

## Mental Health Policy for Pupils (Healthy Positive Minds)

### Executive Summary

- Understanding that mental health is as important as physical health.
- Raise awareness and educate through the pastoral curriculum (eg assemblies, year group talks, tutorials) and the academic curriculum (eg PSHE, circus, RS).
- Address specific issues with the team around the pupil.
- Build resilience throughout the school to allow pupils to tackle pressures, concerns and issues with a positive mind-set and support.
- Have clear pathways for those needing professional help.

### Introduction

Mental health - often called emotional health or wellbeing - is as important as physical health. A young person with good mental health is in a strong position to:

- [Learn](#) effectively
- [Feel, express and manage a range of emotions](#)
- [Form and maintain good relationships with others](#)
- [Manage change and uncertainty](#)

Being mentally healthy means pupils can:

- Make the most of their potential
- Cope with life better
- Play a full part in their family, school, community, friendship group and in their future workplace

It is therefore key to pupils' development that they are made aware of how to maintain a healthy attitude towards their minds, and that they know how to seek help when they face difficulties.

It is important to remember that a mental health problem can feel just as bad, or worse, than any other illness, the main differences being that they cannot always be seen, can be stigmatised by some and many people are still afraid to talk about them.

### Aims

The aims of this policy are:

- To increase understanding and awareness of the various forms of mental health issues
- To alert staff and parents to warning signs and risk factors
- To provide details of how support might be given to pupils who suffer from mental health issues
- To outline help available to pupils who are supporting others (friends, siblings, parents) with mental health issues.

## Risk Factors

Young people live complex lives. They are surrounded by: a celebrity culture which promotes the importance of perfect bodies; social media which encourages them to live their lives in the virtual world and plays down the risks this involves; websites which seek to normalise or even promote behaviour which can cause harm to their development, and the media who present stories about how difficult the road to university and the work place will be. Young people can feel under enormous pressure to 'be successful' and their definition of success may not necessarily be ours. Home life can also contribute to the pressure and uncertainty faced at school with financial worries, separation / divorce, step families, controlling behaviour, domestic abuse, addiction etc.

Whilst the following list is not exhaustive, risk factors which contribute to the development of mental health issues include:

- Difficulty in communicating\*
- Low self-esteem\*
- Poor problem-solving skills
- Negative outlook on life\*
- Unreasonable expectations of self\*
- Feelings of guilt associated with not fulfilling expectations
- Unreasonable expectations of family
- Poor family relationships
- Difficulty in adapting to change
- Traumatic life changes
- Perfectionist tendencies
- Difficulty in making or maintaining relationships\*
- Comparison with others\*
- Side effects of medication

\*Social media can play a significant factor with some of these risks and the impression by some pupils is that everything is instant and true made worse that they are living in a world when anything might be photographed, filmed, copied, distributed and 'with them' for a long time.

## Warning Signs

Staff and parents may become aware of warning signs which indicate that a pupil is experiencing difficulties. Many of these signs are also part of normal adolescence which can make staff and parents not recognise their significance. If a doubt arises in anyone's mind about a pupil's behaviour or demeanour they should err on the side of caution, mention it to the pupil's tutor or hsm and make a note on PUPIL under pastoral issues. If it is a clear risk to the pupil it should be raised directly with the DSL as a CP issue.

Warning signs might include:

- Changes in eating or sleeping habits
- Increased isolation from friends or family
- Changes in activity or mood
- Lowering of academic achievement
- Increased risk taking (stealing, spending, online behaviour, challenging rules / authority)

- Pattern of behaviour change
- Overuse / misuse of social media
- Secretive behaviour

Further signs and symptoms are given in the specific sections below.

