

## **Forres Sandle Manor (Non-Academic) Policy**

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|--|------------------------------------|
| Policy Title                           | <b>Mental Health and Wellbeing</b> |
| Policy Lead (Appointment (& Initials)) | <b>Interim Headmaster (RT)</b>     |
| Date of Last Review                    | <b>January 2022</b>                |
| Date of Next Review                    | <b>July 2022</b>                   |

### **MENTAL HEALTH AND WELLBEING**

#### **INTRODUCTION**

The Directors and Senior Leadership Team of Forres Sandle Manor School (FSM) fully recognise their responsibilities to protect the mental health and wellbeing of pupils.

Mental Health affects all aspects of a child's development including their cognitive abilities and their emotional wellbeing. Childhood and teenage years are when mental health is developed and patterns are set for the future. For most children the opportunities for learning and personal development during adolescence are exciting and challenging and an intrinsic part of their school experience. However, they can also lead to anxiety and stress.

This policy sets out to identify areas of mental health and wellbeing concerns that young people may face, and clarify the management and support given to pupils who experience mental health and wellbeing needs.

#### **AIMS**

In keeping with our values and beliefs we aim to foster an environment that supports the mental health and wellbeing of the whole school population at FSM.

This policy aims to:

- Describe the School's approach to mental health issues.
- Increase understanding and awareness of mental health issues so as to facilitate early intervention.

- Alert staff to warning signs and risk factors.
- Provide support and guidance to all staff including non-teaching staff and Directors dealing with pupils who suffer from mental health problems.
- Provide support to pupils who suffer from mental health issues, their peers and family.

## **OBJECTIVES**

- To promote a positive approach to the mental health and wellbeing of children and staff.
- To ensure that all staff are aware of the necessary protocols and can find the emergency information that they may need.
- To treat all pupils as individuals – pupils will, where appropriate, be fully consulted and informed about their care and treatment.
- To respect a student's rights and confidentiality wherever possible.
- To ensure that safeguarding remains at the forefront of our minds and to ensure that we always work in the best interests of every child.
- To de-stigmatise mental health by educating pupils, staff and parents/guardians. This is done through the tutor programme, Lifeskills and teaching with pupils, good communication with parents/guardians and through staff training.

## **SCOPE**

- This policy applies to all children receiving education at FSM (including EYFS). Please see a separate policy for staff wellbeing.
- This policy applies wherever staff or volunteers are working with pupils, even where this is away from the school, for example on an educational visit.
- The terms 'child', 'children', 'pupil' and 'student' may be used interchangeably to refer to all those in our care.
- This policy is available on the school website, a hard copy can be provided by the School Office on request.

## **RESPONSIBILITIES**

FSM is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects the whole community to share this commitment.

We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We make every effort to provide a safe and welcoming environment underpinned by a culture of openness where both children

and adults feel secure, able to talk and believe that they are being listened to and their views acted upon. Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing (Every Child Matters, 2004, DfES).

In addition to the child protection measures outlined in the School's safeguarding policy, the School has a duty of care to protect and promote a child or young person's mental or emotional wellbeing.

FSM is aware of the potential risk of harm through extremism and will identify any pupils at risk of this and will act appropriately in accordance with the safeguarding policy. Safeguarding procedures will be followed (see safeguarding policy) if a student is at risk of suffering significant harm or presents a risk of harm to others.

Those with day to day contact with pupils are likely to be best placed to spot any changes in behaviour which may indicate that a pupil is at risk of a mental health problem. They should report any concerns to the DSL or Matrons' Department in accordance with the terms of this policy.

The Designated Safeguarding Lead (DSL) is responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis.

The school has appointed a senior member of staff with the necessary status and authority to be (DSL) and is to be responsible for matters relating to child protection and welfare. Parents are welcome to approach the Designated Safeguarding Lead (Rob Tasker) if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the child's tutor or the Interim Headmaster in accordance with these procedures.

## **CONFIDENTIALITY AND INFORMATION SHARING**

Pupils may choose to confide in a member of school staff or one of the Independent Listeners if they are concerned about their own mental or emotional health, or that of a peer. Pupils must be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at risk of causing themselves or someone else serious harm then confidentiality cannot be kept. It is important not to make promises of confidentiality even if a student puts pressure on a member of staff to do so (please refer to guidance in safeguarding policy).

FSM will balance a pupil's right of confidentiality against the School's overarching duties to safeguard pupils' health, safety and welfare and to protect pupils from suffering significant harm.

## **BACKGROUND TO THE POLICY The latest research report form 2018**

- One in eight (12.8%) children and young people aged between five and 19 has a diagnosable mental health condition
- The prevalence of 5-15 year olds experiencing emotional disorders (including anxiety and depression) has increased by 48% – from 3.9% in 2004 to 5.8% in 2017.
- Nearly a quarter (22.4%) of young women aged 17-19 has an emotional disorder
- A third (34.9%) of the young people aged 14 to 19-years-old who identified as lesbian, gay, bisexual or with another sexual identity had a mental health condition, as opposed to 13.2% of those who identified as heterosexual.
- Only a quarter (25.2%) of 5-19 year olds with a mental health condition had contact with mental health specialists in the past year, meaning that three-quarters hadn't had any contact with mental health services.

This has a dramatic increase since the pandemic although at the time of writing, these statistics have not been released.

The most common mental health conditions in children and young people are:

- Anxiety and Depression.
- Eating disorders.
- Self-Harm.

## **PARENTS/CARERS/GUARDIANS**

We recognise that our pupils (day and boarders) come from a wide variety of backgrounds (including overseas) with differing attitudes and approaches to mental health issues. It is important that the families of pupils who have, or have had, mental health problems are encouraged to share this information with the School Nurse and Matrons' Department, either through the Medical and Social profile form or directly to the Matrons' Department. FSM needs to know of the pupil's circumstances in order to provide proper support and ensure that reasonable adjustments can be made to enable them to learn and study effectively. Parents must disclose any known mental health

problem or any concerns they may have about a student's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the student's wellbeing such as illness, separation/divorce or bereavement.

