

# BISHOP'S STORTFORD COLLEGE

ESTD 1868

## Guidance to promote the Mental Health and Emotional Well-being of Pupils

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## Introduction

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

At Bishop's Stortford College, we aim to promote positive mental health and emotional well-being for every member of our community. We pursue this aim using both universal, whole-college approaches and specialised, targeted approaches aimed at vulnerable pupils. We aim to facilitate a healthy life in which everyone is supported in developing strength and resourcefulness to meet the challenges of everyday life.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health guidance and procedures, we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health. We aim to take a proactive approach in preventing problems through educating and informing pupils and their parents about how to lead healthy lives. Pastoral support is crucial in identifying, reporting and monitoring behaviour which may point to difficulties as this allows us to respond quickly. Our PSHE, Empower (in the Senior School), Pathways (in the Sixth Form) and assembly programmes forms an important part of our strategy to promote good mental health and well-being. We aim to provide a positive and caring ethos where everyone feels supported and can be themselves.

**Appendix A** outlines some specific mental health conditions and further sources of information and support. The most important role College staff can play is to familiarise themselves with the risk factors and warning signs outlined in **Appendix A** and to act in accordance with this guidance.

## Reference

This document draws up on specific guidance and material in

*Promoting Children and Young People's Emotional Health and Wellbeing*, Public Health England and Children and Young People's Mental Health Coalition), February 2021.

## Purpose, scope and aims

This document describes the College's approach to promoting positive mental health and emotional well-being. This guidance should be read in conjunction with the Special Educational Needs and Learning Support Policy where a pupil has an identified Special Educational Need. It is recognised that mental health issues can underpin behaviour issues. It is also recognised that some mental health issues will meet the definition of a disability under the Equality Act 2010. Where a pupil has a certain type of Special Educational Need there is an increased likelihood of a mental health problem. Children with autism or learning difficulties, for example, are significantly more likely to have conditions such as anxiety. Where there are safeguarding concerns, the College Safeguarding Policy should also be referenced.

## This guidance aims to:

- Promote positive mental health.
- Increase understanding and awareness of common mental health issues.
- Alert staff to early warning signs of mental ill health.

- Provide support to staff working with young people who may have mental health issues.
- Provide support to students suffering mental ill health and their peers and parents/guardians.

### **Lead Members of staff**

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

- Mrs Jane Pawulska – Deputy Head (Pastoral), Senior Designated Safeguarding Lead (DSL), Mental Health Lead in the Senior School (Mental Health First Aid trained)
- Mrs Imogen Cowan – Deputy Head (Pastoral), Designated Safeguarding Lead and Mental Health Lead in the Prep School.
- Mr Rupert Snow – Deputy Designated Safeguarding Lead in the Prep School (Lower and Upper Third)
- Mr Joe Surrage – Deputy Designated Safeguarding Lead in the Prep School (Form 1 and 2)
- Mrs Kirsty Brooks – Deputy Designated Safeguarding Lead in the Prep School (Shell)
- Mrs Joanne Wallace Head of Pre-Prep and Designated Safeguarding Lead (Key Stage One) and Mental Health Lead in the Pre-Prep.
- Miss Charlotte Cuthbert – Designated Safeguarding Lead (Early Years)
- Ms Elaine Levin – Senior Nurse and Lead First Aider, Mental Health First Aid trained. All Medical Centre staff are trained in Mental Health First Aid.
- Mrs Kerry Elliott – School Counsellor, BACAP registered.
- Mr Ian Morris – College Chaplain.
- Mrs Sasha Gunes – Deputy Designated Safeguarding Lead in the Senior School, Trotman House Mistress and Deputy Pastoral Lead. Mental Health First Aid trained.
- Mrs Luci Neville and Mr Richard Hamlyn (PS staff) are Mental Health First Aid trained.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should raise a pupil concern with the relevant DSL as their duty of care. If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the Medical Centre staff and contacting the emergency services if necessary.

