KENSINGTON
PARK SCHOOL

EMOTIONAL WELL-BEING AND MENTAL HEALTH POLICY

Date reviewed: September 2023
Next review: September 2024

1. OVERVIEW

Kensington Park School values the emotional well-being of all those working in the School. Our School statement demonstrates our focus on ensuring that all students are enabled to achieve their personal, social and academic potential. We recognise that supporting the emotional well-being and mental health of staff and students is essential to achieve this.

The Mental Health Foundation provides this definition of emotional well-being:

> *"A positive sense of well-being which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune."*

Child & Adolescent Mental Health Services (CAMHS) training draws attention to the Mental Health Education Authority definition:

> *"Mental health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own and others' dignity and worth."*

At Kensington Park School we understand that some mental health issues are temporary whilst others reflect a more deeply rooted, longer term health issue. Mental health difficulties include a broad spectrum of conditions including eating disorders; self-harm; obsessive compulsive disorder (OCD); bipolar; depression; and anxiety, amongst others and are diagnosed by a medical professional.

For the purposes of this policy, mental health refers to:

- long-term mental health conditions
- emerging mental health problems that may develop into conditions requiring more support or intervention;
- temporary mental health reactions that impact on an individual's ability to achieve his/her potential.

2. SCHOOL AIMS

At Kensington Park School we embrace the view that well-being and mental health is everyone's concern The School aims to increase the level of awareness and understanding amongst staff of the issues involving the emotional wellbeing and mental health of students. We aim to address problems at the earliest opportunity and support students with mental health issues in partnership with appropriate external agencies with relevant expertise. We understand that some groups of students are more vulnerable to mental health difficulties than others. We recognise that only medical professionals should make a formal diagnosis of a mental health condition.

This policy applies wherever staff or volunteers are working with students even when this is away from the School, for example on an educational visit. It should be read and considered alongside The Child Protection and Safeguarding Policy; the SEND Policy, the Accessibility Policy, the Anti-bullying Policy; the Achievement, Behaviour, Rewards and Sanctions Policy; Curriculum Policy; and PSHE & RSE Policies.

3. RESPONSIBILITIES

It is the responsibility of staff to keep all students and staff members safe both physically and emotionally.

The KPS Advisory Board and Senior Leadership Team have overall responsibility for this policy. They will ensure that:

- the policy is regularly reviewed;
- appropriate training is organised for staff;
- staff are encouraged to bring to the attention of Head of Sixth Form and Head of Senior School, Heads of Year, the DSL and members of the Safeguarding Team, concerns about the emotional well-being or mental health of students so that appropriate support is put in place.

It is the responsibility of all staff that they:

- maintain and actively contribute to a bully-free and non-discriminatory environment, by being supportive and understanding;
- participate fully in training related to mental health and emotional well-being
- know the risk and resilience factors relating to mental health and emotional well-being (see appendix);
- be alert to signs that a student may have a mental health or emotional well-being issue and report any concerns to the appropriate Head of Year and document on CPOMS.
- treat any person with a mental health or an emotional well-being issue as an individual and not as a condition or 'problem';
- recognise the limits of what they can do when supporting those with mental health or emotional well-being issues and signpost appropriately

It is the responsibility of all students that they will:

- maintain and actively contribute to a bully-free and non-discriminatory environment, by being supportive and understanding;
- ask for support either for themselves or their peers;
- recognise the limits of what they can do to support their peers.

4. SAFEGUARDING AND WELL-BEING

Kensington Park School is committed to safeguarding and promoting the welfare of students and young people, including their mental health and emotional well-being, and expects all staff and volunteers to share this commitment. We recognise that students have a fundamental right to be protected from harm and that students cannot learn effectively unless they feel secure. We promote self-confidence and self-worth in an environment that promotes mutual respect, where students know their concerns will be listened to and acted upon.

A nominated Member of the KPS Advisory Board instigates a review of the school's safeguarding procedures annually, making any recommendations for improvements.

