



This school policy will be made available to parents on the Stowe School website and hard copies will be available from the Headmaster's office on request.

This policy is drafted pursuant to the DfE departmental advice on Mental health and behaviour in schools (March 2015, September 2015). This policy will be reviewed annually.

This policy should be read in conjunction with the following documents:

- Safeguarding & Child Protection Policy
- Anti-Bullying Policy
- Equal Opportunities Policy

Mental Health affects all aspects of a child's development including their cognitive abilities and their emotional wellbeing. Childhood and teenage years are when mental health is developed and patterns are set for the future. For most children the opportunities for learning and personal development during adolescence are exciting and challenging and an intrinsic part of their school experience. However, they can also give rise to anxiety and stress. Children may also suffer anxiety or stress owing to circumstances outside school.

As stated in the Safeguarding and Child Protection Policy, Stowe School is committed to providing a safe and secure environment for pupils and promoting a climate where pupils will feel confident about sharing any concerns they may have.

Purpose

- Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- Alert staff to mental health warning signs and risk factors
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with students who suffer from mental health issues
- Provide support to students who suffer from mental health issues, their peers and parents/guardians
- Describe the school's approach to mental health issues

Responsibilities

All Stowe School staff are responsible for fostering a culture which encourages pupils to openly discuss their problems, including any mental health concerns.

Where a concern about a pupil's mental health is identified, the Designated Safeguarding Lead (DSL) will assess the risks to that pupil's welfare and will consult with the pupil, his or her parents (where appropriate) and other members of staff and the Medical Centre (as necessary) to determine appropriate action to be taken to safeguard, support and monitor that pupil.

Those with day to day contact with pupils are likely to be best placed to spot any changes in behaviour which may indicate that a pupil is at risk of a mental health problem. They should report any concerns to the DSL in accordance with the terms of this policy.



1. Child Protection Responsibilities

Stowe School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing. The School expects all staff and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide an environment which; promotes self-confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon. Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing (Every Child Matters, 2004, DfES).

2. The Headmaster is responsible for ensuring that the procedures outlined in this policy are followed on a day to day basis.

2.1 The school has appointed a senior member of staff, the Designated Safeguarding Lead (DSL) who has the necessary status and authority to be responsible for matters relating to child protection and welfare. Parents are welcome to approach the Designated Safeguarding Lead if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the child's Housemaster or the Headmaster who will notify the Designated Safeguarding Lead in accordance with these procedures.

3. Identifiable mental health issues addressed in this policy:

- Anxiety and Depression
- Suicidal thoughts and feelings
- Eating disorders
- Self Harm

4. Signs and symptoms of mental or emotional concerns: these are outlined in Appendices I, II & III

5. Procedures

The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined at Appendices I, II & III. Figure 1 outlines the procedures that must be followed when staff have a welfare concern about a pupil.

The School may become aware of concerns over a pupil's mental health in a variety of different ways, including where:

- A pupil acknowledges that they have a problem and seeks help;
- A pupil exhibits consistent disruptive, unusual or withdrawn behaviour which may be indicative of an underlying problem and/or indicates that a pupil could be at risk of developing mental health problems;
- A member of staff, parent or another adult reports concerns about, or issues relating to, a pupil's mental health or behaviour;