If a mental health problem is suspected, relevant staff may use a graduated response process (assess-plan-do-review) to put support in place. This may involve the use of identification and measurement tools, such as the Strengths and Difficulties Questionnaire and Boxall Profile to support this process. However, school staff are not qualified to diagnose a mental health problem and will refer to Children and Young People's Mental Services where appropriate via the Single Point of Access who will signpost to the appropriate service. This will be led and managed by the relevant DSL and the Medical Centre team.

### **Teaching about Mental Health**

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included in our PSHE (and Empower in the Senior School) curriculum.

The specific content of sessions will be determined by the specific needs of the cohort we are teaching, but there will always be an emphasis on enabling pupils to develop the skills, knowledge and understanding, language and confidence to seek help, as needed, for themselves and others. Regular reviews of content take place.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms.

It is recognised that all staff have a role to play in early identification of any mental health needs. Pastoral and boarding staff are provided with continual professional development and training in how to recognise and manage emerging well-being difficulties. Physical, mental and emotional well-being of day pupils and boarders is promoted within the pastoral system as a part of everyday school life. Staff supporting pupils should receive appropriate advice and training where necessary. If a member of staff feels that they are unable to fulfil their professional duties relating to the well-being of a pupil, they must raise this as a matter of urgency with the appropriate line-manager.

Pupils can access support or ask to see our School Counsellor by visiting the Medical Centre, speaking to pastoral staff or e-mailing [talk@bishopsstortfordcollege.org](mailto:talk@bishopsstortfordcollege.org)

### **Common risk factors or triggers for unhealthy responses**

- Family/relationship difficulties such as parental conflict, inconsistent discipline, family absence, loss or bereavement.
- Family mental health issues.
- Unrealistic expectations.
- Physical illness or disability.
- Environmental factors and life changes such as socio-economic disadvantages or frequent moving of home/school.
- Peer relationship difficulties.
- Trauma.
- Being exposed to unhealthy coping mechanisms in other pupils or the media.
- Difficult times of year, such as anniversaries.
- Being in trouble with school or with the police.
- Exam pressure.
- Transition to a new school.
- Illness in the family.
- Bullying.
- Body Image.
- The online environment.
- Sexual pressures.
- Employment prospects.
- Fear of failure.

### **Referrals and Treatment**

When showing any signs or risk of mental ill health, pupils will always be advised to visit their GP as a matter of course. Additionally, we will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. Support is available internally via our School Counsellor, Medical Centre nursing team, key pastoral staff and referral to other mental health specialists including Children and Young People's Mental Health Services via the local Well-Being team.

Whilst a pupil is receiving mental health treatment or support, we aim to keep things 'normal', subject to reasonable adjustments made to accommodate the pupil's difficulties, so that a pupil continues to feel part of the College community. This helps to provide a secure and safe environment for pupils to feel 'normal', rather than continuing to be a 'patient' even when in school.

External treatment can include several aspects such as different therapy such as counselling, psychotherapy, Cognitive Behaviour Therapy (CBT), hypnotherapy or medication. Parents and carers must be open with the school about any medication prescribed so that staff can be understanding and supportive, particularly if side effects are possible, and particularly if they are likely to affect mood, focus and sleep patterns. The Medical Centre must also be informed of any medication being taken.

### **Threshold Evaluation**

In certain cases of emotional or mental health issues, senior pastoral staff may meet to discuss whether a pupil is well enough to remain in school and, if applicable, well enough to remain in boarding. This will be a 'threshold' discussion and will consider whether:

- The pupil is a danger to themselves or others.
- The pupil needs a greater level of supervision than can reasonably be provided by the school, particularly if boarding/overnight.
- There is a risk of contagion, should the pupil remain in school and what the effects are on the other pupils around them.

### **Signposting**

We will display relevant sources of support in communal areas such as common rooms and toilets and will highlight sources of support to pupils in the pupil diary or in communal areas. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

In addition to our internal and external sources of support, there is a wealth of support for mental health and emotional wellbeing issues which may impact members of our community. For example, Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)) and Mind ([www.mind.org.uk](http://www.mind.org.uk)). Free counselling support is offered via NHS [www.kooth.com](http://www.kooth.com), [www.childline.org.uk](http://www.childline.org.uk), and 'The Mix' for 16-24 year olds at [Get Support - The Mix](#)

### **Individual Health Care Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. The development of the care plan should involve the pupil, the parents and relevant health professionals. This can include:

- Details of the pupil's condition.

