



Sidcot
Live Adventurously

Student Mental Health and Wellbeing Policy

Policy Number: 4.4

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Table of Contents

1	Introduction	3
2	Aims	3
3	Objectives	3
4	Scope	3
5	Safeguarding Responsibilities	4
6	Confidentiality and Information Sharing	4
7	Background to the Policy	4
8	Parent/Carers/Guardians	5
9	Whole School Context	5
10	School Procedures	6
11	Individual Healthcare Plan	7
12	Medication	7
13	Advice to Parents	7
14	Complaints	7
15	Review	8
16	Useful Resources and Helplines	8
17	References	8
18	Supporting Policies	9
Appendix 1	Qualified Youth Mental Health First Aiders (2019/2020)	10
Appendix 2	Example of SDQ (Strength and Difficulty Questionnaire) used for assessment of students wishing to access the school counsellor.....	12
Appendix 3	Alignment of PSHE topics with reference to Mental Health and Wellbeing in Spring	13
Appendix 4	Feeling Happy?	14
Appendix 5	Anxiety and Depression	15
Appendix 6	Eating Disorders	17
Appendix 7	Self-Harm and Suicidal Ideation	19
Appendix 8	Individual Wellbeing Plan	23

1. Introduction

The Governing Body and Senior Leadership Team of Sidcot School fully recognise their responsibilities to protect the mental health and wellbeing of students.

This policy sets out to identify mental health and wellbeing concerns that young people may face, and clarify the management and support given to students who experience mental health and wellbeing challenges.

According to the World Health Organisation, good mental health may be defined as a state of wellbeing in which every individual recognises 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 his/her own community. It includes our emotional, psychological, and social state. It affects how we think, feel, and act. It also helps determine how we relate to others, and make choices.

2. Aims

In keeping with our Quaker ethos and philosophy and our obligations as a responsible educational establishment, we aim to foster a culture that promotes the positive mental health and wellbeing of the whole school population at Sidcot.

This policy aims to:

- describe the School's approach to mental health issues
- increase understanding and awareness of mental health issues in order to facilitate early intervention
- alert staff to warning signs and risk factors
- provide support and guidance to all staff dealing with students who experience mental health problems
- provide support to students who experience mental health issues, their peers and family

3. Objectives

- To promote a positive approach to the mental health and wellbeing of children;
- To ensure that all staff are aware of the necessary protocols and can quickly find the emergency information that they may need;
- To raise awareness and the expectation that the mental health and wellbeing of children and young people is everyone's concern, and that early detection of potential barriers to good mental health, and intervention can significantly aid the recovery of poor mental health;
- To treat all students as individuals – and ensure that students are always fully consulted and informed about their care and treatment;
- To respect a student's rights and confidentiality wherever possible;
- To ensure that safeguarding remains at the forefront of our minds and to ensure that we always work in the best interests of every student;
- To de-stigmatise mental health by educating students, staff and parents/guardians and creating a mental health positive culture.

4. Scope

This policy applies to all children receiving education at Sidcot School, the Junior School (including EYFS) and Senior School (including Sixth Form and Boarding).

This policy applies wherever staff or volunteers are working with students, even where this is away from the school, for example on an educational visit.

The terms 'child', 'children', 'young people' and 'student' may be used interchangeably to refer to all those in our care, including those who are over the age of 18.

This policy is available on the school website, the Intranet, and a hard copy can be provided free of charge from Sidcot School.

5. Safeguarding Responsibilities

Sidcot School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects the whole community to share this commitment.

We recognise that children have a fundamental right to be protected from harm and that students cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the reassurance that students' concerns will be listened to and acted upon.

In addition to the child protection measures outlined in the School's safeguarding policy, the School has a duty of care to protect and promote a child or young person's mental or emotional wellbeing. The 'Transforming Children and Young People's Mental Health Provision: A Green Paper', published in December 2017, sets out the government's proposals for creating a strong network of support in schools. As a consequence the Assistant Head (Pastoral Care and Wellbeing) has been nominated as the 'Designated Mental Health Lead' for the school.

The School is aware of the potential risk of harm through extremism and will identify any students at risk of this and will act appropriately in accordance with the safeguarding policy and PREVENT agenda.

