



Mental Health and Wellbeing Policy

Culford School

Contents

Introduction	3
Aims.....	3
Background	3
Lead Members of Staff.....	3
Possible Signs For Raising a Concern	4
Procedures For Raising A Concern.....	4
Working with Parents	5
Managing disclosures.....	5
Confidentiality	6
Preventative and Supportive Measures	6
Learning for Life Lessons	7
Wellbeing Drop In Service	7
Counselling Service	7
Peer Mentoring	7
The Wellbeing Committee	7
Digital Section/phones.....	8
Supporting Peers.....	8
Individual Care Plans.....	8
Signposting.....	8
Training	9
Mental Health First Aid	9
Suicide.....	10
First Aid in a Suicidal Crisis.....	10
Appendix 2.....	11
Anxiety	11
OCD.....	12
Depression	12
Appendix 3.....	13
Eating Disorders and Disordered Eating	13
Appendix 4.....	14
Self Harm	14
Useful Culford Policies for Staff.....	14
References	15

Introduction

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the everyday stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. (World Health Organization)

At Culford School, we aim to promote positive mental health for our pupils by interweaving education about positive mental health and wellbeing into all areas of school life. We pursue this aim using both universal, whole-school approaches and specialised, targeted approaches aimed at vulnerable pupils. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe environment for pupils affected both directly and indirectly by mental ill health.

This document describes Culford School's approach to promoting positive mental health and well-being, and is intended as guidance for all staff, including non-teaching staff and governors. It should be read in conjunction with our medical policies, including the [school suicide prevention policy](#), Child Protection Policy, and the Learning Development policy where a pupil has an identified special educational need.

Aims

This policy aims to

- Describe the school's approach to mental health
- Promote positive mental health in all pupils
- Increase staff understanding and awareness of common mental health issues so as to facilitate early intervention in the case of possible problems
- Provide support and guidance to all staff, for working with and supporting pupils who suffer from mental health issues
- Provide support and guidance to pupils who suffer from mental ill health and their peers and parents or carers

This policy will be reviewed and updated as appropriate and at least annually. If you have a question or suggestion about improving this policy, this should be addressed to rradlett@culford.co.uk

Background

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. Globally, 1 in 7 adolescents experiences a mental disorder. Suicide is one of the leading causes of death amongst 15-29 year olds, and depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents.¹

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of pupils, staff with a specific remit include:

- Ruth-Ann Radlett Assistant Head (Safeguarding and Wellbeing)
- Jon Herd Assistant y Head I (Prep) Deputy Designated Safeguarding Lead
- Kelly Harrison Deputy Designated Safeguarding Lead EYFS
- Emily Fergus-Hillman Head of Health Services

¹ <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health> (Accessed 24 May 2025).

Possible Signs For Raising a Concern

School staff may become aware of warning signs which indicate a pupil is experiencing mental health issues. We are aligned with statutory guidance in recognising that self harm, suicidal ideation and eating disorders can become safeguarding concerns and the DSL must always be alerted to concerns relating to these.

Possible signs of a mental health concern include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating habits/loss/gain of weight
- pupil comments, or looks like they are not sleeping
- Increased isolation/withdrawal from friends or family, social withdrawal
- pupil appears sad or tearful regularly
- Changes in activity and mood
- Lowering of academic achievement
- Excessive working or striving for 'perfection'
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- ADHD, AuDHD or ASD diagnosis or suspected* OCD
- Skipping PE or getting changed secretly
- Lateness to or absence from school or a shift in attendance patterns
- Repeated physical pain, tummy ache, general malaise or nausea with no evident cause
- An increase in lateness or absenteeism
- Irritability
- Distracted/finding it hard to concentrate

*pupils with these neurodivergent conditions often require support around their mental health

Some of the more common, specific mental health disorders include:

- Anxiety
- Depression
- Eating disorders
- Deliberate self harm or DSH (not a disorder, but an unhealthy coping strategy).

Procedures For Raising A Concern

Staff observing or being made aware of any of the above warning signs should **immediately** communicate their concerns using ISAMS Wellbeing Manager, ensuring that the DSLs and Healthcare Centre are included on the concern.

If the concern is of a safeguarding or child protection nature with risk of immediate harm to the pupil, then the normal child protection procedures should be followed with an immediate referral to the Designated Safeguarding Lead (DSL), the Headmistress or the Designated Governor. If the pupil presents a medical emergency e.g. acute emotional distress, acute mental health crisis recent self harm that requires physical first aid or wound assessment, imminent threat of self harm, the standard procedures for medical emergencies should be followed, including alerting the Health Centre team by phone, first aid staff and contacting the emergency services if necessary. Where a referral to CAMHS is appropriate, this will be led and managed by the DSL.

