URSULINE HIGH SCHOOL

Wimbledon

Positive Mental Health Policy

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CONTENTS

1. INTRODUCTION

Inspired by the life and work of St Angela Merici, our Ursuline school commits itself to education for tomorrow's world within the dynamic tradition of Catholic belief and practice. As a Christian community, characterised by a spirit of respect, trust and joy, we promote excellence in every aspect of life, thereby fully developing each individual.

This document has been prepared by drawing upon guidance from:

- Mental Health and Behaviour in Schools DfE Guidance March 2016
- Mental Health Foundation (2002) A bright future for all: promoting mental health in education.
- Young Minds Charity
- Guide for heads and school staff on behaviour and discipline DfE Guidance September 2015
- Children and families Act 2014

2. VISION

In support of the school Mission Statement we aim to “build a caring and supportive Christian community”. As a school we recognise that we have a full and active part to play in protecting our students from issues which may arise surrounding mental health and self-injury. The Positive Mental Health Policy sets out our belief in creating a culture of support; using strategies and procedures to protect vulnerable individuals from potential harm, by identifying who they are and providing them with support.

As a school community we aim to:

- Build a caring and supportive Christian community where each individual is able to grow in their understanding of the faith and in their commitment to Christ.
- Develop personal qualities of understanding of self and others, self-discipline and motivation, responsible maturity, creative freedom and integrity.
- Foster an attitude of respect for all regardless of age, race, colour, creed or gender.
- Build peace, to promote justice, social concern and, through the celebration of difference, the equality of all peoples.
- Widen horizons, to encourage a sense of commitment and service to the wider world, and to enable each one to go on learning and changing all through life.

3. LINKS TO OTHER POLICIES

The Ursuline High School Positive Mental Health Policy links to the following school policies:

- Safeguarding and Child Protection Policy
- Behaviour Policy
- Equalities, Diversity, Cohesion Policy.
- Medical Policy
- SEN Policy
- Anti-bullying Policy

4. AIMS AND PRINCIPLES

The Ursuline High School is committed to providing a secure environment for students and all staff recognise that safeguarding and creating a safeguarding culture is the responsibility of everyone who works here.

The Ursuline High School seeks to:

- Increase the level of awareness and understanding amongst staff and parents/carers of issues involving the mental health of young people, in particular with self-harm, eating disorder, anxiety, depression, loss and bereavement.
- Detect and address problems in the earliest stages where they exist in thinking and attitudes to self/image, self-esteem and self-control.
- Offer the appropriate level of support available to students with mental health issues in partnership with outside health agencies and child support groups.
- Work collaboratively with the South West London Health and Care Partnership Cluster to improve our provision and support for students.
- Continue to promote positivity around Mental Well Being. To reduce the stigma associated with Mental Health.

4.1 The Ursuline High School Positive Mental Health Policy is intended to provide a framework for dealing with issues relating to mental health and self-harm. It clearly sets out how the school will work to prevent such incidents, deal with them and identify potential sources for support.

4.2 The objectives are that:

- All governors, teachers, learning support assistants and non-teaching staff will have an understanding of what good mental health is and why we need to be vigilant in school.
- All governors, teachers, learning support assistants and non-teaching staff will know what the school policy is on supporting positive mental health and will follow the policy when issues arise.
- All parents and students will know that the school has policies in place to keep students safe and that the school regularly reviews its systems to ensure they are appropriate and effective.

4.3 The main aims of this policy are to ensure that staff are fully engaged in being vigilant about mental health concerns; that they overcome professional disbelief that such issues will not happen here and ensure that we work alongside other professional bodies and agencies to ensure that our students are safe from harm.

5. DEFINITIONS AND INDICATORS

Students will be encouraged to view mental health on a spectrum and we will promote positive elements of mental health and use the terms positive mental health and mental wellbeing interchangeably.

Good mental health

5.1. Children who are mentally healthy have the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and resolve (face) problems and setbacks and learn from them.
- Develop a sense of self and identity.

Mental health problems in children and young people

5.2. Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

5.3. Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti- social behaviour;
- hyperkinetic disorders e.g. disturbance of activity and attention;

- developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and other mental health problems include eating disorders, habit disorders, post- traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder.

5.4. Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders (see appendix 1).

