



## DAUNTSEY'S SCHOOL

### MENTAL HEALTH AND WELLBEING POLICY

The policy aims to:

- increase understanding and awareness of mental health issues
- alert staff to warning signs
- provide guidance on how to offer support and suggested routes for help
- provide guidance on how to deal with a crisis situation
- consider both the importance and limitations of confidentiality

#### **Safeguarding and Child Protection Responsibilities**

Dauntsey's School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects all staff to share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon.

KCSiE2022 defines safeguarding and promoting the welfare as:

- protecting children from maltreatment
- preventing the impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care, and
- taking action to enable all children to have the best outcomes.

KCSiE 2022 states that:

45. **All** staff should be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.
46. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Education staff, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Schools and colleges can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies.
47. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy, and speaking to the designated safeguarding lead or a deputy.

Annex B states that:

Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education.

### **What is meant by the term 'mental health difficulty'?**

The term 'mental health' describes a sense of well being, the capacity to live in a resourceful and fulfilling manner and to have the resilience to deal with the challenges and obstacles which life presents.

A mental health problem is one in which a person is distracted from ordinary daily living by upsetting and disturbing thoughts and/or feelings. These problems may disorientate a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern. Mental health is a continuum encompassing the mild anxieties and disappointments of daily life, to severe problems affecting mood, perception and the ability to think and communicate clearly and rationally.

Mental health difficulties can include anxiety, depression, self-harm and eating disorders (see Appendix I, II and III below).

## **Why do we need to be concerned with pupil mental health?**

For many pupils, entry into secondary education marks the onset of one of the most challenging aspects of adolescence. For some boarders, living away from home can also be a daunting experience that leaves them feeling lonely and isolated. For this reason, Dauntsey's School recognises that planning for these challenges can lead to a very positive effect on a pupil's ability to navigate this difficult period successfully.

Some pupils may have experienced mental health difficulties before starting at the school, and others will find that they are beginning to have difficulties with such things as concentration, motivation, tiredness, attendance, eating regularly, managing anxiety or mood swings and sleep patterns.

## **Spotting the signs**

Pupils who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties. The stigma surrounding mental health issues is still strong in our society and sometimes pupils feel embarrassed or are concerned about the consequences of telling someone. They may be unaware that they have a problem, aware but feel that they have to cope with it on their own, unwilling to admit it to others or they hope the problem will go away on its own. It is important that warning signs are recognised, and an appropriate, supportive response is put in place as soon as possible.

The following list of indicators may help to identify at-risk pupils:

- Has the pupil told you that there is a problem?
- Have there been any significant changes in the pupil's appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self harm?
- Is there any evidence of use of alcohol or drugs?
- How does the pupil sound, for example: flat, agitated, very quiet, very loud?
- Has the mood of the pupil recently changed a lot from your previous experience of working with them, for example: moods very up and down, miserable, tired a lot?
- Have other people expressed concern about the pupil?
- Have there been recent changes in the pupil's behaviour, standard of work, and/or sociability, for example: doing too much work, not socialising as much as usual, withdrawn, not attending class, being late or, failure to meet deadlines?
- Has the pupil been feeling, behaving or looking like this for some time? (Everyone can have bad days, but it is when days turn into weeks and months that there may be a problem.)

## **Offering emotional support**

Emotional support is a very valuable tool to helping those experiencing mental health difficulties. Giving prompt and appropriate support can help build a relationship of trust between staff and the pupil and prevent an escalation into a more serious mental health condition. A pupil might approach you or vice versa to discuss their concerns and you may be able to offer some friendly guidance on an issue such as homesickness, feelings of insecurity or the break-up of a relationship. The offer of an invitation to come back to talk if they want to be an important support in itself. Even in cases of informal support, there are issues of confidentiality and disclosure, and the pupil needs to give their agreement if you are going to share this discussion or parts of this discussion with other staff members (see 'confidentiality and disclosure' below). Routes of help to suggest to a pupil are discussed below.

## **Encouraging pupils to disclose**

The following guidance may be useful:

- Don't avoid the situation or pretend that nothing is wrong, as this could make the problem worse and persist for longer. Talk to the pupil but try not to humour them by pretending to agree that there isn't a problem if it is clear that there is one.
- Think about it in advance and approach the pupil in a sympathetic and understanding way. Remember to be sensitive to issues relating to sexuality, race, religion, culture and gender or any physical or sensory impairment or condition that they might have.
- Listen to the pupil - the situation may only require empathetic listening. You can simply ask the pupil how they are as this may provide them with an opportunity to discuss their concerns with you.
- Be prepared to listen and give the pupil some time if you can. If there are constraints on your time, inform the pupil from the start that this is the case.
- Be open and honest in your initial contact as this will help to develop trust.
- Discuss anything practical you can do to help but avoid 'problem solving'.
- If you feel you need to tell someone, try to obtain the pupil's consent. However, it is usually possible to discuss the situation and ask for advice without revealing the identity of a pupil.