Pupils and their families can share their relevant health information on the understanding that the information will be shared on a strictly need-to-know basis. The School asks for a confidential reference from a pupil's previous school and specifically asks whether there are any welfare or medical issues of which the School should be aware in order to discharge our duty of care.

It is helpful for parents/guardians to notify the School of any changes in family circumstances that may impact the student's mental or emotional wellbeing.

## **SCHOOL SERVICES**

The School Nurse, Matrons, Head of Boarding, DSL and Interim Headmaster have all undertaken the Mental Health First Aid Course and are available to support pupils who are experiencing mental health issues. Eleven other members of staff have completed the two-day Youth MHFA course.

The School offers opportunities to talk and avenues of support and signposting services through:

- The Active Service Group.
- FSM has access to several school counsellors who can work with pupils by private arrangement. Referral can be made directly from pupils and their parents, school staff may also make recommendation to parents for a student to see a counsellor and these arrangements can be made through the DSL.
- FSM has two independent school listeners available to all pupils. The independent listener is a free service and contact details are readily available throughout school. The Independent listeners also visit school regularly and are introduced the children regularly in assembly.
- Displaying information leaflets and posters throughout the School, Matrons and boarding houses, which signposts pupils to organisations specialising in supporting the needs of young people.
- Inviting organisations specialising in young people's mental health and wellbeing into School to speak to groups of pupils, and conduct school assemblies.
- For boarding pupils, the School Doctor is available to support mental health and wellbeing issues and offer medical interventions and referral to other services if the mental health needs meet the NHS threshold.

Pupils are also made aware of whom they can turn to when they feel distressed through the 'Are You Happy' and 'Need to Talk' Poster. Please refer to Appendix 1.

## **SCHOOL PROCEDURES**

The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined in Appendices 2, 3 and 4. Figure 1 outlines the procedures that must be followed when staff have a welfare concern about a pupil.

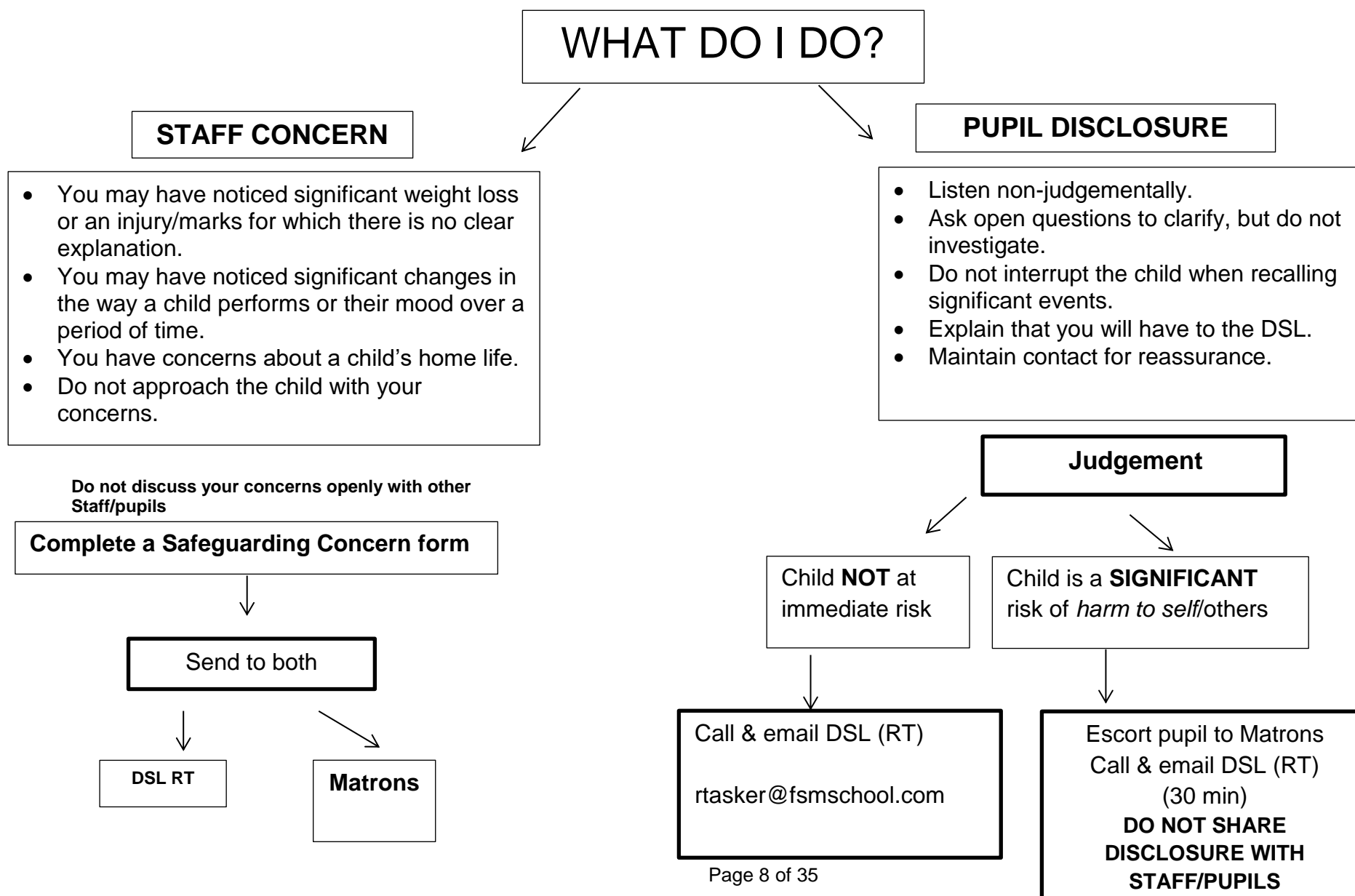
The School may become aware of concerns over a pupil's mental health in a variety of different ways, including where:

- A pupil acknowledges that they have a problem and seeks help.
- A pupil exhibits consistent disruptive, unusual or withdrawn behaviour which may be indicative of an underlying problem and/or indicates that a pupil could be at risk of developing mental health problems.
- A member of staff, parent or another adult reports concerns about, or issues relating to, a pupil's mental health or behaviour.
- Where another pupil or child reports concerns about, or issues relating to, a pupil's mental health or behaviour.