## Responding to Concerns

### Staff

- If a member of staff is informed or becomes aware about a number of the signs and symptoms, and therefore has stronger concerns that a problem might be developing, these should be passed on to the pupil's Hsm.
- The pupil should be spoken to by the tutor or Hsm to initiate a conversation about their emotional wellbeing. Using the pupil checklist as a starting point could be useful and / or suggesting the use of app tracking of emotions, sleep patterns, mindfulness support. The pupil may still not share how they are feeling but the contact has been made, a door open to them and they will then be aware that support is available. At this stage ideally the pupil will communicate that they understand why the tutor / Hsm is showing concern.
- The pupil should feel they have some ownership of the next stages that need to be followed but this may take time, the pupil may be worried that they are losing control or in trouble or labelled and most will not wish for parents to be involved.
- In most cases the Hsm should communicate with the Deputy Head (Pastoral) so that the information is shared, and to discuss the next step to take and to be sure the pupil is not at risk.
- Parents should be informed at the appropriate time and ideally with the pupil's consent (this would be the same day).
- If a pupil refuses to grant permission for the issue to be discussed with parents, the College will seek to work with the pupil for a little longer to grant such permission. Seeking a pupil's consent is important in maintaining a positive working relationship.
- Often mental health issues can relate to / include a pupil wishing to try and control things around them, including, sometimes, the passage of information. A lack of willingness to share problems with parents etc, may seem to the pupil like the best way forward. However, this is often misjudged; parental involvement as well as involvement of other key staff is normally at the heart of bringing about a successful outcome.
- Confidentiality is always respected amongst the College medical staff in accordance with normal practice. However, in cases where a pupil poses a safeguarding risk, or where their behaviour may influence other pupils to be at risk, information is always shared but on a strictly need to know basis in order to achieve the best possible outcome for all concerned.

### Pupils

- The first person to spot that a pupil is unwell might be one of their friends. Whilst older pupils may be more likely to have the confidence to know when to pass on their concerns to a member of staff, younger pupils can be more hesitant. Young people suffering with an emotional issue can exhibit signs of manipulating their peer group to maintain a wall of silence. Understanding issues of this nature will be part of the general education in house, in assemblies and in life and learning lessons so that they are given the tools and the understanding to know when to seek help.

- Peer listeners and Prefects may be able to play a key role in house listening, supporting, observing and informing.
- Living day by day with a mental health issue can be draining for close friends and possibly the year group particularly if they are sharing a room.
- Pupils should be reminded periodically who to turn to and how to get help if they need advice or if they wish to share a concern. Pupils must feel safe in doing so. If a pupil is identified to be suffering from a mental health issue and medical treatment or external help is needed, those immediately close to the pupil if agreed by the pupil receiving help (and possibly parents) will be updated by the Hsm to allow them to talk and seek support if necessary.
- Support for pupils may include informal chats with their tutor, Hsm, Chaplain, Medical Centre, the School Counsellor, the Deputy Head (Pastoral) or Second Master.
- Where it becomes clear that a pupil is engaged in supporting another, their parents may also need to be informed.

### Reporting and Action Plan

- In the first instance a pupil is unlikely to report that they have a mental health issue. They may, however, choose to speak to someone about the signs or symptoms raised in this policy.
- Once a concern has been raised, it should be entered on PUPIL as a pastoral concern.
- The Deputy Head (Pastoral) and Second Master will then be aware of the concern.
- The Hsm should also talk to the Deputy Head (Pastoral) to have a thorough understanding of the situation, the pupil, the parental background and to discuss the appropriate way forward.
- In most cases the Medical Centre will also be informed, it may well be the case that the pupil is already known to them.
- Unless there is agreed reason not to do so, the Hsm will raise the pupil as a concern with the Deputy Head (Pastoral) and their own tutor meeting. At this point it will be decided:
  - Who will speak to the pupil about the concern which had been raised (if it has not come from the pupil) - usually but not exclusively the tutor, Hsm or matron.
  - Who will contact the parents
  - What the potential routes forward could be (parents invited in, time with someone in the medical centre, pupil to see their GP, counselling, monitoring in school)
  - Which of the peer group and other pupils may be in need of support
  - Is there a need immediately to contact the parents of any other pupil
  - Which staff need to be informed
  - The pupil's agreement that they understand why action has been taken and that they will follow the proposed way forward. A care plan may be necessary, agreed and signed by the school, parent / guardian and the pupil (see Appendix A).

### Reviewing

Once the action plan has been agreed with those adults responsible for the welfare of the pupil and ideally with the pupil, a date / time will be set when the situation needs to be reviewed. This might be daily, weekly or longer depending on the issue and it may need to be flexible depending on external support involved.

### Pupils joining the College with known issues

For any pupil with a known issue the College would expect the parent / guardian to share the necessary details so that the College is in a position to support and prepare a care plan. In most

cases the College would expect a meeting between the parent / guardian and the Hsm and if appropriate the Medical Centre, School Doctor (if boarding) and Deputy Head (Pastoral). The care plan would be drawn up within the first week of the pupil starting. If for any reason the plan was not followed appropriate measures may need to be taken, these may be a review of the plan, a meeting with parents / guardian or a sanction.