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The Heads of Sixth Form and Senior School, overseen by the Headmaster, oversee the pastoral work at the School and are responsible for matters relating to welfare.

There are several trained Designated Safeguarding Officers (DSO) in the School and they are led by the Designated Safeguarding Lead (DSL).

Staff are regularly trained in safeguarding and child protection procedures.

5. PASTORAL ORGANISATION

In the Senior School, students are placed in tutor groups with a designated member of staff as their Form Tutor who sees them at the start of every school day in tutor time. This provides a time for students to get settled for the day ahead and voice any concerns they have. Tutors are also on the alert to identify students who are behaving in ways that may signal there is a concern. In the Sixth Form, the Tutor meets weekly with the students.

There are seven Heads of Year. across the school's year groups. The Heads of Year meet weekly with the Head of Sixth Form or Head of Senior School. The Heads of Year are all Designated Safeguarding Officers.

Pastoral actions include:

- tutor time with the Form Tutor;
- creating a supportive tutor time environment where everyone feels listened to, understood and empowered;
- communicating with parents/guardians positively and realistically to create a partnership approach to student's emotional health and well-being;
- recognising and responding to emotional and/or behavioural needs;
- liaising with appropriate agencies to enlist advice and/or support;
- clear transition arrangements and bespoke arrangements where required;
- effective use of the behaviour policy and rewards process;
- identification and monitoring of SEND students and Young Carers and other vulnerable groups;
- providing opportunities for student voice through the School Council, SMSC (Social, Moral, Spiritual and Cultural) events, co-curricular clubs, etc.;
- providing opportunities to build relationships through a range of means including peer mentoring, becoming a student leader or mentor, and attending co-curricular activities;
- meetings with internal and external professionals;
- individual health care plans for those who require them.

6. CURRICULUM ORGANISATION

Our School promotes emotional well-being through the formal and informal curriculum. This includes:

- a structured day with familiar routines to help build a sense of security, with a clear timetable for students and staff to follow;

- creating a supportive classroom environment where everyone feels listened to, understood and empowered;
- clearly identified rewards and sanctions;
- rewarding positive behaviour and achievement;
- setting appropriately challenging tasks;
- staff committed to securing progress for students through effective teaching and adaptation resources/methods;
- encouraging co-operation and collaboration;
- the teaching of Personal Social and Health Education (PSHE), Relationship and Sex Education
- (RSE) and Citizenship;
- developing social competence;
- encouraging and developing coping strategies and resilience;
- encouraging self-reflection, peer assessment and academic progress;
- support for those with Special Educational Needs;
- the monitoring of SEND students and their progress;
- additional guidance to staff who teach students with particular needs.

7. GROUPINGS OF STUDENTS

Students are grouped in a variety of ways to promote the achievement of their best. In the classroom, there are opportunities for students to work collaboratively and individually on tasks to develop skills of concentration and interaction.

Setting arrangements are regularly reviewed. Students are set by ability in some subjects whilst they are placed in mixed ability groupings for other subjects. Where any change of set or group is proposed, parents/guardians are notified in advance and given opportunity to discuss the change.

8. PARENT/GUARDIAN INVOLVEMENT

We recognise that parental involvement is a vital contributor to the emotional wellbeing of our students. We encourage Parents/guardians to communicate with us through contact with Heads of Year in the first instance. We also provide regular opportunities to promote partnership with parents/carers, including:

- Induction Day for parents/guardians of new in-take students;
- Meet the teacher opportunities for new parents/guardians to meet their student's Form Tutor;
- Parents'/carers' Evenings;
- Parent/guardian information evenings;

- Open door policy for parents/guardians to communicate with School through the Head of Year;
- Involvement in reviews for students with special educational needs;

It is also recognised that students do not always wish to have their families involved with their interventions and therapies. We are aware that students over 16 are:

> *"presumed to be capable of consenting to their own medical treatment (by virtue of section 8 of the Family Law Reform Act 1969)" and that "children under the age of 16 may in certain circumstances consent to their own treatment if they are deemed to be 'Gillick competent', i.e. a medical professional judges that they have sufficient intelligence, competence and understanding to appreciate what is involved in their treatment. Otherwise an adult with parental responsibility can consent for them)" (Mental Health and Behaviour in Schools, DFE, 2018, 4.18).*

9. CO-CURRICULAR ACTIVITIES

There is a very wide range of co-curricular opportunities for students to participate in. These activities are often free and generally take place after School. The list of activities can be found on the School website and students are encouraged to participate in these to enable them to extend interests and talents beyond the classroom or to learn something completely new. Research evidence shows that pursuing such interests supports positive mental health and well-being.

10. RISK AND RESILIENCE FACTORS

The National Service Framework for Children, Young People and Maternity Services states:

> *"There are some children and young people, such as those in special circumstances or those with learning difficulties and/or disabilities, who will be at greater risk of developing mental health problems." However, it is acknowledged that anyone can be at risk of developing mental health problems and that early identification can make a significant difference. Risks are cumulative and can be complex. Evidence proves that "when risk factors and stressful life events outweigh the protective factors, even the most resilient individual can develop problems" (Surrey CAMHS, 2016).*

CAMHS services identify three main areas when speaking of risk and resilience factors:

- The student (including low self-esteem, physical illness, developmental delay, temperament);
- The family (including parental conflict, family breakdown, inconsistent or unclear discipline, parental psychiatric illness, death and loss);
- The environment (including socio-economic disadvantage, homelessness, discrimination).

We recognise that a student may have Adverse Childhood Experiences (ACEs) or other events that have an impact on them and affect a student's behaviour or emotional state.

11. IDENTIFICATION

It is important that concerns regarding mental health are communicated so that appropriate action can be taken.

We should be concerned if:

- There is a change in the student's usual behaviour, emotions or thoughts;
- The problem is persistent or follows a pattern;
- It is severe enough to interfere with the student's everyday life;
- There is a disability to the student or the carers.

These should not be considered in isolation but as "warning signs" that determine further inquiries.

12. REFERRALS

A student may directly request help by speaking to a member of staff who should then relay this information to the appropriate Head of Year. If there are any situations where a student wishes to see a School nurse, this should be brought to the attention of the Head of Year in the first instance.

Equally, a parent/carer may request help or raise a concern about their child's wellbeing. Again, this is done through the Head of Year or the Heads of Sixth Form and Senior School.

Staff should refer concerns regarding a student's well-being to the appropriate Head of Year in the first instance. Safe-guarding concerns are referred to our Designated Safeguarding Lead (DSL). Heads of Year discuss appropriate courses of action on an individual basis, liaising with Parents/guardians and staff as is required by the circumstances.

Where a student repeatedly goes to seek the support of staff, tutor, School Nurse, or Head of Year, then this should be referred as a concern to the relevant Head of Year.

Some students will be discussed at the weekly Heads of Year and safeguarding meetings. Here, those present agree support for identified students. A process of assess, plan, do, review will be put in place recorded on CPOMS. This will involve the parents unless there are safeguarding reasons not to do so.

13. SUPPORT AND EXPERTISE AVAILABLE

Students are supported in a number of ways at Kensington Park School by those who are trained to work with students who have been identified as having emotional well-being or mental health issues.

General concerns a member of staff has regarding the emotional well-being and mental health of a student should be referred to the Head of Year or Heads of Sixth Form and Senior School (as stated earlier, matters of safeguarding should be referred to a trained DSL or DSO in School). The Head of Year will investigate and may pursue one of the following referrals:

- in School support through the usual pastoral care mechanisms
- referral to CAMHS (usually through the Heads of Sixth Form and Senior School or DSL)
- counselling or mentoring
- referral to an Educational Psychologist – this is through the SENDCo.

