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1. Talking to young people

Students at Mayfield are encouraged to talk to any member of staff when they have a problem they wish to discuss. It is important that all staff are able to listen and respond appropriately to students and be supported themselves. The following are guidelines we as a School adhere to:

Do	Don't
Listen closely Keep calm Where possible find an appropriate time and space (so as to minimise attention from other students) Take all problems seriously. Follow the procedure in section six of this document.	React Give advice Write notes while listening Ask leading questions or using leading statements e.g. 'Do you feel depressed?' 'That must make you feel depressed'. Talk about yourself Promise confidentiality Do not ask a student if they have self-harmed (only senior pastoral staff should address this and only for safety reasons)

When a student feels able to talk to a member of staff it is good that they continue to do so. However, there may be times when a member of staff is concerned about a student and needs to refer her on to someone with more specific training. It can be difficult to encourage a student to do this, but there are cases where it is essential to do so for the welfare of the student. These situations can include any of those in Section 2 of this Policy. Where a student is in need of regular on-going support for any reason there may also be a need for intervention. It is always best to make a referral if you are uncertain.

2. Mental Health Issues

a. Anxiety

Anxiety is a normal, if unpleasant, part of life, and it can affect us all in different ways and at different times. Whereas stress is something that will come and go as the external factor causing it comes and goes, anxiety is something that can persist whether or not the cause is clear to the sufferer.

Common Symptoms of anxiety

Some of the most common **physical symptoms** of anxiety are:

- “Jelly legs”
- Tingling in the hands and feet
- Hyperventilation (over breathing)
- Dizziness
- Difficulty in breathing
- Wanting to use the toilet more often
- Feeling sick
- Tension headaches
- Increased perspiration
- Dry mouth
- Shaking
- Palpitations

Some of the most common **psychological symptoms** of anxiety are:

- Thinking that you may lose control and/or go “mad”
- Thinking that you might die
- Thinking that you may have a heart attack/be sick/faint/have a brain tumour
- Feeling that people are looking at you and observing your anxiety
- Feeling as though things are speeding up/slowing down
- Feeling detached from your environment and the people in it
- Feeling like wanting to run away/escape from the situation
- Feeling on edge and alert to everything around you

The most common behavioural symptom (the things we do when we are anxious) is avoidance. The problem with avoidance is that you never get to find out whether your fear about the situation and what would happen is actually true.

b. Self-Harm

Self-harm describes a wide range of behaviours that people use to cope with difficult feelings and distressing life experiences.

Examples of self-harm are:

- Cutting
- Burning
- Severe scratching
- Biting
- Scalding

- Pulling out hair
- Picking at skin or re-opening wounds

It is estimated that 1 in 15 young people in the UK have deliberately self-harmed at some point, and the most common age is between 11 and 25 years. Around four times as many girls as boys self-harm.

Young people who have self-harmed have said they do it for a distraction, as self-punishment, as a way to symbolically cleanse themselves, as a way to gain control, as a way to communicate without words, as a release of tension or as a form of comfort, to make themselves unattractive, to make them feel real or alive and because they may see it is a ritual or rite of passage into a group.

In every case where a student reports another student self-harming; reveals it to you or you inadvertently see something, an immediate referral should be made using the procedures in section 6 of this document, even if you are not certain of how genuine or serious the injuries are.

c. **Disordered Eating**

While on the surface disordered eating appears to be all about food and weight – they are often the outward expression of emotional problems. Eating disorders include, but are not exclusive to, Anorexia, Bulimia and Binge-Eating Disorder.

Disordered eating affects the physical and emotional wellbeing of an individual and also leads to changes in behaviour. Disordered eating can lead to loss of concentration and may have an impact on School work. Early warning signs of an eating disorder are skipping meals, disappearing to the toilet after meals, pre-occupation with dieting and body image, taking excessive exercise, secretive behaviour, depression or irritability, withdrawal from social activities, particularly those which involve food.

