TASIS

THE AMERICAN SCHOOL IN ENGLAND

Mental Health and Wellbeing Policy

This policy, which applies to the whole school, is publicly available on the school website and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the Director of Pastoral Care

This policy applies to the whole school including Boarding and the Early Years.
The current version of any policy, procedure, protocol or guideline is the version held on the TASIS website. It is the responsibility of all staff to ensure that they are following the current version.

Document Details

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Agreed by:

Head of School	Chair of the Board
Bryan Nixon	Fernando Gonzalez
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TASIS, The American School in England is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.

1. **Introduction**

This policy should be read in conjunction with the Safeguarding Policy and Student Care Plans in cases where a student's mental health is connected to a medical issue, and with regard to the Learning Support – Special Educational Needs (SEN) Policy and Procedures, where a student has an identified learning difference. This policy constitutes guidance for all faculty and staff, including non-teaching staff. Fundamental to this policy is the recognition of the role that TASIS England can play in promoting resilience amongst our students.

1.1. Purpose of the Policy: This policy sets out

- how we promote positive mental health
- how we prevent mental health problems
- how we identify and support students with mental health needs
- how we train and support all staff to understand mental health issues
- how to spot early warning signs to help prevent mental health problems getting worse
- key information about some common mental health problems where parents, staff and students can get advice and support

1.2. **Availability:** This policy applies to all activities undertaken by the school, inclusive of those outside of the normal school hours and away from the school site and is inclusive of all teaching, support and agency staff, contractors, the Board and volunteers working in the school. All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy being required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the Policies Register.

1.3. Any member of faculty/staff who is concerned about the mental health or well-being of a student should speak to the Mental Health Lead in the first instance. Concerns that the student is in danger of immediate harm should trigger the normal child protection procedures with an immediate referral to the Designated Safeguarding Lead (DSL). If the student presents as a medical emergency, normal procedures for medical emergencies should be followed, including alerting the Health Centre and contacting the emergency services, if necessary

1.4. **Lead Members of Staff***:*

- **Mental Health Lead:** Daniel Giannini **– dgiannini@tasisengland.org - 07392319923**
- **Designated Safeguarding Lead (DSL):** Jason Tait – jtait@tasisengland.org - 07392319922
- **Designated Deputy Safeguarding Leads:** Matt Kiely, Kat Higgins, Isaac Ward, Maria McAllister Link
- **School Counsellors:** Erin Bagley, Sarah Purkey, Pamela Kakalec, Maria Vazquez **LINK**
- **Head Nurse:** Johanna Axtell **– jaxtell@tasisengland.org - 07585090476**
- **LS LRC:** Erika Pink – epink@tasisengland.org
- **MS LRC:** Gretel Veryard-Arcay – gveryard@tasisengland.org
- **US LRC:** Judy McGregor – jmacgregor@tasisengland.org

2. **Definition of Mental Health and Well-Being:** The World Health Organisation has defined Mental Health as *"a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community".*

2.1. We should not underestimate the adverse effect that COVID-19 has on student's mental health well-being. This is recognised and understood by TASIS England, where we strive to provide a positive environment for our students and our faculty/staff. We promote positive mental health and recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures,

we can promote a safe and stable environment for students and staff affected directly, or indirectly, by mental ill health. We pursue this ideal through whole school approaches, and targeted approaches aimed at individually vulnerable students. This policy forms part of the suite of Safeguarding, Pastoral and Health Policies and includes information on:

- Depression
- Self-harm
- Eating Disorders

2.2. **Self-harm:** Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents. Younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair, or bang or bruise themselves.

2.3. **Depression:** Variations in mood are a normal part of life for all of us, for someone who is suffering from depression these mood swings may be more extreme. Feelings of failure, hopelessness, numbness or sadness may dominate their day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour, ability and motivation to engage in day-to-day activities.

2.4. **Anxiety, panic attacks and phobias:** Anxiety can take many forms in children and young people, and it is something that each of us experiences, at low levels, as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months, and they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is required.

2.5. **Obsessions and compulsions:** Obsessions describe intrusive thoughts or feelings that are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms.

2.6. **Suicidal feelings:** 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 without warning.

2.7. **Eating problems*:*** Food, weight and body shape disorders may be coping mechanisms to deal with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences in daily life. Some young people develop eating disorders such as anorexia (where food intake is restricted); binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food, including refusing to eat in certain situations, or with certain people. This can convey messages that the child cannot communicate verbally.

