



Westbourne  
House School

CHICHESTER

## **MENTAL HEALTH POLICY (incl. Self-Harm and Eating Disorders Policy & Protocols)**

**This is a medical protocol of Westbourne House School, which incorporates the Prep School, Pre-Prep, Early Years Foundation Stage, as well as provision for boarding, and should be read in conjunction with the school's First Aid Policy**

This document describes the school's approach to mental health. The Policy and Protocol is intended as guidance for all staff and for awareness of parents and pupils.

### **Mental Health**

"A state of well-being in which the individual realises his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." World Health Organisation.

### **Mental Ill Health**

The term 'mental ill health' is used when a person experiences significant changes to their thinking, feelings or behaviour. Mental illness, also called mental health disorders, refers to a wide-range of mental health conditions, disorders that affect your mood, thinking and behaviour.

### **Preventions:**

Westbourne House has the following in place to help pupils to cope with school life. These systems also enable staff to recognize and help pupils with mental health.

- **Whole-school Organisation:**
  - Policies, curriculum, tutorial system, pastoral care, management of behaviour, social and emotional coaching, drop-in emotional support sessions, anti-bullying and SEN.
- **Pastoral provision:**
  - Organisation of PHSE, pastoral care system, ability for early intervention, support and training for staff, support for vulnerable pupils and liaison with School Nurses and external agencies.
- **Classroom practice:**
  - Facilitative teaching, guidance, and PHSE.

### **What issues can occur?**

- Personal harm or mental and emotional distress.
- Abnormal ways of thinking, feeling, or behaving.
- Inability to carry out normal tasks.
- Danger to themselves or others.

### **What mental health problems do children experience?**

- Anxiety
- Depression
- Stress
- Self-Harm
- Eating Disorders
- ADHD
- Conduct Disorders
- Schizophrenia
- Suicide

### **Factors influencing the mental health of children:**

There is no easy way of telling whether children will develop mental health problems or not. Some children maintain good mental health despite traumatic experiences, whilst others develop mental health problems even though they live in a safe, secure and caring environment.

There are, however, some common risk factors that increase the probability that children will develop mental health problems. These include individual factors, such as:

- a difficult temperament,
- physical illness or learning disability,
- family factors, such as parental conflict and inconsistent discipline,
- Adverse Childhood Experiences
- environmental factors

### **Adverse Childhood Experiences (ACEs)**

- ACEs are stressful events occurring in childhood.
- ACEs have been linked to premature death as well as to various conditions, including mental ill health.
- ACEs do not discriminate.

### **Examples of ACEs**

- Domestic Violence
- Parental abandonment including through separation or divorce.
- A parent with a mental health condition.
- Being a victim of abuse or neglect.
- A member of the household being in prison.
- Parental or caregiver alcohol or drug abuse.
- Being a young carer.
- Bereavement.
- Living in care.
- Critical illness.
- Migration.
- Being criminally exploited/ gang membership.

### **Childhood and adolescent mental health disorders:**

These may include:

- Depression and bi-polar disorder
- Self-harm (perhaps leading to suicidal behaviours)
- Anxiety disorders (anxiety, phobias, panic, extreme worry and school-phobia)
- Post-Traumatic Stress Disorder (PTSD)
- ADHD (inattention, hyperactivity and impulsivity)
- Eating disorders (anorexia, bulimia and obesity)
- Obsessive-compulsive disorder (obsessions, compulsions and personality characteristics verging on the panic threshold all the time)
- Substance abuse (abuse and dependence)
- Schizophrenia (abnormal perceptions, delusional thinking, thought disorders)

### **How do you know there is a problem?**

- The pupil told you
- Other pupils or staff have voiced their concerns
- You've noticed significant changes in a pupil's appearance, weight loss/gain or a decline in personal hygiene
- You've noticed changes in the mood of the pupil withdrawn, miserable, hyperactive, sad
- You've noticed recent changes in the pupil's behaviour
- The pupil's academic performance has changed dramatically
- The pupil has been experiencing these problems for a significant amount of time

### **Confidentiality:**

Whilst we wish to respect pupil's wishes to keep issues confidential, we also recognize that mental health problems may mean that the pupil involved does not have the ability to recognize the need for help.