Between 1-3% of adolescent females suffer with disordered eating. This may be an underestimate as only one sixth seek help.

d. **Suicidal Ideation**

Suicidal ideation is a medical term for thoughts about or an unusual preoccupation with suicide. The range of suicidal ideation varies greatly. Although most people who think or speak of suicide do not go on to make suicide attempts, a significant proportion do. In every case where a student mentions either directly or indirectly that they are thinking of taking their own life, an immediate referral should be made using the procedure in Section 6 of this document, even if you think they may not be serious intentions.

e. **Depression**

The symptoms of depression can be complex and vary widely between people. Below are a list of symptoms which may occur.

Psychological symptoms can include: Continuous low mood or sadness; feeling hopeless and helpless; having low self-esteem; feeling tearful; feeling guilt-ridden; feeling irritable and intolerant of others; having no motivation or interest in things; finding it difficult to make decisions; not getting any enjoyment out of life; feeling anxious or worried; having suicidal thoughts or thoughts of self-harming.

Physical symptoms can include: Moving or speaking more slowly than usual; change in appetite or weight (usually decreased, but sometimes increased); unexplained aches and pains; disturbed sleep (for example, finding it hard to fall asleep at night or waking up very early in the morning).

Social symptoms include: Not doing well academically; behavioural/mood changes; taking part in fewer social activities and avoiding contact with friends; neglecting hobbies and interests; having difficulties in relationships with family members

If you are concerned that a student may be showing signs of depression a referral using the procedure in Section 6 of this document should be made.

Other concerns

Mental Health is a complex area and there could be many signs that a student is in distress but not able to seek help, it takes vigilance to alert the appropriate staff where there are concerns. Below are a list of 'red flags' which may indicate that there is a concern:

- Changes in:
 - Behaviour
 - Academic Progress
 - Organisation
 - Appearance
 - Social group
 - Negative talk
 - Weight loss or gain
 - Excessive or regular tiredness
 - Lack of concentration
 - Social isolation.

3. When to refer

A referral should be made whenever a member of staff feels it necessary; no member of staff should be alone in dealing with a student and no one will be criticised for referring unnecessarily. There are a few situations in which a referral **must be made**.

- Self-Harm
- Disordered Eating
- Suicidal Ideation
- Any situation where a student may be at immediate risk

You may find out that a student is at risk from another student or staff member in this case you should still make the referral, even if you think someone else may have done it and even if the person has told you that it is not serious, all staff have the responsibility to pass this information on.

Any staff member can make a referral, whether academic, boarding or support. Staff do not need to go through their line manager.

4. Confidentiality

Every student has a right to privacy, therefore it is vital that information about students is shared with discretion to the appropriate persons (see procedures for making a referral). A member of staff who has a concern about a student should talk things through first with the relevant Head of School, though it is understood that sometimes it is helpful to check a situation with colleagues, if this is appropriate it should be done discreetly in a private place for the purpose of clarifying thoughts rather than finding solutions. The welfare of students should not generally be discussed with other students, please seek advice from the Head of School where you have concerns about this. Where other students are involved in reporting concerns it is appropriate to reassure them that the student is being looked after and to explain that it is not possible to talk about things any further but to offer support for the friendship group.

5. Support for Staff

Dealing with difficult issues for students can be an emotional experience and may trigger feelings in the member of staff concerned. All staff should be supported by Senior Management, in particular the Deputy Head, Head of School (for tutors) and Lay Chaplain. Where the member of staff has made a referral or dealt with a difficult or upsetting situation he or she will be contacted with the offer of support.