2.8. Mental health and well-being is not just the absence of mental health problems. We want all of our children and young people to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

3. **Why Mental Health and Well-Being is important**: We aim to promote positive mental health and well-being for our whole school community: students, faculty, staff, parents and carers. We recognise that children's mental health is a crucial factor in their overall well- being and can affect their learning and achievement. Persistent mental health problems may lead to students having greater difficulty in learning than the majority of students in their age specific cohort.

3.1. The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need. All children go through mood changes through their school career, and some face significant life events. About 10% of children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement. The Department for Education (DfE) recognises that: *"in order to help their students succeed; schools have a role to play in supporting them to be resilient and mentally healthy".*

3.2. Schools should be a place where children and young people experience a nurturing and supportive environment, offering strategies to raise self-esteem, overcome adversity and build resilience. For some, school will be a place of respite from difficult home lives, providing positive role models and relationships, which are critical in promoting student well-being and engendering a sense of belonging and community. Our role in school is to support students to manage change and stress, develop resilience, achieve their potential, and access help when they need it. We also have a role in educating students about how to maintain positive mental health and how to identify factors affecting their mental health. In addition, we should encourage them to reduce the stigma surrounding mental health issues and direct them to appropriate help and support.

We recognise the equal importance of promoting staff mental health and well-being.

Mental health is not just the absence of mental illness but rather it is the presence of emotional well-being.

4. **Roles and Responsibilities:** All faculty/staff have a responsibility to promote positive mental health, and to understand risk factors for mental illness. Some children will require additional help, and all faculty/staff should have the skills to identify any early warning signs of mental health problems, thereby ensuring that students with mental health issues receive the early intervention and support they need.

4.1. All faculty/staff should recognise **risk factors** for students such as:

- physical long-term illness
- having a parent who has a mental health problem
- death and loss, including loss of friendships
- family breakdown
- bullying.

4.2. Faculty/Staff should also recognise **positive factors** that protect children from adversity, such as:

- self-esteem
- communication
- problem-solving skills
- a sense of self-worth and belonging
- emotional literacy.

4.3. The school's Pastoral Care Team works, with other faculty/staff, to coordinate whole school activities to promote positive mental health by:

- providing advice and support to faculty/staff and organising training and updates
- keeping faculty/staff up to date with information about what support is available
- liaising with the PSHEE teachers on Mental Health teaching
- being the first point of contact and communicating with the Mental Health service
- leading on, and making referrals to services

4.4. We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need support that is more intensive, and there are a range of mental health professionals and organisations that provide support to students with mental health needs, and their families. This support includes:

- Safeguarding/Child Protection Team
- Mental Health Lead
- School Counsellors
- Head Nurse and school nursing team
- Learning Resource Centre teachers
- Mental Health First Aiders
- Family Support Services
- CAMHS referrals
- Private therapy referrals

5. **A whole school approach to promoting positive mental health:** We take a whole school approach to promoting positive mental health that aims to help students become more resilient, be happy and successful and prevent problems before they arise. This encompasses 7 aspects:

- Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
- Helping students to develop social relationships, support each other and seek help when they need to
- Helping students to be resilient learners
- Teaching students social and emotional skills and an awareness of mental health
- Early identification of students who have mental health needs and planning support to meet their needs, including working with specialist services both internally and externally
- Parent / Carer engagement strategy
- Supporting and training faculty/staff to develop their skills and resilience

6. **The generic aims of this policy are to:**

- underline the importance of promoting good mental health and emotional well-being for all faculty/staff and students
- increase understanding and awareness of common mental health issues
- facilitate early recognition of mental health issues in students, thereby preventing the escalation of mental health problems by early intervention.
- provide support to faculty/staff working with young people with mental health issues
- provide support to students suffering mental ill health and support their peers and parents/carers
- be a happy, open, trusting, mutually supportive and well-ordered community
- engender a lifelong love of learning
- be free of any kind of abuse, teasing, harassment, bullying or any other kind of anti-social behaviour
- exhibit honesty, frankness, punctuality and courtesy at all times
- co-operate with those in authority
- have the confidence to ask for help
- respect each other's privacy
- grow intellectually, spiritually and culturally, allowing students and adults engage with mutual respect
- celebrate and reward good conduct and achievement
- encourage healthy and ethical living

- develop leadership potential and team spirit
- provide for physical development and team sports
- encourage responsible attitudes to the environment
- confront problems and find solutions to them

