Mental Health and Wellbeing Policy

This Policy, which applies to the whole school, including Boarding and the Early Years, 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 Head of School's office.

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Responsible Area	Director of Inclusion, Wellbeing and Compliance

Agreed by:

Head of School	**Chair of the Board**
Bryan Nixon	David King
08 October 2024	08 October 2024

1. Introduction

1.1. It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing into adulthood. This policy focusses on mental health support for students at TASIS England.

1.2. At TASIS England, we understand our responsibilities and ensure that students with mental health difficulties are not discriminated against, making sure we provide reasonable adjustments to support 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.

1.3. The general aims of this policy are to underline the importance of promoting good mental health and emotional wellbeing for all students, faculty & staff, increasing our collective understanding and awareness of mental health issues and to facilitate early recognition of mental health issues in students, thereby preventing the escalation of mental health problems by early intervention. We do this by:

- Providing access to School Counselors, Mental Health First Aiders or other mental health professionals who can help students manage their emotions, cope with stress, and work through challenges
- Promoting and incorporate social-emotional learning throughout the school, creating a positive culture that promotes empathy, kindness, and respect through living the school mission of being principled, open-minded and compassionate
- encouraging and teaching students about the importance of self-care and providing resources and support to help students develop healthy habits and routines, such as exercise, sleep, and stress management
- creating a physically and emotionally safe and supportive learning environment that promotes a sense of belonging and wellbeing
- creating a culture of wellbeing and inclusion, free of abuse, discrimination, teasing, harassment, bullying and anti-social behaviour
- providing resources and support to faculty and staff for responding to students in crisis and provide access to emergency resources and support as needed

1.4. Students aim to develop the knowledge, understanding, skills, capabilities and attributes necessary to make informed decisions to establish a sustainable and positive pattern of emotional, social and physical health and wellbeing enabling them to experience challenges and enjoyment within the school environment.

1.5. This policy should be read in conjunction with the following policies, documents and legislation/regulations– all school policies are available on the school website unless otherwise stated:

- Safeguarding Children Child Protection Policy
- Health Centre Policies (inc. Administration of Medication and Medical Needs Policy & First Aid Policy)
- Learning Support Special Educational Needs (SEN) Policy and Procedures
- Promoting children and young people's mental health and wellbeing (DfE and Public Health England – last updated November 2023)
- National Minimum Standards for Boarding Schools Standard 7 – Boarders Health and wellbeing (DfE - September 2022)
- The Equality Act 2010
- The Data Protection Act 2018 and UK GDPR
- Articles 3 and 23 of the UN Convention on the Rights of the Child

1.6. **Key sections of this policy**

Section 2	Key members of staff and contact information
Section 4	Definitions of mental health and wellbeing
Sections 5 – 8	How we promote positive mental health and wellbeing
Section 9	Early warning signs to help prevent mental health problems getting worse
Sections 10 – 19	How we work to prevent mental health problems and how we identify and support students with mental health needs
Sections 20	How we train and support faculty and staff to understand mental health issues
Appendix 1	Additional information about some significant mental health issues: • Identification of Suicide Risk and Action to be Taken • Eating Disorders & Examples of 'Other Specified Feeding or Eating Disorders' (OSFED) • Self-Harm • References for those concerned about their own or someone else's mental health
Appendix 2	Procedure to follow in a case of acute mental health crisis
Appendix 3	Early Help/Targeted Help Protocol - Care Plans

1.7. The policy applies to all activities undertaken by the school, including those undertaken outside normal school hours and/or away from the school site and includes all teaching, support and agency staff, contractors, the Board and volunteers working at and in the school. All who work, volunteer or supply services to our school have an equal responsibility to promote good mental health and understand and implement this policy across all sections of the school.

1.8. If you feel you, or someone else you know, needs immediate mental health support, you can contact a range of TASIS England faculty & staff as described in Section 2 below:

