



Mental Health and Wellbeing Policy

Our Approach

The Haberdashers' Monmouth Schools believe that all of our pupils must feel emotionally secure and happy in order to fulfil their potential. We aim to educate our students to manage their own emotional and physical wellbeing. We seek to ensure that the culture of our schools is supportive and that every student receives exceptional pastoral support. We aim to ensure that worries and concerns are discussed and contextualised and that appropriate support is offered at the point of need.

When a student requires support we have a range of provisions in place and we will work together to put the best possible support in place for the individual.

Aims:

- increase understanding and awareness of mental health issues;
- develop awareness of warning signs;
- provide guidance on how to support and advise young people;
- provide guidance on how to reduce stress and anxiety in young people;
- provide guidance on how to deal with a crisis;
- provide a school environment which promotes self-confidence and a feeling of self-worth;
- provide a school environment where all concerns are listened to and acted upon;
- encourage a healthy balance in every aspect of life;
- consider both the importance and limitations of confidentiality;
- work together to support young people.

Safeguarding & Child Protection Responsibilities

The Schools are committed to safeguarding and promoting the welfare of all students and staff, including their mental health and emotional wellbeing. All members of the community share this commitment.

Using the term 'mental health'

The term 'mental health' describes a sense of wellbeing, the capacity to live in a resourceful and fulfilling manner and to have the resilience, skills or resources to deal with the challenges and obstacles which life presents.

A mental health problem is one in which a person is distracted from ordinary daily living by upsetting and disturbing thoughts and/or feelings. These problems may disorientate a person's view of the world, produce a variety of symptoms; physical, emotional or psychological, exhaustion and possibly lead to behaviour likely to cause distress and concern. Mental health is a continuum encompassing

the mild anxieties and disappointments of daily life, to severe problems affecting mood, physical health, perception and the ability to think, learn and communicate clearly and rationally.

Mental health difficulties can include various forms of anxiety, depression, self-harm and eating disorders, excessive fear/anxiety of examinations or presentations, phobias and many other recognised disorders.

Why do we need to be concerned with student mental health?

Students can't learn effectively if they have poor mental health. Concentration can be very difficult due to worry and a lack of sleep.

For many pupils, aspects of school attendance can be some of the most challenging times of adolescence. For some boarders, living away from home can also be a daunting experience that leaves them feeling lonely and isolated. The Schools recognise that understanding and planning for these challenges can have a positive effect on a student's ability to navigate this difficult period successfully.

Examinations can be a crisis point in the lives of some students; for some even internal tests will create the additional stress to push them into an anxious state.

Some pupils may have experienced mental health difficulties before starting at the school and others will find that they are beginning to have difficulties with such things as concentration, motivation, tiredness, attendance, eating patterns, managing anxiety or mood swings and sleep patterns.

Spotting the signs

Students who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties. The stigma surrounding mental health issues may be a barrier and sometimes students feel embarrassed or are concerned about the consequences of telling someone. Moreover, they may be unaware that they have a problem, or aware but feel that they have to cope with it on their own, unwilling to admit it to others or they hope the problem will go away on its own. It is important that warning signs are recognised and an appropriate, supportive response is put in place as soon as possible.

The following list of indicators may help to identify at-risk students:

- A disclosure
- Others expressing concern about a pupil
- Exhaustion
- Changes in the pupil's appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self-harm
- Evidence of use of alcohol or drugs
- Change in mood: flat, agitated, very quiet, very loud, moods up and down, miserable, tired a lot
- Change in the behaviour, standard of work, and/or sociability: doing too much work, not socialising as much as usual, withdrawn, not attending class, being late, failure to meet deadlines
- Poor problem-solving skills

Offering emotional support

We seek to ensure that all pupils receive emotional support from staff. Emotional support is a very valuable tool when helping those experiencing emotional difficulties. We recognise the value that a relationship of trust between staff and pupil can have and how it can prevent an escalation into a more serious mental health condition. A pupil might approach a member of staff, or vice versa, to discuss their concerns and you may be able to offer some friendly guidance on an issue such as homesickness, feelings of insecurity or the break-up of a relationship. The offer of an invitation to come back to talk if they want to is an important support in itself. Even in cases of informal support, there are issues of confidentiality and disclosure and the pupil needs to give their agreement if you are going to share this discussion or parts of this discussion with other staff members (see 'confidentiality and disclosure' below). Routes of help to suggest to a pupil are discussed below.