## Eating Disorders

Eastbourne College has a very healthy food culture. The Dining Hall is a social area in which pupils feel comfortably unobserved whilst they are eating. However, eating habits are monitored in an unobtrusive way. All pupils are expected to attend lunch in the dining hall and register attendance at the same visit. Staff are always present at meal times and particularly at lunch times. Boarding pupils are also expected to attend breakfast, register and return to house to start the day. Boarding pupils are expected to attend supper, day pupils may also attend supper. Other pupils are probably the most effective monitors of good eating habits, because looking after one another is central to their friendships. If any Hsm is concerned about a pupil it is easy to monitor attendance at meal times, and if necessary issue a meal card to check they are in attendance. If there is a concern about what is eaten then this can be monitored by senior pupils, Hsm, tutor or matron.

In addition to monitoring eating habits, it is also important to cross reference this with a pupil's involvement in lessons in case there are signs of tiredness or change in behaviour. It is also sensible to check the pupil is participating in games as expected, that they are not over exercising by visiting the fitness suite more than would be expected or leaving house to go running, again more than would be expected.

Whilst the majority of pupils will have healthy and trouble-free teenage years, a few may find life difficult at times and their difficulties can manifest themselves through a controlled response to eating. These problems are not common at the College but they do happen. Promoting healthy eating and balanced diets in life and learning lessons, by the medical centre, with the catering department and in houses is crucial in promoting this message.

## Anorexia

Anorexia is an intense fear of, or perhaps an obsession with, weight gain. It is characterised by an inadequate intake of food leading to a BMI which can become too low for the sufferer to lead their normal life. It is often accompanied by an inability to appreciate the severity of the condition, usually as a result of the brain being starved of the nutrition it needs to make balanced judgements. It can be connected to very low self-esteem, negative self-image and feelings of intense distress.

## Signs

A pupil developing anorexia might show some of the following behaviours:

- Avoid food and meals
- Pick out a few foods and eat these in small quantities
- Carefully weigh and portion food
- Carefully check calories and fat content of food
- Make excuses to avoid eating
- Hide food they claim to have eaten
- Repeatedly check body weight
- Try other ways of controlling their weight, such as intense and compulsive exercise
- Put themselves down as being 'fat'

- Try to please everybody or get approval from other people

Anorexia can have the following effects on the body:

- Severe weight loss
- Constipation and stomach pain
- Dizzy spells and feeling faint
- Downy, fine hair on the body
- Hair falling out
- Poor circulation and feeling cold
- Periods stop or do not start
- Dehydration
- Risk of osteoporosis or child infertility

### **Bulimia**

Bulimia is linked with emotional problems relating to how a person feels about themselves. It involves binge eating then taking action to make up for what has been eaten. Responses might be vomiting, taking laxatives, exercising excessively, starving oneself, or any other method to keep weight down - whilst still engaging in binge eating. Bulimia sufferers often act secretly as they can feel ashamed or disgusted at their behaviour. They usually have an average body weight so this condition is difficult for others to spot.

### **Signs**

A pupil might show some of the following behaviours:

- Urges to eat large amounts of food
- Mood swings
- Anxiety and depression
- Not feeling good about oneself (low self-esteem)
- Feeling ashamed or guilty
- Vomiting after eating
- Excessive use of laxatives, diuretics or enemas
- Periods of fasting
- Excessive exercise
- Secrecy and reluctance to socialise

Bulimia can have the following effects on the body:

- Sore throat
- Bad breath
- Bad skin
- Irregular periods
- Tiredness

### **Strategies for Responding to Eating Disorders**

Anyone noticing that a pupil is not eating particularly well, is looking lacklustre, is looking thinner than they used to, or seems to have lost their energy etc. needs to pass this message on to the Hsm. PE / games staff should also be vigilant and report any concerns to a pupil's Hsm directly or on PUPIL. Hsms should follow the action plan for mental health issues.

There are several tools at our disposal in helping pupils with eating difficulties. These include: monitoring eating habits, educating pupils about what and when to eat, counselling, regular weighing (carried out only in the Medical Centre), reduction in physical activities, agreeing to a specific programme etc. Pupils might be asked to keep food diaries, or to allow a member of staff to monitor their meals but this will be done under the guidance of the medical centre, GP or advice from external support the pupil may be receiving. In more concerning cases a boarder may be asked to become a day pupil until targets have been met, or to stay at home if it is felt to be the best course of action for the pupil and also those around them

### **Supporting the Friendship Group**

Where a pupil is restricting food intake or commenting adversely about eating and diet, this can have an impact on the eating habits of other pupils. Pupils might feel they should reduce their consumption, be made to feel guilty if they eat normally, feel they ought to persuade their friend to eat or have their loyalty tested when they want to speak to an adult but are being asked not to. Sociable, leisurely meal times which afford pupils vital relaxation time can become tense and stressful.

