Pocklington School
Pupil Mental Health and Wellbeing Policy

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1 Policy Statement

1.1 This policy sets out the Foundation's commitment and strategy to supporting the mental and physical health and emotional wellbeing of all its pupils. Wellbeing is at the forefront of the schools PSHE programme and promoting good mental health is a priority. This policy is part of the Safeguarding Suite of Policies (as referenced in the Safeguarding and Child Protection Policy).

1.2 The Foundation recognises that wellbeing and performance are linked. Through the Senior School Student Council, the school community has identified 10 attributes that are fundamental to good mental health;

1. *Proper sleep patterns and bedtime routine*
2. *Restricted screen time*
3. *Time for exercise*
4. *Eating healthily at regular times*
5. *Time to relax*
6. *Talking through worries with someone you trust*
7. *Smiling -it catches!*
8. *Random acts of kindness*
9. *Walking in fresh air*
10. *Self-confidence – be yourself*

1.3 Mental health issues can and should be de-stigmatised by educating pupils, staff and parents. This is done through: tutorials; PSHE; through training at staff INSET; discussion with parent's at the Parent's Forum and Parent's Evenings; providing access to all to the Wellbeing Service. Positive mental health is also promoted through strong pastoral care, and the Peer Mentoring Scheme.

1.4 This policy aims to:

- describe the School's approach to mental health issues
- increase understanding and awareness of mental health issues, helping to facilitate early intervention of mental health problems
- alert staff to warning signs and risk factors
- provide support and guidance to all staff, including non-teaching staff and governors, on how to deal with pupils who suffer from mental health issues
- provide support to pupils who suffer from mental health issues, their peers and parents/carers.

1.5 This policy has been authorised by the Governors, addressed to all members of Staff, Board of Governors and volunteers and, is available to parents on request and is published on the school website. It should be read in conjunction with the Child Protection Policy.

2 Child Protection Responsibilities

2.1 Pocklington School Foundation is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing. Staff, Governors and volunteers share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon. Every pupil should feel safe, be healthy, enjoy and achieve and make a positive contribution to the community.

2.2 The Board of Governors takes seriously its responsibility of oversight for the safeguarding of pupils at the School. As such, a nominated Governor with specific responsibilities for Safeguarding receives specialist training and liaises closely with relevant staff. The same Governor has responsibility for ensuring the effective review of safeguarding procedures and policies, reporting to the Board annually, making any recommendations for improvements.

2.3 The Pastoral Director in conjunction with the Head of Pupil Welfare, both of whom are Designated Safeguarding Leads (DSLs), are responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis. Parents are welcome to approach either the Pastoral Director or the Head of Pupil Welfare (or any member of staff) if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or another pupil at the School.

3 Context

3.1 Over recent years, we have seen an increase in concerns related to children's mental health. At Pocklington School, this increase has reflected national trends. According to research carried out by the NHS, one in eight (12.8%) 5-19 year olds had at least one mental health disorder in 2017. Specific mental health disorders were grouped into four broad categories: emotional; behavioural; hyperactivity and other less common disorders. Emotional disorders were the most prevalent disorder experienced by 5-19 year olds in 2017. Rates of mental health disorders are known to increase with age and over time. Emotional disorders in 5-19 year olds going from 4.3% in 1999 to 5.8% in 2017 (NHS Mental Health of Children and Young People in England 2017).

3.2 KCSIE Sept 2022 states that preventing impairment of children's mental and physical health or development is key in safeguarding and promoting the welfare of chidren.

4 Identifiable Mental Health Issues

4.1 It is important for staff to be alert to signs that a child might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:

- Anxiety and Depression
- Eating disorders
- Self Harm

4.2 An effective pastoral system and the effective use of data are two important elements in enabling the School to identify and monitor mental health issues in pupils. Relevant data includes attendance, academic progress and behavioural information (iSAMS and MyConcern). This data informs the actions of a pastoral team who know pupils well and are well-placed to identify concerns.

5 Signs and Symptoms of Mental or Emotional Concerns

5.1 These are outlined at Appendices 1, 2 and 3.

6 Procedures

6.1 The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined at Appendices I, II and III. *Figure 1* outlines the support that is available for the pupil when there are mental health concerns.

