



## Mental health and wellbeing policy

### Mission Statement

#### Our girls will change the world

- We are a Catholic community inspired by the vision of our founders and passionate about shaping a better future.
- We empower pupils with outstanding results, a love of learning and an alternative way of thinking.
- Augustinians are ethical leaders sowing joy, truth and courage.
- In this school freedom and generosity of spirit flourish. We seek a sustainable and prosperous future for all the world's communities.
- We cherish love for our neighbour, welcoming different faiths and cultures. Learning through dialogue we have hearts open to the whole world.

### Equality Statement

At St Augustine's Priory we are committed to ensuring equality of education and opportunity for all pupils, staff, parents and carers receiving services from the school, irrespective of race, gender, disability, religion or socio-economic background. We aim to develop a culture of inclusion and diversity in which all those connected with the school feel proud of their identity and able to participate fully in School life. To that end we embrace the RADIO toolkit to equip all members of our community with the skills to participate in building a respectful culture.

### Policy Statement

The school promotes the mental and physical health and emotional wellbeing of all its pupils. Wellbeing is at the forefront of the School's PSHE programme and promoting good mental health is a priority. The physical, mental and emotional health benefits of exercise are well documented, and the school actively encourages sport for all. Through pupil voice focus groups, the school community has identified 10 key qualities that are fundamental to good mental health and wellbeing:

1. *Proper sleep patterns*
2. *Time for exercise*
3. *Eating healthily at regular times*
4. *Time to relax/mindfulness*
5. *Emotional resilience – accepting being 'good enough'*
6. *Sense of humour*
7. *Firm boundaries*
8. *Random acts of kindness*
9. *Walking in fresh air*
10. *A sense of perspective*

Mental health issues can be de-stigmatised by educating pupils, staff and parents. This is done through tutorials and PSHE with the pupils, through staff INSET and through parent discussion evenings that take place twice termly. Positive mental health is also promoted through strong pastoral care, the sister scheme and an effective peer support system.

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 of mental health problems

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- alert staff to warning signs and risk factors
- provide support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who suffer from mental health issues
- provide support to pupils who suffer from mental health issues, their peers and parents/carers.

This policy is available to parents on request and is published on the school website. This policy can be made available in large print or another accessible format if required. It applies wherever staff or volunteers are working with pupils even where this is away from the school, for example on an educational visit.

### Child Protection Responsibilities

St Augustine's Priory is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects all staff, Governors and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon. Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing.

The Board of Governors takes seriously its responsibility to uphold the aims of the charity and its duty in promoting an environment in which children can feel secure and safe from harm. A nominated Governor instigates a review of the school's safeguarding procedures and reports to the Board annually, making any recommendations for improvements.

The Head Teacher 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 (Designated Safeguarding Lead – Assistant Head) to be responsible for matters relating to child protection and welfare. The school also has Deputy Designated Safeguarding Leads. Parents are welcome to approach the Designated Safeguarding Lead 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 Form Teacher or the Head of Year who will notify the Designated Safeguarding Lead in accordance with these procedures.

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

### Background

One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach university this figure is as high as 1 in 6. Around 75% of mental health disorders are diagnosed in adolescence (*source: [www.youngminds.org.uk](http://www.youngminds.org.uk)*). See Appendix V for further reading.

### Identifiable mental health issues

It is important for staff to be alert to signs that a child might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:

- Anxiety and Depression
- RADIO - R – Respect - A - Active listening - D - Dialogue not debate - I - Where am I in this? - O - Oops/Ouch**



- Eating disorders
- Self Harm

Two important elements enabling the school to identify mental health issues are the effective use of data (i.e. monitoring changes in pupils' patterns of attendance/academic achievement) and an effective pastoral system whereby staff know pupils well and can identify unusual behaviour.