The School will take all reports of concerns over the mental health and wellbeing of its pupils seriously and not delay in investigating and, if appropriate, in putting support in place, including where necessary, taking immediate steps to safeguard a pupil.



Figure 1 Staff Safeguarding & Welfare Procedures





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

- Anxiety and depression (Appendix 2).
- Eating disorders (Appendix 3).
- Self-harm (Appendix 4).

An assessment of immediate risk will be made (in consultation with the School Nurse, Matrons and DSL) and a decision taken as to whether any further action is required, this may include:

- Immediate medical assistance.
- Contacting parents/guardians where appropriate.
- Arranging professional assistance e.g. doctor/nurse.
- Arranging an appointment with a counsellor.
- Giving advice to parents, teachers and other pupils.
- The School Nurse, DSL or Matron will discuss the matter with the pupil to develop a strategy to support and assist them.
- Support for the friends of the affected pupil, where appropriate.

Where it is decided that support and/or intervention is required, the School Nurse, DSL and Matrons will ensure that the pupil is monitored and periodically review the pupil's welfare plan seeking advice as necessary. The assessment will include consideration as to whether further medical intervention and/or a CAMHS referral should be sought. The Head of Boarding may also be involved (in case of boarding).

## **MENTAL HEALTH CARE PLAN**

Pupils experiencing severe mental un-wellness will have an individual healthcare plan in place to support management in school, including what to do in an emergency.

The Matrons Department will work with the student, parents/guardians and mental health practitioners (where appropriate) to draw up a care plan to support the pupils mental health needs. Pupils should have as much ownership as possible in developing their individual care plan; keeping the student at the centre of the arrangements to support wellbeing. Just as every child is different, so too are their mental health needs and this must be reflected in the individual approach to managing mental health care and provision within School.

As with physical health conditions, relevant (need to know) staff will be aware of individual student's mental health diagnosis. Staff involved in the provision of care and support to pupils with a mental health diagnosis will receive full training from the School Nurse, Matrons or healthcare professional in order to support the pupil's current needs.

If the School considers that the presence of a student in the School is having a detrimental effect on the wellbeing and safety of other members of the community, or that a student's mental health concern cannot be managed effectively and safely within the School, the Interim Headmaster and DSL reserve the right to request that parents withdraw their child temporarily until appropriate reassurances have been met.

Where a student is not well enough to attend school but is able to continue studies at home, under parent/guardian supervision, teaching staff will provide resources and work to support the student's ongoing studies.

FSM will work with parents/guardians and mental health practitioners to support a smooth reintegration back into school when pupils are ready to return, this may include a well-planned, supportive phased return.

## **MEDICATION**

Parents are required to inform the Matrons' Department if their son/daughter is on any medication as part of their therapeutic treatment plan. Please refer to the 'Administration of Medication' policy for procedures for the Leadership of medication in school.

## **ADVICE TO PARENTS/GUARDIANS**

Parents should not feel isolated if they know or suspect that their child (or one of their child's friends) is displaying signs of anxiety or depression or an eating disorder or at risk of self-harm or is actually self-harming. The advice contained within this policy provides a first source of useful information and guidance. If a parent has any concerns they should contact the school immediately for help, advice and support.

## **COMPLAINTS**

Should parents/guardians or pupils be dissatisfied with the support provided they may discuss their concerns directly with the Matrons' Department, Form Tutor or DSL, and should follow the complaints procedure.

## **REVIEW**

This policy will be reviewed every year or sooner if practice or changes to legislation or policy so require.

## **USEFUL RESOURCES AND HELPLINES**

- **Childline** – 24 helpline for children and young people. 0800 1111 (free phone from landlines) or 0800 400 222 – text phone. [www.childline.org.uk](http://www.childline.org.uk)
- **Young Minds** – national charity committed to improving the mental health of children and young people. Interactive website for advice and information. [www.youngminds.org.uk](http://www.youngminds.org.uk)
- **Recover Your Life** – Self-harm support community providing support and advice to those seeking to recover from self-harm. [www.recoveryourlife.com](http://www.recoveryourlife.com)
- **National self-harm network** – support for individuals who self-harm, friends and family. 0800 622 6000 (Thursday – Saturday 7 p.m. – 11 p.m., Sunday 6.30 p.m. – 10.30 p.m.) [www.nshn.co.uk](http://www.nshn.co.uk)
- **Substance Advice Service (SAS)** – provides confidential advice and support to young people who are concerned about their alcohol or drug use. 01275 888 360,

- **Winston's wish** - A useful website offering practical ideas for helping those bereaved in the family and school community. [www.winstonswish.org.uk](http://www.winstonswish.org.uk)
- **Child Bereavement** - A bereavement support service for children who have suffered a loss. [www.childbereavement.org.uk](http://www.childbereavement.org.uk)
- **NSPCC – Self Harm**
- **Mind Infoline** - gives confidential support and information on lots of mental health related issues including where to get help, drug treatments, alternative therapies and advocacy. Mind also has a network of nearly 200 local Mind associations providing local services. 0300 123 3393 (9am-6pm Mon-Fri except bank holidays)  
[www.mind.org.uk/information-support/helplines/](http://www.mind.org.uk/information-support/helplines/)
- **SANE Mental Health Helpline** - SANE runs an out-of-hours helpline offering specialist emotional support and information to anyone affected by mental illness, including family, friends and carers. Open every day of the year from 4:30pm-10:30pm. 0300 304 7000 [www.sane.org.uk/what we do/support/helpline](http://www.sane.org.uk/what_we_do/support/helpline)
- **No Panic** - This site provides valuable information for sufferers and carers of people with **Panic**, Anxiety, Phobias and Obsessive Compulsive Disorders (OCD) [www.nopanic.org.uk/](http://www.nopanic.org.uk/)