Encouraging students to disclose

The following guidance may be useful:

- Don't avoid the situation or pretend that nothing is wrong, as this could make the problem worse and persist for longer. Listen to the pupil.
- Think about it in advance and approach the pupil in a sympathetic and understanding way.
- Remember to be sensitive to issues relating to sexuality, race, religion, culture and gender or any physical or sensory impairment or condition that they might have.
- The situation may only require empathetic listening. You can simply ask the student how they are as this may provide them with an opportunity to discuss their concerns with you. Open-ended questions are an effective tool to use.
- Give the pupil time. If there are constraints on your time, inform the student from the start that this is the case.
- Be open and honest in your initial contact as this will help to develop trust.
- Discuss anything practical you can do to help.
- If you feel you need to tell someone, try to obtain the student's consent. However, it is usually possible to discuss the situation and ask for advice without revealing the identity of a child. If you are concerned about a child's safety, you must inform the DSP.

Routes of Help to Suggest:

- **Tutor / HM / HoY**

In many cases the tutor, HM / HoY will be an accessible first port of call and well-placed to assess the situation and signpost the pupil to any additional support that may be required.

- **School Counsellor**

The school counsellors are available to give support through a therapeutic relationship to staff and pupils who are experiencing mental health difficulties themselves, or who have concerns about someone else experiencing them. Pupils may self-refer or ask a member of staff to refer them to the counsellor.

- **Medical Centre**

The Schools Nurses are also a valuable means of support, and a route of help to suggest to a pupil experiencing mental health difficulties.

For boarders, the school GP visits on a weekly basis and it is possible to make an appointment through the Medical Centre to visit the GP Surgery.

Accurate health records for students are securely kept, including issues relating to mental health.

- **Other Areas of Support to Suggest**

In addition to those sources of support mentioned above, a range of helping individuals are available, including the Chaplain, Senior Pupils, Peer Mentors, Matrons, Independent Listener, Senior Managers, Teachers, Parents. They can also use Student Voice, accessed via Student Information.

Pupils should be made aware of potential areas of support and encouraged to access a suitable source. Information can be found in student planners/diaries, Student Information – where to get help and at Reception.

If a student does not want to talk or refuses support

If a pupil is not ready to accept help or talk about their problem it is unwise to ask intrusive questions. The pupil's right to not discuss things must be respected. Offer an open invitation to the pupil to come back and talk to you and continue to ask how they are. However, if you are still very concerned about a pupil who is refusing help, you will need to speak to their Housemaster/Head of Year, DSP or other qualified members of the safeguarding team.

Dealing with a crisis

A crisis occurs when a person's feelings have become outside their control. These emotions might express themselves in several ways, for example talking about suicide or having persistent suicidal thoughts; having no sense of reality and exhibiting behaviour which is out of character or becoming a danger to themselves. A crisis can often be prevented if caught early enough, this highlights the importance of having a pro-active approach to the area of mental health. A student's mental health problems may fluctuate and the level of support needed will vary from person to person. Careful monitoring and support of a student with mental health problems can sometimes help to anticipate a crisis and prevent it from occurring, thus assuring your safety and that of others, including the person involved.

Whilst very rare, there will be instances where a pupil's behaviour gives cause to believe that they are in immediate danger and that there is a real possibility that they might cause harm to themselves or to others. **In such a situation, you should contact a DSP or senior member of staff and follow all appropriate policies.** The school counsellor and nurses are also available to be contacted to assist in any such situation.

For further guidance refer to the Suicide Prevention Policy.

Offering support to friends and colleagues

Fellow pupils or close friends may be the first to notice that someone has changed in any of the ways described above and they need to know who they can approach (see 'routes of help to suggest', above). Pupils who are supporting their peers with mental health difficulties should know when, where and how to refer on and be encouraged to recognise their own personal limits and be encouraged themselves to talk about the strain it has put on them.

Where friends or fellow pupils have supported someone through a particularly difficult period it can be helpful to suggest counselling support.