### Signs and symptoms of the most mental or emotional concerns

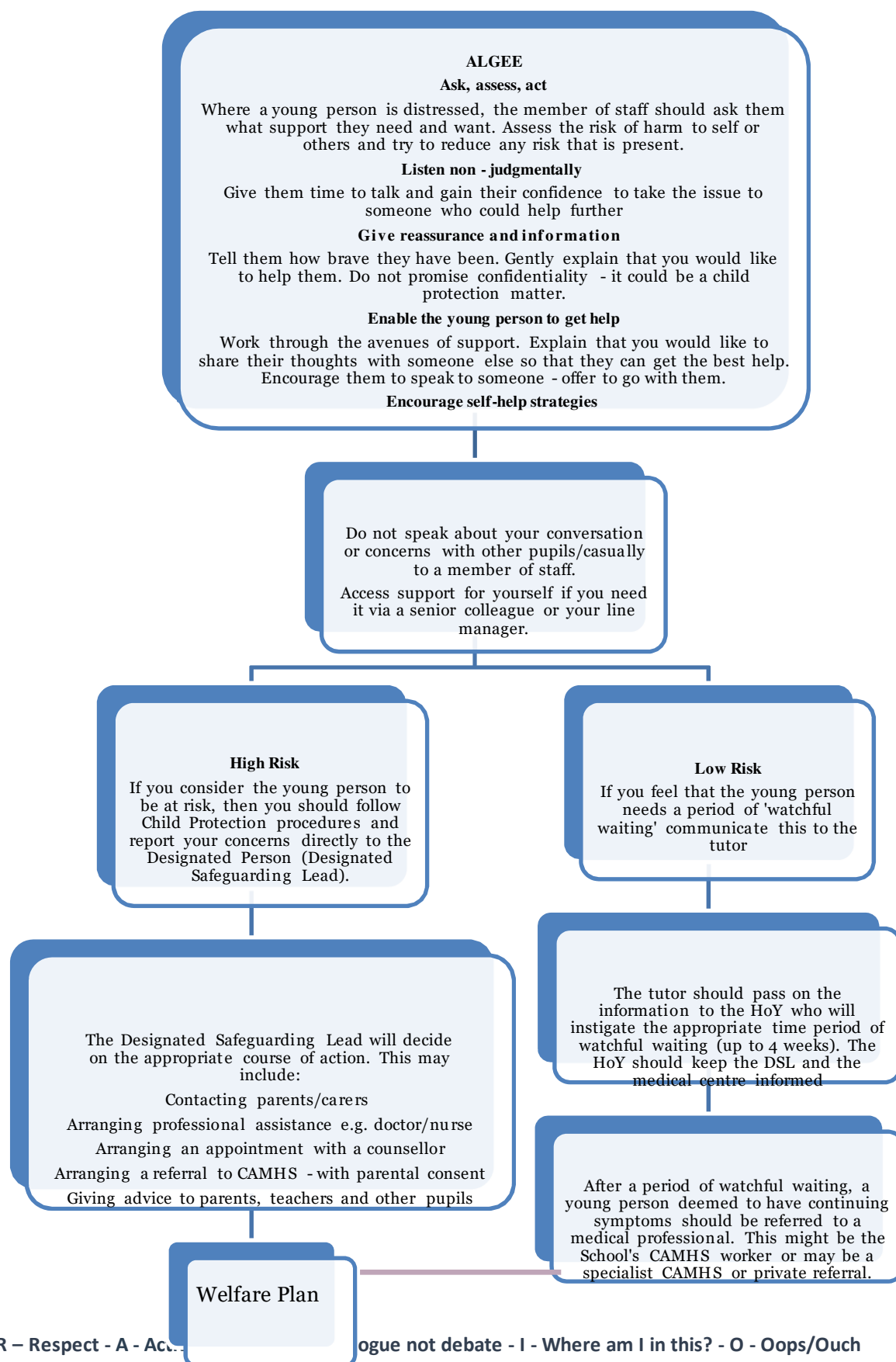
These are outlined at Appendices I, II and III.

### Procedures

The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined at Appendices I, II and III. *Figure 1* outlines the procedures that are followed if staff have a concern about a pupil, if another pupil raises concerns about one of their friends or, if an individual pupil speaks to a member of staff specifically about how they are feeling.

