

**KING EDWARD VI SCHOOL,  
SOUTHAMPTON**

**Mental Health Policy**

<b>Rationale:</b>	The unique relationship between the School and its students means staff are often in a position to identify students who are suffering from poor mental health and intervene in a constructive fashion. This policy sets out the Schools approach to mental health.
<b>Owner:</b>	Assistant Head (Pastoral)
<b>Endorsed by Governing Board:</b>	11 February 2021 (next review February 2024)
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# KING EDWARD VI SCHOOL, SOUTHAMPTON

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The School has an important role to play in supporting the mental health and wellbeing of its pupils, by developing approaches tailored to the particular needs of their pupils, including preventing impairment of children's health or development, and taking action to enable all children to have the best outcomes.

*(Reference: Mental Health and Behaviour in Schools, 2018)*

## 1. Aims

### **This Policy aims to:**

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

## 2. Objectives

To achieve these aims:

- 2.1 The School will ensure Mental Health First Aid training is available to all staff with a specific pastoral role, and any staff who feel it would benefit their support for the pupils.
- 2.2 A designated person will oversee all aspects of mental health support within the School. At King Edward VI School this person is the Senior Deputy Head, with support from the Assistant Head (Pastoral).
- 2.3 The School maintains a pastoral structure so that every pupil has a dedicated team of staff responsible for their mental health needs. This team consists of Tutor, Head of Year, Head of Section and Assistant Head (Pastoral).
- 2.4 Where necessary this team will create an Individual Care Plan (ICP) for pupils with mental health needs. The ICP will be shared with all relevant staff and kept in a secure file.
- 2.5 The School maintains a Medical Room during School hours, staffed with registered nurses.
- 2.6 The School employs a registered counsellor who is in School for two and a half days a week.

2.7 The School will promote mental health awareness through the assembly programme, PSHE programme and pupil voice.

### **3. Provision of care**

#### **a) Staff**

Tutors have responsibility for the day-to-day progress of all their tutees, including their mental health needs. If a Tutor, or any member of staff, has a concern about the mental health of a pupil then they should consult with the relevant Head of Year. A list of some warning signs of poor mental health can be found in Appendix 1.

The School runs an annual Mental Health First Aid course. All Heads of Year, Heads of Section and nursing staff have attended this course, as well as all of the School's Care Team. This course is open to any staff who feel they would benefit from further training. Further advice on Mental Health can be found in the Staff Handbook.

Staff are regularly trained in recognising and responding to common mental health problems via Inset Days and the Twilight programme.

#### **b) The Medical Room**

Pupils with mental health needs will often present to the Medical Room in the first instance and may be among the most regular visitors to the facility. As such the Medical Room plays a vital role in identifying the early warning signs of mental health problems. The Medical Room is situated off the north corridor and also accessible through the Main Office, is open throughout term time from 08.15 until 17.30 Monday to Friday.

#### **c) Medication**

It is a parent/carer's responsibility to make the nursing staff aware if their child has been prescribed medication for a mental health problem. If this medication is to be taken on School site then the procedure outlined in the School's First Aid and Medical Health Needs Policy (Section 3, subsection d) must be followed.

#### **d) The School counsellor**

The School counsellor is a registered professional with extensive experience of dealing with young people with mental health problems. The counsellor has a dedicated space adjacent to the Medical Room which can be accessed discretely by pupils. The counsellor is available for two full days and one half day a week and appointments can be booked online.

#### **e) Transition**

The School recognises that times of external transition between schools and internal transition between year groups can be moments of high stress for pupils. The Year Teams run an extensive transition process to ensure all pupils feel welcomed and develop healthy relationships within their peer group. Heads of Year will meet at the end of every academic year to ensure that pupils of concern are recognised and given the appropriate support.

## **4. Record Keeping and Confidentiality**

All visits to the School counsellor are confidential. However, if a pupil discloses information that constitutes a Safeguarding concern then it is the counsellor's obligation to share this information with a member of the Care Team.

Medical information, including mental health information, is treated confidentially by the School. Records kept by the pastoral or nursing team are placed on a section of the database where access is restricted.

## **5. Supervised School Trips and Sports Fixtures**

Staff responsible for sports teams gather information regarding pupils with health needs prior to the first match. No other trip or off-site activity should take place unless the trip leader has received the complete medical information from isams. This will indicate pupils with mental health needs and will flag up any pupils who need to be discussed in detail with the pastoral or nursing team.