- Special requirements and precautions.
- Medication and any side effects.
- What to do and who to contact in an emergency.
- The role the school can play.
- Considerations such as timetable modifications or types of support and intervention.
- Risk assessments where appropriate.

## **Warning Signs**

College staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. Recognising that things are not right is the foundation stone for getting well. Warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the relevant DSL.

Symptoms are different for everyone, but common symptoms or warning signs include:

- Physical signs of harm that are repeated or appear non-accidental.
- Changes in eating/sleeping habits.
- Increased isolation from friends or family, becoming socially withdrawn.
- Changes in activity and mood.
- 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. long sleeves in warm weather.
- Secretive behaviour.
- Skipping PE or getting changed secretly.
- Lateness to or an increase in absence from school.
- Repeated physical pain or nausea with no evident cause.

**Appendix A** contains further information on risk factors, warning signs and the effects of poor mental health together with additional advice for staff.

## **Identifying a potential problem – Guidance for Staff**

Always follow up concerns, however small, through the pastoral system. By being proactive you may stop a potential problem becoming much worse.

General advice to staff is:

- Actively listen and don't talk too much – let the young person speak.
- Don't pretend to understand.
- Acknowledge how hard it is to discuss these issues.
- Don't be afraid to make eye contact.
- Be calm, supportive and reassuring.
- Offer support – agree the next steps.
- Never promise confidentiality but explain who you will need to speak to and why.

## Dealing with disclosures

A pupil may choose to disclose mental health concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately. **Appendix B** is a flow-chart for staff guidance to guide decisions.

Our first thoughts should be of the pupil's emotional and physical safety rather than the exploring of why? If you suspect a problem is not straightforward or is more serious, do not delay in informing the Designated Mental Health Lead or a senior member of pastoral staff. If there are safeguarding or child protection concerns, the member of staff's responsibility is to **recognise, respond** and **refer** not to try to counsel or fix the problem.

Disclosures or concerns should be recorded in writing where possible. This will be held on the pupil's confidential file. The written record should include:

- Date.
- The name of the member of staff to whom the disclosure was made or who has the concern.
- Main points from the conversation.
- Agreed next steps.

This information should be shared with the DSL/Mental Health Lead who will store the record appropriately and offer support and advice about next steps.

In an emergency situations, 999 emergency services should be called immediately.

## Confidentiality and Data Protection

Pupils may choose to confide in a member of staff if they are concerned about their 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. However, confidentiality will be maintained within the boundaries of safeguarding the pupil. We should be honest with regards to the issue of confidentiality. If we believe it is necessary for us to pass on our concerns about a pupil, then we should discuss with the pupil:

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

We should never share information about a pupil without first telling them. Ideally, we should receive their consent, though there are certain situations when information must be shared with another member of staff and/or a parent, for example when a young person is under 16 years of age and/or at risk of harm.

Disclosures may be shared by the DSL/Mental Health leads with the Head, School Counsellor, Medical Centre or other external agencies on a need-to-know basis for the following reasons: to help safeguard their own emotional wellbeing so that they are no longer solely responsible for the pupil, to ensure continuity of care

is in their absence and to act as an extra source of ideas and support is available. This should be explained to the pupil.

The School Counsellor works in accordance with the British Association for Counselling and Psychotherapy Guidelines offering the highest level of confidentiality to pupils who make use of this service. All records are kept securely. However absolute confidentiality can never be guaranteed and may be overridden by the Counsellor where there are concerns about the welfare of a pupil because:

- There is a risk of the client hurting themselves or being harmed.
- There is a risk of another person being harmed.

In such circumstances the counsellor will:

- Seek to obtain the pupil's consent prior to disclosure.
- Discuss with their supervisor.
- Inform the Designated Safeguarding Lead of any planned breach of confidentiality.