## GLOSSARY

- Mental health and behaviour in Schools  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416786/Mental Health and Behaviour - Information and Tools for Schools 240515.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental_Health_and_Behaviour_-_Information_and_Tools_for_Schools_240515.pdf)
- Mental health behaviour guidance to be issued to schools <https://www.gov.uk/government/news/mental-health-behaviour-guidance-to-be-issued-to-schools>
- Counselling in Schools; a blue print for the future (March 2015)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416326/Counselling in schools -240315.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416326/Counselling_in_schools_-240315.pdf)
- Mind <https://www.mind.org.uk/>
- [Keeping Children Safe in Education \(Sept. 2021\)](#)
- [What to do if you are worried a child is being abused \(2015\)](#)
- [National Minimum Standards for Boarding Schools \(2015\)](#)
- [The Prevent Duty – Departmental advice for schools and childminders \(June 2015\)](#)
- [The use of social media for on-line radicalisation \(July 2015\)](#)

- [Preventing and tackling bullying \(Oct. 2014\)](#)
- [SEND code of practice 2015](#)
- Independent Schools Standards Regulations
- The ISI handbook for the inspection of schools
- The Children's Act 2004
- Prevent Duty Guidance for England and Wales (March 2015)

## **SUPPORTING POLICIES**

- Child Protection Policy.
- Safeguarding Policy.
- Anti-Bullying Policy.
- Bereavement and Loss.
- Parents Complaints Procedure.
- Equal Opportunities Policy.
- Disability Access Plan.
- Self-Harm Policy.
- Recruitment and Admissions Policy.
- Independent Listener.
- Health and Safety Policy.
- Staff Wellbeing Policy

## **Medical Policies:**

- Health and Welfare.
- Administration of Medication.
- Intimate Care.
- Responses to Alcohol, Smoking and Substance Abuse.
- Asthma Policy.
- First Aid Policy.



We can all use support now and then to help  
us through life's ups and downs.  
Who can you talk to?



**Independent Listeners:**  
**Mr Thackray 01747 829035**  
**or Mrs Mumford 01202 825430**  
**Childline 08001111**  
**NSPCC 0800800500**



## **Appendix 2**

### **ANXIETY AND DEPRESSION**

#### **ANXIETY DISORDERS**

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships.

#### **Anxiety Disorders Include:**

- Generalised anxiety disorder (GAD).
- Panic disorder and agoraphobia.
- Acute stress disorder (ASD).
- Separation anxiety.
- Post-traumatic stress disorder.
- Obsessive-compulsive disorder (OCD).
- Phobic disorders (including social phobia).

#### **Symptoms of an Anxiety Disorder**

These can include:

### Physical effects

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

### Psychological effects

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

### Behavioural effects

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

### **First Aid for Anxiety Disorders**

How to help a student having a panic attack:

If you are unsure whether the student is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away. Once the ambulance has been called, call the School Nurse or a Matron. Do not leave the student.



If you are sure that the student is having a panic attack, move them to a quiet safe place if possible and call a Matron if you are able to do so.

Help to calm the student by:

- Encouraging slow, relaxed breathing in unison with your own.
- Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Be a good listener, without judging.
- Explain to the student that they are experiencing a panic attack and not something life-threatening such as a heart attack.
- Explain that the attack will soon stop and that they will recover fully.
- Reassure the student that someone will stay with them and keep them safe until the attack stops.
- Accompany the student to the Matrons' Department when they are well enough to be moved.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

## **DEPRESSION**

A clinical depression is one that lasts for at least two weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent.

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

## **Risk Factors**

- Experiencing other mental or emotional problems.
- Separation or divorce of parents.
- Perceived poor achievement at school.
- Bullying.

- Developing a long term physical illness.
- Death of someone close.
- Break up of a relationship.

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

## **Symptoms**

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

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

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

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

## **First Aid for Anxiety and Depression**

Be familiar with the risk factors and warning signs outlined above and to make the designated safeguarding lead aware of any child causing significant concern.

Course of action may include:

- Contacting parents/carers.
- Arranging professional assessment and help e.g. doctor, nurse.
- Arranging an appointment with a counsellor.
- Referral to CAMHS – with parental consent.
- Giving advice to parents, teachers and other pupils - with appropriate consent.

## Appendix 3

### **EATING DISORDERS**

School staff can play an important role in preventing eating disorders and also in supporting pupils, peers and parents/guardians of pupils currently suffering from or recovering from eating disorders.

#### **Definition of Eating Disorders**

Eating disorders develop as outward signs of inner emotional or psychological problems. They become coping mechanisms for dealing with life's difficulties. Eating, or not eating, is used to help block out painful feelings. Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

FSM works sympathetically with pupils suspected of having or with an eating disorder. Our school vision aims to improve pupils' self-esteem. We endeavour to create an atmosphere which encourages discussion between peers and between peers and staff.

Where a pupil, day or boarding, is suspected of suffering from an eating disorder, this would be handled sensitively and pro-actively by the School Nurse, Matrons and the DSL, and where a boarder is concerned, the Head of Boarding.

#### **Types of Eating Disorder**

Anorexia & Anorexia with vomiting: People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising.

Bulimia: People with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Binge Eating Disorder (BED): People experiencing BED have recurrent episodes of binge eating with feelings of loss of control.

Multi Impulsive Behaviour: ED and alcohol/drug abuse, self-mutilation or anti-social behaviour.

Chaotic Eating: Patterns of binge/starve.

Rapid weight loss

## **Risk Factors**

The following risk factors are only a guide and not necessarily present, however, they are factors that may make a young person more vulnerable to developing an eating disorder:

### Individual Factors:

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

### Family Factors:

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

### Social Factors:

- Being bullied, teased or ridiculed due to weight or appearance.
- Pressure to maintain a high level of fitness requiring low body weight.