Head of Year or Heads of Sixth Form and Senior School will ensure that parents and guardians are kept informed of concerns and actions/referrals.

14. MONITORING

Staff will be informed of matters relating to an individual student's mental health needs as is deemed appropriate in individual circumstances. Student Profiles of SEND students provide more detailed information for some students as appropriate. Not all students with a mental health need will be identified as SEND.

Students identified with an emotional well-being or mental health need are monitored and their progress reviewed. The School will work with the various professionals to monitor outcomes.

15. EXCLUSIONS

When considering an exclusion of a student, the School takes into account contributing factors which includes where a student has mental health problems. Permanent exclusion is very much a last resort and a decision that is not made lightly.

16. PARENT/GUARDIAN INVOLVEMENT

Parents/guardians are informed of interventions for their child. Interventions are tailored to the individual needs of students and students are involved in the planning of these interventions.

17. FURTHER READING:

DfE (2016) Mental Health and Behaviour in Schools Crown copyright DfE (2018) Mental Health and Behaviour in Schools Crown copyright

NICE: https://www.nice.org.uk/

Surrey County Council Local Offer

https://www.surreylocaloffer.org.uk/kb5/surrey/localoffer/home.page

The National Health Schools Plan

Weare, K. (2015) What works in promoting social and emotional well-being and responding to mental health problems in School? Published by National Children's Bureau.

www.minded.org.uk – e-learning platform

Please see the following pages for the appendices including:

- Risk and Resilience Factors
- Freud, A. Supporting mental health and wellbeing in Schools

KPS Advisory Board Member — DocuSigned by: David Sibson 7F3EBEB9A7C6488... — 19 December 2023

Acting Head — DocuSigned by: 3F6C0B2D841749F... — 18 December 2023

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Appendix 1

1. RISK FACTORS

These are identified by CAMHS services as being in three main areas:

- Child
- Family
- Environment

1.1. CHILD

- Genetic influences
- Low IQ and learning difficulties
- Specific developmental delay
- Communication difficulties
- Difficult temperament/inflexible
- Physical illness, especially if chronic and/or neurological
- Academic failure
- Low self-esteem

1.2. FAMILY

- Overt parental conflict
- Family breakdown
- Inconsistent or unclear discipline
- Hostile and rejecting relationships
- Failure to adapt to student's changing developmental needs
- Abuse – physical, sexual and/or emotional
- Parental psychiatric illness
- Parental criminality, alcoholism and personality disorders
- Death and loss – including loss of friendships

1.3. ENVIRONMENT

- Socio-economic disadvantage
- Homelessness
- Disaster
- Discrimination
- Other significant life events

2. RESILIENCE FACTORS

These are identified by CAMHS services as being in three main areas:

- Child
- Family
- Environment

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2.1. CHILD

- Secure early relationships
- Being female (early in life pre-teen)
- Higher intelligence
- Easy temperament when an infant
- Positive attitude, problem-solving approach
- Good communication skills
- Planner, belief in control
- Humour
- Religious faith
- Capacity to reflect

2.2. FAMILY

- At least one good parent-child relationship
- Affection
- Clear, firm and consistent discipline
- Support for education
- Supportive long-term relationship/absence of severe discord

2.3. ENVIRONMENT

- Wider supportive network (e.g. in teachers, youth leaders, etc.)
- Good housing
- High standard of living
- High morale School with policies for behaviour, attitude and anti-bullying
- Schools with strong academic and non-academic opportunities
- Range of sport/leisure opportunities

It is important to note the "complex interplay between risk and resilience factors. As the number of risks accumulate for children or young people, more protective factors are needed to act as a counter-balance".