2. Key Members of Staff and Contact Information

Table 1

Designated Safeguarding Lead (DSL)	**Jason Tait – Whole School (WS)**	jtait@tasisengland.org	+447392319922
Senior Mental Health Lead Mental Health Lead	**Darren Singh-MacPherson - WS** **Daniel Giannini - WS**	dsinghmacpherson@tasisengland.org dgiannini@tasisengland.org	+447774658911 +447392319923
Deputy DSLs	**Mike Rust – WS & Boarding** **Margaret Kirwan – LS** **Kat Higgins - MS** **Isaac Ward - US**	mrust@tasisengland.org mkirwan@tasisengland.org khiggins@tasisengland.org iward@tasisengland.org	N/A
School Counsellors	**Erin Bagley - LS** **Pamela Kakalec - MS** **Monica Oleksy - US** **Maria Vazquez - US**	ebagley@tasisengland.org pkakalec@tasisengland.org moleksy@tasisengland.org mvasquez@tasisengland.org	N/A
Lead Nurses – Health Centre	**Melissa Fountain - WS** **Shauna Doran - WS**	nurse@tasisengland.org	+447774197082
LS Learning Support Specialist.	**Erika Pink**	epink@tasisengland.org	N/A
MS Learning Support Specialist.	**Gretel Veryard-Arcay**	gveryard@tasisengland.org	N/A
US Learning Support Specialist.	**Judy McGregor** **Catherine Keery** **Joanna Preucel**	jmacgregor@tasisengland.org ckeery@tasisengland.org jpreucel@tasisengland.org	N/A
Director of Inclusion, Wellbeing and Compliance	**Darren Singh-MacPherson - WS**	dsinghmacpherson@tasisengland.org	+447774658911
Mental Health First Aiders	**School wide faculty and staff**	MH first aiders are advertised around school	N/A
Head of School	**Bryan Nixon - WS**	bnixon@tasisengland.org	+447392319933

3. Implementation

3.1. Any member of faculty or staff who is concerned about the mental health or wellbeing of a student should speak to the Designated Safeguarding Lead (DSL) or a Deputy Designated Safeguarding Lead (DDSL) in the DSL's absence as soon as possible.

3.2. The DSL will liaise with the Mental Health Leads, School Counsellors, the Health Centre as required to formulate an appropriate response.

3.3. Concerns that the student is **at risk of immediate harm** will trigger the schools safeguarding and child protection procedures. You should contact the DSL immediately, DDSL's and nurses, the Head of School should also be informed. If the student presents a medical emergency, **emergency services** should be contacted on **999** and an appropriate response will be coordinated between those mentioned in **Table 1** above.

4. Definition of Mental Health and Wellbeing

4.1. The World Health Organisation defines mental health as:

> ***'a state of mental wellbeing that enables people to cope with the cope with the stresses of life, realise their abilities, learn well and work well and contribution to their community'*** (W.H.O. 2022)

4.2. We do not underestimate the adverse effect that COVID-19 has had on young people's lives including their mental health and emotional wellbeing. This is recognised and understood by TASIS England, where we strive to provide a positive environment for our students and for our faculty and staff.

4.3. 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 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:

- self-harm
- depression
- anxiety, panic attacks and phobias
- obsessive and compulsive behaviours
- suicidal feelings
- eating problems
- Some other examples of disorders found in children and young people

4.4. **Self-harm:** Self-harm describes any behaviour where a 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. For more advice and guidance, see the Mind website where there is a range of information and guidance. See **Appendix 1** for more information on self-harm.

4.5. **Depression:** Variations in mood are a normal part of life for us all. 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. Mindworks Surrey has lots of information and guidance on their website and a referral process to support children and young people.

4.6. **Anxiety, panic attacks and phobias:** Anxiety can take many forms in children and young people, and it is something that each of us experience, 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 may be required. Mindworks Surrey has supportive information and guidance on their website regarding anxiety and related conditions.

4.7. **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 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 disorders (OCD) can take many forms. The Anna Freud National Centre for Children and Families pages on mentally healthy schools discusses OCD and has tips on identifying OCD along with support advice and guidance.

4.8. **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. See the YoungMinds website along the NHS website for more resources. See **Appendix 1** for more information on eating disorders.

4.9. **Suicidal feelings:** Some young people may experience complicated thoughts and feelings about wanting to end their own lives. Most young people never act on these feelings, though they may openly discuss and explore them, while other young people may die suddenly from suicide, sometimes without warning. There is support for those experiencing these thoughts both inside and outside school; some external organisations include Papyrus Suicide Prevention of Young Suicide – free HOPELINE UK – 08000684141 Text – 07860039967 – email pat@papyrus-uk.org. See **Appendix 1** for more information on suicidal ideation.

4.10. **Some other examples of disorders found in children and young people may include** - Conduct Disorders (aggression, destroying/losing property, theft, running away etc.); Attention Deficit Hyperactivity Disorder (ADHD)**;** 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)

4.11. Mental health and wellbeing are not just about the absence of mental health problems. We want all 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 and pressures of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

5. How We Promote Positive Mental Health and Wellbeing

5.1. We aim to promote positive mental health and wellbeing for our whole school community - students, faculty, staff, parents and carers. We recognise that children and young people's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Persistent or enduring mental health problems may lead to students having greater difficulty in learning than many other students in their age group.