6. PROMOTNG POSITIVE MENTAL HEALTH

Factors that put students at risk

6.1 Typically, certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems. Mental health and issues leading to self-harm/self-injury can however affect anyone during what may be a vulnerable period.

- One in ten children between the ages of one and 15 has a mental health disorder. (The Office for National Statistics Mental health in children and young people in Great Britain, 2005)
- Estimates vary, but research suggests that 20% of children have a mental health problem in any given year, and about 10% at any one time. (Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime Impacts, Mental Health Foundation, 2005)
- Rates of mental health problems among children increase as they reach adolescence. Disorders affect 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15. (National Statistics Online, 2004)

Factors that make children more resilient

6.2 Seemingly against all the odds, some children exposed to significant risk factors develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

The role that the Ursuline plays in promoting the resilience of our students is important, particularly so for some children where their home life is complex. The Ursuline is a safe and

affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

Our PSHE provision is embedded across the curriculum, and directs our assemblies and underpins the ethos of the school. It is recognised that young people may suffer from mental health issues and therefore we strive to equip our students with confidence, self-belief, respect and the knowledge of where to seek help if necessary.

Curriculum reference to Mental Health in PSHEC

We ensure mental health is explicitly discussed with each year group, covering a variety of areas within our PSHEC spiral curriculum.

Year group	Term with PSHEC topics covering Mental Health
Year 7	Body Image, Self-Esteem, Mental Health week and activities
Year 8	Self-Esteem, Body image, pressures on teenagers, Mental Health week and activities, Gambling and online gambling
Year 9	Self-Esteem, Body image influence, peer pressure Mental Health week and activities, handling stress, coping with change
Year 10	Dealing with stress, Relaxation, Eating Disorders, Mental Health week and activities
Year 11	Managing Stress and exam pressures, Mental Health week and activities

Learning conferences will also address wellbeing. There will be a specific a focus on students being able to recognize the signs of stress and how to manage their wellbeing through those periods.

Year group	Term with Learning Conference covering Wellbeing
Year 7	Spring A – Stress, workload and how manage this
Year 8	Autumn A – Managing your workload for the year
Year 9	Autumn B – Stress and coping with it – management strategies
Year 10	Autumn B – Stress and coping with it – management strategies
Year 11	Autumn A – The challenges of Year 11 and coping with it

Difficult events that may have an effect on students

6.3 Tutors and class teachers see their students' on a daily basis. They know them well and are well placed to spot changes in behaviour that might indicate a problem. The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in student's lives. These include:

• Loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;

• Life changes – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form, questions

over sexuality or gender; and traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

The Ursuline aims to offer support to students at such times, intervening well before mental health problems develop.

Identifying and referring children with possible mental health problems

6.4 Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or a special educational need (SEND). Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem, and where there are concerns about behaviour there will be an assessment carried out by SENCO: Jennifer Delhoum, the Designated Safeguarding Lead (DSL): Michelle Alexander, the Assistant Lead Inclusion (ALI): Rachael Gilmore or the Designated Safeguarding Officers (DSOs). The assessment will cover all of the identified factors to determine whether there are any causal factors, such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues. The Ursuline is well-placed to observe students day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

6.5 There are often two key elements that the Ursuline to reliably identify children at risk of mental health problems; as well as symptoms (see appendix 1):

• Effective use of data so that changes in students' patterns of attainment, attendance or behaviour are noticed and can be acted upon. Monitored by tutors, Head of Year, Assistant Head for Pastoral and the Assistant Lead Pastoral.

• An effective pastoral system - that knows every student well and can spot where poor or unusual behaviour may have a root cause that needs addressing. This is developed at the Ursuline through the effective use of Pastoral Support Assistants (PSAs), tutors, a learning mentor and Head of Years. Where concerns arise staff should follow the procedure outlined in this policy.

6.6 Students who display the following concerns, will be assessed by the SENCO for possible SEN support, in conjunction with Rachael Gilmore who will assess student progress data:

Students identified with mental health issues which impact on their learning as indicated by: a) requiring alternative location, long term use of the medical room, working in some lessons in B5 due to inability to access lessons in the classroom b) where attendance drops below 90% in line with government guidelines, due to ongoing mental health needs and external interventions c) progress does not remain in line with expectations for the individual student.