Safeguarding procedures will be followed (see safeguarding policy) if a student is at risk of suffering significant harm or presents a risk of harm to others.

6. Confidentiality and Information Sharing

Students may choose to confide in a member of school staff if they are concerned about their own mental health and wellbeing or that of a peer. In such cases, staff must be aware that they cannot promise confidentiality, and that any concern for a student's mental health and wellbeing will be shared with Senior staff, namely, the Deputy Head (Pastoral) and Assistant Head (Pastoral Care and Wellbeing), as well as the Health Centre, where necessary. The member of staff should log their concern via MyConcern at the earliest opportunity. If a member of staff considers that a student is at risk of causing themselves or someone else serious harm, the School's Safeguarding policy must be followed which may result in information sharing with relevant staff members, outside agencies and appropriate third parties. The minimum of information will be shared.

It is essential that staff do not make promises of confidentiality, even if a student puts pressure on a member of staff to do so (Please refer to guidance in safeguarding policy 2.1).

7. Background to the Policy

Latest research confirms that 12.8% of children and young people aged 5-19 have at least one mental health disorder, this equals to 1 in 8 children and young people. Mental health disorders have been categorised into emotional, behavioural, hyperactive disorders and other less common disorders. It is therefore important that as a school we understand, and seek to support young people who experience mental health conditions, as far as possible.

The most common mental health conditions in children and young people are:

- Emotional Disorders such as Anxiety and Depression
- Behavioural Disorders such as Oppositional Defiant Disorder (ODD)
- Hyperactive Disorders such as Attention Deficit Hyperactivity Disorder (ADHD)

Other less common disorders such as Autism Spectrum Disorder (ASD) and Eating disorders

This policy also covers the school's response to students who self-harm and have suicidal ideations.

8. Parents/Carers/Guardians

Parents must disclose to the school, on the school medical card, annual consent form or directly to the Health Centre and/or Pastoral Staff, any known mental health problem or any concerns they may have about their child's mental health or emotional wellbeing.

It is helpful for parents, and guardians (in appropriate circumstances) to notify the School of any changes in family circumstances that may impact the student's mental or emotional wellbeing, such as illness, separation/divorce or bereavement.

9. Whole School Context

Monitoring and supporting the mental health and wellbeing of children and young people at Sidcot is the responsibility of the Whole School Community. It is essential that the Assistant Head (Pastoral Care and Wellbeing) and the Health Centre work closely together, to share information about students on a regular basis, in face to face meetings as well as by logging concerns via MyConcern. This is vital in order to ensure consistent and effective pastoral care is provided for students who have episodes of poor mental health or who have been diagnosed with a mental health illness. There are several designated areas/staff available for support on a daily basis: The Health Centre, with a registered mental health nurse within the team, Take Ten Mentors, Tutors, Heads of Year, Housemasters and Housemistresses, the Assistant Head (Pastoral Care and Wellbeing) and the Deputy Head (Pastoral) all have particular responsibility for supporting students with mental health and wellbeing issues and illnesses. The School's appointed Designated Mental Health Lead is the Assistant Head (Pastoral Care and Wellbeing), who is also the School's in-house Youth Mental Health First Aid Instructor. All key pastoral staff are qualified Youth Mental Health First Aiders, with more training to be rolled out each year (Appendix 1).

Within the whole school context, and through a variety of channels, programmes and personnel, the school aims to:

- Improve the wellbeing and resilience of children and young people
- Raise awareness of mental health through the curriculum
- Promote staff health and wellbeing
- Reduce stigma around mental health
- Integrate students' mental health and wellbeing effectively within Sidcot's pastoral system

The School offers opportunities to talk and avenues of support to students, and signposts services, through:

- **Take Ten (Junior School):** Take Ten is a weekly lunchtime session for all junior school children, facilitated by one of the school nurses, who has a specific background in paediatric nursing. Students can choose to go along to the session whenever they like, and it is an opportunity for them to talk about something that might be bothering them. Whatever the concerns raised, staff are able to assess and offer follow-on support when children share their worries. Some children come as a one-off, others come for a few weeks. Children are able to relax and feel safe in the session, supporting and safeguarding children is integral to Take Ten in the Junior School.
- **Mindful Meditation (Junior School):** This is a weekly event, held during a lunch period in the Junior School Yurt, which is led by the staff Quaker Overseer and Junior school students. In addition, class teachers also provide a weekly opportunity for mindfulness activities and meditations. KS2 have access to mindful meditation club on Mondays.
- **Mindful Meditation (Senior School):** Students in the Senior School have the opportunity to take part in "Mindful Monday", a whole school initiative, in which tutors use Monday afternoon tutor times to either run recordings of guided meditations, or set up other mindful activities.
- **Take Ten:** Take Ten is a daily lunchtime drop-in session for students in the Senior School. Students are invited to talk through any concerns they may have, and are at times referred to the Take Ten Mentors for specific interventions/programmes of support. Issues that students are encouraged to bring to drop-in sessions can include anything from personal issues, friendships and relationships, pressure and exam stress - or they can just be an opportunity just to take 10 minutes out of the day to relax and have an informal chat. Take Ten Mentors bring specific life coaching/basic counselling skills to the team, and

offer a safe haven and support to Senior School students. All Take Ten Mentors work as part of the pastoral team and follow the school's safeguarding policy at all times.

- Sidcot School has a **school counselling service**, which is overseen by the Assistant Head (Pastoral Care and Wellbeing), The School Counsellor is employed to work at Sidcot three days a week, and sees on average 5-6 young people per day. The School Counsellor is part of the wider pastoral team, and together with the Assistant Head (Pastoral Care and Wellbeing) will plan for and deliver group sessions for students and staff (where appropriate). Students can access the counselling service by either speaking to a member of staff/trusted teacher/tutor/Head of Year or by directly speaking to the Assistant Head (Pastoral Care and Wellbeing) or the Health Centre. A basic, but comprehensive, assessment of areas of concerns and level of impact is undertaken (Please see Appendix 2 – Strengths and difficulties questionnaire) by either the Assistant Head (Pastoral Care and Wellbeing) or the Health Centre, in which the student, a trusted teacher and, where permission is granted, a parent, answers a range of questions. The outcome of the assessment will then inform ranking on the waiting list, as well as identifying which other interventions might be appropriate for the student.
- **The Health Centre** is open daily from 8am to 7pm, and provides a calm and supportive space for students to drop by. One of the school nurses is a qualified mental health nurse and at times provides 1:1 support for students.
- **PSHE (Personal, Social, Health and Economic) Education** takes place weekly and is led by tutors and, where appropriate, outside speakers. The programme has a whole school focus on Mental Health and Wellbeing for a whole half term (Appendix 3). This gives many opportunities to raise awareness of mental health illnesses as well as mental health and wellbeing fitness strategies, and thus brings the School Community together to reduce stigma around mental health and wellbeing. During term time, the School will arrange for relevant organisations specialising in young people's mental health and wellbeing to give talks, run workshops and also run information sessions for staff, as part of the School's Let's Talk programme.
Please note that for the school year 2020-2021 due to Covid-19 restrictions, the number of talks have been reduced and will only take part online.
- Curriculum subjects, which touch on or cover mental health, link back in with the pastoral team, to ensure that support is given to students and staff, where needed.
- Sidcot School has **two independent school listeners** available to all students. This is a free service and contact details are readily available throughout school on Safeguarding posters as well as in Boarding Houses.
- **Displaying information** leaflets and posters throughout the School, the School Health Centre and boarding houses, which signpost students to organisations specialising in supporting the needs of young people.
- The **School Doctor** is available to support boarders' mental health and wellbeing issues and offer medical interventions and referral to other services if the mental health needs meet the NHS threshold.

Students are also made aware of whom they can turn to when they feel distressed through the 'Are You Happy' Poster. Please refer to [Appendix 4. 4.](#)

10. School Procedures

Procedures for dealing with specific mental health issues are outlined as follows:

- Emotional Disorders (namely anxiety and depression) ([Appendix 5](#))
- Less common disorders (such as eating disorders) ([Appendix 6](#))
- Self-harming behaviour and suicidal ideation ([Appendix 7](#))

School staff recognise that children and young people might experience episodes of poor mental health, and key staff are trained to recognise signs and symptoms. Risk factors and warning signs are outlined in Appendices 5 – 7.