7. **Specific aims for students are to**:
   - develop the knowledge and understanding, skills, capabilities and attributes which they need for mental, emotional, social and physical well-being now and in the future.
   - make informed decisions to improve their emotional, social and physical well-being
   - experience challenge and enjoyment in the school environment
   - experience positive aspects of healthy living and activity
   - establish a pattern of health and well-being which will be sustained into adult life
   - ensure they keep themselves, and others safe
   - prevent any stigma attaching to mental health difficulties

8. **Supporting students' positive mental health:** We believe that all faculty/staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all faculty/staff should have the skills to look out for any early warning signs of mental health problems and ensure that students with mental health needs get early intervention and the support they need. Staff will receive regular training and information to support them to carry out their role. All faculty/staff understand possible risk factors (as exemplified on page 4) that might make some children more likely to experience problems

9. **Factors that put children at risk:** Research shows that particular groups and individuals are at increased risk of having mental health problems. Table 1 demonstrates these risk factors for the child, family, school and local community, and also highlights some protective factors that are thought to make developing a mental health problem less likely.

Table 1: Mental Health and Behaviour in Schools: Departmental Advice for School Staff, Department of Education, (November, 2018)

	Risk Factors	***Protective Factors***
In the child	Genetic influences Low IQ learning and disabilities Specific Development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	Being female (in younger children) Secure attachment experience Outgoing temperament as an infant Good communication skills, sociability Being a planner and having a belief in control Humour Problem solving and a positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect
In the family	Overt parental conflict including domestic violence Family breakdown (including where children are taken into care or adopted) Inconsistent or unclear discipline Hostile or rejecting relationships Failure to adapt to a child's changing needs Physical, sexual neglect or abuse Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss – including loss of friendship	At least one good parent – child relationship (or one supportive adult) Affection Clear, consistent discipline Support for education Supportive long-term relationship or the absence of a severe discord

In the school	Bullying Discrimination Breakdown of a lack of positive relationships Deviant peer influences Peer pressure Poor student to teacher relationships	Clear policies on behaviour and bullying 'Open door' policy for children to raise problems A whole-school approach to promoting good mental health Positive classroom management A sense of belonging Positive peer influences
In the community	Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Other significant life events	Wider support network Good housing High standard of living High morale school with positive policies for behaviour, attit and anti-bullying Opportunities for valued social roles Range of sport/leisure activities

9.1. TASIS England is committed to providing a supportive environment, but it is important to recognise that we are not a mental health facility and there are limits to the extent of support we can provide; in some cases, we will need students to seek outside support from the NHS and from other support services.

9.2. Longitudinal studies propose that the more risk factors a child has, the more likely they are to develop a mental health or behavioural problem. In particular, there is a correlation between socio-economic disadvantage, family breakdown and a child having cognitive or attention problems, increasing the likelihood of these children developing behavioural problems. Mentally healthy students are able to progress emotionally within the normal scope. Students acquiring behavioural difficulties beyond this normal scale are defined as experiencing mental health problems or disorders. These disorders can critically damage academic performance.

10. Warning Signs: School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional well-being issues. These warning signs should always be taken seriously and staff observing these signs should communicate their concerns with our Mental Health Lead and/or Designated Safeguarding Lead.

10.1. Possible warning signs include:

- physical signs of harm that are repeated or appear non-accidental
- changes in behaviour
- reduced concentration
- changes in eating / sleeping habits
- increasing isolation from friends or family, becoming socially withdrawn
- changes in activity and mood
- lowering of academic achievement
- talking or joking about self-harm or suicide
- abusing drugs or alcohol
- expressing feelings of failure, uselessness or loss of hope
- changes in clothing – e.g. long sleeves in warm weather
- secretive behaviour
- skipping PE or getting changed secretively
- being late to, or absent from, school
- repeated physical pain or nausea with no evident cause
- discontinuing hobbies or interests
- failing to take care of personal appearance/hygiene
- seeming euphoric, after a bout of depression
- often feeling anxious or worried
- frequently expressing anger or being intensely irritable much of the time

