



Mental Health and Wellbeing Policy

Policy Statement

The College promotes the mental and physical health and emotional wellbeing of all its students. Wellbeing is at the forefront of the College's PSHE programme and promoting good mental health is a priority.

This policy aims to:

- describe the College's approach to mental health issues;
- increase understanding and awareness of mental health issues so as to facilitate early intervention;
- alert staff to warning signs and risk factors;
- provide support and guidance to all staff, including non-teaching staff and the Board of Directors in dealing with students who suffer from mental health issues;
- provide support to students who suffer from mental health issues, their peers and parents/carers.

This policy has been authorised by the Board of Directors, addressed to all members of staff and is available to parents on request and is published on the college website. It applies wherever staff are working with students even where this is away from the College, for example on an educational visit.

Child Protection Responsibilities

Collingham Sixth Form College is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects all staff to share this commitment. We recognise that young people 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 college environment which promotes self-confidence, a feeling of self-worth and the knowledge that students' concerns will be listened to and acted upon. Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing (Every Child Matters, 2004, DfES).

The Board of Directors takes seriously its duty in promoting an environment in which students can feel secure and safe from harm. A nominated Director instigates a review of the college's safeguarding procedures and reports to the Board annually, making any recommendations for improvements.

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

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students. Staff with a specific, relevant remit include:

Dr Sally Powell - Designated Safeguarding Lead and Principal
Emma Clay – Designated Safeguarding Lead and Head of GCSE

Emma Clyne – College Counsellor
Ann Freeman – Lead First Aider
Juliana Storey – Personal Tutor

Margaret Smallman – Personal Tutor
James Allder – Personal Tutor
Kerim Aytac – Personal Tutor
Jenny Thompson – Personal Tutor
Paul Bilic – Personal Tutor
Paul Thorning – Personal Tutor

In addition to the child protection measures outlined in the College's Safeguarding (Child Protection) policy, the College has a duty of care to protect and promote a child or young person's mental or emotional wellbeing.

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of regular INSET in order to enable them to keep students safe.

We will host relevant information on the College staff portal for staff who wish to learn more about mental health.

Background

Prevalence of Mental Health and Emotional Wellbeing Issues:

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years, this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Identifiable mental health issues

It is important for staff to be alert to signs that a pupil might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:

- Anxiety and Depression
- Eating disorders
- Self Harm

Two important elements enabling the College to identify mental health issues are the effective use of data (i.e. monitoring changes in students' patterns of attendance/academic

achievement) and an effective pastoral system whereby staff know students well and can identify unusual behaviour.

Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms. <https://www.pshe-association.org.uk/sites/default/files/Mental%20health%20guidance.pdf>

Signs and symptoms of mental or emotional concerns

These are outlined at Appendices I, II and III.

College staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the student's Personal Tutor, the Principal and/or the College Counsellor.

Procedures

The most important role College staff play is to familiarise themselves with the risk factors and warning signs outlined at Appendices I, II and III. Figure 1 outlines the procedures that are followed if staff have a concern about a pupil, if another pupil raises concerns about one of their friends or, if an individual pupil speaks to a member of staff specifically about how they are feeling.

T L C

*** Talk * Listen * Communicate ***

Talk

When a young person is distressed, the member of staff should ask them what support they need and want. Remind them that you cannot promise confidentiality but that you can help them find the support they need. Assess the risk of harm to self or others.

Listen non-judgmentally

Give them time to talk and gain their trust. Ask open questions.

Communicate

Praise their courage in coming forward and explain clearly that you would like to share their story with someone else in the College who can help find the best support for them - either their Personal Tutor, the Principal or the College Counsellor as appropriate.



Do not discuss the conversation with any other students

Do not mention it casually to other staff members

Seek support for yourself if needed through the Head of Department, Principal or College Counsellor

Remember no staff member should shoulder the responsibility for a student's wellbeing alone



High Risk

If you consider the student to be at risk then follow the Safeguarding Procedures and report immediately to the DSL