Upon the formal diagnosis of a mental health illness of a student, the Assistant Head (Pastoral Care and Wellbeing) will inform the Health Centre and vice versa. It is essential that either the Assistant Head (Pastoral Care and Wellbeing) or the Health Centre seeks information from parents and healthcare professionals to support a student and ensures that all relevant information is shared between all parties to make certain of effective integration with the pastoral system. Relevant staff will be made aware of an individual student's mental health diagnosis with the consent of the student and parents. All information is shared on a need to

know basis and is treated confidentially. Where appropriate, the Health Centre will draw up an Individual Healthcare Plan (see section 11). In consultation with students and parents, and drawing on the Individual Healthcare Plan, the pastoral staff (principally the Assistant Head (Pastoral Care and Wellbeing) together with the Head of Year) will draw up an Individual Wellbeing Plan (Appendix 8), in order to ensure all staff are aware of helpful strategies when teaching the student, and to ensure the student's voice is considered. Staff involved in teaching and providing care for students with a mental health diagnosis will attend a case conference, attended by the Health Centre representative, Assistant Head (Pastoral Care and Wellbeing) and the Head of Year, where appropriate training, information, the Individual Healthcare Plan and the Individual Wellbeing Plan are shared.

If the School considers that the presence of a student in the School is having a detrimental effect on the wellbeing and safety of other members of the community, or that a student's mental health concerns cannot be managed effectively and safely within the School, the Headmaster and Deputy Head (Pastoral) reserve the right to request that parents withdraw their child temporarily until appropriate reassurances have been given.

Where a student is not well enough to attend school but is able to continue studies at home, under parent/guardian supervision, teaching staff will provide resources and work to support the student's ongoing studies.

The School will work with parents/guardians and mental health practitioners to support a smooth reintegration back into school when students are ready to return; this may include a well-planned, supportive phased return.

11. Individual Health Care Plan

Students experiencing severe mental health illness will have an Individual Healthcare Plan in place to support management in school, including what to do in an emergency.

The Health Centre will work with the student, parents/guardians, the key pastoral staff, the school Counsellor (when involved) and mental health practitioners (where appropriate) to draw up a care plan to support the student's mental health needs. Students should have as much ownership as possible in developing their individual care plan; the School's aim is always to keep the student at the centre of the arrangements to support wellbeing. Just as every child is different, so too are their mental health needs, and this must be reflected in the individual approach to managing mental health care and provision within School.

12. Medication

Parents are required to inform the Health Centre if their child is on any medication as part of their therapeutic treatment plan. Please refer to the school medical policy for procedures for the management of medication in school.

13. Advice to parents

Parents should not feel isolated if they know or suspect that their child (or one of their child's friends) is displaying signs of poor mental health. The advice contained within this policy provides a first source of useful information and guidance. If a parent has any concerns, they should contact the school immediately for help, advice and support.

14. Complaints

Should parents or students be dissatisfied with the support provided they may discuss their concerns directly with the Deputy Head (Pastoral), Assistant Head (Pastoral Care and Wellbeing), Health Centre, Head of Year, or Form Tutor.

In addition; the School has a complaints policy (2.6) which is available on the internet and in hard copy format.

15. Review

This policy will be reviewed every year or sooner if practice or changes to legislation or policy so require, by the Assistant Head (Pastoral Care and Wellbeing), in conjunction with the Health Centre, the Deputy Head (Pastoral) and the Pastoral Group.

16. Useful Resources and Helplines

Childline – 24/7 helpline for children and young people. 0800 1111 (free phone from landlines) or 0800 400 222 – text phone. www.childline.org.uk

Young Minds – national charity committed to improving the mental health of children and young people. Interactive website for advice and information. www.youngminds.org.uk

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

National self-harm network – support for individuals who self-harm, friends and family.

0800 622 6000 (Thursday – Saturday 7 p.m. – 11 p.m., Sunday 6.30 p.m. – 10.30 p.m.) www.nshn.co.uk

Substance Advice Service (SAS) – provides confidential advice and support to young people who are concerned about their alcohol or drug use.

Tel: 01275 888 360 or 01275 888 361

Email: sas@n-somerset.gov.uk

This is not a drop in service, address will be given at point of contact.