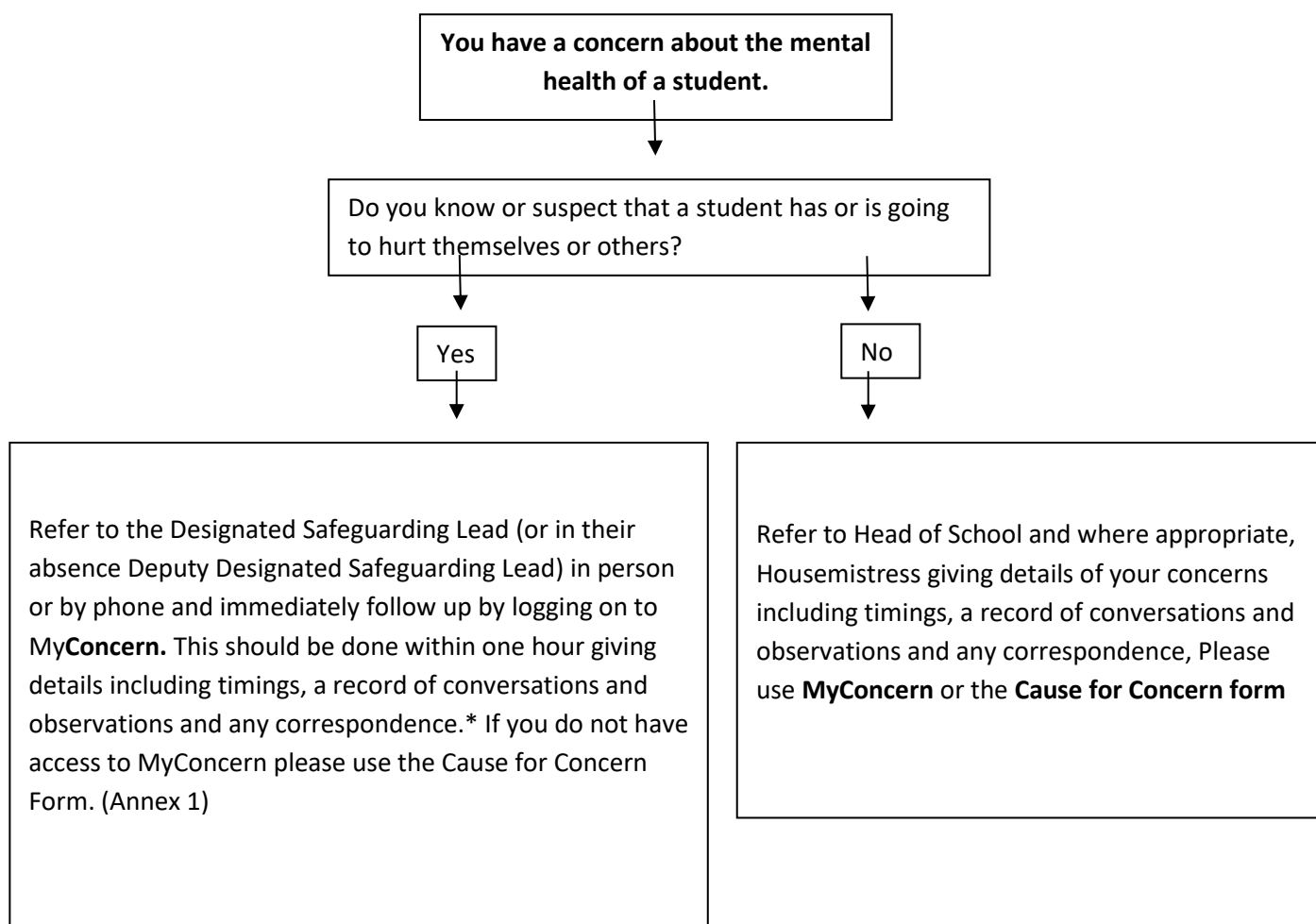
In some cases, a student is able to name a member of staff to report to on a regular basis. This could be a tutor or any member of academic or support staff. In these situations, you will receive on-going support and mentoring and you always have the right to decline.

Where a member of staff makes a referral it is important that they know that some action is being taken. Where appropriate you will be updated in the initial stages, however, confidentiality and discretion must always be respected.