Low Risk

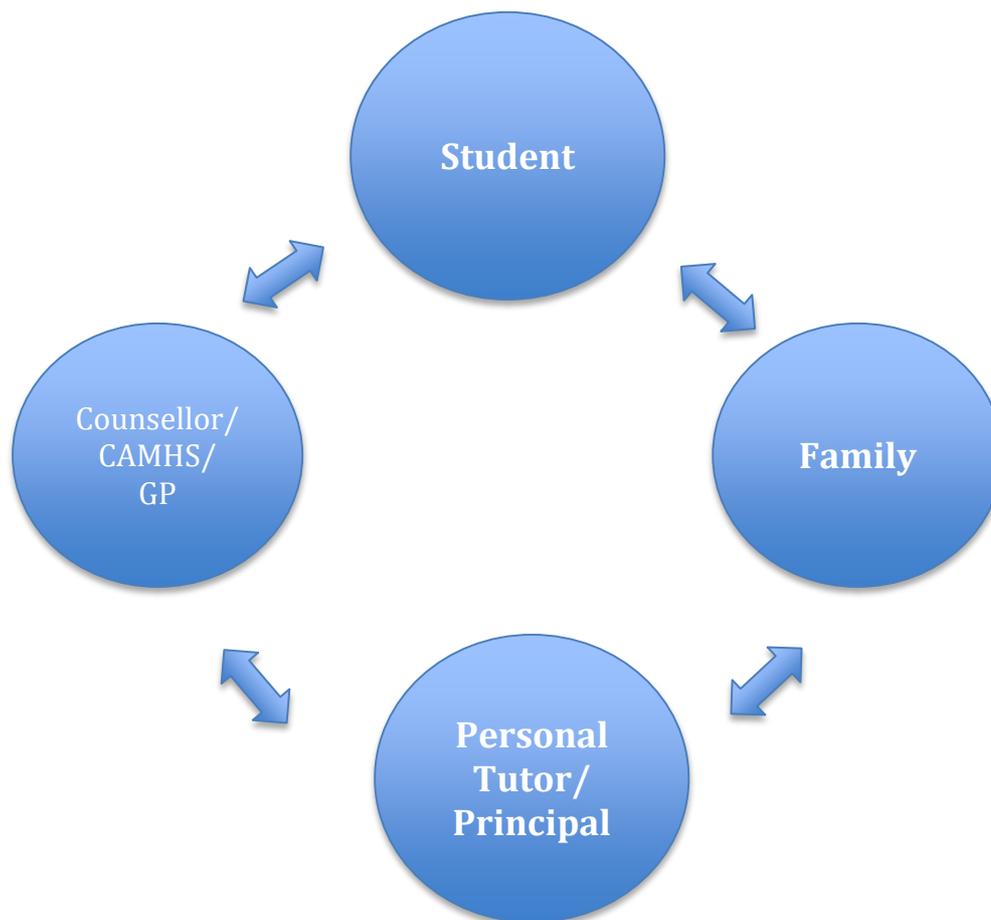
Report the conversation to the student's PT



The PT, in discussion as necessary with the School Counsellor and /or the Principal will decide on the procedure to be followed

The action to be taken will include monitoring, contact with parents/guardians and the College Counsellor, referral to GP or other medical professional

The College aims to implement the following support structure:



Confidentiality and information sharing

Students may choose to confide in a member of college staff if they are concerned about their own welfare or that of a peer. Students should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at serious risk of causing themselves harm 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 a member of staff to do so.

The Personal Tutor/Principal/College Counsellor may decide to share relevant information with certain colleagues on a need to know basis. Parents should be involved wherever possible, although the student's wishes should always be taken into account.

Parents must disclose to the Principal any known mental health problem or any concerns they may have about a student's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the student's wellbeing.

Records and reporting

Further guidance on procedures for specific mental health concerns is given at Appendices I, II and III.

Staff Roles/Procedures

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

- anxiety and depression (Appendix I)
- eating disorders (Appendix II)
- self harm (Appendix III)

A record must be kept of all incidents and treatment/support given.

If an incident that is linked to a mental health concern is serious, an Incident report form should be completed.

Legal Status

- This policy complies with Part 3, paragraphs 7 (a) and (b) of the Education (Independent School Standards) (England) Regulations 2014 and in force from the 5th January 2015.
- *Keeping Children Safe in Education (KCSIE) Information for all school and colleges* (DfE: September 2016) incorporating statutory guidance, *Disqualification under the Childcare Act 2006* (February 2015) and also refers to non-statutory advice for practitioners, *What to do if you're worried a student is being abused* (HM Government: March 2015)
- *Working Together to Safeguard Students (WT)* A guide to inter-agency working to safeguard and promote the welfare of students (HM Government: 2015) which also refers to non-statutory advice, *Information sharing* HM Government: March 2015)
- The policy is also consistent with any other relevant and current regulations issued by the Secretary of State and any other guidance concerning Safeguarding Students to which schools are obliged to have regard.

Availability: This Policy is made available to parents, staff and pupils via the School website and on request a copy may be obtained from the School Office

Designated Safeguarding Lead (DSL) and Deputy DSL who are the Prevent Officer and Deputy Prevent Officer for the whole College: have lead responsibility for student protection and are also the Prevent Officer and Deputy Prevent Officer responsible for the prevention of radicalisation, extremism and being drawn into terrorism. Both are members of the Senior Leadership Team (SLT) and have the status and authority within the college to carry out the duties of the post. This includes student protection referrals, raising awareness, training, liaising with the local authority children's agencies as appropriate, committing resources and supporting and directing staff. Their telephone numbers are prominently displayed in the college. In all matters relating to student protection, the college will follow the procedures laid down in the Child Protection and Safeguarding Policy.