17. References

Mental health and behaviour in Schools

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf

Mental health behaviour guidance to be issued to schools <https://www.gov.uk/government/news/mental-health-behaviour-guidance-to-be-issued-to-schools>

Counselling in Schools; a blue print for the future (March 2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416326/Counselling_in_schools_-240315.pdf

Mind <https://www.mind.org.uk/>

[Independent Schools Standards Regulations](#)

[The Regulatory Handbook for the Inspection of Schools \(a commentary\) September 2020](#) SEND code of practice 2014

National minimum standards for Boarding Schools 2015

Keeping Children Safe in Education (September 2020)

What to do if you are worried a child is being abused

The Children's Act 2004

Reasonable adjustments for disabled pupils 2015

Prevent Duty Guidance for England and Wales (March 2015)

The Prevent Duty – Departmental advice for schools and childminders (June 2015)

The use of social media for on-line radicalisation (July 2015)

Mental Health and Wellbeing Policy, Sidcot School

Dated: 10th November 2020

Page 8

Preventing and tackling bullying (October 2014)

Working Together (2019)

18. Supporting Policies

2.1 Safeguarding and child protection Policy

2.6 Complaints procedure

2.11 Equal Opportunities Policy

3.1 Admissions Policy

4.1 Medical Policy

4.2 Supporting Students with medical conditions, and disabilities

5.6 Smoking Drugs and Alcohol

8.1 Health and safety Policy incorporating first aid policy

Document Change History – document any changes since policy drafted on 6 June 2016.

Date of change	Detail significant changes and any new legislation / guidance taken into account
03.12.2016	Minor grammatical changes – Adopted by Board
07.10.2017	Reviewed and adopted by the Board.
05.10.2019	Large elements rewritten Pastoral Group will review the policy in the future. Reviewed and adopted by Board at Annual Safeguarding Review
10.11.2020	Minor changes made to bring in line with current practice.

Appendix 1

Qualified Youth Mental Health First Aiders (2020/2021):

Name	Role	Qualification & Date
Veronika Chidemo	Assistant Head (Pastoral Care and Wellbeing)	Youth Mental Health First Aid Instructor
Tracy Buckland	School Health Nurse	Youth Mental Health First Aider (2 days)
Amandine Smilevich	Housemistress (SHG/SHB)	Youth Mental Health First Aider (2 days)
Matt Jarman	Deputy Housemaster (SHB)/Head of Fifth Form	Youth Mental Health First Aider (2 days)
Phil Lovett	Tutor (former Housemaster of Combe and Head of Fifth Form)	Youth Mental Health First Aider (2 days)
James Milne	Housemaster (Wing)	Youth Mental Health First Aider (2 days)
Charlotte Resuggan	Assistant Head (Teaching and Learning)/Housemistress (Newcombe)	Youth Mental Health First Aider (2 days)
Donna Ralph	Head of Third Form	Youth Mental Health First Aider (2 days)
Geoff Andrews	Deputy Head of Fourth Form	Youth Mental Health First Aider (2 days)
Rosie Bellinger	Head of Fourth Form	Youth Mental Health First Aider (2 days)
Philippa Bell	Tutor and Take Ten Mentor	Youth Mental Health First Aider (2 days)
Paul Woolley	Tutor	Youth Mental Health First Aider (2 days)
Ingrid Schaffelhofer	Language Assistant	Youth Mental Health First Aider (2 days)

Appendix 2

Example of SDQ (Strength and Difficulty Questionnaire) used for assessment of students wishing to access the school counsellor:

Strengths and Difficulties Questionnaire

S 11-17

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Overall, do you think that you have difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

	No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

• How long have these difficulties been present?

	Less than a month	1-5 months	6-12 months	Over a year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties upset or distress you?

	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

	Not at all	Only a little	Quite a lot	A great deal
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature

Today's Date

Thank you very much for your help

© Robert Goodman, 2005

Appendix 3

Alignment of PSHE topics with reference to Mental Health and Wellbeing in Spring Term 1

PSHE education: A whole school approach 2019 - 2020
 (Aim: to better align the topics already covered, but in a whole school approach)
Key topics: E Safety Drugs etc Careers & future/options/UCAS SRE Mental Health