5.2. The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health (SEMH) as one of the four areas of Special Educational Need.

> ***'One in six children aged 5 to 16 were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017. That's five children in every classroom'*** (NHS 2021).

This can have an enormous impact on a child or young person's quality of life, their relationships and academic achievement. The Department for Education recognises that:

> ***'in order to help their students succeed; schools have a role to play in supporting them to be resilient and mentally healthy'*** (DfE 2015: updated November 2023)

5.3. School 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 wellbeing and engendering a sense of belonging and community.

5.4. 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, as a whole school community we aim to reduce the stigma surrounding mental health issues and direct students to appropriate help and support. Within our approach, we understand that mental health is not just the absence of mental illness but also the presence of emotional wellbeing.

5.5. We also recognise that the school has limitations in what it can offer regarding mental health support and that the needs of some students may be beyond the level of service that TASIS England is able to offer.

5.6. In addition to student mental health and wellbeing, we acknowledge the equal importance of promoting staff mental health and wellbeing.

6. Roles and Responsibilities

6.1. All faculty & staff have a responsibility to promote positive mental health, and to understand the risk factors for mental illness. Some students will require additional help, and faculty & staff should have the skills to identify early warning signs of mental health problems, thereby ensuring students with mental health issues receive the early intervention and support they need.

6.2. Faculty & staff should recognise **risk factors** for students such as:

- Having a long-term physical illness
- having a parent who has had a mental health problem, problems with alcohol or drugs or who has been in trouble with the authorities
- the death of someone close – also loss, including loss of friendships
- parents who separate or divorce
- experiencing severe bullying or physical or sexual abuse
- experiencing high levels of expectation or pressure
- poverty or homelessness
- experiencing discrimination
- caring for a relative, taking on adult responsibilities
- having long-lasting difficulties at school

6.3. A range of contributors have identified common key elements, skills and/or competencies that young people need in order to develop and sustain positive mental health and wellbeing (National Children's Bureau 2021). Faculty & staff should recognise these **positive factors** such as:

- self-awareness, worth, control, belief & regulation
- relationship building, empathy and compassion
- social skills & open communication
- motivation, problem-solving skills and persistence
- emotional literacy
- resilience, coping
- good self-esteem and a sense of belonging

6.4. The school's safeguarding and pastoral team works with other faculty and staff to coordinate whole school activities to promote positive mental health by providing advice and support and organising training and updates to keep faculty & staff up to date with information about what support is available.

6.5. This also includes liaising with the PSHEE teachers on mental health teaching, how to respond as a first point of contact and the process of referring and communicating to and with mental health services.

6.6. We recognise that many behaviours and emotional difficulties can be supported within the school environment or with advice from external professionals. Some students may need more intensive support and we work with a range of mental health professionals and organisations that provide support to students with mental health needs.

6.7. External support includes:

- Local Authority Family Support Services
- Child & Adolescent Mental Health Service (CAMHS) referrals
- Private therapy referrals

7. A Whole School Approach to Promoting Positive Mental Health

7.1. 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.

7.2. **This encompasses 7 elements:**

1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. helping students to develop social relationships, support each other and seek help when they need to
3. helping students to be resilient learners
4. teaching students social and emotional skills and an awareness of mental health
5. 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
6. parent / carer engagement
7. supporting and training faculty & staff to develop their skills and resilience

8. Factors That Put Children At Risk

8.1. Research shows that particular groups and individuals are at increased risk of having mental health problems. **Table 2** demonstrates the risk factors for the child, family, school and community, and highlights some protective factors that are thought to make developing a mental health problem less likely.

Table 2: Mental Health and Behaviour in Schools: Departmental Advice for School Staff (DfE November 2018)

	Risk Factors	***Protective Factors***
In the child	Genetic influences Low IQ learning and disabilities Specific Development delay or neurodiversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	Secure attachment experience Outgoing temperament as an infant Good communication skills, sociability Being a planner and having a belief in control Humour 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, emotional abuse or neglect 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 – including online (cyber-bullying) Discrimination Breakdown of a lack of positive relationships Deviant peer influences Peer pressure Child on child abuse Poor student to teacher/school staff relationships	Clear policies on behaviour and bullying Staff behaviour policy – Code of Conduct 'Open door' policy for children to raise problems A whole-school approach to promoting good mental health Good student to teacher/school staff relationships Positive classroom management A sense of belonging Positive peer influences Effective safeguarding and Child Protection policies An effective early help process Understand their role in and be part of effective multi-agency working Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Other significant life events Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation Other significant life events	Wider support network Good housing High standard of living High morale school with positive policies for behaviour, attitudes and anti-bullying Opportunities for valued social roles Range of sport/leisure activities

8.2. 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 National Health Service and from other support services.