In certain cases, pupils may wish to speak to their parents/guardians directly about their difficulties. If this is the case, the pupils should be given 24 hours to share the information before the school contacts parents if the DSL believes that parents need to be informed. We should always give pupils the option of us informing parents for them or with them.

### **Working with Parents**

Parents must disclose to the relevant DSL 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.

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect. Parental/Guardian support plays a key role in recovery and regular communication and trusting relationships with staff are often vital in supporting children and young people suffering with poor mental health.

### **Realistic Expectations**

Mental health issues can be ongoing for some time, and they can be highly impactful on a pupil's ability to access school. Staff expectations should be realistic so that pupils are not placed under undue stress, which may exacerbate their mental health issues. A flexible approach may be necessary regarding academic achievement, absence, lateness, access to extra-curricular activities including sport, duration and pace of recovery and the young person's ability to interact and engage within lessons.



## Appendix A

### Specific Conditions

#### Anxiety Disorders/panic attacks

Anxiety can take many forms in children and young people, and it is something everyone experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months, and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed. 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. Many people do not fit neatly into a particular type of anxiety disorder; it is common for people to have some features of several disorders. Often anxiety and depression are seen together. 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).

#### Symptoms of an anxiety disorder 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 memory and concentration.
  - Difficulty making decisions.
  - Irritability, impatience, anger.
  - Confusion.
  - Restlessness or feeling on edge, nervousness.
  - Tiredness, sleep disturbances, vivid dreams.
  - Unwanted, unpleasant, repetitive thoughts.

- **Behaviour effects**

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

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

- If you are at all unsure whether the person is, call an ambulance straight away.
- Call for a member of the Medical Centre. Meanwhile, move them to a quiet, safe place if possible.
- Help to calm them 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 person 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 fully recover.
- Assure the person that you will stay with them and keep them safe until the attack stops.

### **Support for anxiety, panic attacks and phobias:**

[www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

### **Obsessive-Compulsive Disorder (OCD)**

OCD in children can be described as troublesome and distressing rituals and ruminations which interfere with life or development. It is a very under-diagnosed condition and should be considered with pupils who show poor adherence to timetables, lateness, or an inability to adapt to change. Other clues can be frequent/prolonged trips to the toilet, excessive questioning in class and messy work due to constant erasing and re-writing. OCD is mostly treated with CBT in conjunction with medication.

### **Depression**

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs can be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities. 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.

### **Risk factors**

- Experiencing other mental or emotional problems.
- Family breakdown.
- Perceived poor achievement at school.
- Bullying.

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

## Symptoms

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

**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, heaviness/lethargy, unexplained aches and pains.

**Support for depression:** [www.despressionalliance.org/information/what-depression](http://www.despressionalliance.org/information/what-depression)

## Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue. Any form of suicidal ideation will be taken seriously, and information shared with the appropriate DSL/Mental Health Lead.

Risk factors include:

- Psychiatric diseases e.g. depressive disorder, substance use disorder.
- Somatic disease e.g. medical conditions causing chronic pain.
- Early negative life experiences e.g. losing a parent at an early age, abuse, or trauma.
- Personal characteristics e.g. hopelessness, impulsiveness.
- Previous suicidal behaviour.

Protective factors include:

- Positive self-image.
- Adequate problem-solving behaviour.
- Appropriate help-seeking behaviour.
- Social support.

Warning signs of suicidal ideation (direct signals):

- Talking (or writing) about wanting to die or hurt or kill oneself (or threatening to do so).

- Talking (or writing) about feeling hopeless or having no reason to live.
- Talking (or writing) about feeling trapped or in unbearable pain.
- Talking (or writing) about being a burden to others.
- Looking for ways to kill oneself, such as searching online for suicide methods or seeking access to pills or other means of suicide.