## **Warning Signs**

Physical Signs (not exclusively associated with eating disorders)

- Weight loss.
- Dizziness, tiredness, fainting.
- Feeling cold.
- Hair becomes dull or lifeless.
- Swollen cheeks.
- Callused knuckles.

- Tension headaches.
- Sore throats/mouth ulcers.
- Tooth decay.

#### Behavioural Signs:

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

#### Psychological Signs:

- Preoccupation with food and calories.
- 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.

## **MEDICAL ASSESSMENT/TREATMENT**

**Early treatment is vital!** Pupils need assessment on medical grounds, social behaviour, and psychological/emotional state and academic performance. It is recognised that there may be over-riding medical reasons which necessitate immediate unilateral action involving a pupil. Excepting the above, discussion will take place between the School Nurse, Matrons, Head of Boarding (where boarders are involved) and DSL.

Pupils with eating disorders or suspected eating disorders should not be advised on any aspect of their eating disorder, including diet and exercise, by any member of staff (house parents, academic or sporting).

### **A Pupil Expresses Concern about Eating**

If a pupil presents expressing concern about eating, the following protocol should be followed:

- Alert the School Nurse or Matron.
- Medical advice should be sought.
- Height and weight should be done to establish a base BMI.
- Standing and lying BP.
- Pulse will be monitored.
- Dietary advice should be given.
- They should keep an eating diary for two weeks.
- If appropriate encourage them to write down negative thoughts and look at them when they feel more positive.
- Discuss counselling or listening options.
- A follow up appointment should be made.
- If a boarding pupil, the Head of Boarding and relevant House Parent should be made aware with the pupil's knowledge.
- Encourage the pupil to inform parents with support. Only in very exceptional circumstances, would an under 16 year old pupil be able to claim the right to confidentiality. The School Nurse, Matrons, DSL and the Head of Boarding (if the pupil is a boarder) should meet to discuss this situation.
- If, at the follow up appointment, progress has not been made, a health care plan will be drawn up and implemented.

The flow chart – guidelines for staff supporting pupils with a possible eating disorder will be of value when deciding the next step to take.

### **Suspicious**

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 report concerns to the School Nurse, Matrons and additionally, if a boarder, the Head of Boarding.

Pupils with eating disorders/suspected eating disorders should NOT be weighed by any member of staff, houseparent, academic or sporting. They should only be weighed by a Matron or School Doctor.

The Matrons Department will liaise with the DSL, parents and healthcare professionals (as agreed). Other staff members will be informed on a 'need to know' basis.

Counselling, dietary and exercise advice will be managed by the Matrons Department and other healthcare professionals in consultation with parents/guardians.

The Interim Headmaster must be informed if:

- The pupil is a danger to him/herself.
- The pupil's behaviour is seriously affecting others.
- The pupil is uncooperative with the Matrons' department.

These considerations over-ride the normal requirement of confidentiality. It is the School Nurse's responsibility to liaise with parents and the Head of Boarding when a physical/eating disorder has been diagnosed.

### **Assessment and Treatment of Boarding Pupils**

All new pupils that are registered with the School Doctor at the Fordingbridge Surgery will have their height and weight measured when they join FSM. This information is recorded and kept on the pupil's medical records at the Fordingbridge Surgery. If the School Doctor

is visiting pupils at the school for medicals, this information will be collected and recorded discreetly in Getting Better Bay by the School Nurse or Matrons.

When it is brought to the attention of the School Nurse, or Matrons that a pupil is suffering a weight loss or suspected eating disorder they should be seen in the Surgery to establish a possible cause.

The pupil should undergo an initial assessment by the School Doctor at The Fordingbridge Surgery: weight, height, BMI, pulse lying and standing and BP; physical examination; blood tests; assessment of mental state. This is followed up with regular weigh-ins by the Matrons' Department and regular counselling/therapy sessions by one of the school's counsellors or a referral to CAMHS.

Rapid weight loss of an eating disordered pupil and concern regarding the emotional/psychological state will be discussed by the School Nurse, Matrons, Head of Boarding and DSL. Parents will be contacted if the School Nurse or Matron's requests a consultant's specialist opinion.

Parents should be informed whenever the pupil denies a problem or refuses to seek help, or after 2 weeks of observation and persuasion, where there clearly is a problem. Individual health care plans are to be kept in the Surgery and shared with the relevant boarding staff. These plans should also be sent to parents when an eating disorder is diagnosed. The health care plan is to be followed at all times and is not negotiable. If the pupil responds to treatment and improves, there will be no need to involve other staff.

### **Assessment and Treatment of Day Pupils**

Parents of day pupils must be informed and requested to seek help from their GP. With permission from the student/parents, Matrons' Department staff may liaise with the pupils' GP to develop a treatment plan that will support the student both at home and school. If a pupil or parents are uncooperative and the pupil is not registered with the School Doctor, the School Nurse, Matrons and DSL will discuss future management. The academic, social, psychological and emotional state of the pupil should be assessed before presenting a consensus decision to the Interim Headmaster.

Full responsibility for the student's diet, health and well-being may fall to the parents, who will need to make satisfactory provision for that student's well-being.

If provision is not made and deterioration is noted, safeguarding procedures will be followed.



### **Pupils Undergoing Treatment for/Recovering from Eating Disorders**

The decision about how, or if, to proceed with a pupil's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision will be co-ordinated by the DSL and should come from the pupil, their parents, School Doctor and Nurse/Matrons treating the student. The reintegration of a pupil into school following a period of absence should be handled sensitively.

The Matrons' Department treating the pupil should be consulted during both the planning and reintegration phase. Any meetings with a pupil and/or their parents and school Safeguarding team should be recorded in writing by the DSL and include:

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

This information should be stored in the pupil's safeguarding and welfare file held by the DSL.