## **Routes of Help to Suggest:**

- **School Counsellors**

The school counsellors (Carole Coupe and Ruth Archer) are available to give support to staff and pupils who are experiencing mental health difficulties themselves, or who have concerns about someone else experiencing them. They can also offer support and guidance to parents/guardian of the child experiencing mental health difficulties. They can be contacted at [c.coupe@dauntseys.org](mailto:c.coupe@dauntseys.org) or [r.archer@dauntseys.org](mailto:r.archer@dauntseys.org).

- **Medical Centre Staff**

The Medical Centre staff are also a valuable means of support, and a route of help to suggest to a pupil experiencing mental health difficulties. They can be contacted at the san any time day or night during term time.

For boarders, the school GP visits on a regular basis and it is possible to make an appointment through the san nurses.

Accurate health records for pupils are kept at the san, including issues relating to mental health.

- **CAMHS - Child and Adolescent Mental Health Services**

CAMHS is the name for the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties. The School or a GP can make a referral to CAMHS with the online referral form. A young person can also self-refer using the online self-referral form: <https://www.oxfordhealth.nhs.uk/camhs/support/referral/>

- **Other Areas of Support to Suggest**

The School Listening Service, Head of Sixth Form, Head of Middle School, House Tutor, Housemaster/mistress, Heads of House, Matrons, Deputy Head (Pastoral), Head of Lower School, Subject Teachers, Parents.

## **Where the pupil does not want to talk or refuses support**

It can be extremely difficult to help someone with a problem unless they are ready to admit they have one. If the pupil is not ready to accept help or talk about their problem, it is unwise to ask intrusive questions and the pupil's right not to discuss things must be respected. Offer an open invitation to the pupil to come back and talk to you and continue to ask how they are. However, if you are still very concerned about a pupil who is refusing help, you will need to speak to their tutor/housemaster/mistress or designated safeguarded leads (Ann Jackson and Eleni Conidaris).

## Dealing with a crisis

A crisis situation occurs when a person's feelings have become outside their control. These emotions might express themselves in a number of ways, for example talking about suicide or having persistent suicidal thoughts, having no sense of reality and exhibiting behaviour which is out of character. Crisis situations can often be prevented, and this highlights the importance of having a pro-active approach to the area of mental health. A pupil's mental health problems may fluctuate from week to week or even from hour to hour and the level of support needed will vary from person to person. Careful monitoring and support of a pupil with mental health problems can sometimes help to anticipate a crisis and prevent it from occurring, thus assuring your safety and that of others, including the person involved.

Whilst very rare, there will be instances where a pupil's behaviour gives cause to believe that they are in immediate danger and that there is a real possibility that they might cause harm to themselves or to others. **In such a situation, you should follow safeguarding and child protection procedures and the relevant staff personnel should be contacted immediately.** The school counsellors and Medical Centre sisters are also available to be contacted to assist in any such situation.

## Offering support to friends

It is frequently other pupils who are most involved in the daily lives of fellow pupils who are experiencing mental health difficulties. Helping a friend who is distressed or exhibiting unusual or irrational behaviour can be extremely upsetting and time consuming. Fellow pupils may be the first to notice that another pupil has changed in any of the ways described above and they need to know which members of staff they can approach (see 'routes of help to suggest', above). Pupils who are supporting their peers with mental health difficulties should know when, where and how to refer on and be encouraged to recognise their own personal limits.

Where friends or fellow pupils have supported someone through a particularly difficult period it can be helpful to suggest counselling support.

## Confidentiality and disclosure

Sharing information is an essential part of the support we give to pupils with mental health difficulties, but it should only be done on a 'need to know' basis and the emphasis should be on providing information which highlights the pupil's support needs. Confidentiality should be maintained within the boundaries of safeguarding the pupil. The various members of staff involved in supporting a pupil with mental health difficulties will need to talk to each other regularly in order to agree what is happening with a pupil and whether the level of support is appropriate.

However, information about someone with a mental health difficulty is covered under the Data Protection Act (and in some cases by The Equality Act) and comes under the heading of personal, sensitive information. For this reason, all information about pupils with mental health difficulties has to be considered as confidential information and can only be shared under specific circumstances.

It is advisable to seek parental/guardian permission to speak to relevant external services and it is good practice for such permission to be obtained in writing, perhaps as part of an Individual Care Plan, and then recorded. Sharing confidential information also applies to information discussed in staff meetings, telephone discussions, emails and other forms of communication. Breaking confidentiality is something that needs to be taken seriously but there are situations where you might feel it is essential, for example where there is an immediate or significant risk to self or others.

### **MyConcern**

Staff report well-being, behavioural, safeguarding and child protection concerns on the safeguarding platform MyConcern. This includes mental health and emotional concerns and a chronology of action taken and outcomes is held within this system.