Pupils will be encouraged to tell their parents about their problems or to give permission for a member of staff to do so. If it is felt that they are at risk to themselves confidence will be broken and the parents informed.

In the case of refusal, they will be treated on an individual basis with the final decision being taken by the team as to whether the parents should be involved.

We are not expecting you to make a Mental Health diagnosis - but instead to be aware and have a deeper understanding of conditions, signs and symptoms. Always raise any concerns you may have.

Recognising when a child is suffering from mental health problems is not always easy but staff are often the 'front line' of identification.

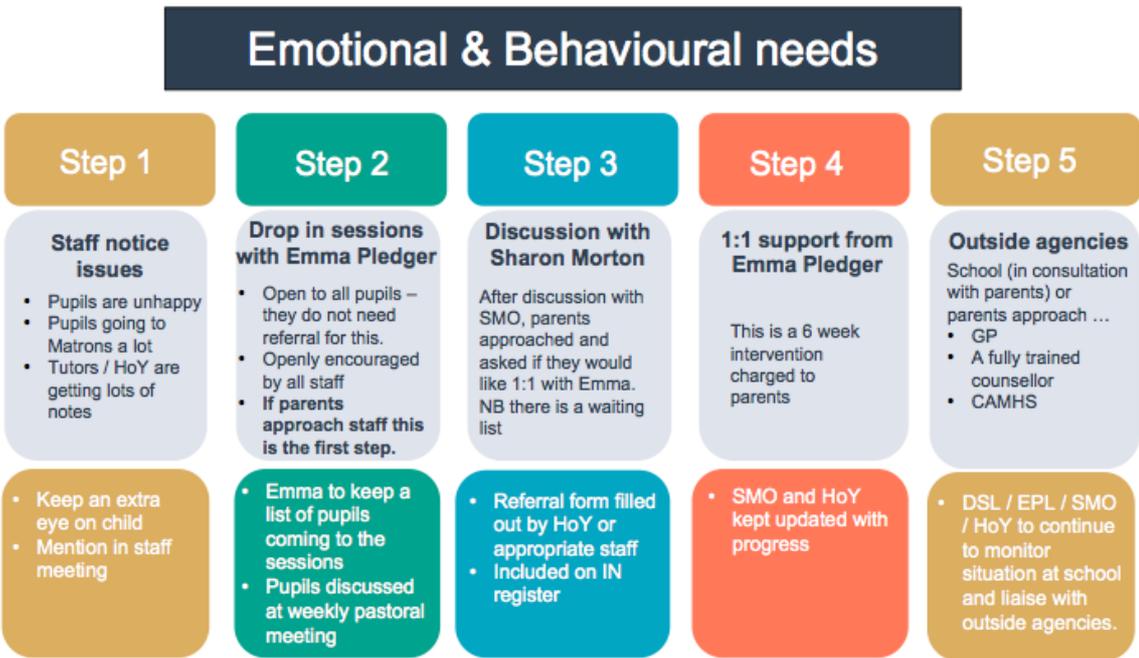
As an integral part of their pastoral role, staff should be alert to the signs of possible mental health difficulties and bring to the attention of the Head of Pastoral Care, the Mental Health Lead or School Nurses, any cases that they feel may be a cause for concern.

It is recognised that it is important to give support to young people with mental health problems as soon as the problems are seen to affect the child. The longer the young person struggles, the more complex the problem will become.

The Pastoral care team will call a meeting with the appropriate members of staff to discuss whether:

- there are any child protection issues,
- who the information needs to be fed onto
- the next steps to be taken.