Appendix 2

For a very brief overview of mental health and well-being, please see:

https://www.annafreud.org/media/7198/supporting-mental-health-and-wellbeing-inhttps://www.annafreud.org/media/7198/supporting-mental-health-and-wellbeing-in-schools.pdfSchools.pdf

A more developed exploration is given in the pages below:

1. ANXIETY AND DEPRESSION

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 students 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 student's day to day life, slowing down their development, or having a significant effect on their Schooling or relationships. This is known as an anxiety disorder. Anxiety disorders include:

- Post-traumatic stress disorder (PTSD)
- Generalised Anxiety Disorder (GAD)
- Panic disorder and agoraphobia
- Separation anxiety
- Obsessive-compulsive disorder (OCD)
- Phobias (including social phobia)

1.1. SYMPTOMS OF AN ANXIETY DISORDER CAN INCLUDE:

a. 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

b. 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

c. 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)

If a student presents with any aspects that appear to require First Aid, please call for a member of staff to assist by contacting the School Nurse or Reception. Do not allow the students presenting with the concerns to leave your sight. Help calm the student and reassure them.

It is vital that any concerns about anxiety are reported to the relevant Head of Year.

2. DEPRESSION

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.

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. 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 students 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.

2.1. RISK FACTORS

- 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.

2.2. 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; misusing 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.

3. EATING DISORDERS

Anyone can get an eating disorder regardless of their age, gender or cultural background. 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, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

3.1. RISK FACTORS

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

3.1.1. Individual Factors

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

3.1.2. 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

3.1.3. 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

3.2. WARNING SIGNS

3.2.1. 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

3.2.2. 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

3.2.3. 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

4. SELF-HARM

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 students, peers and parents of students currently engaging in self-harm.

4.1. 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

4.2. RISK FACTORS

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

4.2.1. Individual Factors:

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

4.2.2. Family Factors

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

4.2.3. Social Factors

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

4.3. WARNING SIGNS

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should report these to the Head of Year, the Heads of Sixth Form and Senior School or a Member of the Safeguarding Team.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn

- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- 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

4.4. WHY DOES SELF - HARM HAPPEN?

During adolescence, students may encounter particularly painful emotional events for the first time. They often do not know where to go for help and have not developed sufficient problem-solving skills to overcome these difficulties on their own. As a result, they experience feelings of helplessness and hopelessness, which can lead them to self-harm or attempt suicide.

The three most common reasons why a young people self-harm are:

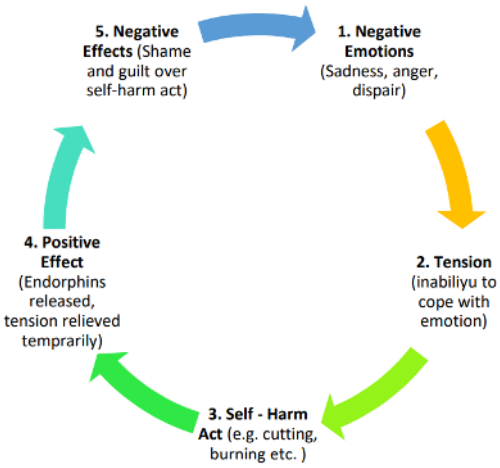
- **Tension relief** - a number of young people are unable to deal with their unpleasant feelings and find self-harm as a way of relieving stress and tension.
- **Self-punishment** – Young people who self-harm often have low self-esteem and feel that they are worthless or bad people who should be punished.
- **To express distress** - For some young people, self-harm is a way of showing others how bad they are feeling. They may use this as a way of reaching out to get help.

Other explanations from students about why they self-harm include:

- That physical pain is easier to control than emotional pain
- It is a way of coping with past and current events
- Rarely, it can be a way of becoming a part of a group
- Some students may only self-harm once or twice in response to a particular difficulty, however, it can also become a regular activity that is hard to stop and may indicate more serious and longstanding emotional distress.

4.5. THE CYCLE OF SELF - HARM

When a person inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



4.6. SUICIDAL THOUGHTS AND SELF-HARM

Self-harm by cutting is not usually associated with suicidal thoughts but as described previously, it can be thoughts or behaviours used as an expression of distress or to relieve distress.