### **THE LAST RESORT**

With an eating disorder the pupil is at risk of harm. The School Nurse, Matrons and DSL will discuss each case on its merits. If the pupil does not co-operate or fails to respond, The School Nurse, Matrons and DSL will discuss future management.

If targets set and agreed by the School Nurse, Head of Boarding (if a boarder) and DSL are not met the Interim Headmaster is likely to require parents to remove the pupil. An eating disordered boarding pupil should not remain in school if they fail to respond to treatment and their BMI continues to fall.

The pupil will be set a target weight to achieve and will be re-admitted when progress has been made that is agreeable to the medical team. If a pupil is sent home because of low BMI or rapid weight loss, the School Nurse will write to parents giving the amount of kilograms which have to be gained before return to school.

If a pupil is sent home because of severe bulimia or rapid weight loss or because of distressing behaviour in the boarding house, on re-admission the pupil may be asked to sign a contract agreed by the Interim Headmaster.

If a contract is not signed the pupil must agree:

- To be weighed regularly. The pupil's weight must not fall below a level agreed by the medical staff.
- To have regular monitoring of BP and Pulse.
- The pupil should agree to attend regular counselling as directed by the School Doctor.
- The pupil will choose a member of staff to be their mentor who will oversee their progress and meet with the pupil weekly.
- The pupil should agree to take responsibility for maintaining a balanced diet on a daily basis.

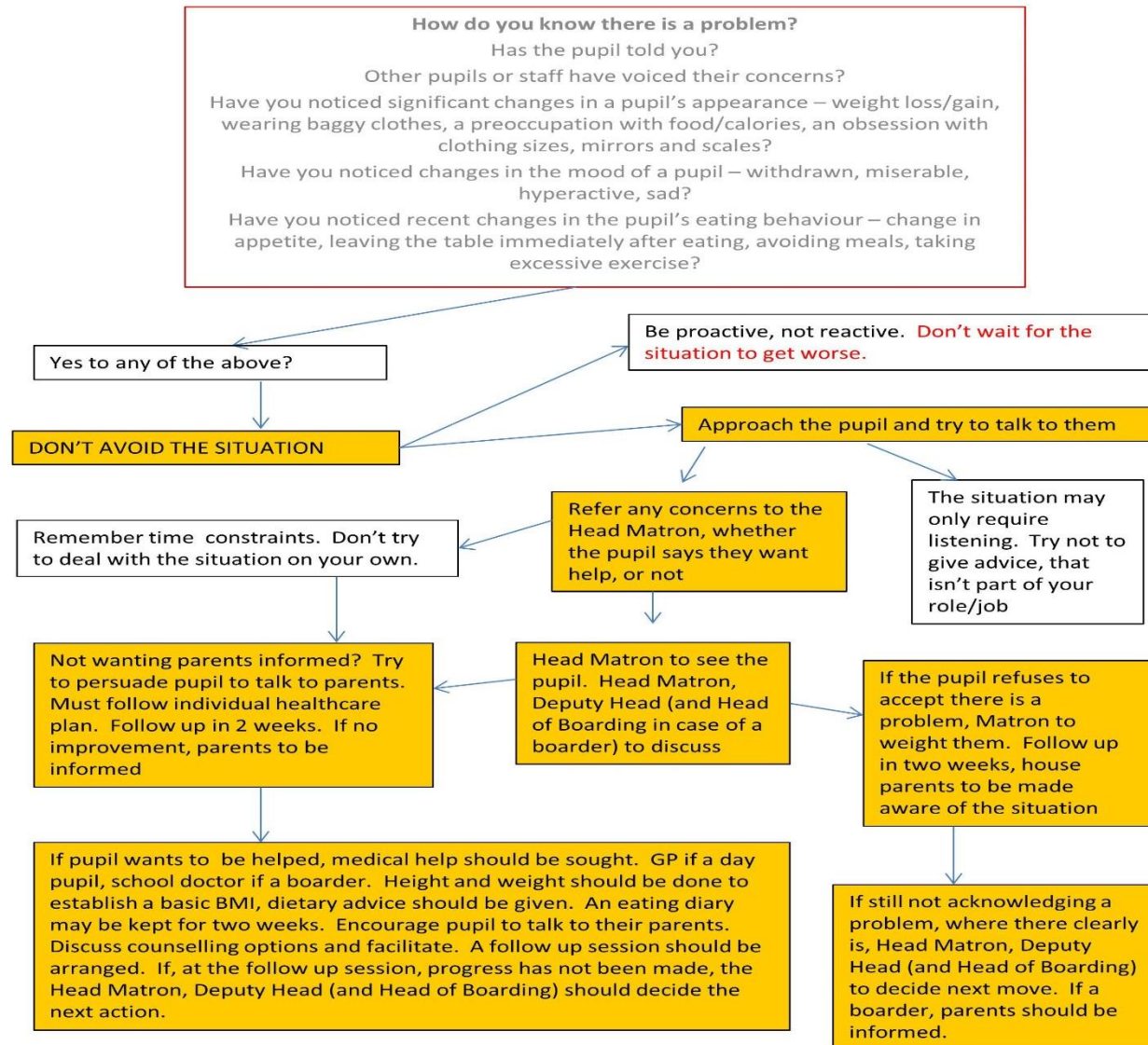
### **Prospective Pupils**

A prospective pupil known to be suffering from an eating disorder or known to have had a severe eating disorder in recent months will be individually assessed before being admitted to FSM. A pupil accepted with a past eating disorder is required to provide a full medical history so that the School Nurse, in conjunction with the School Doctor, can assess and support the pupil at an early stage.

### **STAFF SUPPORT**

The School Nurse, Matrons and DSL will support each other during their weekly meetings and also ensure that the team are not manipulated by patient or parents!

## Guidelines for staff supporting pupils with a possible eating disorder



## Appendix 4

### **SELF-HARM**

FSM believes that pupils who are involved in any self-harming behaviours are indulging in dangerous behaviour that it is essential to address. FSM is committed to supporting the mental and emotional wellbeing of pupils who self-harm, recognising that self-harm is a coping mechanism, almost always a symptom of some underlying emotional or psychological issue.