## **6. Emergency Procedures**

Should a pupil present with mental health needs that constitute a Safeguarding concern any member of staff is empowered to contact outside agencies without further consultation. However, it is expected that in most instances referrals to Children's Services, CAMHS or the Emergency Services will be made by the Designated Safeguarding Lead or another member of the Care Team. In some instances a parent/carer may be advised to take a child to their GP for an emergency appointment.

## **7. Supporting pupils with mental health needs in School**

Many pupils will at some time have mental health needs that may affect their participation in School life. For most these may be short-term. However, for others there will be long-term mental health needs which, if not properly managed, could limit their access to School and ability to take part in all aspects of School life. The School will put into place effective management systems to support individual pupils with mental health needs whilst in School.

### **a) Short-Term Mental Health Needs**

Many pupils may have short-term mental health needs, which will require the support of the School in order to minimise the time they are away from School. These needs will often be surrounding traumatic events such as a death in the family. It is vital for parents/carers to keep the School informed of any such events so that the appropriate care can be put in place.

## **b) Long-Term Mental Health Needs**

It is very important for the School to have sufficient information about the medical condition of any pupil with long-term mental health needs, as inadequate support can have a detrimental effect on a pupil's academic attainment and participation in life at King Edward's.

Any pupil who has long-term mental health needs will require an Individual Care Plan (ICP) drawn up by the pastoral team in consultation with parents/guardian and other relevant health professionals. With pupil/parental consent the health care plan will be shared with the Tutor and relevant staff.

Medication may be brought into School only if it is clearly labelled with the name of the medication, dose, frequency and pupil's name and expiry date. When brought to school such medication should be handed to the nurses on the pupil's arrival. This medication will be securely locked in the drug cupboard.

Parents or Guardians have prime responsibility for their child's health and should provide the correct information about their mental health needs and the possible effects on School life. If information is withheld, the School cannot be held responsible for acting incorrectly in giving care or failing to support a pupil with mental health needs.

## **8. Child Protection**

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff helping to support students with Mental Health needs should always be conscious of the relationship between Mental Health and possible Child Protection issues, and should follow the procedure in the Child Protection policy wherever necessary.

## **9. The Role of Parents**

As with all aspects of a student's wellbeing and education, maintaining positive mental health is best achieved through a strong link between school and home life. The School will keep parents and guardians informed about developments at school and will seek to develop a way forward that involves both home and school when mental health concerns arise. However, individual circumstances may dictate that this approach is occasionally not possible – for example when a breakdown in relations between home and student is the cause of the mental health concern. In these exceptional circumstances, the School will always put the welfare of the student first.

## APPENDIX 1

### 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 also vary in how long it lasts but the condition may continue for 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. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

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

Symptoms of an anxiety disorder can include:

#### Physical effects

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

#### Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events)

- Mind racing or going blank
- Decreased 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)

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. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

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

## **Risk Factors**

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying

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

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

## **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, 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.

## APPENDIX 2

### SELF-HARM POLICY

#### 1. Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Self-harm is not a suicide attempt, on the contrary, it is a coping mechanism and it is a desperate attempt to deal with a difficult problem or situation. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

#### 2. Scope

This document describes the School's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and governors.

#### 3. Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to staff dealing with students who self-harm
- to provide support to students who self-harm and their peers and parents/carers

#### 4. Definition of Self-harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body. For example;

- cutting, scratching, scraping or picking skin
- swallowing inedible objects
- taking an overdose of prescription or non-prescription drugs
- swallowing hazardous materials or substances
- burning or scalding
- pulling out hair
- banging or hitting the head or other parts of the body
- scouring or scrubbing the body excessively.

#### 5. Risk Factors

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

##### **Individual Factors**

- 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, suicide or self-harm in the family

## Social Factors

- difficulty in making friends/loneliness
- being bullied or rejected by peers

## 6. Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning sign should **always** be taken seriously and staff observing any of these warning signs should seek further guidance from the pupil's tutor or Head of Year.