- having frequent stomach aches or headaches, with no physical explanation
- being in constant motion or unable to sit quietly for any length of time
- having trouble sleeping, including frequent nightmares
- losing interest in activities which were enjoyable
- avoiding spending time with friends
- having trouble doing well in school, or having declining academic grades
- obsessing about weight gain, exercising or dieting excessively
- having low or little energy
- exhibiting spells of intense, frenetic activity
- self-harming, such as cutting or burning his/her skin
- engaging in risky, destructive behaviour
- smoking, drinking, using drugs
- having suicidal thoughts
- researching suicide on websites, or social network sites
- thinking his/her mind is controlled, or out of control, hearing voices

10.2. At TASIS England, we understand our responsibilities and ensure that students with mental health difficulties are not discriminated against, making sure that we provide reasonable adjustments to support their learning in accordance with the Equality Act (2010). We aim to offer an empathetic environment which will support and aid students with mental health issues to accomplish their true academic potential. We do this by:

- providing a range of support services such as peer mentors, as well as a pastoral support team that oversees the health and well-being of all students
- having an 'open door' policy to encourage students with mental health difficulties to seek support
- promoting understanding and recognition of mental health difficulties
- providing support and education to faculty/staff
- having effective procedures in place to deal with disclosures and confidentiality (and guidance on when information will be passed onto other people/parents if immediate health and safety concerns are raised)
- having an effective Child Safeguarding Policy functioning alongside this policy.

11. **Child and Adolescent Mental Health Disorders:** Some examples of such disorders may include:
    - Conduct Disorder (aggression, destroying/losing property, theft, running away etc.)
    - Attention Deficit Hyperactivity Disorder (ADHD)
    - Deliberate Self-Harm
    - Eating Disorders
    - Obsessive Compulsive Disorder (obsessions, compulsions, personality characteristics verging on panic)
    - Anxiety Disorders (including panic attacks)
    - Soiling and Wetting
    - Autism (social deficits, communication difficulties, restrictive and repetitive behaviours)
    - Substance Abuse
    - Depression and Bi-Polar Disorder
    - Schizophrenia (abnormal perceptions, delusional thinking)
    - Suicidal Thoughts (not a disorder but thoughts based and equally as serious)

12. **Prevention:** TASIS England has specific procedures in place to assist students. These procedures support faculty/staff in identifying and assisting students with mental health problems. This includes, but is not limited to pastoral support, anti-bullying and safeguarding policies, behaviour management, liaison with the school counsellors and health centre and external agencies.

13. **Identification of Mental Health Difficulties:** It can be very difficult to recognise a student with mental health difficulties. However, faculty/staff should be alert to changes in a student's behaviour, presentation and engagement and should raise any concerns to the Designated Safeguarding Lead. **Any immediate concerns such as a student of risk of harm to**

themselves or others must be raised immediately. Our Faculty, in particular our DSL and DDSLs will refer to our 'Fit to Study' Protocol for guidance on assessing and working with students who have mental health difficulties.

14. **Intervention:** It is in the best interests of the student to offer support for mental health problems when they arise, as the longer a student struggles the more complex the problem becomes.

14.1. Supporting a distressed student can take up a lot of time and be challenging so please follow the guidance below:

- think cautiously about how you can/or cannot help.
- do you have the time and expertise to help them?
- is there a conflict with other roles you may have?
- clarify your role/limits to the student
- be ready to take a definite line about the degree of your involvement
- obtain support for your response whenever necessary

15. **If you are concerned about a student**:
    - tell the student that you may not be able to maintain confidentiality, in line with your safeguarding duty
    - share your concerns, via CPOMS, and the DSL and will assign actions and ensure that support is in put place for the student

16. **Identification of Suicide Risk and action to be taken**

16.1. **Suicidal thoughts (ideation) and feelings**

"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)

- 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
- 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

16.2. Any suggestion that a student may be considering suicide should always be taken seriously. Students are instructed to inform a member of faculty/staff immediately if they are feeling suicidal, or if another student confides suicidal thoughts to them. Members of faculty/staff will respond in accordance with the following protocol.

Refer to the Crisis Management Plan for support in situations where a suicide attempt has been made.

1. Assess the immediate risk and take whatever urgent action is necessary, which may include immediately calling 999 in an emergency, if a suicide attempt has been made.
2. Report all incidents and disclosures immediately to the DSL and, if appropriate, escort the student to the Medical Centre. At no times should the student be left without direct adult supervision.
3. A full risk assessment will be undertaken by the Sectional School Counsellor and Safeguarding team. An assessment will include a decision as to whether further medical and or therapeutic intervention and/or a

psychiatric referral is needed.