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Figure 1 Procedures following a concern

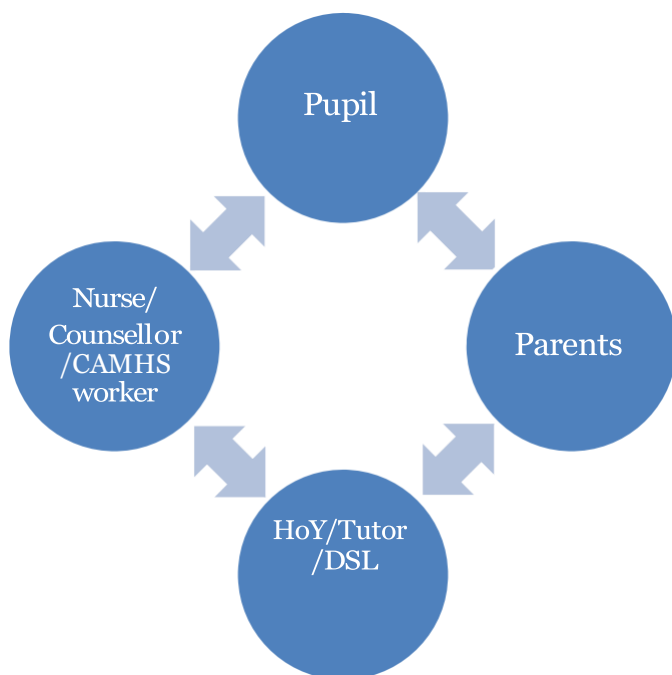


RADIO - R - Respect - A - Access - I - Involvement - O - Ongoing support



1.1 The school aims to implement the following support structure:

Figure 2 Wellbeing support structure



### Lines of Communication

Pupils are invited to speak to **any trusted adult** should they be concerned about their own mental health and wellbeing, or the mental health of their friend. However, at St Augustine's Priory we have a dedicated pastoral team who are available to offer support to pupils where appropriate. If a pupil is worried, she can talk to:



In reality, pupils may also talk to their subject teacher, sports coach, the SENDCO, teaching assistant etc and are encouraged to consider who they would feel comfortable talking to should they need it.

### Welfare Plan

Following consultation between the relevant members of the pastoral team a Welfare Plan would be agreed between the pastoral team, the pupil and the pupil's parents (see Appendix IV). This would be available to the relevant teaching staff in order to provide the appropriate level of support for the pupil. The medical centre will agree an enhanced care plan that may include confidential information.

### Confidentiality and information sharing

Pupils may choose to confide in a member of school staff if they are concerned about their

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own welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality. **If a member of staff considers a pupil is at serious risk of causing themselves harm, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so.

It is likely that a pupil will present at the medical centre in the first instance. Young people with mental health problems typically visit the medical centre more than their peers, often presenting with a physical concern. This gives the medical team a key role in identifying mental health issues early. If a pupil confides in a member of the school medical team, then they should be encouraged to speak to their Form Teacher or Head of Year. **Confidentiality will be maintained within the boundaries of safeguarding the pupil.**

The Designated Safeguarding Lead may decide to share relevant information with certain colleagues on a need-to-know basis. Parents should be involved wherever possible, although the pupil's wishes should always be considered.

Parents must disclose to the school any known mental health problem or any concerns they may have about a pupil's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the pupil's wellbeing.

## Records and reporting

Further guidance on procedures for specific mental health concerns is given at Appendices I, II and III.

## Mental Health First Aid

In order to ensure adequate mental health first aid provision and awareness it is our policy that:

- There are sufficient numbers of trained personnel to support those pupils who are experiencing mental and/or emotional difficulties.
- A qualified youth mental health first aider is always available during normal school hours (see section 11.4 for definition of 'qualified youth mental health first aider' and section 12.1 for hours of work).

## Responsibilities under the policy relating to mental health first aid

The School Nurse is responsible for:

- Maintaining accurate records of all mental health first aid given in the medical centre.

Heads of Year in the Senior School and the Head of Preps and Pre-Preps are responsible for:

- Maintaining a list of vulnerable children in their year group.
- Working with form teachers, SENCO, pastoral support staff, DSL etc to provide an individual care plan for pupils with mental health issues.
- Supporting pupils who have Welfare Plans, including reviewing plans with pupils and parents.

The Designated Safeguarding Lead is responsible for:

- Maintaining accurate records of all safeguarding and child protection issues.