Warning signs of suicidal ideation (indirect signals):

- Withdrawal from family, friends and society or feeling isolated.
- Deterioration in work or social functioning.
- Increased alcohol or drug use.
- Changes in personality, mood or behaviour, e.g. extreme mood swings, acting anxious or agitated, or behaving recklessly; changes in eating or sleeping patterns.
- Showing rage, uncontrolled anger, or talking about seeking revenge.
- Feeling worthless.
- Having trouble focusing.
- Thoughts of running away or hiding.

### **Support for suicidal feelings:**

Prevention of young suicide UK – PAPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/)

### **Eating problems**

Food, weight and shape may be used as a way of coping with, or communicating about difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). A mixture of the disorders is quite common. Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Risk factors that increase vulnerability to developing an eating disorder:

#### **Individual factors**

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

#### **Family factors**

- A home environment where food, eating, weight or appearance have a disproportionate significance.
- An over-protective or over-controlling home environment.
- Poor parental relationships and arguments.

- Neglect or physical, sexual or emotional abuse.
- Overly high 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**

**Physical:** weight loss, dizziness, tiredness, fainting, feeling cold, hair becomes dull or lifeless, swollen cheeks, callused knuckles, tension headaches, sore throats/mouth ulcer, tooth decay.

**Behavioural:** restricted eating, skipping meals, scheduling activities during lunch, strange behaviour around food, wearing baggy clothes or several layers of clothing, excessive chewing gum/drinking water, increased conscientiousness, increasing isolation, believing they are fat when they are not, secretive behaviour, excessive exercise, visiting the toilet straight after meals.

**Psychological:** 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.

### **Support for eating disorders:**

Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Eating difficulties in younger children and when to worry: [www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

### **Self-harm**

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It can be used as a coping mechanism to deal with tangled feelings or when life is difficult; to bring a sense of control, escape traumatic memories or even punish themselves for their own thoughts and feelings. Self-harm involves causing harm to the 'physical self' to deal with emotional pain, or to break feelings of numbness by arousing a physical sensation. It is generally considered to be any deliberate, non-suicidal behaviour that inflicts physical harm on any part of the body with the aim of relieving emotional distress.

N.B. Whilst self-harm is a non-suicidal behaviour it can be a way of expressing suicidal thoughts without engaging in the act itself.

There is no 'typical' person who self-harms. It can be anyone of all ages, gender, sexuality or ethnicity and from different family backgrounds. Each individual's relationship with self-harm is complex and will differ. There can be many reasons behind self-harm such as childhood abuse, sexual assault, bullying, stress, low self-esteem, family breakdown, dysfunctional relationships, mental ill health and financial worries, as well as pressure at home/school to succeed. In the majority of cases it is a very private act and individuals go to great lengths to hide themselves rather than seek medical treatment.

It most frequently takes the form of cutting, burning, or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves. Other forms of self-harm include scouring or scrubbing the body excessively, banging or hitting the head or other parts of the body, burning, scalding, or swallowing hazardous materials or substances, excessive exercise, unsafe sex, alcohol and drug misuse. Eating disorders, such as Anorexia Nervosa, are also classified as a form of self-harm. Wounds that are not properly cared for carry risk of infection, which can often cause very serious harm. Wounds of any kind (whether self-inflicted or otherwise) should be appropriately cared for.

**Risk factors:**

- Individual factors.
- Depression/anxiety.
- Poor communication skills.
- Low self-esteem.
- Poor problem-solving skills.
- Hopelessness.
- Impulsivity.
- Drug or alcohol misuse.
- Homophobia, transphobia or biphobia

**Family factors:**

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

**Social factors:**

- Difficulty in making relationships/loneliness.
- Being bullied or rejected by peers.
- Breakdown of a relationship

**Warning signs:**

- Changes in eating/sleeping habits.
- Increased isolation from friends/family or becoming socially withdrawn.
- Changes in activity and mood, e.g. more aggressive or introverted than usual.
- Lowering of academic achievement.
- Negativity; poor self-esteem.
- Out of character behaviour.
- Outbursts of anger.
- Risk taking behaviour
- Frequent absence or withdrawing to be alone.
- Talking or joking about self-harm or suicide.

- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness or loss of hope.