4. The student may be asked to undertake counselling, and to that end, professional advice concerning the management of, and support for, the student will be sought. This will include assessing the feasibility of the student's continued presence at the School. Consideration will be given as to whether or not the student may benefit from a period at home/away from school.
5. Parents will be informed at the earliest opportunity/as appropriate.

17. **Signposting:** We will ensure that staff, students and parents are aware of sources of support within school and in the local community. We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand: What help is available; Who it is aimed at; How to access it; Why to access it; What is likely to happen next.

18. **Individual Care Plans:** Care plan for students causing concern and/or who receive a diagnosis pertaining to their mental health will be developed in conjunction with the student, the parents and relevant professionals providing care for that student. Please refer to Appendix A for the Early Help/Targeted Help protocol that outlines the process for creating, developing and reviewing care plans. Care plans will include:
    - details of a student's condition
    - special requirements and precautions
    - medication and any side effects
    - who to contact in an emergency and immediate measures to be taken
    - the role that the school can play.

19. **Teaching about Mental Health:** The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHEE and Life Skills curriculum. The specific content of lessons will be determined by the individual needs of the cohort being taught, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will follow the PSHE Association Guidance to ensure that we teach Mental Health and Emotional Well-being issues in a safe and sensitive manner, which helps rather than harms.

20. **Student-led activities**
    - Campaigns and assemblies to raise awareness of mental health
    - Student Ambassadors who have are qualified mental health fist aiders

21. **Class activities**
    - Positive mental health promotion in classes, specifically: PSHEE
    - Mindfulness sessions for students
    - Mental Health teaching programmes
    - Student Voice Page for MS and US students and Worry boxes for LS students
    - Kindness/Compliment Boards

22. **Whole school**
    - Throughout the year positive mental health is discussed and promoted
    - Displays and information about positive mental health and where to go for help and support, within the school and outside the school
    - Universal access to our school counsellors
    - Universal access to our health centre and quiet room
    - US student access to the wellbeing centre, quiet room and prayer room
    - US and MS students have universal access to the FlouirshDX website, inclusive of the daily wellbeing tracker

23. **Supporting Peers:** When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how to do so. In the case of self-harm or eating disorders, it is

possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider, on a case by case basis, which friends may need additional support. Support will be provided either in one to one, or group settings, and will be guided by conversations with the student who is experiencing the difficulty and their parents, with whom we will discuss what it is helpful for friends to know - and what they should not be told.

24. **How friends can best support**
    - Things friends should avoid doing / saying, which may inadvertently cause upset
    - Warning signs that their friend needs help (e.g. signs of relapse)
    - where and how to access support for themselves;
    - safe sources of further information about their friend's condition;
    - healthy ways of coping with the difficult emotions they may be feeling.

25. **Working with All Parents:** Parents often welcome assistance and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:

    - highlight sources of information and support about common mental health issues on our school website
    - ensure all parents are aware of whom to talk to, if they have concerns about their own child, or a friend of their child
    - make our Mental Health Policy easily accessible to parents
    - share ideas about how parents can support positive mental health in their children;
    - keep parents informed about the mental health topics their children are learning about in PSHEE and share ideas for extending and exploring this learning at School.

26. **Working with specialist services to get swift access to the right specialist support and treatment:** In some case a student's needs require support from a specialist service. These might include learning differences, anxiety, depression, self-harm and eating disorders. We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the student's Individual Care Plan. School referrals to a specialist service will be managed by the Learning Resource Centre, the Mental Health Lead and Head Nurse, following the assessment process and all such referrals will be recorded on the sectional care plan register and in the child's care plan. Referrals to specialist services will only go ahead with the consent of the student and parent/carer and when it is the most appropriate support for the student's specific needs.

Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through the Sectional Safeguarding Team, GP or self-referral. Information is recorded in care plan and on the care plan register
Private Therapist	Accessed through the Mental Health Lead with support from the school counsellors, where appropriate. Information is recorded in care plan and on the care plan register
Educational Psychologist Assessment	Accessed through the sectional Learning Resource Center team. Information is recorded in care plan and on the care plan register

27. **Supporting and training staff:** We want all staff to be confident in their knowledge of mental health and well-being and to be able to promote positive mental health and well-being, identify mental health needs early in students and know what to do and where to get help (see Appendix 3). All teaching and support staff have completed the Introduction Mental Health First Aid workshop. Key Pastoral leaders in the school, inclusive of all house parents, have completed the Mental Health First Aid Course.