6. Procedures

Flowchart 1

Referral procedures for all staff

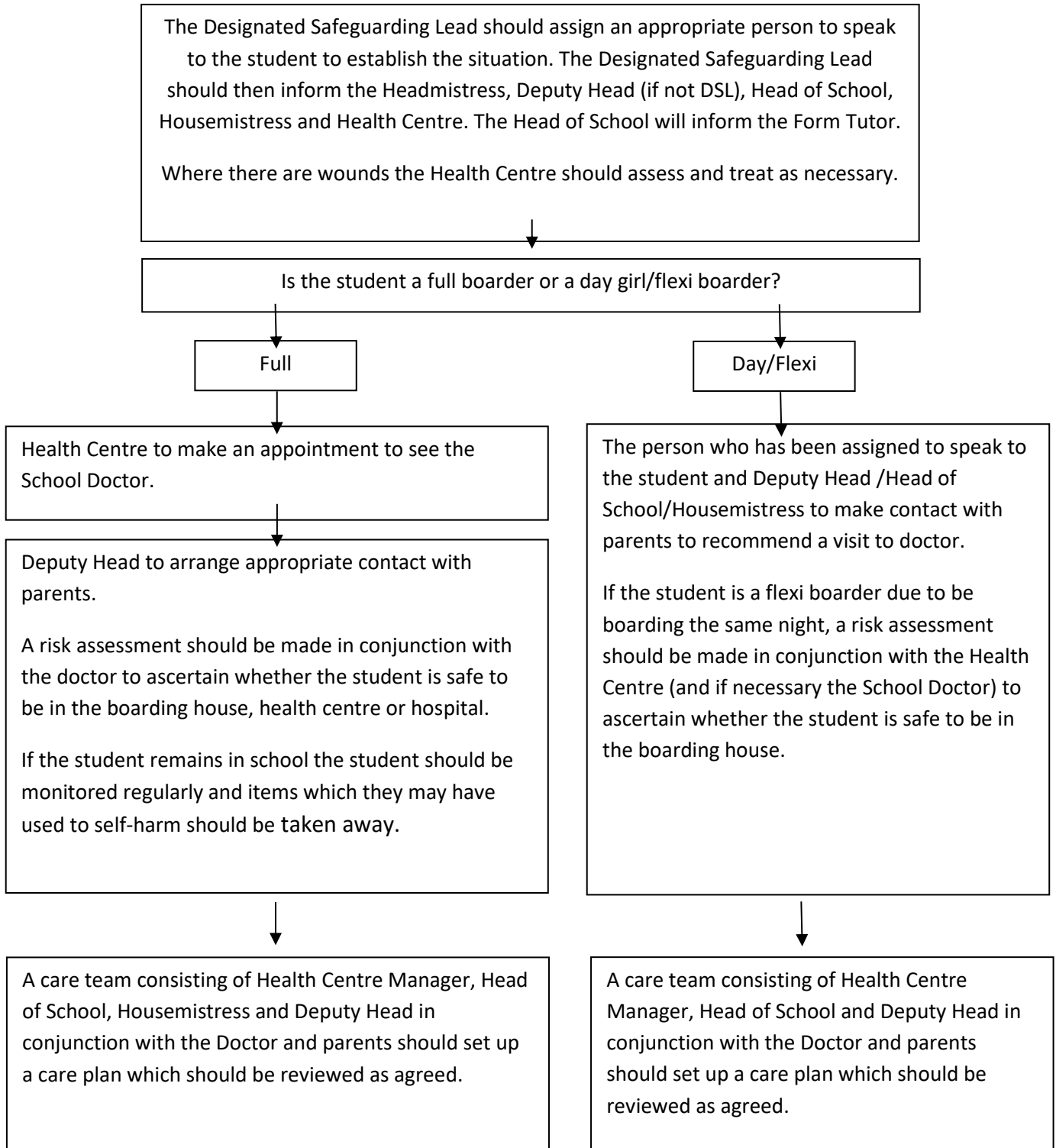


* It is necessary to complete this record within one hour in case the situation should become a more serious Safeguarding issue. Contact the PA to the Headmistress who will organise for a member of SMT to cover the lesson in order for you to do this.