### Possible warning signs include

- changes in eating/sleeping habits (student may appear overly tired)
- 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. becoming a Goth

## 7. Staff Roles in working with Students who self-harm

Students may choose to confide in a member of School staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a student, such as, anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However in order to offer the best possible help to students it is important to try and maintain a respectful and non-judgemental attitude – a student who has chosen to discuss their concerns with a member of School staff is showing a considerable amount of courage and trust. Staff should bear in mind that self-harm is a very private habit and great care needs to be taken with confidentiality not to worsen the situation for the child. Staff should not demand that the child stop the activity, as this is risky in itself.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Any member of staff who is aware of a student engaging or suspected to be at risk of engaging in self-harm should speak to the pupil's tutor. The flow diagram at the end of the policy sets out the procedure to be followed.

Following the report, the tutor, Head of Year and School nurse will decide on the appropriate course of action.

**If a student has self-harmed in School, or on a School trip, a first aider should be called for immediate help.**

**In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times.**

## 8. Further Considerations

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing, including:

- dates and times
- an action plan
- concerns raised
- details of anyone else who has been informed.

It is important to encourage students to let you know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very 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.

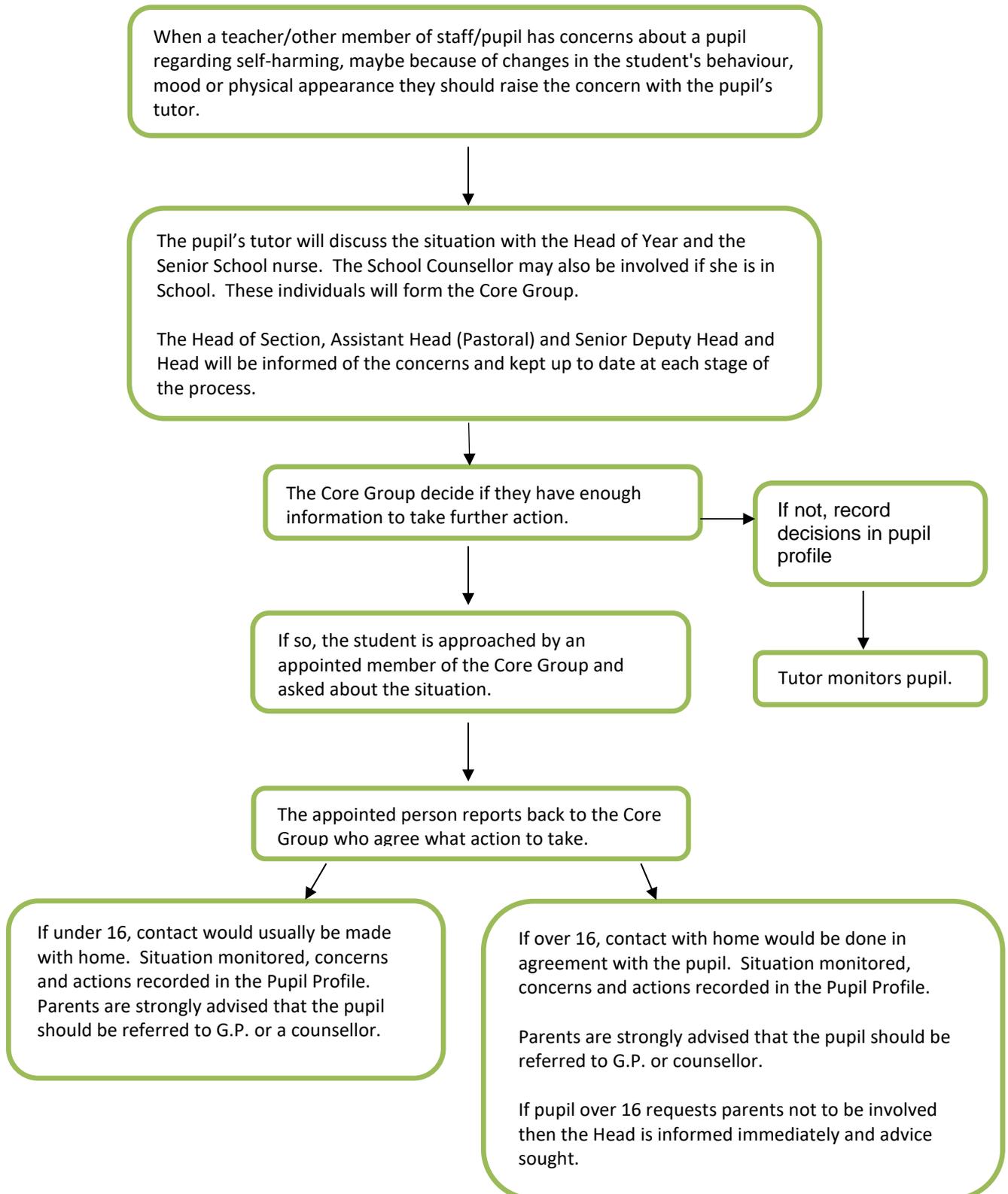
The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group.