Simple support, suggestions and help at an early stage:

- A good night's sleep is essential for all types of good health. Eight hours at least and no phones or blue light for the last two hours before bed.
- Ask about their sleep. Do they feel tired when they wake up even after eight hours' sleep? Are they worrying about something? This is an indicator that some more specialist help is needed to stop the worry cycle and allow a good night's rest.
- Ask if they are still doing all the activities they used to, encourage them to play sport, get exercise, eat well, drink lots of water, see friends and laugh and to get outside into the sunlight. When did they last feel totally relaxed? The answer to this can be an indicator that more specialist help is required.

Confidentiality and disclosure

Sharing information is an essential part of the support we give to pupils with mental health difficulties, but it should only be done on a 'need to know' basis and the emphasis should be on providing information which highlights the student's support needs. Confidentiality should be maintained within the boundaries of safeguarding the pupil. The various members of staff involved in supporting a pupil with mental health difficulties will need to talk to each other regularly in order to agree what is happening with a pupil and whether the level of support is appropriate.

However, information about someone with a mental health difficulty is covered under the Data Protection Act (and in some cases by The Equality Act) and comes under the heading of personal, sensitive information. For this reason, all information about pupils with mental health difficulties has to be considered as confidential information and can only be shared under specific circumstances.

It is advisable to seek parental/guardian permission to speak to relevant external services and it is good practice for such permission to be obtained in writing, perhaps as part of a Pupil Support Plan, and then recorded. Sharing confidential information also applies to information discussed in staff meetings, telephone discussions, emails and other forms of communication. Breaking confidentiality is something that needs to be taken seriously but there are situations where you might feel it is essential, for example where there is an immediate or significant risk to self or others.

Pupil Support Plans (PSPs)

PSPs can be used for pupils who have mental health/emotional concerns. Following consultation between the relevant members of the pastoral team a PSP would be agreed between the pastoral team (led by a senior member of staff), the pupil and the pupil's parents (unless there is a reason not to). This would be available to the relevant school staff (as agreed) in order to provide the appropriate level of support for the pupil. Advice for staff, overall goals and parental involvement can be recorded, and a review date set

Useful Links

Young Minds: 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/>

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

Pupil Support Plan



Ring school as appropriate:

Instructions:

- A PSP is formulated under the guidance of a member of SMT, who will nominate the person(s) responsible for formulating the plan.
- Discussions with parents and pupils take place once instructed by the lead SMT member.
- The plan is saved as:
Pupil Support Plan Pupil Initials Month Year
eg *Pupil Support Plan RR Sept 2021.doc*
- The plan is shared in an email marked 'Strictly Confidential', once approved by SMT and then loaded onto MyConcern.
- After each review stage, an updated plan is shared and uploaded onto MyConcern.
- Contents of the plan are strictly confidential and must not be shared with anyone outside of the support team.

Name of Pupil			
Head of Year		Boarding House	
Tutor		House Parent	

Completed by

Planned by		Date	
Shared with		Date	
Approved by (SMT)		Date	

Support Plan Summary

Start Date	
Review Date	

On-going Support Plan

Identified Need
Medication details
Goals
Interventions
Outcome of Discussion with Pupil

Outcome of Discussion with Parents/Guardian	
Risk Assessment	
<i>Identified risks</i>	<i>Risk management</i>
Has a Copy of the Plan Been Offered to the Pupil?	
<i>If No, Reason Why Not</i>	
Signatures (& printed names)	
	Date

Review

Last Review Date:		Review Status	
Review Details			
Next Review Due			

APPENDIX 2 – Useful information

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 student'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)

Physical effects:

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushed
- Respiratory – hyperventilation, shortness of breath, gasping
- Neurological – dizziness, headache, sweating, tingling, visual disturbances, hearing loss, twitching 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
- Restlessness
- Inability to focus and concentrate
- Poor problem-solving skills
- Emotional instability
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

How to help a pupil having a panic attack:

If the panic/anxiety attack is caught early enough it might be prevented from fully developing by taking their mind off the feeling and or doing some physical exercise e.g., run upstairs a few times.

- 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.
- Grounding is a simple and therapeutic technique that can help when strong anxiety hits and involves the following;
 - Name 5 things you can see
 - Name 4 things you can feel
 - Name 3 things you can hear
 - Name 2 things you can smell
 - Name 1 thing you can taste
- Be a good listener, without judging if they can talk it is unlikely to be a panic attack, more an anxiety episode.
- Explain to the pupil that they are experiencing a panic attack and what that means physiologically and emphasise it is not something life threatening just unpleasant and it will pass.
- 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 feeling passes.