Records and welfare plans are kept and monitored in line with our Data Protection Policy and Safeguarding Policy.

Flowchart 2

Referral procedures for Senior Pastoral Staff



Records and welfare plans are kept and monitored in line with our Safeguarding Policy and Data Protection Policy.

7. Counselling

In some cases, you may find a student speaks to you asking how she can receive counselling or agrees to a suggestion to do so. In this situation you should refer to the Head of School or Health Centre Manager. Where the student is a day girl or flexi boarder the Head of School will then arrange a meeting with the student's parents to discuss the referral and devise a care plan taking into consideration which type of counselling may be appropriate. Where the student is a full or weekly boarder the Head of School will arrange appropriate communication with the parents and Housemistress to discuss the referral and devise a care plan taking into consideration which type of counselling may be appropriate. The Health Centre Manager will make arrangements for Counselling sessions in consultation with the Housemistress.

Where a student is over sixteen and there is no cost implication, the student has the right not to inform parents that they are attending counselling unless the student is deemed to be at risk of harming themselves or others.

8. Supports available for students

There are a number of ways we can provide support for students in School, in cases where it is felt that counselling is not necessary but some support would be of benefit.

- Health Centre
- Lay Chaplain
- School Counsellors
- Sixth Form Ambassadors
- Mental Health Ambassadors (Sixth Form students)
- Big Sisters (girls in older year groups)
- Deputy Head, Heads of School and Heads of Year are all Mental Health First Aiders
- Independent Listener

9. Key Pastoral Staff

Niamh Green	Deputy Head and Designated Safeguarding Lead
John Doy	Head of Sixth Form and Deputy Designated Safeguarding Lead
Jodi Stone	Head of Middle School and Deputy Designated Safeguarding Lead
Claire Baker	Head of Lower School and Deputy Designated Safeguarding Lead
Ronan Lavery	Lay Chaplain
Debbie Streeter	Health Centre Manager
Josefina Ruival	St Dunstan's Housemistress
Petra Kotesovska	Leeds Housemistress
Pippa Whitby	St Gabriel's Housemistress
Hannah Roberston	St Michael's Housemistress
Louise Payne	Nominated Governor for Safeguarding
Dan Smith	Deputy Head of Lower School
Sophie Auer	Deputy Head of Middle School, Head of Year 9
Lynette LeRiche	Head of Year 10
Eva Garcia Claramonte	Head of Year 11
Rachel Davies	Deputy Head of Sixth Form

WHAT ACTION TO TAKE IF YOU HAVE CONCERNS ABOUT A CHILD WHO MAY BE AT RISK

In cases of concern about mental health, where the risk is not immediate or urgent, the agency that provides structured care is the local Children and Adolescent Mental Health Service (CAMHS). Girls are usually referred to CAMHS via their doctor, and this will happen via the School G.P. as necessary. However, the School can also refer directly, as can individuals. If the girl is a boarder or resident in East Sussex, the referral is done through the Single Point of Advice (SPOA) at East Sussex Social Services. If the girl is resident in another county, the referral will be made to their Children Services. This will be completed by the DSL or Deputy DSL.

If there is an urgent and serious risk to a child's health seek immediate help from the School's Health Centre or if necessary ring 999. If calling from an internal school phone please dial 9999.

If you think a child is seriously at risk of harm follow our usual safeguarding procedures as outlined in the Safeguarding Policy.

ANNEX 1



CAUSE FOR CONCERN FORM

Child's name			
Child's date of birth		Form	
Staff member reporting incident			
Date of incident		Time of incident	
<p>Details of the incident Note the reasons for recording the incident. Ensure the relevant factual information is provided. Include names of witnesses, if relevant, and immediate actions taken. Offer an opinion where relevant (how and why this might have happened). Substantiate the opinion. Attach other information, if appropriate.</p>			
Reporting staff member's signature		Date	
<p>Please give this form to the Deputy Head (Designated Safeguarding Lead)</p>			
<p>Deputy Head</p>			

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Response to the incident/concern

Note actions taken, including names of anyone to whom your information was passed.