If you have any concerns regarding a child’s mental health then discuss the with the child’s form tutor and log your concern on CPOMS. The Pastoral Team will then support that child and make contact with the Mental Health Lead. The child will be encouraged to go along to the drop-in support sessions with Emma Pledger during break times. The pupil of concern will then be raised at the weekly pastoral meetings, where relevant staff will be spoken to regarding the child and give any input or feedback. The next steps would be a referral form to Sharon Morton, IENCO where she will make contact with parents to work around the child, making any necessary referrals, putting 1:1 emotional support in place or seeking help from outside agencies. Concerns are escalated as follows – from internal to external – as appropriate:



Each case has to be very carefully evaluated and following meetings a personal plan/course of action should be set in place to ensure that appropriate support is given to the pupil.

**Additional Policies and Protocols in regard to Mental Health:**

There are separate policies and protocols in place for the following mental health issues and should be followed as required:

- Eating Disorder Policy & Protocol
- Self-Harm Policy & Protocol

**Monitoring and review**

The School will review and monitor the effectiveness and compliance of this policy (and appendices – if appropriate). This policy will be kept up-to-date and amended to take account of legislative and regulatory changes.

<b>Last Review Date</b>	<b>Next Review Date</b>	<b>Reviewer(s)</b>
February 2022	August 2022	Social & Emotional Coach/Mental Health Lead Senior School Nurses

## Appendix 1 – Supporting the Mental Health of Staff at Westbourne House

### Looking after ourselves and our own Mental Health:

- 1 in 4 people will experience a mental health problem of some kind.
- A survey from Nuffield found in 2020 that 5% of teachers reported long- lasting mental health problems.
- 27% teachers sought help for their mental health during the pandemic. (NASUWT)

Westbourne House want to help, support and look after the mental health of all their staff. It is important to WH that they are happy and healthy and taking care of themselves.

The School provides ways in which staff can get together, to talk and to help manage stress. Regular team meetings to help support work load, feeling apart of the team, the Westbourne House family, and not alone.

Exercise classes are available to the staff, use of the swimming pool for the health and wellbeing benefits. There are also mindfulness sessions available, along with the beautiful grounds to walk around and enjoy which is encouraged for time out and fresh air.

Staff are welcome to visit the Medical Centre where they have access to nurses as well as social and emotional support, a drink, a friendly face and listening ear.

Westbourne House also has a membership to 'Health Assured' for all staff. Health Assured is the UK and Ireland's largest independent award-winning employee assistance programme (EAP) provider, which offers 24/7 support for physical and mental health. Access to this membership is as follows:

- <https://www.healthassured.org/>
  - **Username:** Westbourne
  - **Password:** House

## **Appendix 2 – Eating Disorders Policy & Protocol**

The following outlines the school's response to managing an eating disorder whilst the pupil is in school and is for use by pupils, their parents/carers and staff.

### **Introduction**

Eating disorders are serious mental illnesses affecting 1.6 million people in the UK. They are most likely to develop in the teenage years and although more girls are affected, around a quarter of the population affected by an eating disorder at school age are boys.

### **Risk Factors**

- Stress
- Exam pressure
- Problems at home or school
- A period of illness which is accompanied by a period of not eating
- Low self-esteem
- Family relationships
- Problems with friends
- The death of someone special
- Sexual or emotional abuse
- Isolation (eg: Covid)

It is unlikely that an eating disorder will result from a single cause. It is much more likely to be a combination of factors, events, feelings or pressures which may lead a pupil feeling unable to cope. Research has shown that a genetic makeup may have a small impact upon whether or not a pupil will develop an eating disorder. External behaviours, from peers or family members, can also have an impact.

### **Types of Eating Disorder**

There are 3 main types of eating disorders (most common):

- Anorexia
- Bulimia
- Binge Eating Disorder (BED)

Other rarer forms include:

- Multi-Impulsive Behaviour (ED and alcohol/drug abuse, self-mutilation or anti-social behaviour)
- Chaotic Eating (binge/starve)
- Rapid weight loss
- Emetophobia (fear of vomiting resulting in extreme diet control)

## **Warning Signs**

- An avoidance or reluctance to eat meals
- Dressing in baggy clothes
- A significant change in apparent appetite
- An unnatural preoccupation with food and calories
- An obsession with clothing sizes, mirrors and scales
- Routine secrecy, e.g. leaving the table immediately after eating
- Avoiding family meals or events where food is present
- Excessive exercise or refusal to partake in sports
- Social withdrawal, moodiness
- Going to the bathroom immediately after meals

## **Early treatment is vital**

It is imperative that all members of staff inform the School Nurses, if they have concerns about a pupil who appears to be losing weight, eating very little, dieting excessively or vomiting.