Many young people with anxiety problems do not fit neatly into an anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a period can lead to depression as it forces them to alter their behaviour.

Depression

A clinical depression is one that has had symptoms for at least two weeks, these must include low mood and a lack of interest in activities they previously enjoyed, other symptoms are likely to be present but these two are essential for a diagnosis. Depression 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 if we do not listen to

the causes and change in lifestyles as a result. It affects at least 25% 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.

The symptoms of depression can be complex and vary widely between people. But as a rule, if someone is depressed, they feel sad, hopeless and lose interest in things they used to enjoy. The symptoms persist for weeks or months and are enough to interfere with school, work, social and family life

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.
- Long term anxiety
- Lack of good friends
- Pressure from parents or poor relationship with parents

Psychological symptoms can include;

- Continuous low mood or sadness
- Feeling hopeless and helpless
- Having low self-esteem
- Feeling tearful
- Feeling guilt-ridden
- Feeling angry, irritable and intolerant of others
- Having no motivation or interest in things
- Finding it difficult to make decisions
- Not getting any enjoyment out of life
- Feeling anxious or worried
- Have suicidal thoughts or thought of self-harming

Physical symptoms can include;

- Moving or speaking more slowly than usual
- Changes in appetite or weight (usually decreased, but sometimes increased)
- Constipation
- Unexplained aches and pains
- Lack of energy or fatigue
- Loss of libido

- Changes to menstrual cycle
- Disturbed sleep – difficult falling asleep and/or staying asleep

Social symptoms can include;

- Not doing well at school or work
- Avoiding contact with friends and taking part in fewer social activities
- Neglecting hobbies and interest
- Having difficulties in home and family life
- Risk-taking behaviour (including risk-taking sexual behaviour)
- Misuse of alcohol or other substances
- Loss of interest in appearance
- Neglect of responsibilities

Severities of depression

Depression can often come on gradually, so it can be difficult to notice something is wrong. Many people try to cope with their symptoms without realising they are unwell. It can sometimes take another person to suggest something is wrong. Doctors describe depression by how serious it is;

- Mild depression – has some impact on your daily life
- Moderate depression – has a significant impact on your daily life
- Severe depression – makes it almost impossible to get through daily life

Grief and depression

It can be difficult to distinguish between grief and depression. They share many of the same characteristics, but there are important differences between them

- Grief is an entirely natural response to a loss, while depression is an illness
- People who are grieving find their feelings of sadness and loss come and go, but they are still able to enjoy things and look forward to the future
- In contrast, people who are depressed constantly feel sad. They don't enjoy anything and find it difficult to be positive about the future

When to seek help

The person needs to see their GP if they experience symptoms of depression for most of the day, every day, for more than 2 weeks

Eating Disorders

Definition of Eating Disorders

Anyone can develop 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

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

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

Self-harm**Objectives of this section of the Policy**

- To assist staff in recognising signs of self-harm or mutilation
- To understand that self-harming is almost always a symptom of some underlying emotional or psychological issue
- To put in place a framework for intervention
- To be alert to the possibility that self-harm may arise from a history of abuse

Recent research indicates that up to 1 in 4 teenage girls and 1 in 10 boys in the UK engage in self-harming behaviours. 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.

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

Less obvious self-harm behaviours also include:

- controlled eating patterns – anorexia, bulimia, over-eating
- indulging in risky behaviour / risky sexual behaviour or destructive use of drugs or alcohol
- getting into fights

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
- 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

Self-harm may present as visible or invisible signs. The latter can include ingested materials or cuts/bruises under the clothing. Staff, parents and fellow pupils may become aware of warning signs that might indicate that a pupil is experiencing difficulties that may lead to self-harm or even a suicide attempt. **These warning signs should always be taken seriously and anyone observing any of these should seek further advice from one of the school nurses, a DSP or Deputy DSP. The relevant Housemaster/Head of Year or Houseparent should also be informed.**

- 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

What keeps self-harm going?