Terms	PSHE Assoc. Core theme	3F	L4	U4	L5	U5	L6	U6	Let's Talk Workshops	Let your life speak	Take Ten Focus	Inter/National campaigns
Autumn 1	Living in the wider world	Friendships E Safety Community & society Race, equality & diversity	L4 camp E Safety Friendships	E Safety Careers & options	Expectations & aspirations E Safety Social media	Expectations & aspirations E Safety	Introduction to self & others E Safety British traditions Academic review UCAS	Meet progression advisors UCAS Careers & future			Handling change Self-esteem & confidence Resilience	
Autumn 2	Relationships	SRE Relationships Puberty Gender	SRE Sexting Relationships	SRE Underage pregnancy	SRE Relationships	SRE Relationships Pregnancy Consent	SRE Abuse awareness Relationships Consent	SRE Abuse awareness Relationships Consent	Amy Forbes- Robertson from itbhappens.education		Relationships & friendships Choices & self-control	Anti-bullying week (Nov) Random Act of Kindness week (Feb)
Spring 1	Health & wellbeing	Mental Health Healthy lifestyle & self Body image Self esteem	Mental Health Healthy lifestyle Self esteem	Mental Health Big Brain project: how we learn & growth mindset	Mental Health Self esteem WEX	Careers & future Mental Health Mocks & stress management Healthy lifestyle	Mental Health Stress management Self-awareness Study & revision skills Academic review	Mental Health Stress management Self-awareness			Exam Stress & Pressure Relationships & friendships	
Spring 2	Living in the wider world	Careers & future	Careers & future	Careers & future British Values Fairtrade	Careers & future Personal finances	Careers & future Personal finances	Careers & future	Careers & future Personal finances Managing debt			Bullying Making positive change Anxiety & depression	Random Act of Kindness week (Feb)
Summer 1	Health & wellbeing	Smoking, alcohol & drugs Healthy lifestyle	Smoking, alcohol & drugs Healthy lifestyle	Smoking, alcohol & drugs Drugs & illegal highs Camp alcohol	Smoking, alcohol & drugs Peace & global studies Community Prevent	Smoking, alcohol & drugs Study & revision skills	Smoking, alcohol & drugs Study & revision skills	Smoking, alcohol & drugs			Drugs & alcohol Exam Stress & Pressure	Mental Health Awareness Week (May)
Summer 2	Quaker values in Action	Environment Conflict resolution Bullying	Study & revision skills Big Brain project: how we learn & growth mindset	Study & revision skills	Peace & global studies Community Prevent	Study & revision skills	Academic review UCAS				Exam Stress & Pressure Handling change	

Feeling Happy?

YES!



NO!



Fantastic news!

You can talk to:

- Any member of Sidcot staff, particularly:
Your tutor/ Head of Year
Staff in your Boarding House
Take Ten Mentors (available every lunchtime in A2/5)
- A member of the Health Centre Staff
☎ **01934 845263** (or just visit when they are open)
- One of the School Doctors
☎ **01934 842211** (you can make an appointment)
- Childline
☎ **0800 11 11** (call free from landlines) – there to listen to and help any young person
- Malcolm and Di Litten- The School's Independent Listeners
☎ **01934 744772** If there is no reply on the number above, please leave a message and they will get back to you when they can.
- The Samaritans.
☎ **01934 632555** (local office)
or **08457 909090** (national call centre, open 24 hours). They are volunteers who are there to listen to problems you may have that are causing you distress.

Appendix 5

Anxiety and Depression

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. Any member of staff, who is concerned for the mental health and wellbeing of any student must log their concern via MyConcern.

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

These 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 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)

First Aid for anxiety disorders

How to help a student having a panic attack

If you are unsure whether the student is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away. Once the ambulance has been called, call the School Nurse during Health Centre opening hours. Do not leave the student.

If you are sure that the student is having a panic attack, move them to a quiet safe place if possible and call the School Nurse if you are able to do so.

Help to calm the student 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 student 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 recover fully.
- Reassure the student that someone will stay with them and keep them safe until the attack stops.
- Accompany the student to the Health Centre when they are well enough to be moved.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 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.

Depression in young people often occurs with other mental health disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Separation or divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

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

Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation, engaging in risk taking behaviours such as self-harm, substance misuse, 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.

First Aid for anxiety and depression

Be familiar with the risk factors and warning signs outlined above and make Assistant Head (Pastoral Care and Wellbeing) aware of any child causing significant concern.