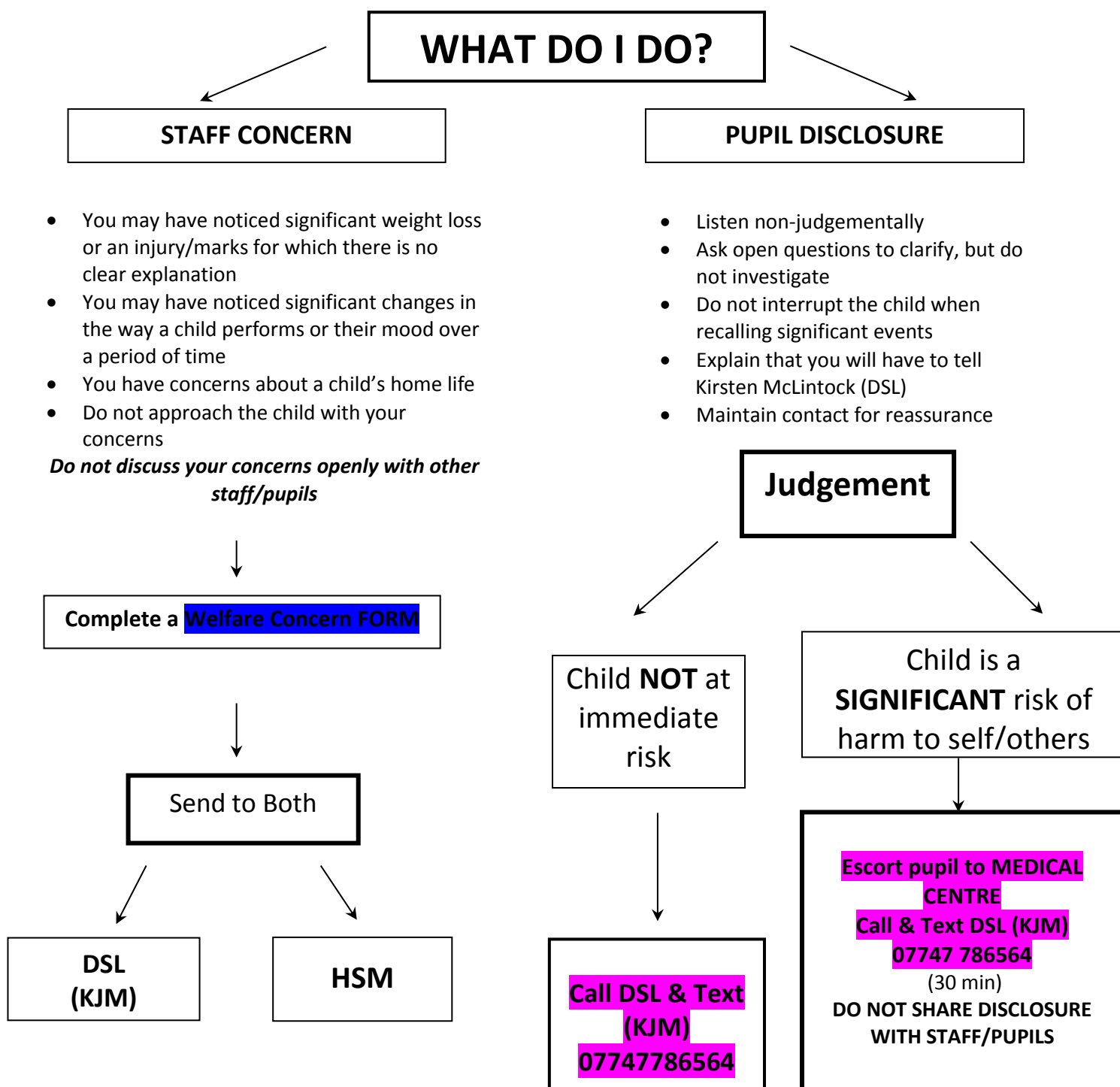
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- Where another pupil or child reports concerns about, or issues relating to, a pupil's mental health or behaviour

The School will take all reports of concerns over the mental health and wellbeing of its pupils seriously and not delay in investigating and, if appropriate, in putting support in place, including where necessary, taking immediate steps to safeguard a pupil.

Figure 1 Staff Safeguarding & Welfare Procedures



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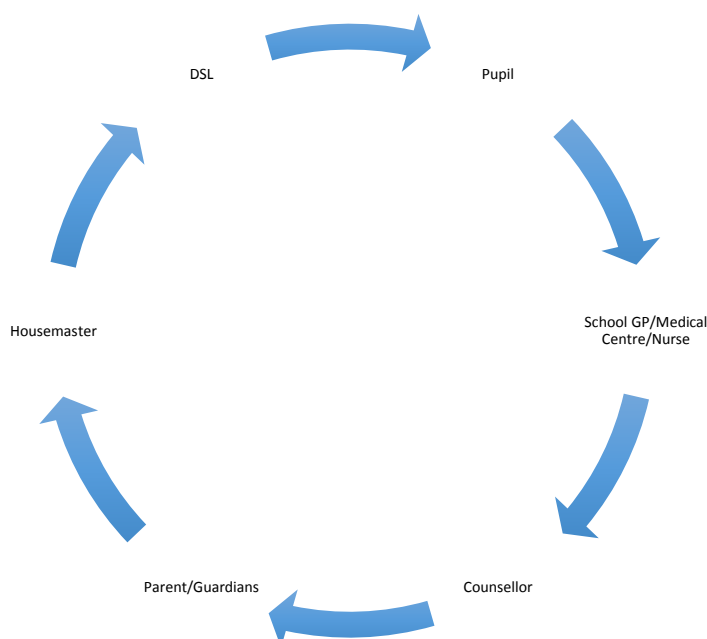
5.1 Following a welfare concern referral, the DSL will decide on the appropriate course of action. If the pupil also has special educational needs, the pupil will be referred to the SENCO, who will act in accordance with the SEND policy.