Suicidal ideation (a term often used by mental health practitioners) is where a young person expresses a genuine desire to die. Thoughts of hopelessness such as "I wish I was dead" are common. It is therefore important to explore the meaning behind the words the young person says. This can be because a student has a serious depression with low self-esteem, low mood, inability to see that his/her situation could improve, nothing to live for and no chance of ever being happy.

Suicidal ideation is rare. If staff encounter a student who demonstrates these thoughts, they should immediately follow the protocols outlined in Section 10 of this document. Frequent suicidal ideation with or without self-harm is a cause for referral for specialist assessment to consider a diagnosis of depression or other conditions, risk and treatment options.

4.7. SCHOOL PROCEDURES WHEN A STUDENT SELF-HARM

Any member of the school staff who knows a student who may be thinking of self-harming must report this to the Designated Safeguarding Lead (DSL) using CPOMS or in person if severe.

4.8. WHAT TO DO IF A CHILD DISCLOSES THOUGHTS OF SELF-HARM AND/OR SUPERFICIAL INJURY

Students 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 student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of School staff is showing a considerable amount of courage and trust.

In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a student 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 student puts pressure on you to do so. Keep calm and give reassurance to the student.

- Focus on the student, not the behaviour or reasons for it and remember that the student may be reluctant to talk about self-harm.
- It is important not to make promises of confidentiality even though the student may put pressure on you to do so.
- Report the disclosure immediately to the Designated Safeguarding Lead (DSL) or a member of the Safeguarding Team
- The Member of the Safeguarding Team will request for a member of staff to inform the student's parents/carers of the situation and be actively involved in the handling of the situation unless there is some overriding reason not to. The decision not to involve parents/carers should be taken in consultation with the DSL.
- Some instances of self-harm are Child Protection issues. In this case the procedures laid out by the school's Child Protection and Safeguarding Policy must be followed by the DSL. There must be no promise of confidentiality made to the student and they must be told that the DSL will be informed.
- Following the report, the appropriate course of action will be decided upon. 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.
- It is important to encourage students 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.

4.9. ENGAGING WITH PARANTS/GUARDIANS

Unless there is a safeguarding reason then parents/guardians should be informed of any concerns regarding their child or any interventions that are made. This should usually be as soon as possible on the same day that any concerns are raised.

4.10. HOW TO HELP A STUDENT WHO SELF-HARMS

Continued support for a student who self-harms will normally be undertaken by a member of the pastoral team or an external specialist. It may be that a student identifies an alternative member of staff who they wish to support them.

The two main skills to employ when exploring these issues are effective listening skills and honest talking, for example:

- Let the student know you care and that s/he is not alone.

- Help the student express his/her emotions.
- Be an active listener; use your eyes as well as your ears to truly pay attention to what someone is saying or not saying. Watch the student's facial expression and the posture that accompanies the words s/he is speaking. These will all give clues as to how someone is truly feeling.
- Empathise with the student – imagine walking in his/her shoes.
- Be positive about what the student is saying without being dismissive.
- Know when to listen and when to talk.
- Do not try to solve the problem or say the "right" thing.
- Don't give advice too quickly or evaluate how the students are feeling and defining their experiences for them.
- Be aware of what you can and cannot do to help, and be prepared to discuss this with the student sensitively. Do not make promises you cannot keep.
- Use open questions rather than closed ones to help the student explore his/her concerns.
- Encourage and support the student to talk to others, such as parents/carers or other professionals.
- Encourage and support the student in seeking appropriate help.
- Do make sure you have an opportunity to "debrief" if necessary, following a disclosure.
- Do not attempt to keep information to yourself, but share it with an appropriate colleague

Talking with students about self-harm is not always easy. It is difficult to talk about and many people worry that if they talk about self-harm, they might make things worse. There is NO EVIDENCE to suggest that talking about self-harm will encourage young people to harm themselves. In fact feedback from students is that they want to talk.