Once self-harm is established, it may be difficult to stop and can be addictive. Self-harm can have a number of functions for the young person and it becomes a way of coping. Examples of coping include:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel physical pain to distract from emotional pain
- Way of punishing self or others
- Way of taking control
- Care-eliciting behaviour
- A means of asserting identity with a peer group
- Non-verbal communication
- It can also be a suicidal act

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 potentially suicide. Any young person who suggests they are experiencing suicidal feelings must be taken extremely seriously and safeguarding procedures put in place immediately; a young person showing this level of distress must be referred to the DSP/School Nurse as a matter of urgency.

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

- recent trauma e.g. death of a friend or relative, parental divorce
- negative thought patterns and low self-esteem
- bullying
- abuse – sexual, physical, emotional or through neglect
- sudden changes in behaviour and/or academic performance
- relationship difficulties (with family or friends)
- learning difficulties
- pressure to achieve (from teachers or parents)
- substance abuse (including tobacco, alcohol or drugs)

- issues around sexuality

Other causal or risk factors

- inappropriate advice or encouragement from internet websites or chat-rooms
- experimentation, 'dares' or bravado, 'copycat behaviour'
- 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 who become aware of self-harming behaviour should help the pupil experiencing distress find an appropriate person to talk to, e.g. their Housemaster, Head of Year, Houseparent, The Deputy Head/DSP, the School Nurse or the School Counsellor.

Prevention

It is far better to prevent self-harm before it happens. 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 and healthy peer relationships are fostered. This can be achieved through development of good relationships by all members of the school community and in particular through the PSHE programme. Staff awareness of issues leading to self-harm is increased through training and the production of policies on Safeguarding and Child Protection, Anti-bullying, medical policies and this self-harm policy. **Staff should be wary of drawing pupils' attention to self-harm practices, to minimise the risk of contagion.**

School Procedures for dealing with self-harm

Reporting a concern

- If there is concern that a student may be self-harming or is thinking of self-harming, this should be reported to the DSP for Safeguarding. The DSP will liaise with the relevant Housemaster/Head of Year/Houseparent, tutor and the School Nurses. Records will be kept in My Concern.
- Parents/guardians will normally be informed, unless there are Safeguarding reasons not to inform them. In the case of severe self-harm requiring medical intervention/A&E, parents will be informed immediately.
- Staff may report concerns about self-harm by raising a concern on My Concern (link on homepage of Firefly). Matters of self-harm / mutilation may be raised by any member of staff and could be referred in the first instance to a tutor, Head of Year or Housemaster/Houseparent.
- If a pupil suggests that there is evidence of self-harm beneath their clothing, a member of staff should accept such statements and not ask the pupil to remove clothing to reveal wounds/bruises etc. A School Nurse may investigate such evidence in a sensitive and appropriate manner in the Medical Centre.

Supporting a pupil who is self-harming

- If physical harm has occurred the pupil should be taken to the Medical Centre for assessment or to A&E for medical attention, if required. In an emergency, an ambulance must be called.
- The School Nurses will monitor the young person and may organise counselling, in consultation with the Housemaster/Head of Year/Houseparent and DSP.
- A Pupil Support Plan may be formulated, as advised by the DSP and in consultation with all key members of staff, the pupil, their parents (unless a decision is taken not to inform them) and any external agencies (such as CAMHS).

Self-harm and Safeguarding

1. If a member of staff becomes aware of or is alerted to a self-harming issue, or a student discloses self-harm, he/she is advised to treat the matter as a safeguarding and child protection issue in the first instance and follow the procedures set out in the Safeguarding and Child Protection Policy. It is safer to do this, including making a written report, even if the incident eventually turns out to be an isolated one that was not indicative of a serious underlying emotional or abusive cause.
2. In some cases, self-harm may raise safeguarding issues in which case the procedures laid down in the School's Safeguarding and Child Protection Policy must be followed. In a situation in which it is disclosed that self-harm is symptomatic of abuse in the pupil's home, the DSP may take the decision to make a referral directly to the appropriate authority without informing the parents. Where parents are informed, they will be encouraged to work in partnership with the school in supporting the young person through this difficult time.
3. If any member of staff has any concerns about confidentiality issues they should take advice from the DSP, or one of the Deputy DSPs if the DSP is unavailable. As stated in the Safeguarding and Child Protection Policy, staff must not promise confidentiality, but should reassure the child that only those people who need to know will be informed for their safety.

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

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

Recover Your Life – Self-harm support community providing support and advice to those seeking to recover from self-harm.

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

The website addresses of other helpful agencies can be found in the “Where to Get Help” section of the school calendar.