Monitoring and Review: This policy is subject to continuous monitoring, refinement and audit by the Principal and Designated Safeguarding Lead (DSL). The Board of Directors will undertake a review of this policy and procedures every two years or earlier if changes in legislation, regulatory requirements or best practice guidelines so require. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay.

Signed:

Dr Sally Powell
Principal

Date: March 2017

Edward Browne and Robert Marsden
Board of Directors

Appendix I

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 collegeing 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

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 10
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

First Aid for anxiety disorders:

Follow the TLC principles (see Figure 1 in main policy)

How to help a pupil having a panic attack

If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.

If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible.

Help to calm the pupil 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 pupil 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.

Assure the pupil that someone will stay with them and keep them safe until the attack stops.

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 college

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.

Follow the TLC principles shown in Figure 1 of the main policy

The most important role college staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Personal Tutor, Principal and College Counsellor aware of any pupil causing concern. Following the report, a decision will be made on the appropriate course of action. This may include:

Contacting parents/carers

Arranging professional assistance e.g. doctor, nurse

Arranging an appointment with a counsellor

Arranging a referral to CAMHS or private referral – with parental consent

Giving advice to parents, teachers and other students

Students may choose to confide in a member of college staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Characteristics of Depression in Adolescents	What it looks like in College
Decreased self-esteem and feelings of self-worth	Self-deprecating comments
Mild irritability	Defiance with authority figures, difficulties interacting with peers, argumentativeness
Negative perceptions of student's past and present	Pessimistic comments, suicidal thoughts
Peer rejection	Isolation, frequent change in friends
Lack of interest and involvement in previously enjoyed activities	Isolation and withdrawal
Boredom	Sulking, noncompliance
Impulsive and risky behaviour	Theft, sexual activity, alcohol or drug use, truancy

Substance abuse

Acting out of character, sleeping in class

Appendix II

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 nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

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

Individual Factors

Difficulty expressing feelings and emotions

A tendency to comply with other's 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 family expectations of achievement

Social Factors

Being bullied, teased or ridiculed due to weight or appearance

Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

Warning Signs

College staff may become aware of warning signs which indicate a pupil 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 seek further advice from one of the designated teachers for safeguarding children.

Physical Signs

Weight loss

Dizziness, tiredness, fainting

Feeling Cold

Hair becomes dull or lifeless

Swollen cheeks

Callused knuckles

Tension headaches

Sore throats / mouth ulcers

Tooth decay

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 she is fat when she is not
Secretive behaviour
Visits the toilet immediately after meals
Excessive exercise

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

Staff Roles

The most important role college staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the DSL aware of any child causing concern who will decide on the appropriate course of action.

This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Giving advice to parents, teachers and other students

Students may choose to confide in a member of college staff if they are concerned about their own welfare or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Management of eating disorders in College:

Students Undergoing Treatment for/Recovering from Eating Disorders The decision about how, or if, to proceed with a student's collegeing while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the pupil, their parents, college staff and members of the multi-disciplinary team treating the pupil. The reintegration of a pupil into college following a period of absence should be handled sensitively and carefully and again, the pupil, their parents, college staff and members of the multi-disciplinary team treating the pupil should be consulted during both the planning and reintegration phase.

Further Considerations

Any meetings with a pupil, their parents or their peers regarding eating disorders should be recorded in writing including:

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

This information should be stored in the student's safeguarding file held by the Designated Person.

Appendix III

Self Harm

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. College 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.

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
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors

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

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, self-harm or suicide in the family

Social Factors

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

Warning Signs

College staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the DSL.

Possible warning signs include:

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

Staff Roles in working with students who self-harm

Students may choose to confide in a member of college staff if they are concerned about their own welfare or that of a peer. College staff may experience a range of feelings in response to self-harm in a pupil 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 supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil 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 pupil puts pressure on you to do so. Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm should consult the DSL. Following the report, the DSL will decide on the appropriate course of action.

This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the pupil at all times
- If a pupil has self-harmed in college a first aider should be called for immediate help

Further Considerations

Any meetings with a pupil, 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

This information should be stored in the student's safeguarding file held by the Designated Person. It is important to encourage students to let staff 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. Any member of staff wishing for further advice on this should consult either the Director of Pastoral Care or the Director of Senior College. When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally colleges discover that a number of students in the same peer group are harming themselves.