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

There is a working hours **deliberate self-harm rota** facilitated by the Southampton General Hospital with the following contact details: (under 14-years) Orchard Centre 02380 296 230 and (over 14-years) Brookvale Adolescent Services 02380 586 154 and **24-hour psychiatric emergency** cover available via GP practices.

# KING EDWARD VI SCHOOL, SOUTHAMPTON

## Procedure for identification and management of students exhibiting signs of self-harm



## APPENDIX 3

### EATING DISTRESS AND EATING DISORDERS POLICY

The School undertakes to educate staff and students about eating distress and disorder so that they may understand the causes, signs, symptoms and effects.

The School recognises that eating distress and disorder are mental health problems with physical symptoms and have the highest rate of mortality of any psychiatric illness, and therefore should not be ignored. The School takes the view that any form of eating distress/disorder is potentially life-threatening.

#### **Types of eating disorders**

Anorexia nervosa

Bulimia nervosa

Binge eating

Atypical eating disorders

#### **General early warning signs**

Quiet

Changes in behaviour

Excessive exercise

Anxiety with regard to performance

Weight loss (but not necessarily)

For more detailed signs and symptoms, information can be sought from the Medical Room, the Counsellor's office or via the website shown below.

#### **If there is concern that a pupil may be displaying signs or symptoms of eating distress/disorder**

The process for the identification and management of pupils exhibiting signs of eating distress and disorder is represented in the form of the flow chart below.

#### **Additional guidelines**

Members of staff should not make promises of confidentiality.

It is recognised that there may be over-riding medical reasons which necessitate immediate unilateral action. In all other cases the process outlined in the flow chart would normally be followed.

The Head may require the parents / guardians to remove the pupil if any targets set or agreements made are not kept.

#### **Identification and management of students exhibiting signs of eating distress and disorder**

The School is committed to each student achieving his/her academic potential. Alongside this the School also works to facilitate the emotional and social wellbeing of each child.

Eating distress and disorders are a physical manifestation of emotional distress and can often be the only sign of problems. It is vital, therefore, that all staff are aware of how

problems appear in individuals and what action to take to facilitate the best outcome for each individual child.

The perceived pressure each child experiences to succeed and to conform can result in vulnerable individuals needing a mechanism to handle stress. The mechanism may be any behavioural or mood change. Any sense that the child is not reaching a standard that they believe is expected of them, or that they expect of themselves, can result in a loss of self-esteem and self-worth, making the individual vulnerable to that stress.

Children spend much of their waking time in the School environment and School staff are in a unique position to have an objective view of a child's behaviour. They are therefore ideally placed to spot the early signs of problems and to intervene in a positive way.

The School policy for the identification and management of students exhibiting signs of eating distress and disorder should be used for any individual exhibiting the characteristics described above and the process must be implemented at the earliest stage to ensure action is taken in a timely fashion.

### **Supporting students who have been admitted to hospital**

Under extreme circumstances CAMHS involvement may require the student to be admitted to a specialist mental health hospital who treat children with eating disorders.