6.6 The Ursuline adopts a whole school approach to promoting positive mental health through a range of initiatives e.g. positive wellbeing targets set in conjunction with student and parent/carer at Academic Review Day, students to engage with the concept of 5 a day for mental well-being, assemblies, Wellbeing Ambassadors, form group activities, and peer

mentors. Student voice is gauged through an annual Mental Health Survey to include student views on whole the school approach and to shape the work we do with students.

7. PROCEDURES FOR REFERRALS

7.1 It is important for staff to be constantly vigilant and reminded to suspend any 'professional disbelief' that instances of mental health 'could not happen here' and to refer any concerns through the Assistant Lead Inclusion: Rachael Gilmore. (See Appendix 2 – Referrals)

7.2 Only medical professionals can make a formal diagnosis of a mental health condition. The DSL, ALI, DSOs or Heads of Year will refer any students it feels may be at risk of mental health issues to Children's Services and/or advise parents to take their child to their GP or A&E where appropriate.

See appendix 1 for the main types of mental health needs as defined in the DfE Mental Health and Behaviour in Schools Advice 2015

7.3 We believe that it is possible to intervene to protect people who are vulnerable. Early intervention is vital and staff must be aware of the established processes for front line professionals to refer concerns about individuals. We must have the confidence to intervene and ensure that we have strong safeguarding practices.

7.4 The Assistant Lead Inclusion: Rachael Gilmore; or a Designated Safeguarding Team member will deal swiftly with any referrals made by staff or with concerns reported by staff.

7.5 The Assistant Lead Inclusion and Designated Safeguarding Lead will discuss the most appropriate course of action on a case-by-case basis and will decide when a referral to external agencies is needed (see Appendix 2 – Referrals). If a referral to CAMHS is required the school will do this through the Single Point of Access (SPA) for CAMHS.

7.6 The Roles and Responsibilities of staff

- The Ursuline will, where appropriate, make a referral to Children's Services or external support agencies, where it has concerns regarding a child's wellbeing/mental health. All members of staff should be familiar with the following information to support the identification of potential self-harm issues and the necessary steps to take where there are concerns (Appendix 2):
- The Ursuline will ensure that all staff, including teaching assistants, PSAs, lab technicians and other non- teaching staff are made aware of, and understand, the Positive Mental Health Policy.
- All staff must make records of students experiencing self-harm, incidents of self-harm and all other concerns surrounding the issue and report to the ASI, DSL/DSOs.
- All staff must ensure they are fully confident in your understanding of self-harm and seek additional information and / or training if necessary
- Follow the Ursuline's safeguarding procedures (see Safeguarding Policy)

- Be aware of communication processes with the ALI as primary contact in the school, followed by the DSL and DSO's as necessary.
- Remain calm and non-judgmental
- Avoid dismissing a students' reasons for distress as invalid
- Encourage students to be open with you and reassure them that they can get the help they need if they are willing to talk
- Don't make promises regarding confidentiality
- Avoid asking a student to show you their scars or describe their self- injury
- Avoid asking a student to stop self- harming - you may be removing the only coping mechanism they currently have
- Report the matter to a designated member of staff as soon as you become aware of the problem, and inform the student that you are doing this
- If a student discloses self-harm, report it immediately to the ALI.

7.7 Roles and responsibilities of Designated Safeguarding Team

- Rachael Gilmore and the DSO team are the staff responsible for dealing with and keeping an up to date record of all incidents relating to self-harm/mental health.
- All designated staff, have received full and appropriate training surrounding self-harm and are fully confident with the procedures to follow
- DSL (Michelle Alexander) to keep the Head Teacher up to date on a regular basis of all incidents and developments, via meetings with Rachael Gilmore (ALI).
- The Safeguarding Team are aware of when it is essential for other professional bodies to be informed such as Children's services. As well as when to contact other organisations and external agencies including CAMHS, where appropriate
- The Safeguarding Team know when to inform the student's parents, if appropriate, and liaise with them as to how best manage the situation.
- The ALI will liaise with Head of Year about special permissions for pupils who self-harm, for example time out of the classroom during emotional distress and permission to wear long sleeves for sports
- The Head Teacher, DSL, ALI and DSOs will be clear with students and parents about what behaviour will not be accepted (for example, self- injuring in front of other or using it as a threat)
- The Safeguarding Team will escalate any reports of suicidal feelings or behaviour as a matter of urgency to the head Teacher/Targeted Advice Service/Children's Services