Where there is a suspected mental health crisis, a pupil must never be left alone.

Parents with concerns are encouraged to disclose any concerns with the school. Parents should know that there is never embarrassment about discussing such issues with the school, nor any judgement or stigma attached to their child following any disclosure. It is crucial that parents disclose any mental health concerns to: the Health Centre, Head, Assistant Head Safeguarding and Wellbeing, and Housemistress/Master. This includes changes to family circumstances that may impact the pupil's wellbeing.

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Parents may become upset when learning of their child's issues. We should be accepting of this, within reason, and give the parent time to reflect. Before disclosing to parents, we should consider the following questions on a case by case basis:

- Can the meeting happen face to face? This is preferable.
- A telephone conversation would be the next best option.
- The first conversation about a mental health concern should not happen by email; it may be appropriate to use email to initiate the need for a conversation.
- Who should be present? Consider parents, the pupil, and other members of staff.
- What are the aims of the meeting?

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information.

Each meeting will finish with agreed next steps and a record of the meeting will be noted on ISAMS Wellbeing Manager.

Parents are often very welcoming of support and information from the school about supporting their children's mental health. To support parents, we will:

- Highlight sources of information and support about common mental health issues using the Health Care centre [Wellbeing and Mental Health Resources Folder](#) on Google Drive.
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns. The school will work with parents to support the pupil.
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular sharing of information
- Keep parents informed about the mental health topics their children are learning about in Learning for Life lessons and share ideas for extending and exploring this learning at home

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any staff member, so all staff need to know how to respond appropriately to a disclosure. Staff responses should always be calm, supportive and non-judgemental. Staff should listen rather than offer advice, and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'

Disclosures made directly to the nursing team will be managed according to the Nursing and Midwifery Councils Code of Conduct, with particular reference to an assessment of Gillick competency and confidentiality.

Staff will receive training in how to respond including the opportunity to train as a qualified Mental Health First Aider.

All disclosures should always be recorded on ISAMS Wellbeing Manager and should include:

- **Main points from the conversation, including the child's voice**
- **The agreed next steps, where appropriate**

For any pupil identified as having a mental health condition, Culford will consider whether they will benefit from having examination access arrangements implemented and whether any other adaptations would be appropriate to support their learning.

Confidentiality

Staff cannot (with the exception of nurse confidentiality in line with NMC nurse guidelines and within Gillick competency parameters) offer confidentiality and pupils must be made aware of this, even if a pupil puts pressure on a member of staff to do so. If it is necessary for us to pass our concerns about a pupil on, then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and preferably a parent. We should encourage pupils to allow the information to be shared with parents, and they may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts the parents. We should always give pupils the option of informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead must be informed immediately.

It is always advisable to share disclosures with the DSL, DDSL, and the Assistant Head Pastoral and the Healthcare Centre Manager, in a face-to-face conversation. This helps to safeguard our own emotional well-being as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence, and it provides an extra source of ideas and support. We should explain this to the pupil.

Preventative and Supportive Measures

Wellbeing and positive mental health are interwoven throughout school life at Culford School. Below is a list of some key aspects of wellbeing promotion which are reinforced through external speakers, talks given by staff, the Learning for Life curriculum (Culford VI lessons for Sixth Form), GoVox tutorials, Toot Toot anonymous reporting system, assemblies, "The Space", emails, staff meetings and CPD and the general school ethos of pastoral care.

Our approach follows four Rs: resources, resilience, rescue and recovery. We encourage positive self-help, to develop the emotional language and literacy of the school community, and to signpost clearly where to go to get support if a pupil is struggling.

To this end we encourage pupils to:

1. Embrace the physical environment we work, live and learn in
2. Regularly partake in healthy amounts of exercise
3. Eating healthily at regular intervals
4. Proper sleep patterns
5. Learn to understand the spectrum of human emotions and manage feelings, and verbalise them
6. Relaxation time
7. A sense of perspective including celebrating kindness and being altruistic
8. Recognise the importance of talking about our emotions, both good and bad
9. Reflect on what makes a good day good, and to try and replicate

Learning for Life Lessons

The resources, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our Learning for Life curriculum. The specific content of lessons can be adapted to the specific needs of the cohort we're teaching, but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help as needed, for themselves or others. We follow the statutory government guidance on RSE to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms, and teaching will be in line with government legislation.