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Qualified youth mental health first aiders are responsible for:

- Responding promptly to calls for assistance
- Providing first aid support within their level of competence
- Summoning medical help as necessary
- Recording details of support given

A qualified youth mental health first aider is someone who has undertaken a 12-hour training module approved by MHFA England and holds a valid certificate of competence. Mental Health First Aid is used in over 16 countries worldwide and was introduced into England by the National Institute for Mental Health England (NIMHE) in 2007. MHFA does not prepare people to become therapists. It does, however, enable people to recognise the symptoms of mental ill health, how to provide initial help (first aid) and how to guide a person towards appropriate professional help. The certificate must be issued by an approved organisation and must be renewed every three years.

All staff have a duty of care towards the pupils and should respond accordingly when first aid situations arise. New staff are briefed about the St Augustine's Priory medical department and where to find information and help. All staff are reminded regularly about the specific medical and emotional needs of girls within the school community and they are asked to familiarise themselves with Individual Care Plans of those girls with medical needs that require specific action to support their mental/emotional wellbeing. All staff will receive training on MyConcern and how to use the software effectively.

### Staffing of the medical centre

The school has a full-time nurse in attendance in the medical room during normal working hours, 8.00am to 4.30pm, Monday to Friday during term time. If she is absent, adequate first aid cover is put in place. If the nurse is on a long-term absence, the Deputy Head Pastoral - Seniors will organise for a replacement/agency nurse to be available.

The medical centre is staffed by the school nurse who is a registered nurse (RNC). The medical centre is open throughout the school day. If the school nurse is off-site for any reason staff will be informed and a notice will be displayed on the door of the medical centre giving details of how to obtain help.

The school employs a full time Mental Health Lead and counsellor. Pupils may self-refer to the school counsellor during the lunchtimedrop ins. Appointments with the counsellor must be made by any member of the Pastoral teams using the referral form. The school also has details of external counsellors upon request.

### Staff Roles /Procedures

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

- anxiety and depression (Appendix I)
- eating disorders (Appendix II)
- self-harm (Appendix III)

If the Designated Safeguarding Lead, relevant Deputy Head, Head of Year or the school nurse is not available, one of the qualified youth mental health first aiders or the school office

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should be contacted.

A record must be kept on MyConcern of all mental health incidents and the first aid treatment/support given. A copy should be kept by the school nurse in an electronic logbook in the medical centre and be recorded in the individual pupil/staff health file. Records are kept for a minimum of eight years in accordance with guidelines for storage of medical and nursing records.

If an incident that is linked to a mental health concern is serious, risk assessment should be completed.

### Reintegration to school

Should a pupil require some time out of school, the school will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready.

The Designated Safeguarding Lead will work alongside relevant staff i.e. the Deputy Head Academic - Seniors, the Head of Preps and Pre-Preps, Heads of Year, the school nurse, with the pupil and their parents to draw up an appropriate care plan (see Appendix IV). The pupil should have as much ownership as possible with regards the Welfare Plan so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents.

The school will consider whether the pupil will benefit from being identified as having a special educational need (SEN) and may work alongside the SEND co-ordinator where special provision might be required.





## Appendix I

### Anxiety and Depression

#### Anxiety disorders

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

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

Concerns are raised when anxiety is **getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships.** It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

#### Anxiety disorders include:

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

#### 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

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- 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**

Follow the ALGEE principles (see *Figure 1* in main policy)

### **How to help a pupil having a panic attack**

- If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.
- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible.
- Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Be a good listener, without judging.
- Explain to the pupil that they are experiencing a panic attack and not something life threatening such as a heart attack.
- Explain that the attack will soon stop and that they will recover fully.
- Assure the pupil that someone will stay with them and keep them safe until the attack stops.

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

### **Depression**

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

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

### **Risk Factors**

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- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long-term physical illness
- Death of someone close
- Break up of a relationship

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

### Symptoms

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, 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 anxiety and depression

Follow the ALGEE principles shown in *Figure 1* of the main policy

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the director of pastoral care (designated teacher for safeguarding children) aware of any child causing concern.

Following the report, the director of pastoral care will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Giving advice to parents, teachers and other pupils

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves harm, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

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## Appendix II

### Eating Disorders

#### Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

#### Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

#### Individual Factors

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

#### Family Factors

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

#### Social Factors

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

#### Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 seek further advice from one of the designated teachers for safeguarding children or from the medical centre.

#### Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold

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- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

## Behavioural Signs

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

## Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self-dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

## Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Designated Safeguarding Lead aware of any child causing concern by reporting immediately on MyConcern.

Following the report, the Designated Safeguarding Lead will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Giving advice to parents, teachers and other pupils

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of causing themselves harm, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you

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to do so.

### **Management of eating disorders in school Exercise and activity – PE and games**

Taking part in sports, games and activities is an essential part of school life for all pupils. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the Designated Safeguarding Lead and medical team deem it appropriate, they may liaise with PE staff to monitor the amount of exercise a girl is doing in school. They may also request that the PE staff advise parents of a sensible exercise programme for out of school hours. All PE teachers at the school will be made aware of which pupils have a known eating disorder.

The school will not discriminate against pupils with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

### **When a pupil is falling behind in lessons**

If a pupil is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the form tutor and school nurse will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the school nurse will consult with the professional treating the girl. This information will be shared with the relevant pastoral/ teaching staff on a need to know basis and to inform the ICP.

### **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 should come from discussion with the pupil, their parents, school staff and members of the multi-disciplinary team treating the pupil.

The reintegration of a pupil into school following a period of absence should be handled sensitively and carefully and again, the pupil, their parents, school staff and members of the multi-disciplinary team treating the pupil should be consulted during both the planning and reintegration phase.

### **Further Considerations**

Any meetings with a pupil, their parents or their peers regarding eating disorders should be recorded in writing including:

- 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 file held by the Designated Safeguarding Lead.

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## Appendix III

### Self-Harm

#### Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils currently engaging in self-harm.

#### Definition of Self-Harm

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

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

#### Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

##### Individual Factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

##### Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

##### Social Factors

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers

#### Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should

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**always be** taken seriously and staff observing any of these warning signs should seek further advice from the Designated Safeguarding Lead and report concerns on MyConcern.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. pupil may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities e.g. swimming

### **Staff Roles in working with pupils who self - harm**

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to 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.

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a pupil is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm should consult the Designated Safeguarding Lead.

Following the report, the Designated Safeguarding Lead will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- **In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount, and an adult should remain with the pupil at all times**
- **If a pupil has self-harmed in school a first aider should be called for immediate help**

### **Further Considerations**

Any meetings with a pupil, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan

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- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the pupil's safeguarding file held by the Designated Safeguarding Lead.

It is important to encourage pupils to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very 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.

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 the Designated Safeguarding Lead.

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 pupils in the same peer group are harming themselves.

**RADIO - R – Respect - A - Active listening - D - Dialogue not debate - I - Where am I in this? - O - Oops/Ouch**



## Appendix IV



## St Augustine's Priory –Welfare Plan

<b>Welfare PLAN FOR:</b>	Name:
<b>DATED:</b>	

### Sources of information/ Evidence contributing to the plan

Background

Current concerns

Updates

### Principles of management

### ACTION PLAN

Successful Strategies for Learning	Who is responsible?

RADIO - R – Respect - A - Active listening - D - Dialogue not debate - I - Where am I in this? - O - Oops/Ouch



We have read and understood this Welfare Plan and agree to abide by it in its entirety.

Signed \_\_\_\_\_ Pupil Date \_\_\_\_\_

Signed \_\_\_\_\_ Tutor Date \_\_\_\_\_

Signed \_\_\_\_\_ Mother Date \_\_\_\_\_

Signed \_\_\_\_\_ Father Date \_\_\_\_\_

Signed \_\_\_\_\_ Headteacher Date \_\_\_\_\_

RADIO - R – Respect - A - Active listening - D - Dialogue not debate - I - Where am I in this? - O - Oops/Ouch

## Appendix V

### Further Reading and Useful Links

HM Government (2011), *No Health Without Mental Health*, Department of Health

### Websites

<https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>

Young Minds:

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

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

Childline:

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

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

NHS:

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

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

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

Royal College of Psychiatrists: <http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers.aspx>

RADIO - R – Respect - A - Active listening - D - Dialogue not debate - I - Where am I in this? - O - Oops/Ouch

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