### **Useful Links**

Young Minds: [http://www.youngminds.org.uk/for\\_parents](http://www.youngminds.org.uk/for_parents)

b-eat: <http://www.b-eat.co.uk/>

Childline: <http://www.childline.org.uk>

Mind: <http://www.mind.org.uk/>

NHS: <http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx>

Mental Health Foundation: <http://www.mentalhealth.org.uk/>

Stem4: <http://www.stem4.org.uk/>

Royal College of Psychiatrists:

<http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers.aspx>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1069687/Mental\\_health\\_and\\_behaviour\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1069687/Mental_health_and_behaviour_in_schools.pdf)

## **Appendix I**

### **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)

#### **Physical effects:**

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



### **Psychological effects:**

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

### **Behavioural effects:**

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

### **How to help a pupil 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 it 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:**

Emotional effects: 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.

## Appendix II

### 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

### **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

## Appendix III

### Self Harm

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:**

- 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

Carole Coupe  
School Counsellor

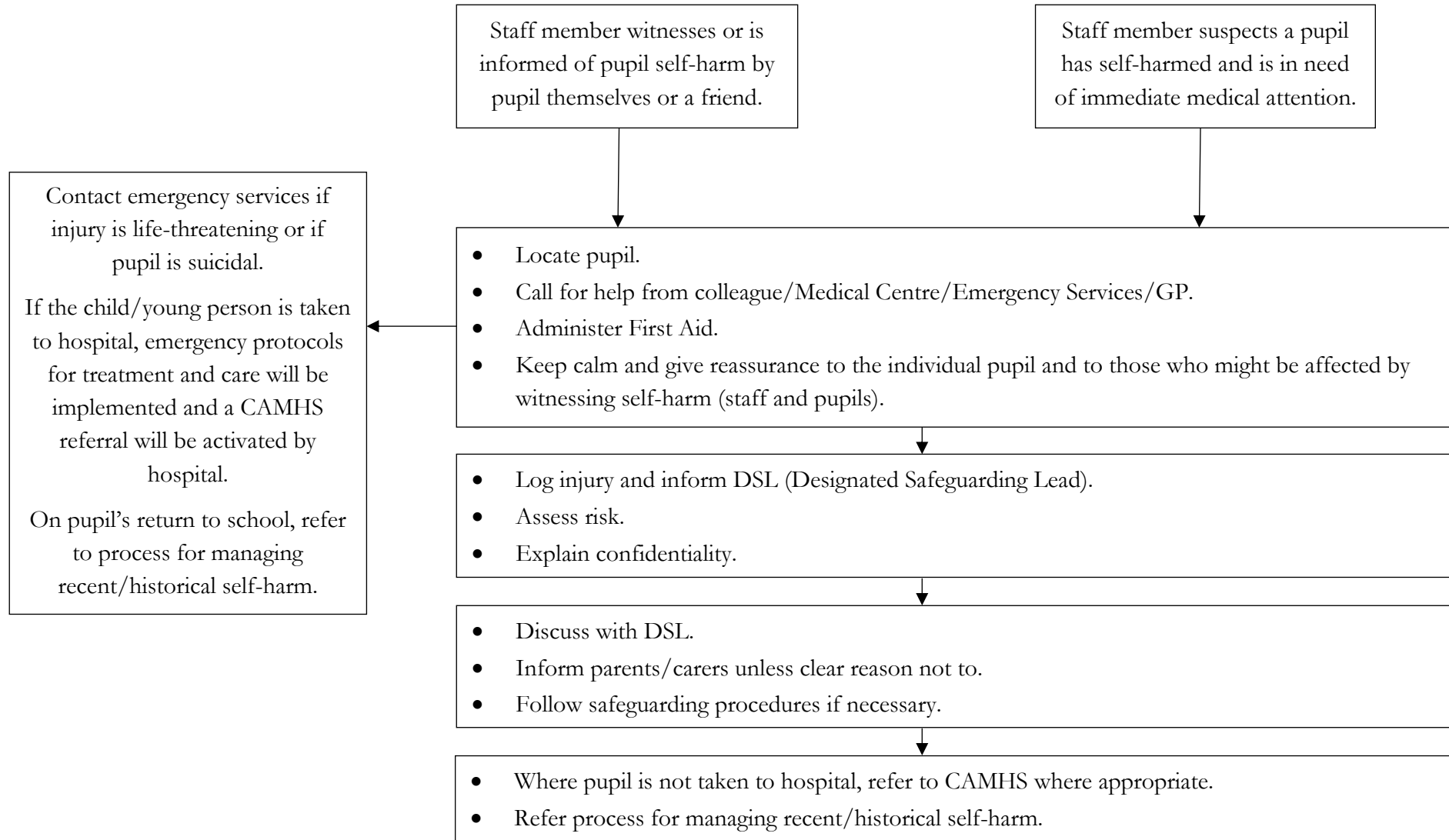
Ruth Archer  
School Counsellor

Ann Jackson  
Deputy Head (Pastoral)/DSL

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## Process for managing self-harm in a crisis situation



## Process for managing self-harm (not in need of urgent medical treatment and return to school)