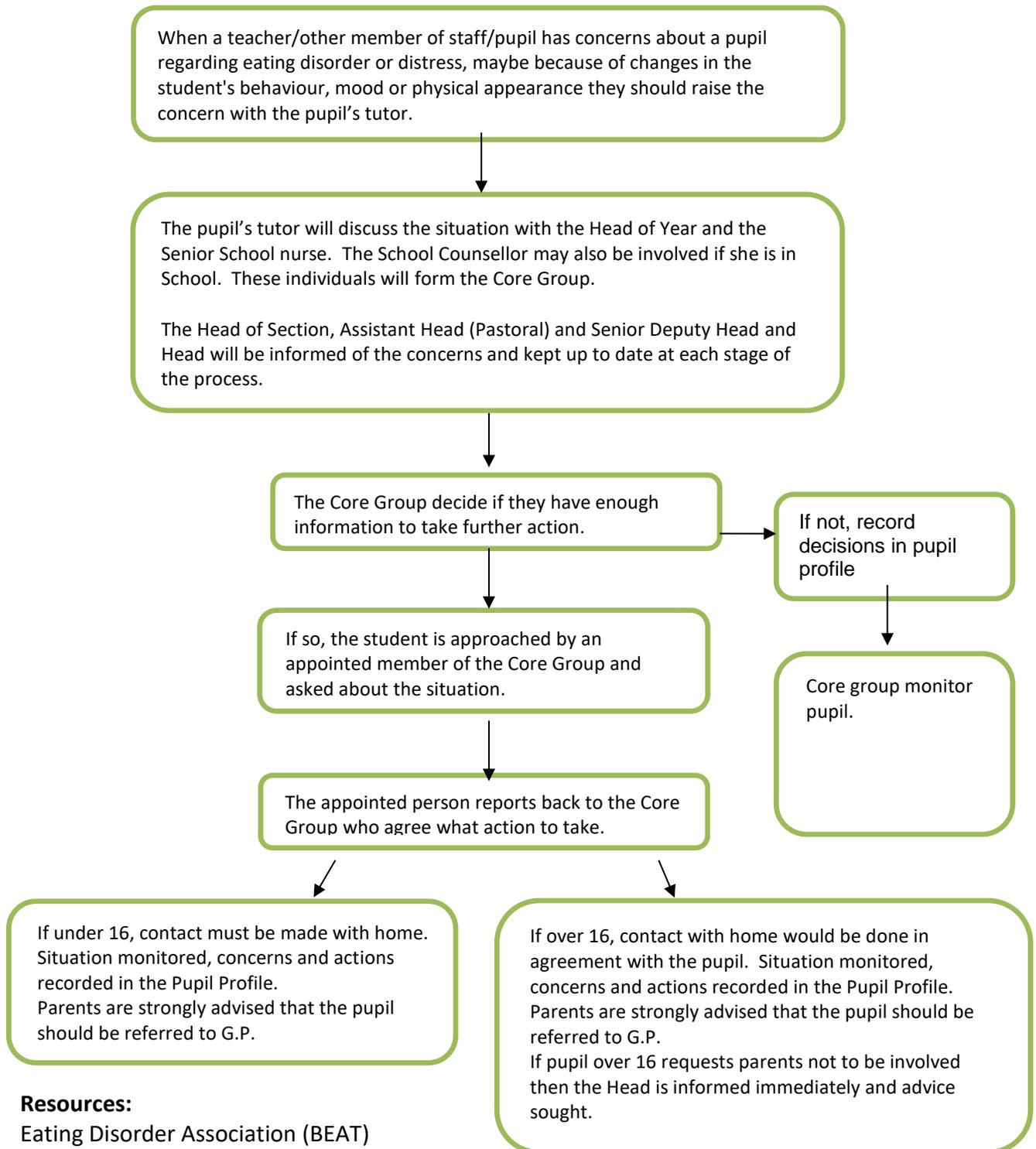
In these cases the School will always be guided by the specialist medical team at the hospital as to reintegration into School. A CPA meeting will be arranged (by CAMHS) and a School nurse, the Head of Year and the School DSL will attend. Short term arrangements will be implemented, usually involving a phased return with mid-morning snacks and lunches eaten under supervision in the medical room. In Fourth and Fifth Year a reduced curriculum may be considered in conjunction with the child, parents and Deputy Head (Academic).

For their own safety a student will not be allowed to return to School if their Weight to Height ratio is 85% or less.

The School reserves the right to not allow a student to attend School if we believe they are not medically fit to do so.