8.3. We acknowledge that referrals to the NHS and other external agencies sometimes have a waiting list or other administration processes and can take some time for an appointment or consultation; this will vary from agency to agency.

8.4. 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 difficulties, increasing the likelihood of these children developing behavioural problems. Mentally healthy students are able to progress emotionally within the normal scope of child and adolescent development. Students acquiring behavioural difficulties beyond this normal scale may be defined as experiencing mental health problems or disorders. These disorders can critically damage academic performance.

9. Early Warning Signs

9.1. All faculty and staff will be on the lookout for signs that a student's mental health is deteriorating. Some early warning signs include:

- changes in mood or energy levels
- changes in eating or sleeping habits
- changes in attitude in lessons or academic achievement
- social isolation
- changes in level personal hygiene
- poor attendance or punctuality
- expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- secretive behaviour
- refusing to take part in PE or getting changed secretively
- physical pain or nausea with no obvious cause
- physical injuries that appear to be self-inflicted
- weight loss or gain
- engaging in risky, destructive behaviour
- abuse or use of alcohol and/or drugs
- talking or joking about self-harm or suicide

10. How We Work to Prevent Mental Health Problems

10.1. TASIS England has specific procedures in place to assist students. These procedures support faculty & staff in identifying and assisting students with mental health issues. This includes, but is not limited to pastoral support, anti-bullying and safeguarding policies, behaviour management, liaison with the School Counselors and the Health Centre Team and external agencies.

11. Identification of Mental Health Difficulties

11.1. 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 DSL. **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.

12. Intervention

12.1. 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.

12.2. 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

13. Confidentiality and Information Sharing

13.1. Students are encouraged to talk to their parents/carers about their problems or give permission for a member of faculty & staff to do so.

13.2. If it is felt that a student is a risk to themselves or others, information will be shared with parents/carers and, if required, other statutory or non-statutory agencies. We realise that a student with poor mental health may not have the ability or insight to recognise that they need help. If the need arises, we will break confidentiality to ensure they receive the support they need from other agencies.

13.3. Students who have a care plan and/or risk assessment in place will have this information shared with their academic teachers, sport/activity coach, boarding house team (if they are a boarding student) and trip chaperones on school trips inclusive of all sports fixtures, field trips, and overnight residential experiences. Information will only be shared for the period of time that it is required. The purpose of sharing information is to ensure a safe learning environment for children and young people whilst they are under the care and supervision of TASIS England, at all times.

13.4. For those students with more serious concerns that could result in longer term health issues, information will be shared with TASIS England employees, including bus drivers, admin support staff, and our security teams to ensure a safe learning environment for children and young people whilst they are under the care and supervision of TASIS England, at all times.

13.5. **If you are concerned about a student tell them that you may not be able to maintain confidentiality, in line with your safeguarding duty. Share your concerns with the DSL who will assign actions and ensure that support is put in put place for the student. A written record of your concerns must be recorded on CPOMS.**

14. Signposting

14.1. We will ensure that staff, students and parents are aware of sources of support within school and externally.

14.2. We will display relevant sources of support in communal areas such as common rooms, noticeboards and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum.

14.3. Whenever we highlight sources of support, we will increase the chance of student seeking help 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.

15. Individual Care Plans

15.1. For students whose mental health is a concern and/or who receive a diagnosis pertaining to their mental health, a care plan and/or risk assessment will be developed in collaboration with the student, the parents and relevant professionals providing care for that student.

15.2. Please refer to **Appendix 2** below 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 presenting issues or condition if diagnosed
- individual requirements and precautions
- prescribed medication and any side effects
- who to contact in an emergency and immediate measures to be taken
- the role that the school can play
- the role outside agencies can play (if applicable)

16. Teaching About Mental Health

16.1. 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.

16.2. The specific content of lessons will be determined by the individual needs and age of the grade 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.

16.3. TASIS England will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps, rather than harms.

16.4. **Student-led Activities**

- Campaigns and assemblies to raise awareness of mental health.
- Student Ambassadors who are qualified Mental Health First Aiders.

16.5. **Class Activities**

- positive mental health promotion in classes, specifically: PSHEE
- mindfulness sessions for students
- mental health teaching programmes
- the Student Voice Page for Middle School and Upper School students and Worry Boxes for Lower School students
- Kindness/Compliment Boards

16.6. **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

- Upper School and Middle School students have universal access to the FlouirshDX website, inclusive of the daily wellbeing tracker

17. Supporting Peers

17.1. 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.