Course of action may include:

- Contacting parents/carers
- Arranging professional assessment and help e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Referral to CAMHS – with parental consent

Appendix 6

Eating Disorders

School staff can play an important role in preventing eating disorders and also in supporting students, peers and parents/guardians of students currently suffering from or recovering from eating disorders.

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background.

People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia: 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.

Bulimia: 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).

Binge Eating Disorder: People experiencing Binge Eating Disorder have recurrent episodes of binge eating with feelings of loss of control.

Risk Factors

The following risk factors are only a guide and not necessary present, however, they are factors that may make a young person more vulnerable 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 expectations of achievement

Social Factors:

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness requiring low body weight

Warning Signs

Physical Signs (not exclusively associated with eating disorders)

- Weight loss
- Dizziness, tiredness, fainting
- Feeling cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs:

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing

- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes s/he is fat when s/he is not
- Secretive behaviour
- Visits the toilet immediately after meals

Psychological Signs:

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self-dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

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 report concerns via MyConcern. Early treatment is vital, and the Assistant Head (Pastoral Care and Wellbeing) and the Health Centre will liaise swiftly in order to coordinate early intervention and support.

Students with eating disorders/suspected eating disorders should NOT be weighed by any member of staff, houseparent, academic or sporting. They should only be weighed by the School Nurse or School Doctor.

Counselling, dietary and exercise advice will be managed by School Nurses and other healthcare professionals in consultation with parents/guardians.

When an Eating Disorder is suspected:

Students will be encouraged to speak to parents/guardians about any issues or concerns that have arisen. It is important that students understand the benefit of Health Centre staff speaking with parents in order to maintain continuity and support between home and school.

Parents of day students will be advised to arrange an initial individual assessment with their GP.

With permission from the student/parents, Health Centre staff may liaise with the student's GP to develop a treatment plan that will support the student both at home and school.

Boarding students will be seen by the School Doctor, who will support the development of a treatment plan alongside the School Nurse. The school doctor will refer students to Child and Adolescent Mental Health services (CAMHS) where further treatment is needed.

If the student refuses any parental notification/involvement, the on-going well-being of that student will be closely monitored and supported by Health Centre staff in school. However, if a developing eating disorder is clearly identified, this puts the student at risk and parents/guardians will almost certainly be informed. Students are encouraged to be a part of this process.

When a student or parents are uncooperative and the school is unable to ensure the dietary health of the student whilst in school, the Health Centre staff and the safeguarding lead will meet to discuss future management.

Full responsibility for the student's diet, health and well-being may fall to the parents, who will need to make satisfactory provision for that student's well-being.

If provision is not made and deterioration is noted, safeguarding procedure will be followed.

Appendix 7

Self-Harm and Suicidal Ideation

Sidcot School is committed to supporting the mental and emotional wellbeing of students who self-harm, recognising that self-harm is almost always a symptom of some underlying emotional or psychological issue.

What is self-harm?

Self-harm is any deliberate behaviour that inflicts physical harm on someone's own body and is aimed at relieving emotional distress. Self-harm may include:

- cutting themselves
- scratching themselves
- burning or scalding their body
- banging and bruising themselves
- scrubbing or scouring their body
- deliberate bone-breaking
- punching themselves
- sticking things into their body
- swallowing inappropriate objects or liquids
- taking too many tablets (overdose)
- biting themselves
- pulling their hair or eye lashes out
- attempting to terminate an unwanted pregnancy

Less obvious self-harm behaviours also include:

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

Warning signs

Self-harm may present as visible or invisible signs. The latter can include ingested materials or cuts/ bruises under the clothing.

Warning signs may include:

- visible signs of injury (e.g. scarring)
- a change in dress habit that may be intended to disguise injuries (e.g. an unexpected / sudden change to wearing long sleeved tops)
- changes in eating or sleeping habits
- increased isolation from friends or family; becoming socially withdrawn
- changes in activity or mood (e.g. becoming more introverted or withdrawn)
- 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 / image

Links to emotional distress (including abuse)

Those who self-harm are usually suffering emotional or psychological distress and it is vital that all such distress is taken seriously to assist in alleviating that distress or to minimise the risk of increasing distress and potential suicide.