However, this needs to be done sensitively since our responses can sometimes be seen as uncaring. SLEEP is an acronym to help you remember 5 important steps when talking with students about self-harm:

Stop
Listen
Empathise
Explore what they are saying
Plan what you will do

STOP AND MAKE TIME TO TALK

- Remember that if a student approaches you it is you that they want to talk with.
- The student may not find it easy to talk so they need to be given time. Don't try to have a rushed conversation.
- If you are in the middle of doing something or are busy then let the student know that you will make a time to talk with them. Make a time there and then so that they know you are taking them seriously.
- Give the student your undivided attention. Show them that they are important and that you care.

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- Make sure that where you meet is private so that you can have an open and honest conversation without interruption.

LISTEN TO WHAT THE STUDENT IS SAYING

- Listen carefully to what the student is saying. Listening signals that you care and will encourage them to talk.
- They may feel embarrassed or ashamed of what they have done so be patient and give them time.
- You don't have to jump in and try and fix things. Just listen to what the young person is saying.

EMPATHISE WITH HOW THEY ARE FEELING

- Students need to know that you understand how they are feeling.
- DO NOT be judgemental or shocked by what they say. This will signal that it is not OK to talk about these things and they may be less open.
- Empathise with how they are feeling. Acknowledge that they are feeling distressed and that they must be feeling really bad.
- Reassure them that things can change. They have made an important step by talking with you today.

EXPLORE WHAT THE YOUNG PERSON IS SAYING

- Be curious and explore what the student is really saying
- Students might say that "they wish they were dead". These words are frightening but they do not necessarily mean that the student is suicidal.
- Often students say these things because they are feeling hopeless or frustrated and don't know what to do. Check this out and explore what the student means.

PLAN WHAT YOU WILL DO

- The final stage is to agree the next steps. In the majority of situations this can be agreed collaboratively with the student.
- You need to decide who you need to talk with in order to keep the student safe. A student may not always want their parents or carers to know but if they are at risk of seriously hurting themselves their parents need to know.
- Tell the student that you are concerned about their safety. Because you are worried about them the DSL will need to speak with their parents/guardians so that they can help the student to keep safe.

5. SOURCES OF SUPPORT AND INFORMATION

CAMHS – Child and Adolescent Mental Health Services

Child Bereavement UK – provides information and resources to support bereaved pupils, Schools and staff.

ChildLine – A confidential service, provided by the NSPCC, offering free support for children and young people up to the age of nineteen on a wide variety of problems.

MindEd – provides free e-learning to help adults to identify and understand children and young people with mental health problems. It provides simple, clear guidance on mental health to adults who work with children and young people, to help them support the development of young healthy minds.

MindEd for Families – advice and information from trusted experts to help improve understanding of mental health problems, and how parents and carers can best support their families.

Relate – Relate offers advice, relationship counselling, workshops, mediation, consultations and support face-to-face, by phone and through their website. This includes counselling for any child or young person who is having problems.

Triple P – which gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing.

Women's Aid – is the national domestic violence charity that works to end violence again women and children and supports domestic and sexual violence services across the country. They provide services to support abused women and children such as The HideOut, a website to help children and young people.

Young Minds – Young Minds is charity committed to improving the emotional wellbeing and mental health of children and young people. They undertake campaigns and research, make resources available to professionals (including teachers) and run a helpline for adults worried about the emotional problems, behaviour or mental health of anyone up to the age of 25. They also offer a catalogue of resources for commissioning support services.

Young Minds – Young Carers

Sources taken from DfE (2018) Mental Health and Behaviour in Schools pages 28-33.

Useful overview of needs

https://www.annafreud.org/media/7198/supporting-mental-health-and-wellbeing-inhttps://www.annafreud.org/media/7198/supporting-mental-health-and-wellbeing-in-schools.pdfSchools.pdf

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