#### **What Is Self-Harm?**

Self-harm is any direct deliberate, non-suicidal behaviour that inflicts physical harm on someone's own body and there is evidence that young people use self-harm as a coping strategy for relieving emotional distress.

Self-harm may include:

- Cutting themselves.
- Scratching themselves.
- Burning or scalding their body.
- Banging and bruising themselves.
- Scrubbing or scouring their body.
- Deliberate bone-breaking.
- Punching themselves.
- Sticking things into their body.
- Swallowing inappropriate objects or liquids.
- Taking too many tablets (overdose).
- Biting themselves.
- Pulling their hair or eye lashes out.

Less obvious self-harm behaviours also include:

- Controlled eating patterns – anorexia, bulimia, over-eating.

- Destructive use of drugs or alcohol.
- Indulging in risky behaviour/risky sexual behaviour.
- An unhealthy lifestyle.
- Getting into fights.

### **Warning signs**

Self-harm may present as visible or invisible signs. The latter can include ingested materials or cuts/ bruises under the clothing.

#### Warning signs may include:

- Visible signs of injury (e.g. scarring).
- A change in dress habit that may be intended to disguise injuries (e.g. an unexpected/sudden change to wearing long sleeved tops).
- Changes in eating or sleeping habits.
- Increased isolation from friends or family; becoming socially withdrawn.
- Changes in activity or mood (e.g. becoming more introverted or withdrawn).
- Lowering of academic achievement.
- Talking or joking about self-harm or suicide.
- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness or loss of hope.
- Changes in clothing / image.
- Unwillingness to participate in certain sports activities e.g. swimming.

#### Links to emotional distress (Including Abuse)

Those who self-harm are usually suffering emotional or psychological distress and it is vital that all such distress is taken seriously to assist in alleviating that distress or to minimise the risk of increasing distress and potential suicide.

Any young person who suggests they are experiencing suicidal feelings must be taken seriously and safeguarding procedures put in place immediately; a young person showing this level of distress must NOT be left unattended.

Emotional/psychological risk factors associated with self-harm can include:

- Mental Health disorders including depression and eating disorders.
- Recent trauma e.g. death of a relative, parental divorce.
- Negative thought patterns, low self-esteem and isolation.
- Bullying.
- Abuse – sexual, physical, emotional or through neglect.
- Sudden changes in behaviour and/or academic performance.
- Relationship difficulties (with family or friends).
- Learning difficulties.
- Exam stress and pressure to achieve (from teachers or parents).
- Substance abuse including tobacco, alcohol or drugs (and other risk-taking behaviour).
- Issues around sexuality.

Other causes or risk factors:

- Inappropriate advice or encouragement from internet websites or chat-rooms.
- Experimentation, 'dares' or bravado, 'copycat behaviour'.
- Concerns by a girl that she may be pregnant (including an attempt to terminate this).
- A history of abuse of self-harming in the family.
- Parental separation.
- Domestic abuse and/or substance misuse in the home.
- Media influence.
- Issues surrounding religious or cultural identity.

Staff, parents and fellow pupils may become aware of warning signs that might indicate that a student is experiencing difficulties that may lead to self-harm or suicide. Within FSM, the School Nurse, the Matrons' Department and Designated Safeguarding Lead, work in

partnership, when managing self-harm matters. Anybody concerned about a student must liaise with the Matrons Department or DSL, who will follow up with sensitivity, discretion and in line with the Safeguarding Policy.

### **Prevention**

The risk of self-harm can be significantly reduced by the creation of a supportive environment in which an individual's self-esteem is raised, healthy peer relationships are fostered and pupils become resilient individuals. FSM aims to achieve this through the development of good relationships by all members of the school community, effectively managing student issues and concerns, and through the promotion of healthy coping strategies within a Lifeskills (PSHE) programme that fosters positive direction for pupils. It is important to encourage pupils to let staff know if one of their peers is showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

Friends of the pupil will be supported by the Matrons' Department, who will reinforce that pupils are not responsible for the care of pupils who self-harm. They will be given a clear course of action to follow if their friend self-harms further: this will be to notify the Matrons and DSL.

### **School Procedures for Dealing with Self-Harm/Mutilation**

If a member of staff becomes aware of or is alerted to a self-harming issue, or a student discloses self-harm, s/he is advised to treat the matter as a safeguarding issue in the first instance and follow the procedures set out in the Safeguarding Policy. It is safer to do this, even if the incident eventually turns out to be an isolated one that was not indicative of a serious underlying cause.

If a student suggests that there is evidence of self-harm beneath his/her clothing, a member of staff should accept such statements and not ask the pupil to remove clothing to reveal wounds/bruises etc. A Matron may investigate such evidence in a sensitive and appropriate manner.

- It is important to listen, believe the young person, stay calm and give reassurance
- Follow school First Aid guidelines as necessary – alert the School Matron.

- The DSL will be informed at this stage. In the case of Boarders, the Head of Boarding will also be involved. They will then liaise to decide upon the next course of action. Details of the conversation should be written down and stored in the pupil's medical file in the filing cabinet in the Surgery.
- If physical harm has occurred the student should be taken to the Matrons' Department or to A&E for medical assessment and care. (In an emergency, or case of overdose, serious bleeding or insertion, call 999). Parents will be notified and will attend as soon as able.
- Complete the relevant Incident report form.
- Consult with local Child and Adolescent Mental Health Service (CAMHS)
- Debrief with SLT and set action plan for school if necessary
- Ensure all relevant information is recorded and up to date on School Base and in the Pupil's file.
- The Matrons' Department will monitor the young person and update the framework of intervention in place as necessary. This may include organising counselling for the student within School or supporting the student and their family by signposting or making contact with appropriate support agencies or organisations.