17.2. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other.

17.3. In order to keep peers safe, we will consider, on a case-by-case basis, which friends may need additional support.

17.4. 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 and family, with whom we will discuss what it is helpful for friends to know - and what they should not be told.

17.5. How friends can best support:

- things friends should avoid doing / saying, which may inadvertently cause distress
- 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

18. Working With Parents

18.1. 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 and Parent Portal (LMS)
- 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.

19. Working With Specialist Services To Get Swift Access to the Right Specialist Support and Treatment

19.1. In some case a student may require support from a specialist service; these might include learning differences, anxiety, depression, self-harm and eating disorders.

19.2. TASIS England can refer and apply on behalf of families to a range of specialist services keeping in regular contact with the service to review the support and consider next steps, as part of monitoring the student's individual care plan for the duration of the support.

19.3. School referrals to a specialist service will be managed (depending on the need and service applied/referred to) by the DSL, the Learning Resource Centre, Mental Health Leads and/or the Health Centre following the assessment process. 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/or their parent/carer (depending on the students Gillick Competency) and when it is the most appropriate support for the student's specific needs.

19.4. **Example services:**

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

20. Supporting and Training faculty and Staff

20.1. TASIS England want faculty & staff to be confident in their knowledge of, and to be able to promote, positive mental health and wellbeing.

20.2. There are clear benefits for faculty & staff being able to identify mental health needs in students early and to know what to do and where to get help (see **Appendix 2**).

20.3. All teaching and support staff have completed the 'Introduction Mental Health First Aid' workshop. Key pastoral staff in the school, including of all House Parents, have completed the 'Mental Health First Aid' training course.

20.4. The mental health and wellbeing of staff is an essential component of a healthy school, and we promote opportunities to maintain a healthy work life balance and wellbeing. Faculty & staff have universal access to the FlourishDX website and daily wellbeing tracker. Faculty & staff take an annual wellbeing survey, the results of which are used to inform policy, procedures and work practice in relation to faculty & staff and wellbeing.

20.5. As a minimum, all staff 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 identify and respond to mental health needs and keep our students safe.

20.6. Training opportunities for staff who require more in-depth knowledge are reviewed as part of our professional development and learning journey processes, training will be enhanced throughout the year for those who require it, as a response to of developing situations and service needs.

20.7. Where the need to do so becomes evident, we will host additional training sessions for faculty & staff to promote learning or understanding about specific issues related to mental health.

Appendix 1 - Additional Information and Procedures for Specific Disorders

Identification of Suicide Risk and Action to be Taken

Surrey Safeguarding Children Partnership - Suicide Prevention and Postvention Protocol for all Surrey Schools and Colleges

'Suicidal feelings can mean having abstract thoughts about ending your life or feeling that people would be better off without you. Or it can mean thinking about methods of suicide or making clear plans to take your own life' (MIND 2022).

Any suggestion that a student may be considering suicide should **always** be taken seriously. Students are advised to inform a member of faculty & staff immediately if they have feelings or thoughts of any sort relating to suicide, or if another student confides in them that they have or have had suicidal thoughts. Members of faculty & staff will respond immediately in accordance with the following protocol.

Intervention – how to identify if, and what to do when someone is suicidal

- Papyrus guidance on spotting the signs of suicidal thoughts is as follows: '*It's not always easy to know if someone is suicidal…we cannot read other people's minds to truly understand how they are feeling in any given moment' – (https://www.papyrus-uk.org/spotthesigns/)*

- Staff may feel worried about over-responding, but it is much better to over-respond than under-respond in the case of a potential suicide.

- Sometimes though, there may be signs that a young person is feeling suicidal; some signs are more obvious than others and some can be quite subtle. After all, some young people may not have the skills, confidence or language to describe how they feel. Therefore, we might need to pay a little more attention than usual. Alternatively, some young people may be more comfortable directly expressing their thoughts of suicide which will allow us to explore them further.

- So, what might the signs be? People thinking about suicide often invite us to ask directly if suicide has become a viable option for them.

- There is no exhaustive list of 'invitations' but changes in behaviour (loss of interest/withdrawal, giving away possessions), physical indicators (weight loss, lack of interest in appearance), expressing thoughts or feelings (hopeless, sad, guilty, worthless) and the words/language being used ('I can't take it anymore', 'Everyone would be better off without me') could all be indicators that someone is experiencing thoughts of suicide.

- Recent research has indicated that asking a young person if they are experiencing thoughts of suicide can reduce the risk of them ending their life. Asking and determining if that person is feeling suicidal gives you the opportunity to explore those feelings further and support them to stay safe.