A member of staff who is concerned about a pupil must tell the School Nurses even when it is 'known' that that pupil is attending the surgery.

The School Nurse will inform the parents and signpost them to appropriate services for further support.

Pupils with eating disorders or suspected eating disorders should not be weighed by any member of staff (house parents, academic or sporting) they should only be weighed by the School Nurse when deemed necessary.

Pupils with eating disorders or suspected eating disorders should not be advised on any aspect of their eating disorder, including diet and exercise, by any member of staff (house parents, academic or sporting).

## **Nursing Protocol**

If an eating disorder is suspected or confirmed the following action should be taken:

- Pupil is spoken to re concerns (by nominated teacher/School Nurse). Advising the pupil that you cannot promise confidentiality
- Parents/carers are informed
- Parents/carers invited in to school for a meeting with senior staff
- Discuss counselling or listening options such as talking to the school counsellor
- Parents/carers are recommended to seek consultation with family GP and to inform the school of the outcome within a nominated period of time
- School is given permission by parents to have feedback from the GP
- If no follow up occurs with the GP and the school remains concerned, the school is also able to refer directly to CAMHS/Local safeguarding hub
- Follow-up meetings are arranged between parents/carers and senior staff so that progress can be assessed and any targets reviewed.
- Deputy Head, School Counsellor and the DSL should be informed

- If a boarding pupil: Houseparents should also be made aware
- All conversations with a pupil with an ED or other staff about a pupil with an ED should be carefully recorded
- Pupils with or suspected of having an ED should be kept informed about all decisions and actions made regarding them
- It may help to refer them to the beat eating disorders website [www.b-eat.co.uk](http://www.b-eat.co.uk) which offers support to young people living with eating disorders and their support network, including friends

### **Guidelines for Healthy Eating**

At Westbourne House we recognise the importance of a good diet and a healthy attitude to food and therefore ensures that the following guidelines are adhered to:

- Ensure all pupils have access to a balanced mid-day meal, and suitable snacks at break times
- Ensure that pupils who are boarding have food supplied with sufficient nutritional and calorific value to keep them fit and healthy
- Ensure that all pupils choose a healthy selection of food to eat when in the dining room. Those members of the dining room staff who serve the food should do this by advising the pupils on what should be on their plates e.g. vegetables as well as protein and carbohydrates
- Ensure that the School Nurse is informed if there is any concern regarding a pupil's eating habits
- Ensure that those pupils with a known medical condition have the correct food prepared for them
- Ensure that pupils who have a diet specific to their religion have access to the correct food for their needs
- Ensure that staff who help pupils with food issues/an eating disorder have sufficient training and knowledge to do so
- Ensure that healthy eating is taught in PSHE
- Ensure that pupils have access to fresh fruit and that boarders do so in the evenings
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### **Appendix 3 – Self-Harm Policy & Protocol**

The following describes the school's approach to self-harm and is intended as guidance for all staff and for awareness of parents and pupils:

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

Self-harm is a sign that a young person is experiencing significant emotional distress and may include overdose, hitting, cutting, burning, pulling hair, picking skin, head banging, self-strangulation or disordered eating.

Young people benefit from a non-judgemental approach from a person who is able to listen to them, foster a good relationship with them and encourage them to speak up and reach out for help from professional services.

Young people may self-harm for a variety of reasons:

- To feel in control
- To relieve tension
- As an opportunity for attention and comfort
- As a coping strategy
- As a way of communicating distress
- It can provide distraction
- To feel more connected and alive if otherwise they feel detached.

Self-harm can reduce tension and help control mood, it can be self-reinforcing and can become a form of habit. It can be difficult to break the cycle of self-harm.

