupation with food	Sensitivity about eating	Denial of hunger despite lack of food
Self-dislike	Fear of gaining weight	Excessive perfectionism

## Appendix G

### Self-Harming

#### Risk Factors:

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

Depression	Anxiety	Poor communication skills	Low self-esteem
Poor problem solving skills	Hopelessness	Impulsivity	Drug or alcohol abuse, family factors
Being bullied or rejected by peers	Neglect or physical, sexual or emotional abuse	Poor parental relationships and arguments	Unreasonable expectations
Depression, self-harm or suicide in the family, social factors, difficulty in making relationships, loneliness			

#### Possible warning signs include

- Changes in eating or sleeping habits, for example, a pupil may appear overly tired if not sleeping well
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood, for example, more aggressive or introverted than a usual Clifton High School pupil
- 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, for example, always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities, for example, swimming