Pupils must not display open wounds/injuries in school - these must be dressed appropriately.

### **Informing Parents:**

Usually FSM will inform the parents as soon as a self-harm concern comes to light. If the pupil seeks independent help from the Surgery/Counsellor then the pupil would be encouraged to allow the School Nurse to liaise with the pupil's parents and appropriate school staff. However, parents, house parent, the Head of Boarding and the DSL would normally be informed if it was felt that the pupil was a danger to themselves; if their behaviour was seriously affecting others or the pupil was uncooperative with the Matrons' department regarding treatment.

Where a student does not want parents informed, the decision about involving parents/guardians will be taken in consultation with the School Nurse and Matrons and in the case of a boarder, the School Doctor and Head of Boarding

Where the student is judged not to be Gillick competent, is considered to be at severe risk of harming themselves or in the case of severe self-harm requiring medical intervention/A&E, parents will be informed directly. This will be discussed with the student beforehand. It is always better for the student to share information with parents so they can be at the centre of their care. Parents are



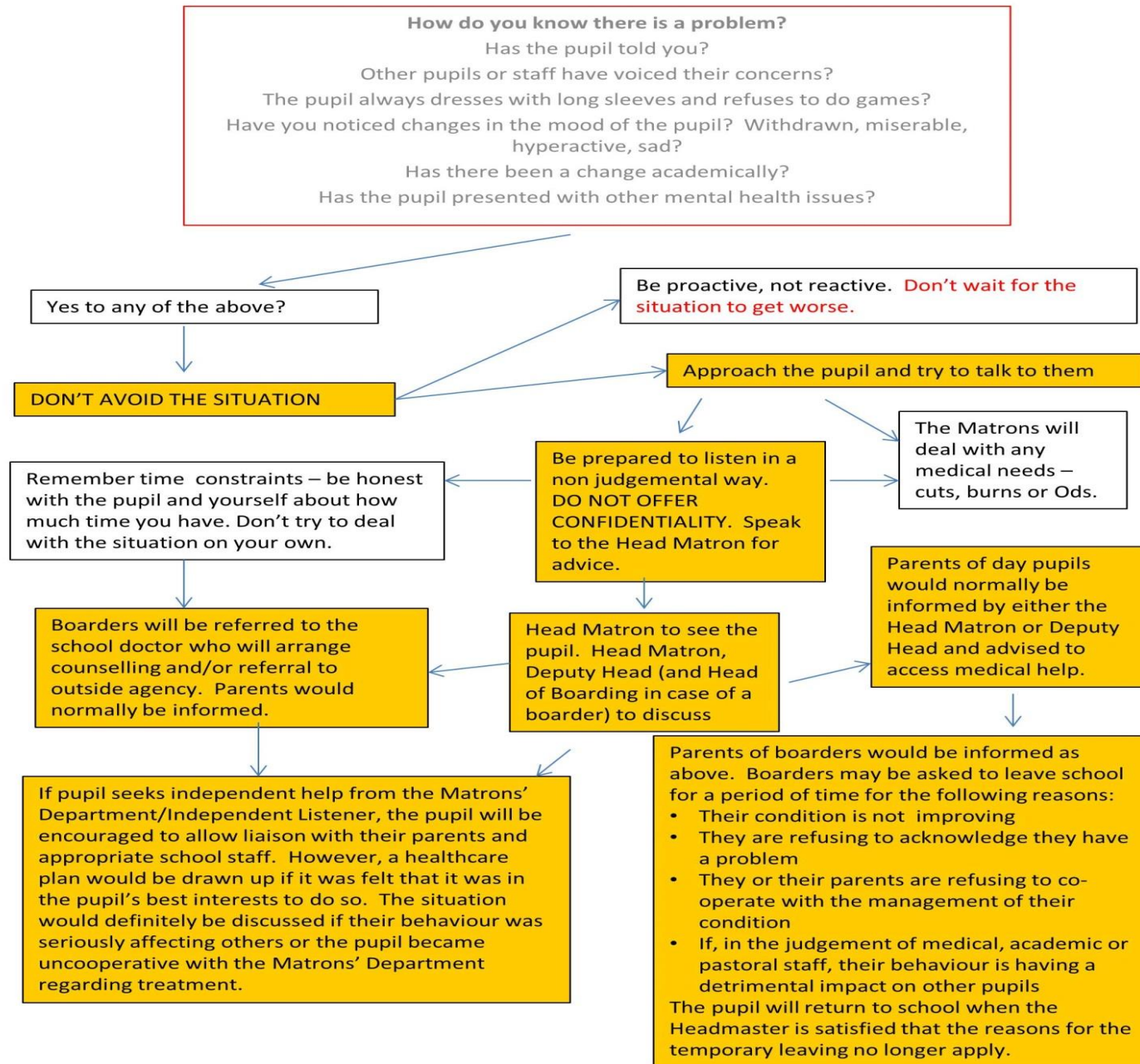
encouraged to work in partnership with the school to support the student. If any member of staff has any concerns about confidentiality issues they should take advice from the DSL. Staff must not promise confidentiality, but reassure the student that only those people who need to know will be informed for their safety (see Safeguarding Policy).

Pupils may be required to leave the school for a period of time for the following reasons:

- Their condition is not improving.
- They are refusing to acknowledge they have a problem.
- They or their parents are refusing to co-operate with the management of their condition.
- If, in the judgement of medical, academic or wellbeing staff, their behaviour is having a detrimental impact on other pupils in the School.
- The school will give parents full support in trying to find appropriate medical help and will continue to liaise closely with the family during this period.
- The pupil will be allowed back into school when the Interim Headmaster is satisfied that the reasons for the temporary absence no longer apply.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult either the DSL, School Nurse, and Matrons. 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.

## Guidelines for staff supporting pupils who are self harming



## Multi-agency self harm pathway for professionals (April 2017)

Self harm is defined for this pathway as 'self poisoning or self injury, irrespective of the apparent purpose of the act' <sup>1</sup>