Young people who self-harm will generally attempt to hide scarring/ injuries and will find it difficult to discuss their behaviours and the emotions behind them with others.

Whilst self-harm is not suicidal behaviour, the emotional distress that causes these behaviours can lead to suicidal thinking/ action and thus all incidents of self-injury must be taken seriously and the most appropriate support provided

We aim to:

- Recognise and respond to any warning signs
- Understand the risk factors associated with such behaviours
- Be pro-active in discussing this topic with pupils in which we have particular concerns
- Work in partnership with parents in caring for their children
- Produce individual welfare plans (with short and long-term scope) for such pupils, in conjunction with external agencies as necessary

- Provide the appropriate level of practical and emotional support for staff dealing with pupils who self-harm and ensure appropriate training and education is available to all staff regarding this issue
- Provide appropriate awareness for pupils, both within the PSHE and L4L programme and through discussions at a House or tutorial level.

### **Risk Factors**

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

#### **Individual Factors:**

- Depression
- Anxiety – e.g. to do with academic progress, the environment of school
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

#### **Family Factors**

- Unreasonable expectations (or the perception of the same)
- Neglect or physical, sexual or emotional abuse
- Strained 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

### **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.

These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the School Nurse on duty; and pass on these concerns to the Designated Safeguarding Lead (Roger Allingham) or deputies.

*Possible warning signs include:*

- Changes in eating / sleeping habits
- 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, a change of behaviours in class
- Significant changes in friendships

- Talking or joking about self-harm or suicide
- Risk-taking behaviour
- Expressing feelings of failure, uselessness or loss of hope

*Other signs may include:*

- Injury – e.g. cuts, bruises, scratches or burns, that don't look like accidents.
- Attempts to conceal injury – e.g. wearing long sleeves in hot weather/ thick bangles
- A reluctance to participate in PE, games or changing clothes
- Secretive behaviour
- Frequent accidents that cause physical injuries

### **Protocol and Guidelines for staff supporting pupils who are self-harming:**

It is important to consider the self-esteem and unhappiness of any person who is self-harming.

#### ***Nurses – Gina Dutt and Chelcie Chamberlain***

Immediate injury will be cared for by the School nurses; Matrons and the Medical Centre can also provide a space for 'time out'; for assessment of injuries; for on-going care and for referral to external agencies. The Matrons will contribute to any Individual Plan. Emma Pledger - Social and Emotional Coach – will be available to spend time with the child and to help support other members of staff involved.

- Concerns over any pupil regarding possible self-harming must be reported to the School Nurses, Mental health lead and the Designated Safeguarding Lead.
- If a pupil seeks independent help from a member of staff then the pupil will be encouraged to allow the School Nurses or Mental Health Lead to liaise with their parents and appropriate school staff. Parents must be informed if it was felt that the pupil is a danger to himself or herself; if their behaviour is seriously affecting others or the pupil is uncooperative regarding any treatment.
- Staff must not make promises assuring confidentiality but should reassure pupils that in order to seek health and happiness people need to know about their problems so that they can help. Staff should immediately inform the Deputy Head and the DSL after a disclosure – details of the conversation should be written down and recorded on C-Poms.
- Remove the pupil to a quiet area with another adult present as appropriate.
- Request to see the injuries or tablets taken etc, so long as this does not compromise a pupil's privacy. Ask when the injuries occurred or when the tablets were taken and how many.
- If an injury has occurred and the wound is fresh, the pupil should be seen by the School Nurse immediately who will examine the pupil and assess the action to be taken. The child may need to be sent to A&E.
- If an overdose was taken, the pupil must be seen by the School Nurse immediately and referred to A & E.
- **Always upload and record any information onto C-POMS and any actions taken.**

The Designated Safeguarding Lead (or Deputies) should, as part of their safeguarding brief, be notified of all incidents of self-harm.