    27.1. The mental health and well-being of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and well-being. Faculty/staff have universal access to the FlourishDX website, daily well being tracker. Faculty/staff take an annual well-being survey the results of

which are used to inform policy, procedures and work practice in relation to faculty/staff and well-being.

28. **Training:** As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding/child protection training, in order to enable them to keep students safe. Training opportunities for staff who require more in-depth knowledge will be reviewed as part of our performance management process, training will be enhanced throughout the year as a result of developing situations with one, or more, students. Where the need to do so becomes evident, we will host training sessions for all staff, to promote learning or understanding about specific issues related to mental health.

29. **Confidentiality:** Students will be encouraged to tell their parents about their problems or give permission for a member of faculty/staff to do so. If it is felt they are at risk to themselves, confidence will be broken, and the parents informed. We realise that a student with mental health problems might not have the ability to recognise that they need help, if the need arises, we will break confidentiality in order to get them the support they need.

30. **References:**

- Guide to investing in your relationships: mentalhealth.org.uk/relationship
- Mental health and well-being provision in schools: DfE: referencenRR837, ISBN:m978-1-78105-940-1
- Make it count, Students-guide: mentalhealth.org.uk
- Make it count: Teachers-guide: mentalhealth.org.uk
- Making the case for young people's mental health: MHFA England
- Every mind matters: Sleep, year 6 and Social Media, year 6
- Every mind matters: What to do about worry
- Mental health and behaviour in school: DfE-00327-2018
- https://www.gov.uk/government/publications/mental-health-and-behaviour-in- schools--2
- Promoting and supporting mental health and wellbeing in schools and colleges (DfE: June 2021)
- Anxiety UK www.anxietyuk.org.uk OCD UK www.ocduk.org Depression Alliance www.depressoinalliance.org
- Eating Disorders www.b-eat.co.uk and www.inourhands.com National Self-Harm Network www.nshn.co.uk
- Self-Harm www.selfharm.co.uk
- Suicidal thoughts Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
- www.youngminds.org.uk champions young people's mental health and well-being www.mind.org.uk advice and support on mental health problems www.minded.org.uk (e-learning)
- www.time-to-change.org.uk tackles the stigma of mental health www.rethink.org challenges attitudes towards mental health
- COVID-19 operational guidance: DfE-00024-2021

31. **Additional information and Procedures for Specific Disorders**

31.1. Eating disorders include anorexia, bulimia, and binge eating disorder. It's also common for people to be diagnosed with "other specified feeding or eating disorder" (OSFED) where symptoms do not match one particular eating disorder.

31.2. **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 don't 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 doesn't 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.

31.3. **It's also possible for someone to move between diagnoses if their symptoms change** – there is often overlap between different eating disorders. An Eating Disorder in a child is a mental health and safeguarding concern**.**

31.4. ***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 others' 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 e.g. for sport or dancing

31.5. ***Warning Signs***

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 follow the School's Safeguarding Procedures.

31.6. ***Physical Signs***

- weight loss/weight gain
- dizziness, tiredness, fainting
- feeling Cold
- hair becoming 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 s/he is fat when s/he is not
- secretive behaviour
- excessive exercise
- control around food: removal of food groups, quantities and avoidance of social events

31.7. ***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
- Excessive perfectionism

32. Management of an Eating Disorder in Boarding

32.1. Where there is found to be indicators of concern for disordered eating and/or potential ED diagnosis, the DSL and Director of Boarding must be informed and will refer the student to the school's Health Centre for a clinical assessment.

32.2. The decision about how, or if, to proceed with a student's schooling while they are suffering from an eating disorder (ED) will be made on a case by case basis by the Head of School. Input for this decision will be managed by the DSL, Head Nurse and Director of Boarding and will include the student, parents, school counsellor, GP and Houseparent.

32.3. Provision for the education of students with an ED are outlined in the Equality Act 2010, however this does not include an entitlement to boarding provision under the Children Act 2004. The Head of School will need to balance the wishes of a student with an ED to remain in boarding with the statutory requirement placed on all schools to consider the welfare of all children in its care. It may be necessary for a student with an ED to temporarily become a day student, until full re-integration to the boarding environment is deemed in the best welfare interests of all students.

32.4. The reintegration of a student with an ED into school following a period of absence should be handled sensitively. The student, parents, counsellor, Head Nurse and Houseparent treating the student will be consulted during both the planning and reintegration phase. Any meetings with a student and/or their parents and School Safeguarding team should be recorded in writing and include:

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

This information should be stored in the student's safeguarding file on CPOMS and/or held by the DSL.