Friends need support and advice about where the responsibility does and does not lie. This can be given by the many adults in College and should be sought at the earliest opportunity. Hsms will provide access to guidance and help, though they may provide this themselves.

Because of the confidential nature of medical issues, friends and parents sometimes become concerned that the College is not responding actively enough to a problem. It is important for Hsms in particular to reassure everyone that the issues are being dealt with but that the nature of the help being given might not be open for discussion.

### **Self-Harm**

Self-harm is a way of expressing very deep distress where a pupil causes physical pain to themselves. This can be through cutting, scratching, burning, hitting themselves or hitting something, sniffing aerosols / glue, taking unnecessary medication / drugs, refusing to eat / overeating or perhaps putting themselves in a risky situation.

After self-harming, a pupil can feel better able to cope with life again for a while, but the cause of the distress is unlikely to have gone away, and it can result in very difficult feelings which make a pupil's situation worse.

The causes of self-harm are many, including the perception of not coping well with work or with everyday life, perhaps with friendships or with relationships in and out of school. It can be caused by confusion about sexuality, bereavement, depression, anxiety, bullying, family breakdown and other forms of pressure. By self-harming, pupils feel some relief from their distress. Injuries can be sustained in several ways, for example by grazing the skin with a compass or cutting with a razor blade.

### **Strategies for Responding to Self-Harm**

We have a collective and individual responsibility to safeguard the pupils in our care, therefore anyone who notices suspicious or unusual cuts or grazes on a pupil should report this to the pupil's

Hsm. Pupils will also be encouraged to report concerns about their friends to their Hsm. The Hsm should then follow the procedure for Reporting and Action Plan.

As a matter of priority, matron and the Medical Centre will need to see the pupil to ensure that any injuries are being looked after appropriately and that the pupil understands how to stay safe. An agreement will be made as to who will be responsible for checking regularly with the pupil that the wounds are being looked after.

Help, usually in the form of counselling, will be offered to the pupil to enable them to identify the pressure points which lead to self-harm. Strategies will be outlined and communicated with the Hsm to allow pressure to be released - perhaps by allowing a pupil to talk to someone or to go to a specific place for timeout. The action plan will cover the care being given to the pupil to help with the underlying problems or make reference to the fact that further self-harm could lead to a pupil being asked to go home, if it is felt that they need closer monitoring than can be provided in College.

There is no express guidance on when and how to inform parents, though it is certainly desirable to do so as soon as possible and as is suggested in the Reporting and Action Plan. If the pupil is at risk of significant harm then parents may be contacted without the agreement of the pupil. If the pupil is not deemed at risk of significant harm, then the process of seeking consent will be carried out.

### **Supporting the Friendship Group**

It is obviously very distressing for other pupils to see a pupil harming. Consideration must be given to the needs of the peer group and arrangements made for them to have support. It may be necessary, as part of the Action Plan for the pupil, to understand and agree to not harm in front of other people nor deliberately show their injuries or images of their injuries to other pupils.

Pupils will need help to understand why their friend is acting in this way and support to ensure they are protected from adopting similar coping strategies.

Where it is clear that the self-harm is having a significant impact on the peer group, or the pupil cannot prevent themselves from engaging in self-harm, the needs of all pupils will be considered and the pupil may be asked to have some time out of College until they are well enough to return (particularly the case for boarders).

### **Depression**

Depression is a common mental health issue that causes people to experience low mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. Depression can happen to anyone.

Depression is different from feeling down or sad. Unhappiness is something which everyone feels at one time or another, usually due to a particular cause. A person suffering from depression will experience intense emotions of anxiety, hopelessness, negativity and helplessness, and the feelings stay with them instead of going away.

### **Signs of Depression**

- Tiredness and loss of energy

- Sadness that doesn't go away
- Loss of self-confidence and self-esteem
- Difficulty concentrating
- Not being able to enjoy things that are usually pleasurable or interesting
- Feeling anxious all the time
- Avoiding other people, sometimes even your close friends
- Feelings of helplessness and hopelessness
- Sleeping problems - difficulties in getting off to sleep or waking up much earlier than usual
- Very strong feelings of guilt or worthlessness
- Finding it hard to function at work / college / school
- Loss of appetite
- Physical aches and pains
- Thinking about suicide and death
- Self-harm

### **Strategies for Responding to Depression**

There are several different routes which can be taken to help combat depression. Advice will be given by the GP and should be discussed with parents and the pupil which options are available; these are likely to include: active monitoring, cognitive behaviour therapy, mindfulness, taking regular exercise, other forms of counselling and medication.