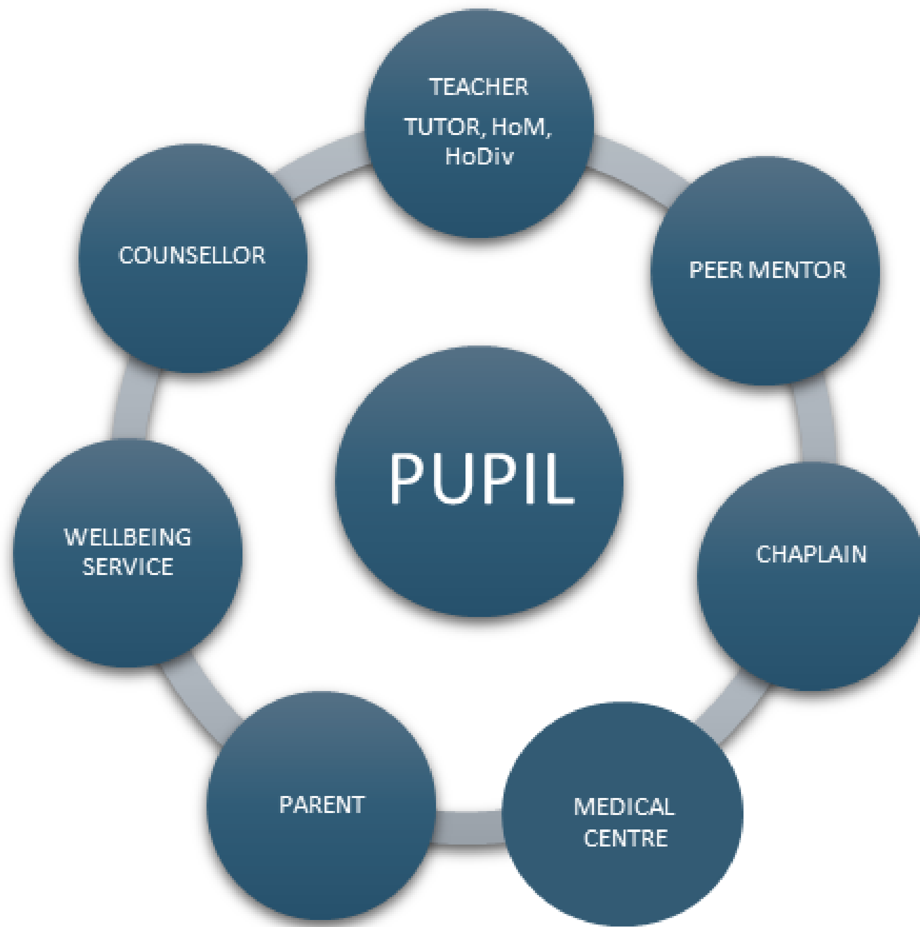
Concerns are commonly raised by: staff having observed behavioural changes or incidents; by another pupil concerned about one of their friends; through a direct disclosure by the pupil to the member of staff.