### **Physical signs of self-harm:**

- Obvious cuts/scratches/burns that do not appear to be accidental.
- Frequent 'accidents' that cause physical injury.
- Regularly bandaged arms/legs.
- Changes in clothing, e.g. always wearing long sleeves even in very warm weather.
- Attempts to cover-up skin.
- Unwillingness to participate in certain sporting activities, e.g. swimming.

### **Staff dealing with self-harm.**

Any incident regarding self-harm must be reported to the DSL and HsM. The incident must also be recorded on CPOMS.

College staff may experience a range of feelings in response to self-harm such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help, it is important to try and maintain a supportive and open attitude. Anyone who has chosen to discuss their concerns with a member of College staff is showing a considerable amount of courage and trust. When a young person is self-harming, it is important to be vigilant in case close contacts with the individual are also self-harming.

When talking to pupils about self-harm staff involved should consider the following:

- Ensure that the conversation with a pupil is done in a confidential environment, out of the presence of other pupils.
  - Provide practical and emotional help.
  - Be non-judgemental and calm in their approach.
  - Relate to them as a whole person, not just to their self-harm.
  - Teach and praise positive coping mechanisms.
  - Allow the pupil to feel in control by asking what they would like to happen and what help they feel they need.
  - Ensure, if possible, that wounds, injuries and scars are not openly displayed.
- Additional questions that staff may consider to aid the conversation regarding self-harm;
    - How long have they felt like this?
    - Are they at risk of harm from others?
    - Are they worried about something?
    - Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
    - What other risk-taking behaviour have they been involved in?
    - What have they been doing that helps?
    - What are they doing that stops the self-harming behaviour from getting worse?
    - What can be done in school or at home to help them with this?

- How are they feeling generally at the moment?
- What needs to happen for them to feel better?
- Senior pastoral staff should discuss with their teams whether any other pupils may have been affected by the incident of self-harm.

### Communicating with parents and carers

When a self-harm incident has occurred consideration should be taken as to whether to inform parents/carers. This must be discussed with the DSL and is to be taken on a case-by-case basis. When making this judgement staff should consider the following;

- Staff should talk with the pupil about sharing information with their parents/carers, as they need to be involved in supporting their child and accessing further support for them if necessary (unless this would put them at risk of harm).
- Sometimes pupils have a preference of who they would like to be informed, e.g. mum or dad. If a young person is reluctant about informing their parents/carers, we will encourage them to think about the benefits of involving their family and how they could help.
- Professional judgement must be exercised to determine whether the pupil in a particular situation is competent to consent or to refuse consent to sharing information. Consideration should include the pupil's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A pupil at serious risk of self-harm may lack emotional understanding and comprehension.
- Informed consent to share information with parents/carers should be sought if the child is competent unless; The situation is urgent and delaying in order to seek consent may result in serious harm to the pupil;
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.
- If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:
- There is reason to believe that not sharing information is likely to result in serious harm to the pupil or someone else or is likely to prejudice the prevention or detection of serious crime; and
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing; and
- There is a pressing need to share the information.
- If a competent pupil wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.

Self-harm can often provide a way of feeling in control, it is important that pupils are fully involved in discussions about informing parents/carers, considering the individual's competence to make such decisions, as well as any safeguarding concerns, as discussed above. Good practice should involve giving pupils some choices about how this will be done. Options could include letting the pupils inform their parents/carers and schools get in touch the next day (where there is no immediate safeguarding concern), parents/ carers are called with the pupil present throughout the conversation, parents/carers are invited into school to talk together with the pupil.



## **Support for self-harm:**

[www.selfharm.co.uk](http://www.selfharm.co.uk)

National Self-Harm Network – [www.nshn.co.uk](http://www.nshn.co.uk)

NSPCC- [Preventing Child Self-Harm & Keep Them Safe | NSPCC](#)

MIND- [What is self-harm? - Mind](#)

Additional support for self-harm can also be found with a number of apps.

Clear Fear

Cove

Calm Harm

Mend

Stay Alive

Stop Breathe Think

Smiling Mind

WTSA

## Appendix B – Flow Chart for Staff Guidance