Wellbeing Drop In Service

During Health Centre Opening hours, nurses are available to all pupils and boarders to discuss any emotional or wellbeing issues or concerns they may have. These conversations are confidential unless the pupil gives permission for the nurses to share that information or there is a safeguarding concern and the schools usual safeguarding or child protection procedures will be followed.

Counselling Service

Boarders and part boarders have access to our counselling service at school delivered by external counsellors. These sessions are confidential and are not fed back to the school or Health Centre Staff. Counsellors will follow usual safeguarding or child protection procedures where a concern is identified.

Booking is made via the school Health Centre. A nurse may speak to the pupil to assess their suitability for counselling. This service gives boarders 6 consecutive weekly counselling sessions.

Peer Mentoring

Peer mentoring is overseen by the school Chaplain. Pupils delivering the mentoring receive training, and anyone receiving this mentoring is closely monitored by the pastoral team.

The Wellbeing Committee

The VI Form Wellbeing Committee is an umbrella group for pupil voice about mental health and wellbeing issues. They meet monthly with the Assistant Head Safeguarding and Wellbeing.

Youth Mental Health First Aid

Culford VI pupils are given the opportunity to train as a qualified Youth Mental Health First Aider as part of our ACE programme.

Digital Section/phones

In Senior School, pupils Form Four-Upper Fifth carry their phone in a lockable pouch between 8.30am and 5pm. Minimising screen time supports socialising and positive mental health by encouraging pupils to live in the present. Culford VI follows an 'out of sight' phone policy.

Supporting Peers

It is crucial that we discuss mental health responsibly. Teenagers can fixate and lose perspective about the natural challenges of adolescence and sometimes apply over medicalised terms when they are not appropriate; sometimes, they might glamorise the idea of mental illness to gain attention or to appear knowledgeable. These hinder rather than help. Whilst speaking openly about mental health is essential, we must teach pupils how to speak sensitively, appropriately and in a helpful manner. Pupils must be taught about the limits of support that a peer can offer, given that they are not equipped or trained to handle a challenging problem being experienced by a friend. Both the friend and the friend being supported must understand the importance of getting help from a trusted adult.

When a pupil 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. In the case of self-harm or eating disorders, friends may learn unhealthy coping mechanisms from each other. To keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the pupil who is suffering and their parents, if appropriate, with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- 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

Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents (where appropriate) and relevant health professionals. Our Health Centre will lead such plans.

It may be deemed appropriate by the Health Centre team to write a mental health risk assessment for a pupil with a mental health condition, this will be particularly relevant for pupils that the school has 24hr responsibility for such as boarding pupils. This considers the potential risk to the pupil, to other pupils and the wellbeing of staff responsible for the pupil.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within the school and in the local community. We display relevant sources of support in communal areas such as common rooms and toilets. We regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Training

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process, and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

Suggestions for individual, group or whole school CPD should be discussed with Lizzi Williams, Ruth-Ann Radlett, Jon Herd or Kelly Harrison, who can also highlight sources of relevant training and support for individuals as needed.

All staff in Prep and Senior School have access to The Wellbeing Hub and this resource should be used to develop knowledge on a range of topics.

Mental Health First Aid

All staff have the opportunity to train in mental health first aid for children. The school has a large number of staff across teaching, pastoral and non teaching staff trained in mental health first aid. Posters are displayed around the school site identifying key staff.

Our Culford VI form pupils also have the opportunity to train via the ACE Programme. Course numbers are limited and parents/House Mistresses/Masters and other house staff will be informed weekly about the content in advance and asked to proactively check on delegates' wellbeing.

Appendix 1 Drawn up alongside our healthcare centre policy and procedure documentation

The range of mental health disorders which could be seen in a young person include:

- deliberate self harm
- eating disorders (e.g. anorexia, bulimia, obesity)
- obsessive compulsive disorder (obsessions, compulsions and personality characteristics verging on the panic threshold)
- anxiety disorders (anxiety, phobias, panic and school phobia)
- conduct disorders (aggression, destructive behaviour, theft, truanting)
- soiling and wetting
- ADHD/AuDHD (not a mental health disorder, but people with ADHD have a higher risk of ill mental health)
- Autism (not a mental health disorder, but people with autism have a higher risk of suicide and ill mental health)
- substance abuse
- addictions of other kinds including Gaming
- Depression and bipolar disorder
- schizophrenia (abnormal perceptions, delusional thinking, thought disorders)
- Psychosis

Eating disorders may present a safeguarding concern and the DSL must always be informed about suspected or confirmed eating disorders.