6.2 **The Wellbeing Service:**

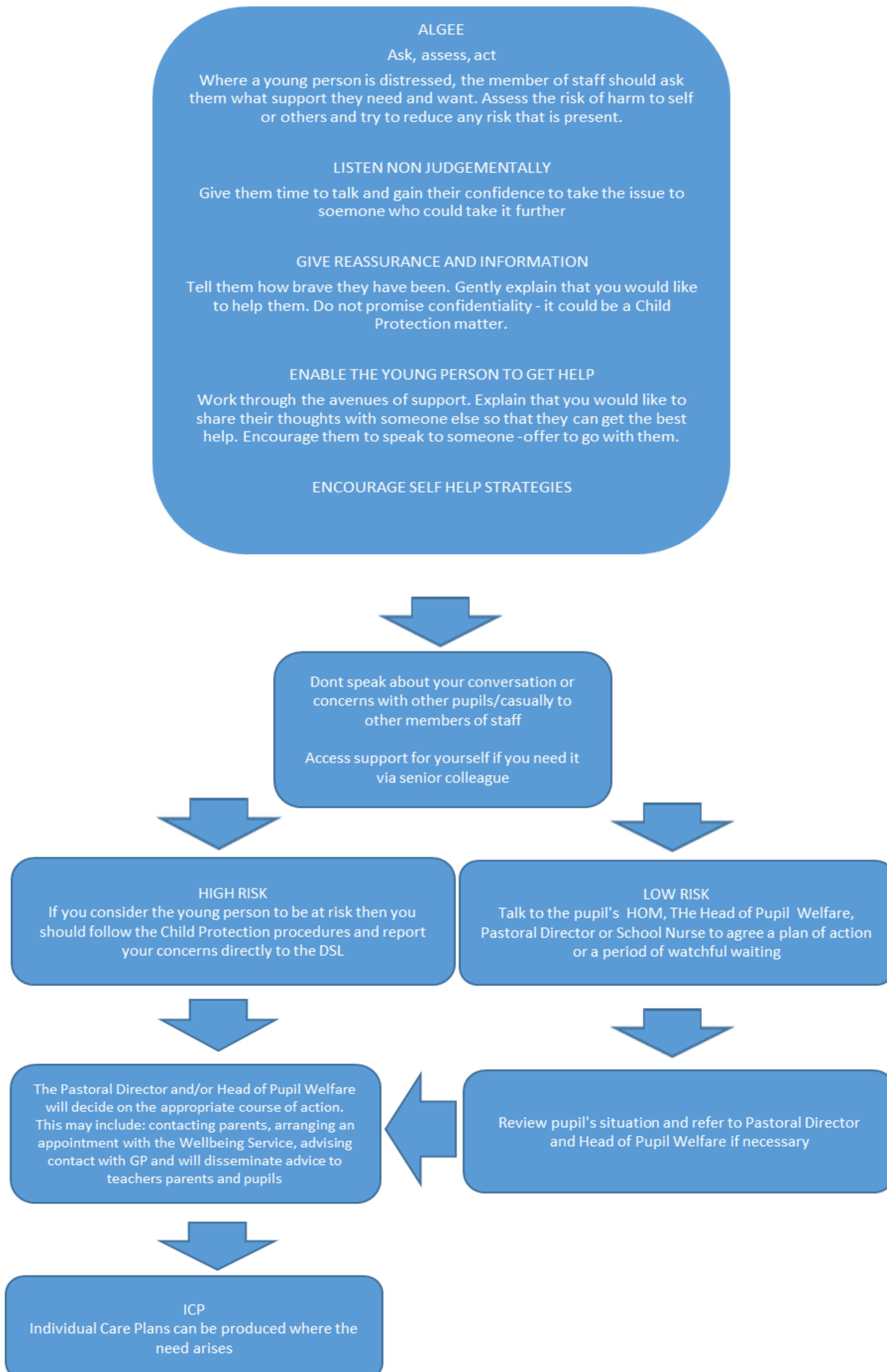
The Pocklington School Wellbeing Service comprises of two Clinical Psychologists, three school nurses and two members of school staff who are trained counsellors.

Two Clinical Psychologists run weekly clinics for pupils and provide supervision sessions for Wellbeing staff. The Clinical Psychologists also lead Action and Review Meetings (ARMs) twice a term. ARM's meetings are used by the Wellbeing team to discuss pupil cases from both prep and senior schools. The meetings formulate, signpost and action appropriate support. The Clinical Psychologists also provide staff training and support for school staff involved in Pastoral Care.

Figure 1 Support available to pupils


TEACHER
TUTOR, HoM,
HoDiv
PEER MENTOR
CHAPLAIN
MEDICAL
CENTRE
PARENT
WELLBEING
SERVICE
COUNSELLOR
PUPIL

6.2 *Figure 2* **The School aims to implement the following support structure:**



7 Confidentiality and Information Sharing

7.1 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 (particularly where pupils are at risk of harm) even if a pupil puts pressure on a member of staff to do so.

7.2 It is likely that a pupil will present at the medical centre in the first instance. Young people with mental health problems typically visit the medical centre more than their peers, often presenting with a physical concern. This gives the medical team a key role in identifying mental health issues early. After nursing assessment, any immediate concern for a pupil's mental health would be reported to the Wellbeing Team or one of the DSL's. **Confidentiality will be maintained within the boundaries of safeguarding the pupil**. The Wellbeing Team will decide what information is appropriate to pass on to parents. Gillick competence will also be considered. The Director of Pastoral Care or Head of Pupil Welfare may decide to share relevant information with certain colleagues on a need to know basis. Parents should be involved wherever possible, although the pupil's wishes should always be taken into account. Where appropriate, staff should inform pupil of next steps, including with whom information is to be shared.

7.3 Parents must disclose to the relevant pastoral team at school any known mental health problem or any concerns they may have about a pupil's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the pupil's wellbeing.