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Outcomes

Record outcomes of the actions taken.

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Deputy Head's signature		Date	
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ANNEX 2

To make a referral you need to contact the countywide SPOA service 01323 464222 or email 0-19.SPOA@eastsussex.gov.uk or make an online referral on [Before you start \(eastsussex.gov.uk\)](http://Before you start (eastsussex.gov.uk)) You should have discussed with your agency Safeguarding lead with reference to the East Sussex Continuum of Need prior to sending the SOR in with an assessment of where on the CON the concerns sit at. The referral should be discussed in this way first, unless there is a significant immediate risk of harm in which case SPOA should be contacted by telephone.

For more information on the Continuum of Need please go to [The Continuum of Need | East Sussex County Council](#)

If handwritten, please complete in BLOCK CAPITALS

- If you run out of space please attach a separate sheet

To: (if applicable)		Today's date:	
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Please attach any relevant additional information e.g. Chronology, Early Help Plan, CAF
(information from attached documents **does not** have to be repeated on this form)

Please tell us what documents you have attached:

1. Child / young person you are concerned about

Full name		Gender	
Date of Birth		Educational setting	
Address		Family Phone number	

2. All other children & young people you are aware of in the household

Full name	Date of birth	Gender	Relationship to above	Educational setting

2a. Ethnicity of children & young people in the household

White	Mixed	Asian/Asian British	Black/Black British
<input type="radio"/> British <input checked="" type="radio"/> Irish <input type="radio"/> Gypsy Roma <input type="radio"/> Irish traveller <input type="radio"/> Other*	<input type="radio"/> White & Black <input type="radio"/> White & Black African <input type="radio"/> White & Asian <input type="radio"/> Arab	<input type="radio"/> Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> Chinese	<input type="radio"/> Carribean <input type="radio"/> African

<input type="radio"/> Other*	
Other ethnic group (please state): <input type="text"/>	<input type="radio"/> Prefer not to state

3. Parents/carers or adults you are aware of in the household			
Full name	Gender	Relationship	Parental responsibility? Y/N

3a. Any other significant adults, children or young people who live elsewhere			
Full name	Gender	Relationship	Parental responsibility? Y/N

Has the parent/carer been offered any parenting support groups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the parent/carer attended any parenting support groups?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Referral checklist – CAMHS referrals only - please indicate presenting problems.

Anxiety	<input checked="" type="checkbox"/> Obsessive symptoms	<input checked="" type="checkbox"/> Fears & Phobias	<input type="checkbox"/> Social anxiety	<input type="checkbox"/> Somatic complaints
	<input type="checkbox"/> Separation issues	<input checked="" type="checkbox"/> Anxious generally	<input type="checkbox"/> Panics	
Mood	<input type="checkbox"/> Depression/low mood	<input type="checkbox"/> Self-harm	<input type="checkbox"/> Loss of appetite	<input type="checkbox"/> Extremes of mood
	<input type="checkbox"/> Suicidal thinking	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Sleep disruption	
Experiences	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Hearing voices	<input type="checkbox"/> Bizarre ideas	<input type="checkbox"/> Delusions
Eating	<input type="checkbox"/> Preoccupation with food	<input type="checkbox"/> BMI less than 18	<input type="checkbox"/> Sudden weight change	
	<input type="checkbox"/> Excessive use of exercise	<input type="checkbox"/> Disrupted eating pattern (bingeing/restricting)		
Relationships	<input type="checkbox"/> Family relationship difficulties		<input type="checkbox"/> Peer relationship difficulties	
	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Impulsive	<input type="checkbox"/> Difficulty sitting still or concentrating	
Drug/alcohol	<input type="checkbox"/> Drug or alcohol misuse - child or parental			
Safeguarding	<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Neglect	<input type="checkbox"/> Domestic abuse	
	<input type="checkbox"/> Physical/sexual abuse	<input type="checkbox"/> Prevent concerns		
	<input type="checkbox"/> Child sexual exploitation concerns			
Risk to others	<input type="checkbox"/> Sexually harmful behaviour		<input type="checkbox"/> Other risk	
Physical health	<input type="checkbox"/> Adjustment to health issues			
School	<input type="checkbox"/> Not attending school			
Trauma	<input type="checkbox"/> Distressed by a traumatic event			