5.2 An assessment of immediate risk will be made (in consultation with the Housemaster and Safeguarding team where appropriate) and a decision taken as to whether any further action is required, this may include:

- Immediate medical assistance and/or
- Contacting parents/guardians where appropriate
- Arranging professional assistance e.g. doctor/nurse
- Arranging an appointment with a counsellor
- Giving advice to parents, teachers and other students
- The DSL will discuss the matter with the pupil to develop a strategy to support and assist them.
- Support for the friends of the affected pupil, where appropriate.

5.3 Where it is decided that support and/or intervention is required, the DSL will ensure that the pupil is monitored and periodically review the pupils' welfare plan seeking advice from the Housemaster and members of the Safeguarding team as necessary. The assessment will include consideration as to whether further medical intervention and/or a CAMHS referral should be sought.

Figure 2: Safeguarding team: Wellbeing support structure 'Circle of Care'





6. Parent/Guardians

We recognise that our pupils (day and boarders) come from a wide variety of backgrounds (including overseas) with differing attitudes and approaches to mental health issues. It is important that the families of pupils who have, or have had, mental health problems are encouraged to share this information with School's Medical Officer and/or DSL. The School needs to know of the pupil's circumstances in order to provide proper support and ensure that reasonable adjustments can be made to enable them to learn and study effectively. Parents must disclose any known mental health problem or any concerns they may have about a student's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the student's wellbeing.

Pupils and their families can share their relevant health information on the understanding that the information will be shared on a strictly need-to-know basis. The School asks for a confidential reference from a pupil's previous school and specifically asks whether there are any welfare or medical issues of which the School should be aware in order to discharge our duty of care.

7. Confidentiality and information sharing

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Pupils should be made aware that it may not be possible for staff to offer complete confidentiality in cases of pupil welfare. If a member of staff considers a pupil to be at serious risk of 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.

7.1 A pupil may present at the medical centre in the first instance. This gives the medical team a key role in identifying mental health issues early. If a student confides in a member of the school medical team then they should be encouraged to speak to their Housemaster and/or DSL. After nursing assessment, any immediate concern for a student's mental health should be reported to the school doctor and an appointment made. Confidentiality will be maintained within the boundaries of safeguarding the pupil. The school doctor will decide what information is appropriate to share with parents and the DSL. The DSL may decide to share relevant information with certain colleagues on a need to know basis.

7.2 The School will balance a pupil's right of confidentiality against the School's overarching duties to safeguard pupils' health, safety and welfare and to protect pupils from suffering significant harm.

7.3 Where a pupil withholds consent and/or in any other circumstances where the School considers it necessary and proportionate to the need and level of risk, confidential information may be shared with staff, parents, medical professionals and external agencies (such as BSCB) on a need to know basis.

8. Pupil Absence

If a pupil is absent from school for any length of time, then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a pupil.



9. Management of pupil mental health concerns in school and boarding

Management of pupil mental and emotional health issues will be assessed on a case by case basis. The DSL and senior pastoral staff may meet to discuss whether a pupil is fit to remain in school, and in particular whether they are fit to remain in boarding. This meeting will evaluate the following: whether the pupil is a potential risk to themselves or to others; whether the pupil needs a greater level of supervision than can be reasonably accommodated in a boarding setting, particularly in regards to weekend and overnight supervision; whether there is a risk of 'contagion', should the pupil remain in school; what the effects are on their peers; and consideration of available medical and mental health support. Guidance from the schools safeguarding team and medical professionals will be sought, but the decision will be ultimately one taken by the school in the best interests of the pupil and the interests of the wider school community. Therefore if the school considers that the presence of a pupil in school is having a detrimental effect on the wellbeing and safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the school, the Headmaster reserves the right to request that parents withdraw their child temporarily until appropriate reassurances have been met.

9.1 Reintegration to school

Should a pupil require some time out of school, the school will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready. The Head of Pupil Welfare/DSL and Safeguarding team (figure 2) will draw up an appropriate welfare plan. The pupil should have as much ownership as possible with regards to the welfare plan so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents and medical professionals.

10. Mental Health: Risk Factors, Warning Signs and Case Management

Appendix I

Anxiety and Depression

All children and young people get anxious at times; this is a normal part of their development. Welfare concerns are raised when anxiety is impairing their development, or having a significant effect on their schooling or relationships.