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

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

Other causes or risk factors:

- inappropriate advice or encouragement from internet websites or chat-rooms
- experimentation, 'dares' or bravado, 'copycat behaviour'
- concerns by a girl that she may be pregnant (including an attempt to terminate this)
- a history of abuse of self-harming in the family
- parental separation
- domestic abuse and/or substance misuse in the home
- media influence
- issues surrounding religious or cultural identity

Staff, parents and fellow students may become aware of warning signs that might indicate that a student is experiencing difficulties that may lead to self-harm or suicide. Within Sidcot School, the Health Centre, the Assistant Head (Pastoral Care and Wellbeing), the Designated Safeguarding Lead and where appropriate the School Counsellor work in partnership when managing self-harm matters. Anybody concerned about a student must liaise with the Assistant Head (Pastoral Care and Wellbeing), the Health Centre or Designated Safeguarding Lead (or a deputy in her absence) who will follow up with sensitivity, discretion and in line with the Safeguarding Policy.

Prevention

The risk of self-harm can be significantly reduced by the creation of a supportive environment in which the individual's self-esteem is raised and healthy peer relationships are fostered. Sidcot School aims to achieve this through the development of good relationships by all members of the school community, effectively managing student issues and concerns, and through a PHSE programme that fosters positive direction for students.

School Procedures for dealing with self-harm / mutilation

If there is concern that a student may be self-harming or is thinking of self-harming, this should be reported to the Assistant (Pastoral) or the Health Centre, and information is logged on MyConcern. The Assistant Head (Pastoral Care and Wellbeing) will liaise with the safeguarding team, and a plan put in place in line with school self-harm and safeguarding policy and procedures.

If physical harm has occurred the student should be taken to the Health Centre or to A&E for medical assessment and care. (In an emergency an ambulance must be called). Parents will be notified and will attend as soon as able.

Students must not display open wounds/injuries in school - these must be dressed appropriately.

The Pastoral Team in partnership with the Health Centre will monitor the young person and put a framework of intervention in place. This may include organising counselling for the student within School or supporting the student and their family by signposting or making contact with appropriate support agencies or organisations.

In some cases self-harm may raise safeguarding issues, in which case the procedures laid down in the school's Safeguarding Policy must be followed.

Where a student does not want parents informed, the decision about involving parents/guardians will be taken in consultation with the Designated Safeguarding Lead, School Nurses and School Doctor (Boarding students)

Where the student is judged not to be Gillick competent, is considered to be at severe risk of harming themselves, or where severe self-harm requires medical intervention/A&E, parents/guardians will be informed directly. This will be discussed with the student beforehand. It is always better for the student to share information with parents/guardians so they can be at the centre of their care. Parents and guardians are encouraged to work in partnership with the school to support the student. If any member of staff has any concerns about confidentiality issues they should take advice from the safeguarding lead. Staff must not promise confidentiality, but reassure the student that only those people who need to know will be informed for their safety (See Safeguarding Policy).

If a student suggests that there is evidence of self-harm beneath his/her clothing, a member of staff should accept such statements and not ask the pupil to remove clothing to reveal wounds/bruises etc. A School Nurse may investigate such evidence in a sensitive and appropriate manner in the Health Centre.

Where a student, who is self-harming, is adversely affecting other students, they may be required to go home temporarily.

Any young person who suggests they are experiencing suicidal feelings must be taken seriously and safeguarding procedures put in place immediately; a young person showing this level of distress must NOT be left unattended. The member of staff must alert either the Health Centre or the Assistant Head (Pastoral Care and Wellbeing) or Designated Safeguarding Lead, who will carry out a risk assessment and will establish whether the young person is at risk of immediate harm. A Safety Plan will be drawn up together with the student and kept on file (MyConcern). The Safeguarding Policy will apply.

Appendix 8 - Individual Wellbeing Plan



Individual Wellbeing Plan

Wellbeing & removing Barriers to Learning

Student Name					Background (school attended, home country)
Tutor(s)					
Last Updated					
Boarding House					
Subjects					
Teachers					

Wellbeing issues (happiness, anxiety, health concerns etc....)

Academic Barriers (exams, SEN support, strategies for learning)

What the student wants subject teachers to know



What the student has done in the past to overcome barriers (support or strategies they have used)



Resources for further information and guidance (add website links or information from other services)