Suicide

Culford has a Suicide Prevention Policy. Through this, Culford seeks to protect the health and wellbeing of our community by having in place a proactive and reactive procedure to assess the risk of, intervene in, respond to, and, as much as possible, prevent suicide in our community.

Suicidal ideation and suicide may present a safeguarding concern and the DSL must always be informed about suspected or confirmed suicidal ideation.

First Aid in a Suicidal Crisis

- If the pupil is unconscious, put in the recovery position and **dial 999**
- reassure the pupil and **stay with them until medical assistance arrives**
- contact the Health Centre/ask someone to find them and stay with the pupil
- contact the Designated Safeguarding Lead, the Headteacher
- try to find out if something has been ingested. Do not give food or drink
- keep them warm
- administer first aid for bleeding or injury
- write the incident up on wellbeing manager
- seek support for yourself by speaking to the Designated Safeguarding Lead who will contact parents and ensure professional referral is in place

If a pupil is thinking about suicide

- stay calm and try to avoid seeming shocked
- check that they don't have access to a means to take their life
- listen without judgement
- **avoid giving advice**
- do not try to analyse their motives
- do not minimise their feelings
- don't argue or lecture them
- don't use guilt to prevent suicide
- confidentiality never applies to suicide
- recognise that disclosure might not use the word 'suicide' - they might use expressions like 'I just don't see the point in things anymore.'
- it is ok to ask if they are thinking about suicide. Be assured you can't make the situation worse by asking the question. You could also ask 'have you talked about this with anyone else?' or 'how long have you been feeling this way?'
- don't tell them they are being 'dramatic.'
- reassure them that there is hope and help and that you will help them to get this

Please refer to the helpful/unhelpful language in our suicide intervention protocol.

Appendix 2

Anxiety

Anxiety is a natural, normal feeling which most people, including teenagers and children, will experience at some point. It is part of their development. It can vary from a mild feeling through to frightening panic attacks, and anxiety can vary in how long it lasts for, from a few moments, to many years. Some people are naturally more anxious than others and quicker to get stressed or worried. When anxiety starts to interfere with their learning, day to day life or relationships, concerns should be raised. Around 1 in 6 people suffer from General Anxiety Disorder at some point in their life.

Symptoms

Physical

- 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 of 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 uncomfortable situations (phobic behaviour)

How to help a pupil who is having a panic attack

- if you aren't sure if the pupil is having a panic attack, a heart attack and/or they are in distress then immediately call for help
- if you are sure that it is a panic attack, move them to a safe place if possible
- help them to calm down by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe and hold in for 3 seconds and then breathe out for 3 seconds.
- if the episode is not settling in 5 mins or getting worse call the school Health Centre and ask for assistance to manage the situation
- be a non judgemental listener
- explain to them that they are having a panic attack and not something life threatening such as a heart attack
- explain it will soon stop and they will recover
- assure them you will stay with them until the attack stops
- **record on wellbeing manager and ensure that the DSL and health centre are aware**

OCD

This is an anxiety disorder, but it is worth mentioning separately because it is sometimes identified relatively late on. OCD rituals interfere with socialisation and the growth of independence. It is under-diagnosed and could be applicable to pupils struggling to follow timetables, who are late, or who struggle to manage change. Frequent visits to the toilets, excessive questioning in lessons or work showing constant erasing and rewriting. After 10 years of age, childhood habits and rituals start to decline and after this persistent rituals would start to raise a concern. Often, OCD is treated with cognitive behavioural therapy (CBT) in conjunction with medication. This might involve keeping a diary to track compulsions, and then being encouraged to avoid this compulsion. Post covid-19 pandemic, the number of OCD compulsions requiring support has increased.

Depression

Childhood and adolescent depression can impact cognitive development, socialisation, family relationships and behaviour. Symptoms might be non-specific including reluctance to attend school, irritability, poor sleep pattern, loss of appetite, abdominal pain and headache. Loss of concentration and interest in activities which they once enjoyed may also occur. Educational performance may decline. A persistent experience of low mood and unhappiness may persist. Depression is a disorder that must be distinguished from understandable melancholy and sadness which arises from normal life experiences.

Depression might develop over days or weeks. Culford's role is to create a balanced, supportive, non-judgemental, helpful, confidential, safe environment for the pupil. This involves accepting the situation that the pupil is in. professional help will be needed externally, likely consisting of counselling and potentially medication.