Counselling may be available through the College or parents may choose to access other services closer to home.

### **Support for the Friendship Group**

It might be necessary that the peer group is given support if one of their number is suffering from depression. If a particular pupil or pupils seem to be offering a significant degree of support for a peer, their parents will be informed so they too can offer support. Pupils can feel guilty that they are able to enjoy life whilst their friend cannot and they can be made to feel they should not enjoy life, as this demonstrates a lack of sympathy or understanding for their friend.

### **Suicide**

Those who choose to end their lives are also in emotional distress. It is vital that all emotional distress is taken seriously to minimise the chance of self-injury and suicide. All talk of suicide and warning signs must be taken extremely seriously.

Following a report of a risk of suicide, the Hsm should report directly to the Deputy Head (Pastoral) and Second Master, who will liaise the Headmaster and decide on the appropriate course of action. This is likely to include:

- Contacting parents / guardians
- Arranging professional assistance, both to look after the child as well as to assess the level of risk
- Immediately removing the student from school if their remaining in class is likely to cause further distress to themselves or their peers

**Once the pupil has been protected from immediate harm, it is highly likely that the pupil will need to return home to the care of parents / guardians.**

The pupil will remain in the care of their parents / guardians until the school receives sufficient evidence that the pupil is not a significant risk to themselves or others under the normal levels of supervision in a boarding school.

The school will usually require additional safeguarding measures following a pupil's return, which may include (the list is not exhaustive):

- A commitment to attend appointments with counsellors, the GP, and / or CAMHS
- Reassessment of boarding status and conditions
- A care plan relating to the specifics of the case and the requirements above agreed with school, parent / guardian and pupil. (see Appendix A)

Whole school approach:

- To provide an appropriate awareness campaign for pupils, ensure the topic is part of our PSHE curriculum and address issues in year group assemblies and house discussions
- To be open and supportive about issues.

### Preventative and Proactive Action

The school aims to deliver a broad curriculum that challenges pupils and develops their resilience in the face of adversity and challenge. A wide curriculum which develops the whole child also allows pupils to experience success, therefore raising their self-esteem. This goes hand in hand with a strong ethos of pastoral support, led from the top of the school and providing a network of support for each and every child;

- Annual whole school talks for pupils, staff and parents aimed at addressing a key pastoral issue
- Visiting speakers raising awareness about specific issues and how they can be dealt with eg alcohol, drugs misuse, stress, anxiety and mental health
- Hsms and tutors encouraged to attend CPD and cascade to wider groups
- Promote resilience and healthy lifestyles
- Assembly programme for each year group with follow up discussions in house
- Pupil checklist for mental well-being. A starting point for discussion between pupil and hsm and if appropriate parent.

Date of this policy:	December 2018
Policy drawn up by:	GETH
Date of next policy review:	January 2019
Date for publication of revised policy:	February 2019

**References:**

**Internal**

- Anti-bullying
- Mobile phone and electronic devices policy
- Sexting
- Code of behaviour and College Rules
- Who to turn to
- ICT Acceptable Use Policy
- Safeguarding and Child protection Policy

**External**

- Keeping Children safe in Education 2018  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550511/Keeping\\_children\\_safe\\_in\\_education.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf)
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**Appendix A**

**Pupil Care Plan**

**Name:**

**Date:**

**Concern raised:**

We concluded that NAME was at risk to himself/herself at this time and in need of support to guide him/her on the right pathway.

**Action Points:**

- NAME to check in regularly (at least weekly) with his/her tutor. This would be a conversation simply to check how he/she is progressing with work and if there are any difficulties.
- If Horsham CAMHS agree with Dr Savage's recommendation of 8 sessions, NAME must agree to attend these.
- NAME agrees to attend any other counselling sessions recommended to him/her by the school if so required.
- If NAME feels in low mood he/she will contact NAME OF TEACHER(S) and seek help.
- NAME takes particular care not to break bounds, miss roll calls, absent himself/herself, find dangerous or lonely locations, or otherwise cause his/her Hsm unusual concern about her safety.
- Were NAME to harm himself/herself again in any way or give us serious cause for concern, he/she will be required to return home

I agree to the safeguarding measures outlined above

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(Name)

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(Name of parent)

Date