8 Records and Reporting

8.1 Further guidance on procedures for specific mental health concerns is given at Appendices I, II and III.

9 Mental Health First Aid

9.1 In order to ensure adequate mental health first aid provision and awareness it is our policy that:

There are sufficient numbers of trained personnel to support those pupils who are experiencing mental and/or emotional difficulties. (e.g. through the Mental Health First Aid Award '*MHFA in Schools*')

A qualified mental health first aider is always available during normal school hours - this is typically provided by the School Nurses and Boarding House Staff. (See list of trained staff in Appendices)

10 Responsibilities Under the Policy Relating to Mental Health First Aid

10.1 The Head of Pupil Welfare and DSL is responsible for:

- Maintaining accurate records of all mental health concerns.
- Maintaining accurate records of all safeguarding and child protection issues.

10.2 Qualified youth mental health first aiders (Appendix 5) are responsible for:

- Responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Summoning medical help as necessary
- Recording details of support given

A qualified youth mental health first aider is someone who has undertaken a training module approved by MHFA England and holds a valid certificate of competence. Mental Health First Aid is used in over 16

countries worldwide and was introduced into England by the National Institute for Mental Health England (NIMHE) in 2007. MHFA does not prepare people to become therapists. It does, however, enable people to recognise the symptoms of mental ill health, how to provide initial help (first aid) and how to guide a person towards appropriate professional help. The certificate must be issued by an approved organisation and must be renewed every three years. See Appendix 5 for a list of current youth mental health first aiders.

10.4 All staff have a duty of care towards the pupils and should respond accordingly when first aid situations arise. New staff are briefed about Pocklington School's medical centre and where to find information and help. All staff are reminded regularly about the specific medical and emotional needs of pupils within the school community and they are asked to familiarise themselves with those in their care with medical needs that require specific action to support their mental/emotional wellbeing. The list of qualified Youth Mental Health First Aiders is published on the extranet/recorded in this policy and is updated annually.

11 Support Available through the Medical Centre

11.1 The School has a full-time nurse in attendance in the Medical Centre during normal working hours, 8.00am to 4.30pm, Monday to Friday during term time. If she is absent, adequate first aid cover is put in place.

11.2 The medical centre is staffed by the school nurses who are registered nurses (RCN). The medical centre is open throughout the school day. If the school nurse is off-site for any reason staff will be informed and a notice will be displayed on the door of the medical centre giving details of how to obtain help.

11.3 **External Support:** The school doctor is available to boarders by appointment and the school Clinical Psychologists are available for appointments every Monday. Pupils may self-refer to the Wellbeing Service. Up to six sessions with the service are available after pupils have been appropriately triaged at an Action and Review Meeting (ARM's). Pupils will be seen by one of the School's Psychologists, School Nurse or one of the School's Counsellors. After a period of time either a referral (or a recommendation to make a referral) will be made and/or arrangements will be agreed to support the pupil within the school environment. Any further sessions with the school Wellbeing Team are agreed at the discretion of Head of Pupil Welfare.

12 Staff Roles and Procedures

12.1 Procedures for dealing with specific mental health issues are given as follows:

- anxiety and depression (Appendix 1)
- eating disorders (Appendix 2)
- self harm (Appendix 3)

If a member of the School Wellbeing, DSLs or the school nurse is not available, one of the qualified youth mental health first aiders (see Appendix 5) or the school office should be contacted.

12.2 A record will be kept of all incidents and the first aid treatment/support given. Records are kept for a minimum of eight years in accordance with guidelines for storage of medical and nursing records.

13 Absence from School

13.1 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 a pupil.

13.2 If the School considers that the presence of a pupil in school is having a detrimental effect on the wellbeing and safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the school, the Wellbeing team in conjunction with the Pastoral Director will consider temporary removal from school until certain assurances can be met.

14 Reintegration

14.1 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.

14.2 The Director of Pastoral Care and Head of Pupil Welfare will work alongside the Curriculum Director, the Head of Division (HoDiv) and the school nurse, the pupil and their parents to draw up an appropriate care plan (see Appendix 4). The pupil should have as much ownership as possible with regards the ICP so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents.

14.3 The School will consider whether the pupil will benefit from being identified as having a special educational need or disability (SEND) and may work alongside the SEND co-ordinator where special provision might be required.

14.4 In circumstances where it is not in the best interests of the pupil to return to school (or in the best interests of other pupils), the Director of Pastoral Care and the Head of Pupil Welfare will liaise with the pupil's parents, in consultation with the Headmaster and on a case by case basis, to support an application to another educational establishment.