33. **Self-harm:** 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

33.1. ***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

33.2. ***Family Factors***

- unreasonable expectations
- neglect or physical, sexual or emotional abuse
- poor parental relationships and arguments
- depression, self-harm or suicide in the family

33.3. ***Social Factors***

- difficulty in making relationships/loneliness
- being bullied or rejected by peers
- encouragement to self-harm (including suicide) on social media

33.4. ***Possible warning signs include:***

- changes in eating/sleeping habits (e.g. student 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

34. Any member of faculty/staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should follow the School's Safeguarding and share information with the DSL.

34.1. Any meetings with a self-harming student and/or their parents and Safeguarding Team should be recorded in writing and include:

- Dates and times

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

34.2. This information should be stored in the student's safeguarding file in CPOMS and/or held by the DSL. It is important to encourage students to tell an adult if they know/suspect one of their peers is showing signs of self-harming. Peers of the self-harming student will be supported by the Safeguarding Team, who will reinforce that students are not responsible for the care of students who self-harm. They will be given a clear course of action to follow if they become aware of continued self-harm; this will be to notify the DSL and/or Director of Boarding.

34.3. Our welfare strategies will be closely monitored to assess progress; the student who self-harms will be expected to show a clear attempt to use relevant strategies to reduce self-harm. If progress is not made, or if the student does not co-operate within an agreed period of time, a meeting with parents/guardians will be set up to discuss future management. This may include a break from school and/or further professional referral. Incidents of self-harm, which lead to hospitalisation or significant medical intervention will lead to an enforced time at home. Return to school may be dependent on medical/psychiatric advice.

34.4. 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 seeking further advice on this should consult the DSL.

34.5. 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.

HOW TO HELP FLOW CHART

Assessing if a student has a problem?

- Did the student tell you?
- Have other faculty/staff/students informed you of their concerns?
- Have you noticed an alteration in the student's appearance (weight increase/decrease, deterioration in personal hygiene)?
- Have you observed a variation in the student's mood (solitary, sad, depressed)?
- Has the student's behaviour recently declined?
- Has the student's academic accomplishment altered considerably?
- Has the student had these issues for a considerable time?

Deal with the situation.
Be ready to listen.
Speak confidentially.

After discussion with the student, if you still have concerns or further intervention is required,
speak to the DSL or sectional DDSL.
Ask the student for consent to share the information and tell the student with whom and what is being shared.

The DSL and DDSL meet to determine:

- if there are any child safeguarding concerns;
- who, if anyone the information should be referred to (other staff, parents, outside agencies);
- the next steps to be taken, which may include referral to outside agencies such as therapist, psychiatrists and/or emergency care;
- the appropriate support and follow up with school (and externally if required) will be arranged for the student and actions agreed.

Encourage them to tell parents.
Team to nominate someone to tell parents unless inappropriate/child safeguarding issues.

FOLLOW UP

National Minimum Standards for Boarding: (DfE-0019-2015) Standard 3 - Health and well-being
The following NMS standards are especially concerned with mental health and well-being

3.1 The school has, and implements effectively, appropriate policies for the care of boarders who are unwell and ensures that the physical and mental health, and emotional wellbeing6 of boarders is promoted. These include first aid, care of those with chronic conditions and disabilities, dealing with medical emergencies and the use of household remedies.

3.2 Suitable accommodation, including toilet and washing facilities, is provided in order to cater for the needs of boarding pupils who are sick or injured. The accommodation is adequately staffed by appropriately qualified personnel, adequately separated from other boarders and provides separate accommodation for male and female boarders where this is necessary.

3.3 In addition to any provision on site, boarders have access to local medical, dental, optometric and other specialist services or provision as necessary.

3.4 All medication is safely and securely stored and proper records are kept of its administration. Prescribed medicines are given only to the boarders to whom they are 6 "wellbeing" means wellbeing within the meaning of section 10(2) of the Children Act 2004 8 prescribed. Boarders allowed to self-medicate are assessed as sufficiently responsible to do so.

3.5 The confidentiality and rights of boarders as patients are appropriately respected. This includes the right of a boarder deemed to be “Gillick Competent”7 to give or withhold consent for his/her own treatment.

Appendix A Early Help/Targeted Help protocol