Anxiety disorders include:

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

Symptoms of an anxiety disorder can include:

Physical effects

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- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions

Irritability, impatience, anger

- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

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

It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression (*to be read in conjunction with 9.0 above*)

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 may not.

Symptoms

- Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness.
- Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness, confusion and a 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

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self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

- Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

Suicidal thoughts and feelings (*to be read in conjunction with 9.0 above*)

Any suggestion that a pupil may be considering suicide should always be taken very seriously.

Pupils are instructed to inform a member of staff immediately if they are feeling low or suicidal, or if another pupil confides suicidal thoughts to them.

Members of staff will respond in accordance with the following protocol:

1. Assess the immediate risk and take whatever urgent action is necessary, which may include immediately calling 999 in an emergency.
2. Report immediately by telephone and text to the DSL and, if appropriate, inform the Medical Centre.
3. A full risk assessment will be undertaken by the DSL, Housemaster and Safeguarding team and, if appropriate, the tutor. The assessment will include a decision as to whether further medical intervention or a CAMHS/psychiatric referral is needed.
4. The pupil may be asked to undertake counselling, and to that end, professional advice concerning the management of, and support for, the pupil will be sought. This will include assessing the feasibility of the pupil's continued presence at the School. Consideration will be given as to whether or not the pupil may benefit from a period at home/away from school.
5. Parents will be informed at the earliest opportunity.

Appendix II

Eating Disorders

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). An Eating Disorder in a child is a mental health concern.

Risk Factors

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

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



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

Warning Signs

School staff may become aware of warning signs, which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should follow the Schools' Safeguarding procedures (Figure 1).

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay
- 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 s/he is fat when s/he is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise
- Control around food: removal of food groups, quantities and avoidance of social events

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
- Excessive perfectionism

Management of an Eating Disorder in Boarding (to be read in conjunction with 9.0 above)

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Following a welfare referral investigation and after consultation with the pupil, where there is found to be indicators of concern for disordered eating and/or potential ED diagnosis, the DSL will refer the pupil to the school's Medical Officer/GP for clinical assessment.

The decision about how, or if, to proceed with a pupil's schooling while they are suffering from an eating disorder will be made on a case by case basis. Input for this decision will be managed by the DSL and will include the pupil, parents, Medical Officer, Housemaster and members of the multi-disciplinary medical team treating the child. Provision for the education of pupils with an ED are outlined in the Equality Act 2010, however this does not include an entitlement to boarding provision under the Children Act 2004. The School will need to balance the wishes of a pupil with an ED to remain in boarding with the statutory requirement placed on all schools to consider the welfare of all children in its care. It may be necessary for a pupil with an ED to temporarily become a Day pupil, until full re-integration to the boarding environment is deemed in the best welfare interests of all pupils.

The reintegration of an ED pupil into school following a period of absence should be handled sensitively. The pupil, parents, Medical Officer, Housemaster and members of the multi-disciplinary medical team treating the pupil will be consulted during both the planning and reintegration phase. Any meetings with a pupil and/or their parents and school Safeguarding team should be recorded in writing by the DSL and include:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the pupil's safeguarding and welfare file held by the Designated Safeguarding Lead (DSL).

Appendix III

Self Harm (to be read in conjunction with 9.0 above)

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

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

Risk Factors

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

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

Family Factors

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

Social Factors

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

Possible warning signs include:

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

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should follow the School's Safeguarding & welfare procedures (Figure 1) and consult the DSL.

Any meetings with a self-harming pupil and/or their parents and Safeguarding team should be recorded in writing by the DSL and include:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

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

It is important to encourage pupils to let staff know if one of their peers is showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

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Friends of the pupil will be supported by the Safeguarding team and Housemasters, who will reinforce that pupils are not responsible for the care of pupils who self-harm. They will be given a clear course of action to follow if their friend self-harms further: this will be to notify the DSL and Housemaster.

Our welfare strategies will be closely monitored to assess progress; the pupil who self-harms will be expected to show a clear attempt to use relevant strategies to reduce self-harm. If progress is not made, or if the pupil does not co-operate within an agreed period of time, a meeting with parents/guardians will be set up to discuss future management. This may include a break from school and/or further professional help/advice.

Incidents of self-harm, which lead to hospitalisation or significant medical intervention will lead to an enforced time at home. Return to school may be dependent on medical/psychiatric advice.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult the DSL.

When a young person is self-harming it is important to be vigilant in case close contacts with the Individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.