4. Why are you worried about this child / family? What is your risk assessment for them?
Please include a chronology if not already attached

5. Do you know what has already been tried to support this family and the outcome of that support?
(include attachments as appropriate)

6. What help do you think Early Help, Social Care or CAMHs can give in this case?

7. What is the young person's view of the difficulties?	What are the parent/carers views of the difficulties?

8. Who in the family is aware of this referral? Have the family given consent?

Please note: it is possible that this referral and its contents will be discussed within the SPOA team and also within MASH if the referral is passed through to that service. MASH is a multi-agency team and consists of staff from Children's

Social Care, Police and other key early help services, information will be shared in order to work out the best way to respond to the concerns. We use the principles of information sharing as set out within Working Together 2015.

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9. Please list any organisations or services you think are working with any members of the family i.e. education, health

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10. Referrer information: Please tell us about you

Name		Role	
Service		Contact details	
Signature			

11. GP information: for CAMHS referrals only

Name:		Contact details:	
Practice:			

Annex 3
During COVID- 19 Pandemic and Lockdown

Looking after your Mental Health and Wellbeing

Tips and Useful Websites

It is important during this time to continue to look after your mental health and wellbeing.

We all react differently to situations and this is a reminder to keep you safe and healthy.

Communication, Routine and Help

- It is vital that you continue to **connect** with people; family, friends and teachers. It is good to talk about how you feel and school is still a safe and supportive environment for you.
- It is important during this time that you are connecting with others and that as well as your friends, you try and connect with the quieter and shy girls in your year group or boarding house.
- During these strange times it is good to keep to a **routine**. It will make you feel safe and give you some sort of certainty to your day.
- Ensure that you **engage** in your lessons. If you have any difficulties, do not hesitate to contact your teacher separately if you do not feel you can do it in front of the class. Just like when you are in school and you see teachers individually, you can continue to do so. Do not forget your tutor and housemistress are there for you.
- Make sure that you are spending time **offline** as well. Some of you are lucky enough to have a garden or be able to go out, whilst there are some of you that are under curfew and cannot leave your apartment. The PE department have sent you a plethora of **physical activities** to try, please do. You should ideally be active for at least **60 minutes per day**.
- Try and stick to **regular** meal times and continue to **eat healthily**.
- Learning Support and Counselling are still here for you so please do contact them or Mrs Green, Deputy Head, if you need any further help.
- If you experience grief or bereavement during this time, we are here for you. Please do contact us. Ronan, our chaplain, continues to be available for you and your family.
- Everyone deserves to be safe wherever they are – including online and at home. We should all be doing our part to spread kindness and support each other in this time.

There are a number of charities that are also here to help you and your families during this time:

- Ideas for **indoor activities and healthy treats**:
www.nhs.uk/change4life
- Children **Bereavement** Network:
www.childhoodbereavementnetwork.org.uk/help-around-a-death/covid-19.aspx
- If you would like to **talk** to someone **anonymously**:
www.childline.org.uk
call 0800 1111 any time for free
- If unsure what help you need The Mix aims to find you the **best help**
www.themix.org.uk
call 08088084994 for free

- The National Autistic Society has guidance and a helpline www.autism.org.uk/about/behaviour/anxiety.aspx
call 08088004104
- If you struggle with an **eating** disorder BEAT have a helpline and will support you
- www.beateatingdisorders.org.uk/coronavirus
- Support **for parents** to help their children with their mental health and wellbeing:
www.minded.org.uk