Symptoms

- **Emotional:** sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness Cognitive effects: 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
- **Behavioural Symptoms:** crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.
- **Physical effects:** chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

First Aid for depression

- Be familiar with signs and symptoms of depression
- Listen to what they have to say
- Assess risk of suicide or self-harm – if yes stay with them or accompany them to a health professional or someone they feel comfortable to sit and talk with, perhaps a parent.
- Give reassurance about help available
- Suggest avenues of support such as referral to the Health Centre

Appendix 3

Eating Disorders and Disordered Eating

Eating disorders are a very serious and potentially life-threatening mental illness. For this reason, any sign of disordered eating must be addressed quickly. **Write your concern on Wellbeing Manager, including the DSL team, House Parents, and the Health Centre.** The majority of eating disorders manifest themselves from feelings of low self-esteem, difficult thoughts, emotions and experiences. They are often seen alongside other mental health disorders.

There are three main types of eating disorder:

- Anorexia Nervosa: limiting the amount of food consumed by skipping meals and rigidly controlling foods. In addition they may find ways to lose more calories such as excessive exercise or misuse of laxatives. Lies and secrecy are a common approach to try and hide their condition. Their concern about food, weight and calories can start to control them, isolating them from their social group. Anorexia Nervosa is the highest risk eating disorder with a 10% fatality.
- Bulimia Nervosa: People with bulimia will also constantly think about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick (“purging”), in order to try and lose the calories they have eaten. Bulimia is around five times more common than anorexia nervosa.
- Binge Eating Disorder: People with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.

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 overprotective 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 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, bad breath, menstrual disturbances

Behavioural Signs: restricted eating, skipping meals, scheduling activities during lunch, strange behaviour around food, eating alone, wearing baggy clothes, wearing several layers of clothing, excessive chewing of gum/drinking of water, increased conscientiousness, increasing isolation / loss of friends, believes they are fat when they are 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 4

Self Harm

Self harm is an expression of personal distress and can be a symptom of any underlying mental health disorder. Actions of self-harm can include cutting, overdosing on medications or other deliberate poisoning, asphyxiation, burning, punching oneself, pulling out hair/eyelashes, picking at skin or any other self-inflicted injuries.

Self-harm may occur in secret and a pupil may have difficulties in discussing issues surrounding self-harm. Most children and young people who self-harm are not trying to complete suicide; rather, self harm is a method of distraction from painful feelings. By engaging in behaviour which temporarily reduces stress, it helps them to cope with these feelings; however, this can become addictive behaviour. Many people who die by suicide have self harmed in the past, and so each episode needs to be taken seriously. Self-harm should **always** be channelled through the Health Centre and also be reported to the Designated Safeguarding Lead as it is a safeguarding concern.

Possible warning signs include:

- 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
- 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
- Changes in eating/sleeping habits (e.g. pupil may appear overly tired if not sleeping well)

First Aid for Self-harm:

- Ask them to see the Health centre to do a wound/physical check. They will follow their procedures.
- Ensure you complete a Wellbeing Manager concern and inform the DSLs and Housestaff
- Try not to appear shocked or to show other negative feelings
- Approach a pupil if you suspect self harm - don't wait for it to get worse
- Acknowledge their distress and express genuine concern for their wellbeing
- Try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of School staff is showing a considerable amount of courage and trust
- Try to encourage them to think of other ways of expressing their feelings, such as punching or kicking a cushion, holding an ice cube really tightly in their hand to feel the anger melting away etc.
- Suggest something relaxing, have a bath, yoga, listen to music
- Encourage deep breathing - Imagine you are breathing out all your anxiety and breathing in peace

Useful Culford Policies for Staff

- Emergency and Medical policy
- Mental health guidelines for staff supporting pupils with possible Mental Health problems
- Guidelines for staff supporting pupils with low mood
- Self harm guidelines for staff supporting pupils who are self harming
- Nursing Protocol for assessment of self harm
- Suicide Prevention Policy

References

1. State of the nation 2022: children and young people's wellbeing
https://assets.publishing.service.gov.uk/media/63e11487d3bf7f172b673731/State_of_the_nation_2022_-_children_and_young_people_s_wellbeing.pdf
2. Mental Health of Adolescents: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
3. Mental Health and Behaviour For Schools
https://assets.publishing.service.gov.uk/media/625ee6148fa8f54a8bb65ba9/Mental_health_and_behaviour_in_schools.pdf
4. Transforming Children and Young People's Mental Health Provision: a Green Paper
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf
5. Suicides in England and Wales: 2022 registrations
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2022registrations>
6. Keeping children safe in education 2026
<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>