# KING EDWARD VI SCHOOL, SOUTHAMPTON

## Procedure for identification and management of students exhibiting signs of eating distress and disorder



### Resources:

Eating Disorder Association (BEAT)

Helpline: 0845 634 1414 (weekdays 8.30am – 8.30pm; Saturdays: 1-4pm)

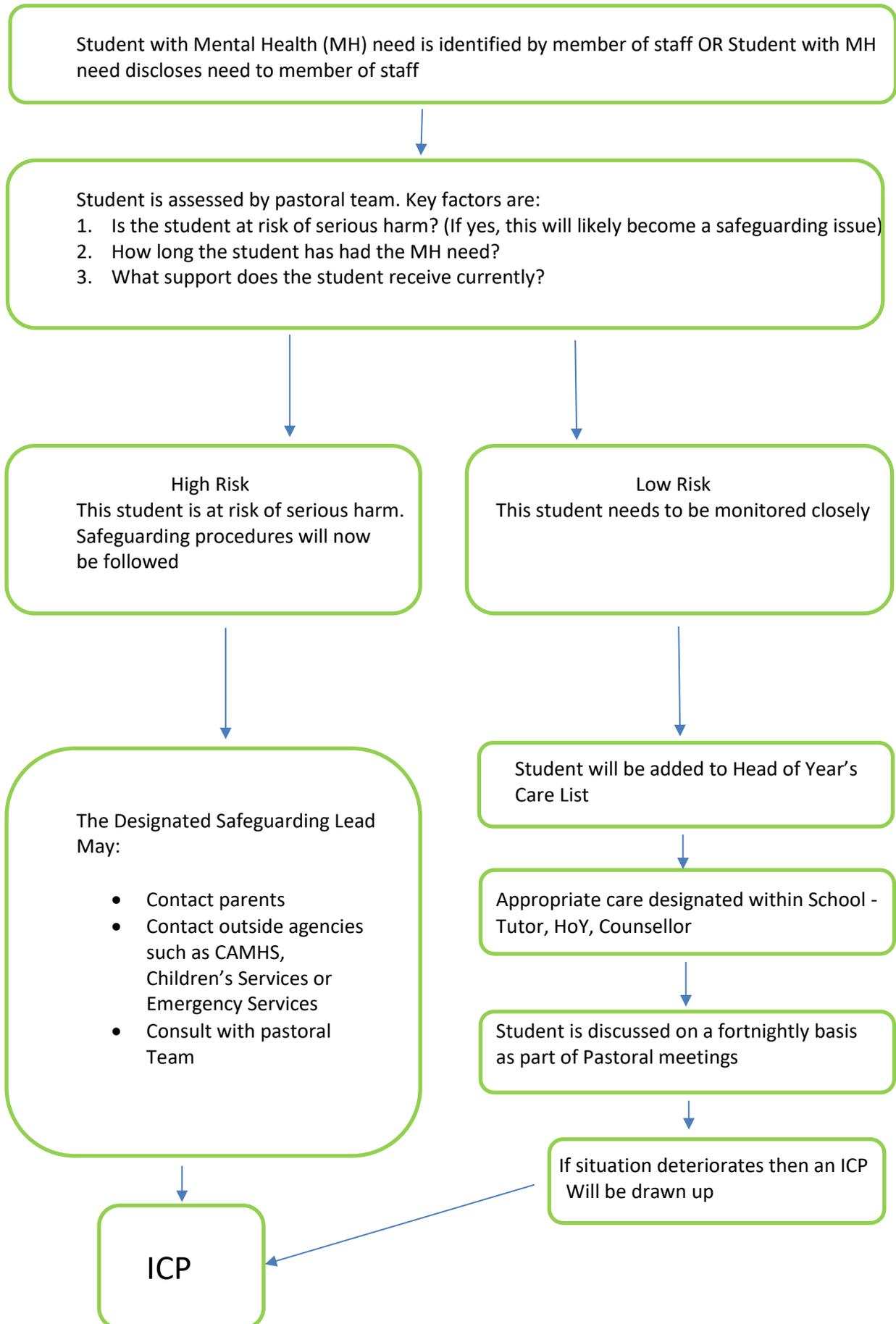
Youth line: (up to 18yrs) 0845 634 7650

[www.b-eat.co.uk](http://www.b-eat.co.uk)

[help@b-eat.co.uk](mailto:help@b-eat.co.uk)

### Procedure for creation of an Individual Care Plan (ICP)

# KING EDWARD VI SCHOOL, SOUTHAMPTON



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King Edward VI School,  
Southampton

## Individual Care Plan for students with a Mental Health need

Name:		
Year Group:	Date:	
History:		
Symptoms:		
Referral to CAMHS?	Yes	No
If 'Yes', date of referral:		
Receiving treatment	Yes	No
If 'Yes', details of treatment:		
Advice to staff:		
Review date:		