- The most important thing to do to ascertain if someone is struggling with thoughts of suicide is to **ASK**!

- Someone in distress may elicit direct and/or indirect warning signs of suicidal thoughts. It's important for faculty and staff to learn how to identify these warning signs as they may indicate intention for suicidal behaviour. It's also important to understand that those with a mental illness or who have had a prior suicide attempt and/or been bereaved by suicide themselves are at greater risk of suicide.

- There are some excellent resources to support you to identify and work with someone who is, or who may be, feeling suicidal. These are available here:

- Papyrus website: Worried about someone
- MIND website: Supporting someone who feels suicidal
- Samaritans website: Worried about someone
- Rethink website: How to support someone

The **TASIS England Crisis Management Plan** outlines **10 key actions** in the event of a suicide attempt:

1. Remain **calm**, non-judgemental, and caring.
2. Always **communicate** with the parents/carers of the student and any professionals involved in the care of the student.
3. The **safety** of the student and others is of vital concern when a suicide attempt occurs at school. Keep the student safe and supported, and take them to a safe, private place if they can be moved. Contact the Health Centre Team.
4. Call an **ambulance on 999** if a student:
   - has taken a drug or medicine overdose or consumed poison
   - is seriously injured
   - is unconscious, confused, or disoriented
   - has bleeding that is rapid or pulsing
5. Call the **police on 999** if a student is disclosing intent to **harm self** or **threatening** to **harm others** or is so distressed that they are unmanageable in the school environment.
6. Respect the **confidentiality** of the student and consider the wishes of the student and their family when communicating about any suicide attempt.
7. Consider the **impact** of the event on others. Ensure the wellbeing of other students, classmates, bystanders, and witnesses who may be impacted is being considered. Contact parents and carers of other students impacted and at risk, and advocate for support and suicide risk assessment being provided for these students.
8. **Refer** students appropriately based on assessment of support needs. Become familiar with the range of mental health and youth support agencies, programs and professions accessible by your school.
9. **Inform and liaise** with relevant authorities and agencies. Follow Emergency Management critical incident reporting protocols for your school, sector, and region. Have student wellbeing or leadership follow up and liaise with hospital or mental health services, or any support service or program, about support planning, communications, and information sharing.
10. Consider the impact of **social media** on other students. Determine whether information about the attempt is on social media and if this is impacting on other students.

Eating Disorders and Examples of 'Other Specified Feeding or Eating Disorders' (OSFED)

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.

- **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 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 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.

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.

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

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 and contact the DSL.

Physical Signs (these signs may or not be a warning sign in isolation and a view should be taken of the whole person)

- 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 or skipping meals
- scheduling activities during lunch
- unusual behaviour around food
- wearing baggy clothes or several layers of clothing
- excessive chewing of gum/drinking of water
- increased conscientiousness
- increasing isolation / loss of friends
- believes they are overweight when they are not
- secretive behaviour
- excessive exercise
- control around food: removal of food groups, quantities and avoidance of social events

Psychological Signs (these signs may or not be a warning sign in isolation and a view should be taken of the whole person)

- 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

Management of an Eating Disorder (ED) in a Boarding Environment

Where there are 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 Health Centre for a medical opinion by a nurse.

The decision about how, or if, to proceed with a student's schooling while they are experiencing an 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, Lead Nurses and Director of Boarding and will include the student, parents/carers, school counsellor, Mental Health Leads, GP and Houseparent.

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 become a day student for an agreed period of time, until full re-integration to the boarding environment is deemed to be in the best interests of all students.

The reintegration of a student with an ED into school following a period of absence should be handled sensitively. The student, parents, counsellor, Mental Health Leads, Lead Nurses and Houseparent working with 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
- details of the 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.

Self-harm

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

- cutting, scratching, scraping, picking or excessively scouring/scrubbing the skin
- swallowing, or attempting to swallow, inedible, hazardous materials or substances
- taking an overdose of prescription or non-prescription medication
- burning or scalding
- banging or hitting the head or other parts of the body including hair pulling
- abusing legal and/or illegal drugs and alcohol
- eating Disorders

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
- feelings of 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
- encouragement to self-harm (including suicide) on social media

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
- drugs or alcohol abuse
- 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

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 procedures and share information with the DSL.

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
- details of the concerns raised
- details of anyone else who has been informed

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 DDSL.

The Safeguarding Team will closely monitor the progress of students who have self-harmed; 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 likely lead to an enforced time at home. Return to school may be dependent on medical/psychiatric advice to ascertain whether the student remains within the levels of service that TASIS England can safely offer.