- They are responsible for disseminating the policy and (with the Senior Nurse) ensuring appropriate staff training, providing regular feedback to the Headmaster and the Governing Body at the termly Board Meetings.
- They liaise with external agencies to provide the most appropriate support and report on any significant safeguarding concerns.
- In discussion with the Head and the Senior School Nurse, they ensure appropriate communication with parents in order to ensure the safety and well-being of all pupils.
- In consultation with Houseparents they will give consideration to what information, if any, needs to be shared among other staff members and how this is to be disseminated

Together the Nurses and Mental Health Lead- In consultation with the DSL will:

- Draw up an Individual Welfare Plan - liaising with parents, house parents, form tutor and personal tutor, as appropriate
- Maintain a watching brief and monitor the pupil
- Be available to the pupil for support and check ins
- Be alert and responsive to other pupil distress and anxiety within the friendship group
- Alert and communicate with other members of staff around the child, where appropriate

### ***All Staff***

- Listen calmly and non-judgementally to pupil distress.
- Know the available support options (e.g. Health Centre, Counsellor, GPs) and refer pupil to these as appropriate
- Ensure that pupils know that they cannot make promises to keep things confidential if they believe that the pupil is at risk of harm
- Focus on feelings not on the action of self-harm

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should notify the DSL.

Following the report, the DSL, in conjunction with the pupil's Houseparent/Tutors will decide on the appropriate course of action. This may include:

- Contacting parents
- Arranging time and support from Emma Pledger
- Arranging professional assistance e.g. via the Matrons and/or Children's Social Care
- Arranging an appointment with their GP, and subsequently CAMHS if appropriate.
- Consideration of adjustments to be made in terms of lesson attendance/ sleeping arrangements if they are in distress/ causing distress to others
- In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the student at all times (e.g. Matrons)

- If a student has self-harmed in school, they should be referred to the Matrons for medical assessment/ help.

### ***Parents/ Guardians***

- Ensure that Houseparent/Tutors are kept informed of any changes or incidents that occur outside the school that may impact on the well-being of your child
- If you become aware that your child is engaging in these behaviours, work with designated staff to help us develop the best ways of supporting them

### ***Pupils***

- If they are self-harming, they will take care of wounds appropriately and not display them in a school context
- Seek assistance – and particularly guidance in terms of safer coping mechanisms – from the Medical Centre or Mental Health Lead.
- Ensure that they know who they can talk to both in the immediate and in the longer term should they feel at risk or distressed
- Never encourage others to participate in self-harm
- Use the pastoral routes available (e.g. Peer Supporters, Personal Tutor, drop in sessions with Emma Pledger, Matrons, House parents, or a member of staff they feel comfortable with if concerned about themselves or if they are at all concerned about a friend or fellow-pupil.
- Ensure that a pupil who is injured or in distress is taken to and looked after by an adult, preferably in the medical centre, the nurse or matrons.
- Ensure that if you have been distressed by another's actions (e.g. self-harming behaviours) or their mood, you seek support for yourself as well as for them
- Friends / Peer Group support

### **The best general advice is:**

- Staff should listen to pupils in emotional distress calmly and in a non-judgmental way.
- Do not show that you are shocked or surprised in any way, try to be calmly authoritative.
- Stay calm and constructive, however upset you personally feel about self-harm.
- Quietly and unobtrusively communicate kindness and care. Offer empathy and understanding.
- Do not get angry.
- Share with another staff member any actions taken/information gathered, as well as uploading concerns on C-POMS.

The School Nurse and Mental health lead should instigate a care plan, which must be available for all staff concerned to read.

Pupils may be required to leave the school for a period of time for the following reasons:

- Their condition is not improving.
- They are refusing to acknowledge they have a problem

- They or their parents are refusing to co-operate with the management of their condition.

If, in the judgement of medical, academic or pastoral staff, the pupil's behaviour is having a detrimental impact on other pupils in the School.

The school will give parents full support in trying to find appropriate medical help and will continue to liaise closely with the family during this period.

As a general rule, it is worth remembering that young people who are self-harming will try to avoid detection and will harm themselves covertly. For every one person you find self-harming, there are probably another two that you have not detected.

The more serious the emotional pain that they are suffering, the more they will hide their injuries, harming themselves in places unlikely to be seen.