Suicide Prevention Guidance

In 2019 185 15-19 year-olds were lost to suicide in England and Wales (a rate of 5.7 per 100,00 of population).

Suicide is the leading cause of death in young people under the age of 35 in the UK. In 2019 185 15-19 year-olds were lost to suicide in England and Wales (a rate of 5.7 per 100,00 of population).

(Office for National Statistics Statistical Bulletin Suicides in England and Wales: 2015 Registrations)

Research shows that many young suicides are preventable. At the Haberdashers’ Monmouth Schools we have a Suicide Safer Policy (developed in conjunction with the suicide prevention charity Papyrus – Prevention of Young Suicide) to reduce the risk of suicide among our pupils. It has been developed to support staff and students in having better understanding of the issues surrounding suicide in young people, how to identify those at risk and support those who may be feeling suicidal. The policy provides information to staff that will help them to respond to concerns among the young people in their care and guidance in managing incidents.

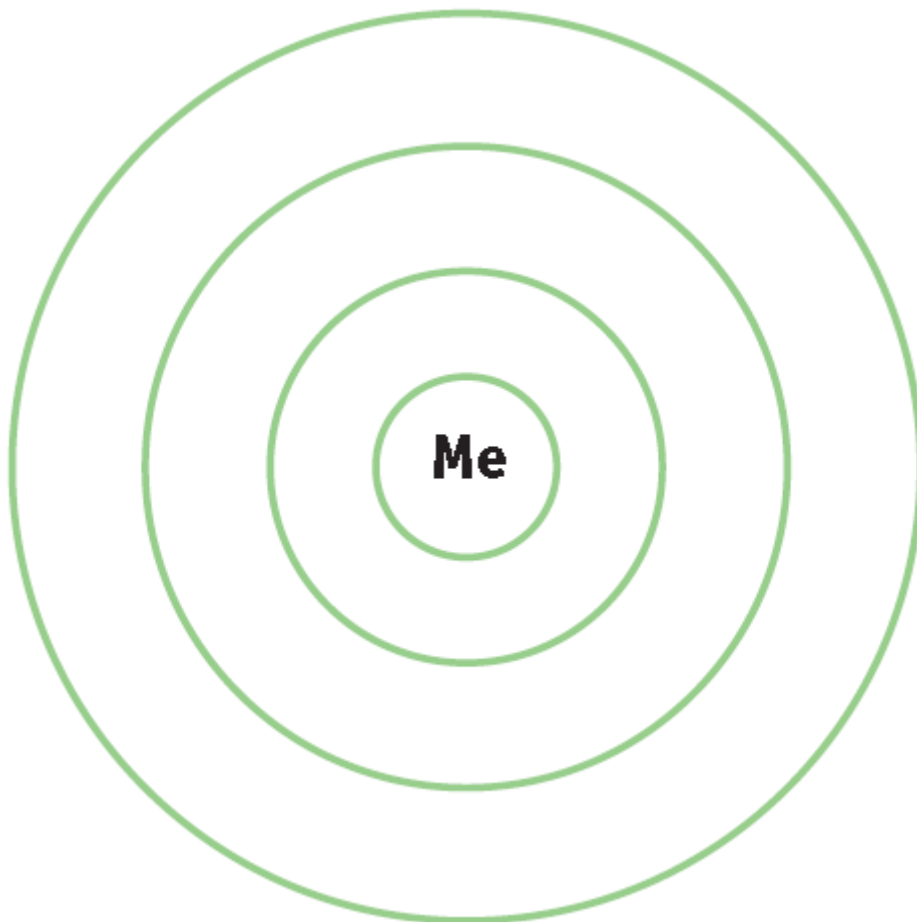
Appendix A: My Safety Net – for use with pupil who is self-harming

This document can be used by a member of staff, e.g. tutor or Housemaster/Head of Year/ Houseparent, with a pupil who has self-harmed, to identify means of support.

There are different types of people in our lives; try to identify some people in each of the groups below that you would feel comfortable talking to and write them into the circles:

- 1 Family and close friends
- 2 Friends and people you see every day
- 3 Helplines and professional people you could go to for help

Also, write into the space below the safety net the things that you can do yourself to cope with difficult feelings and keep yourself safe.



Things I can do myself to cope with difficult feelings:

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