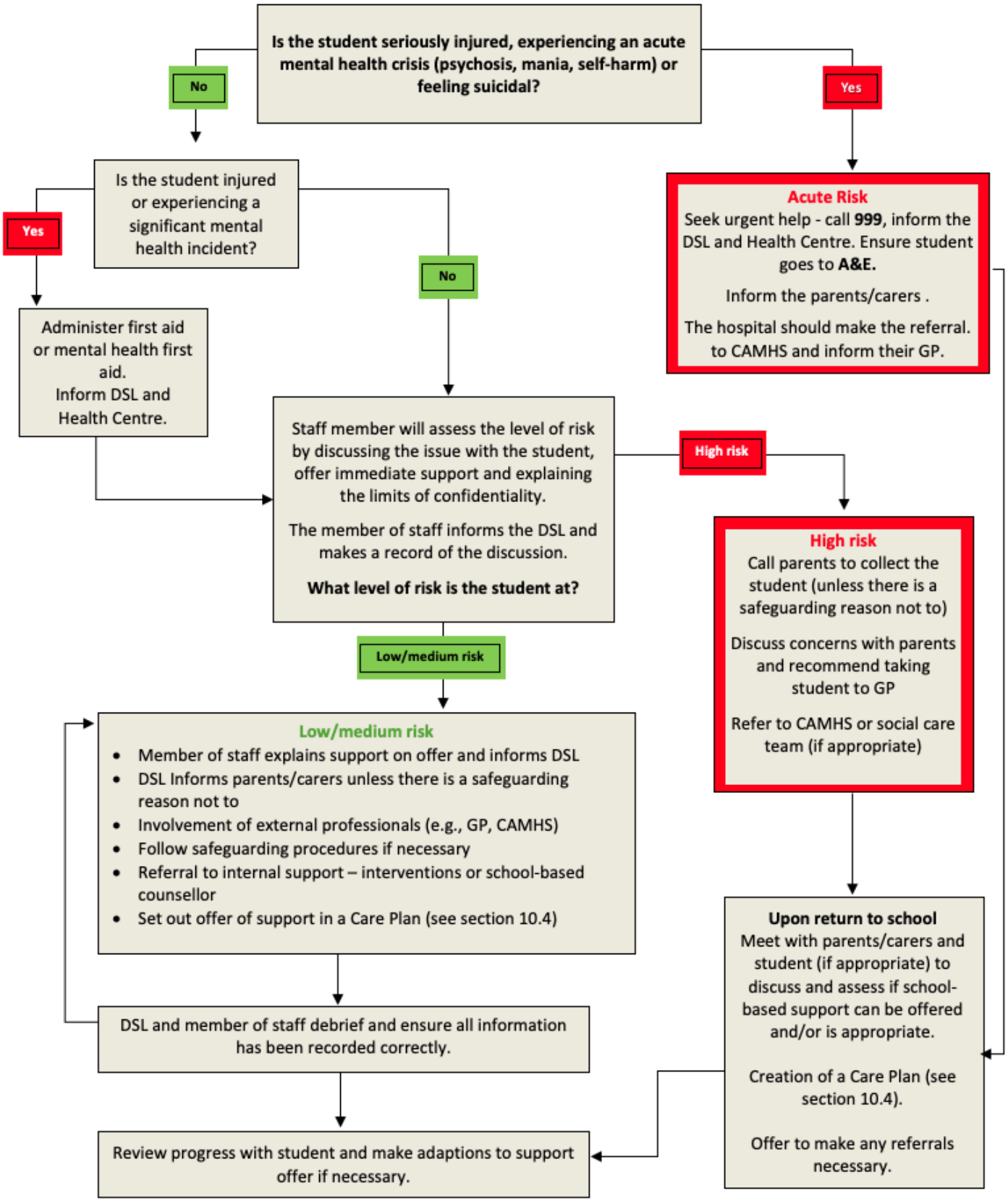
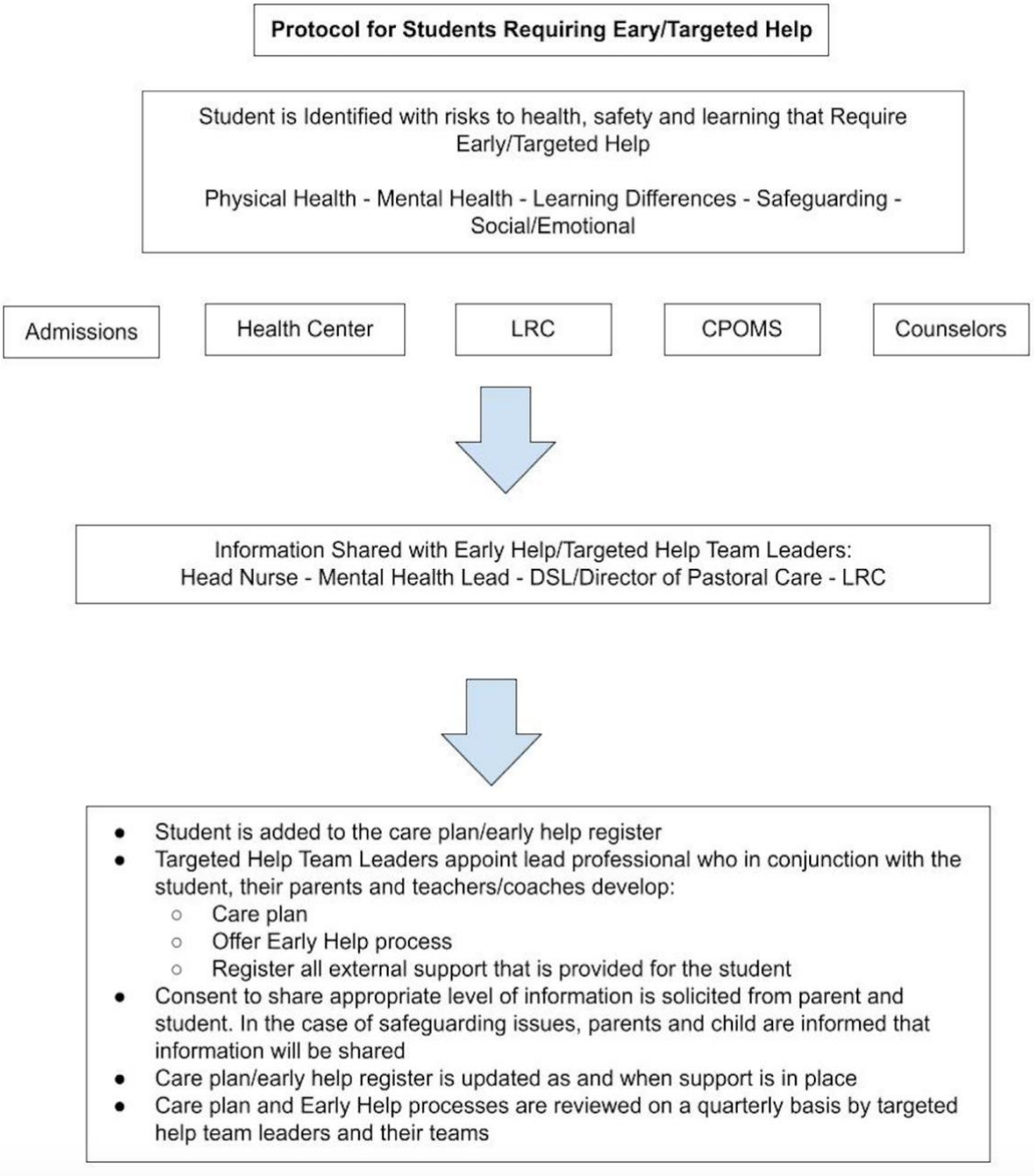
The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff seeking further advice on this should consult with the DSL.

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.

References and Links

- Guide to investing in your relationships - Mental Health Foundation
- Mental health and wellbeing provision in schools – DfE 2018
- Make it count, Students-guide - Mental Health Foundation
- Make it count - Teachers-guide - Mental Health Foundation
- Making the case for young people's mental health - MHFA England
- Every mind matters: Sleep, year 6 and Social Media
- Every mind matters: What to do about worry
- Mental health and behaviour in school – DfE 2018
- Promoting and supporting mental health and wellbeing in schools and colleges (DfE: June 2021)
- Anxiety UK - OCD UK - thrive talk
- Eating Disorders www.b-eat.co.uk and - NHS - Overview - Eating disorders
- Self-Harm www.selfharm.co.uk
- Suicidal thoughts Prevention of young suicide UK – PAPYRUS
- www.youngminds.org.uk champions young people's mental health and wellbeing www.mind.org.uk advice and support on mental health problems www.minded.org.uk (e-learning)
- Time To Change Campaign tackles the stigma of mental health www.rethink.org challenges attitudes towards mental health

Appendix 2 - Procedure To Follow in a Case of Acute Mental Health Crisis



Appendix 3 - Early Help/Targeted Help Protocol - Care Plans