Appendix 1 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**. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

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

These can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

- Avoidance of situations

- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

First Aid for anxiety disorders

Follow the ALGEE principles (see *Figure 2* in main policy)

How to help a pupil having a panic attack

- If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.
- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible.
- Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Be a good listener, without judging.
- Explain to the pupil that they are experiencing a panic attack and not something life threatening such as a heart attack.
- Explain that the attack will soon stop and that they will recover fully.
- Assure the pupil that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period 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. In England if affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

First Aid for anxiety and depression
Follow the ALGEE principles shown in *Figure 1* of the main policy

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the director of pastoral care (designated teacher for safeguarding children) aware of any child causing concern.

Following the report, the director of pastoral care will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Giving advice to parents, teachers and other pupils

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Appendix 2

Eating Disorders

Definition of Eating Disorders
Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. 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. In contrast, 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).

Risk Factors

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

Individual Factors

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

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

Social Factors

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the medical centre.

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches

- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes she is fat when she is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Director of Pastoral Care or the Head of Pupil Welfare (DSL) aware of any child causing concern.

Following a reported concern, the Director of Pastoral Care / Head of Pupil Welfare / School nurse will decide on the appropriate course of action. Wherever possible and appropriate to do so, parents and pupils should be a part of deciding on an action plan from the outset.

This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with The Wellbeing Service
- Arranging a referral to CAMHS or private referral – with parental consent
- Giving advice to parents, teachers and other pupils

The medical centre may weigh the pupil and monitor their weight on a regular basis. Parents will be consulted once the pupil has been weighed regardless of whether the weight gives cause for concern. Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Management of eating disorders in school

Exercise and activity – PE and games
Taking part in sports, games and activities is an essential part of school life for all pupils. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the Director of Pastoral Care or Head of Pupil Welfare and medical team deem it appropriate they may liaise with PE staff to monitor the amount of exercise a pupil is doing in school. They may also request that the PE staff advise parents of a sensible exercise programme for out of school hours. All PE teachers at the School will be made aware of which pupils have a known eating disorder.
The School will not discriminate against pupils with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the form tutor and school nurse will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the school nurse will consult with the professional treating the pupil. This information will be shared with the relevant pastoral/ teaching staff on a need to know basis and to inform the ICP.

Pupils Undergoing Treatment for/Recovering from Eating Disorders

The decision about how, or if, to proceed with a pupil's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the pupil, their parents, school staff and members of the multi-disciplinary team treating the pupil.

The reintegration of a pupil into school following a period of absence should be handled sensitively and carefully and again, the pupil, their parents, school staff and members of the multi-disciplinary team treating the pupil should be consulted during both the planning and reintegration phase.

Further Considerations

Any meetings with a pupil, their parents or their peers regarding eating disorders should be recorded in writing including:

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

This information should be stored in the pupil's safeguarding file held by the Designated Person.

Further Guidance is available by clicking on the link below;

Supporting pupils with an Eating disorder

Appendix 3 Self- Harm

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils currently engaging in self-harm.

Definition of Self- Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors

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

Individual Factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the Head of Pupil Welfare or nursing Team.
Possible warning signs include:

- Changes in eating/sleeping habits (e.g. pupil may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities e.g. swimming

Staff Roles in working with pupils who self- harm

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in selfharm should consult the director of pastoral care.

Following the report, the Head of Pupil Welfare will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- **In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the pupil at all times**
- **If a pupil has self- harmed in school a first aider should be called for immediate help**

Further Considerations

Any meetings with a pupil, their parents or their peers regarding self-harm should be recorded in writing including:

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

This information should be stored in the pupil's safeguarding file held by the Designated Person.

It is important to encourage pupils to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult either the Director of Pastoral Care or the Director of Senior School.

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 pupils in the same peer group are harming themselves.

Further guidance is available by clicking on the link below;

Supporting pupils who Self-Harm (within Medical Centre protocols)

Appendix 4

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

Name	**Date**
Symptoms	
Internal referral to CAMHS worker? Yes / No **Receiving treatment? Yes / No**	
Advice for staff	

Goal
Parental involvement and review arrangements

Bereavement Policy

Pupil Welfare plan

Supporting Pupils with an Eating disorder

Procedure for accessing Wellbeing Service Prep

Procedure for accessing Wellbeing Service Senior

Supporting pupils who Self-Harm (within Medical Centre protocols)

Guidance on Supporting Pupils with Mental Health issues is also available in The Medical Centre Protocols document

Appendix 5

Mental Health First Aiders

NAME	LOCATION	TELEPHONE
I Andrews	Classics	269
N Bradshaw	Dolman HoM	233
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