7.8 Roles and Responsibilities of Parents

- Understand and endorse the school's Positive Mental Health Policy .
- Engage with parent workshops for supporting wellbeing.
- Educate themselves regarding self-harm and discuss the subject with their child
- If their child is self-harming, work closely with the school and take an active role in deciding the best course of action for their child, including taking their child to the GP, when requested to do so.
- Keep the school informed of any incidents outside of school that they feel they should know about

- Seek to take care of themselves and seek any emotional support that they may need in dealing with their child's self-injury; from external agencies (see appendix 3)

8. SUPPORTING CHILDREN AND YOUNG PEOPLE IN SCHOOL

8.1 Supporting children and young people with Mental Health issues at the Ursuline

- PSHEC Program on Mental Health
- Parents Information Evenings about Mental Health
- School based counseling
- Support and liaison through the SEN department.
- Inclusion support – anger management, social skills, restorative justice.
- Strengths and Difficulties Questionnaire (SDQ) to help judge whether individual students might be suffering from a diagnosable mental health problem as per DFE Mental Health and Behaviour in Schools guidance 2015
- Referral to Child and Adolescent Mental Health Services
- Weekly Vulnerable student meetings, to identify support strategies for students. Mental Health and Behaviour in Schools advice for schools
- Early intervention, for students showing early signs of problems
- Continuous professional development for all staff
- Clear policies on behaviour and bullying
- Culture within the school that values all students, allows them a sense of belonging and makes it possible to talk about problems in a non-stigmatising way
- Working with outside agencies to provide interventions for students with mental health difficulties
- Referral to Education Wellbeing Practitioners to support students experiencing low to moderate low mood or anxiety
- A whole school approach to promoting the health and wellbeing of all students
- Peer mentoring
- Mentoring
- Nurture Groups
- Social skills groups
- Mental Health First Aiders

8.2 Evidence based intervention and support

Intervention and support will be decided in consultation with the Mental Health Lead, key members of staff, parents and students.

Level of Need	**Evidence based intervention and support**	**Monitoring**
Highest need	Tier 3 CAMHS assessment followed by specialist CAMHS support. Decision for support made by CAMHS	Information sharing between the Mental Health Lead and CAMHS specialist to ensure support in school is appropriate and to monitor impact. In cases of high risk, a risk assessment

	If the school, professionals and/or parents/carers conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SENCO	is written detailing early and proactive interventions. Support is reviewed and evaluated half-termly through discussions with the Mental Health Lead, Head of Year, specialist, student and parents/carers. Information is recorded on the safeguarding file and shared with school staff as appropriate i.e. Head of Year
Some need	Tier 2 - early help and targeted services such as Off the Record, Education Wellbeing Practitioner, Jigsaw for you, community counselling, counselling or mentoring in school, education psychologists, targeted youth support teams, family support work	When available, information sharing between the Mental Health Lead and the outside agency to ensure support in school is appropriate and to monitor impact. Support is reviewed and evaluated through discussions with the Mental Health Lead, specialist, student and parents/carers. Information is recorded on safeguarding file and shared with school staff as appropriate i.e. Head of Year. Record of support by school counsellor and wellbeing coordinator using school reporting systems.
Lowest need	Tier 1 – early intervention and prevention support in school e.g. School Nurse drop in, Wellbeing Co-ordinator, Education Wellbeing Practitioner, Mental Health First Aider, Head of Year, Form Tutor, Class Teacher, Teaching Assistant. Support via health visitors, GPs, appropriate websites	Records and monitoring of support by Nurse and Well-being Co-ordinator reviewed termly. If deeper concerns become apparent the supporting adult is to inform the Mental Health Lead and Safeguarding Team and they will reassess need and support.

	for general emotional wellbeing	

Specialist Service	**Referral Process**
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
Off The Record	Accessed through CAMHS or self-referral
WISH	Accessed through CAMHS or self-referral
Jigsaw for You	Accessed through the Mental Health Lead, DSL or self-referral
Community counselling	Accessed through GP or self-referral
School counsellor	Accessed through the Mental Health Lead or DSL
Educational Psychologist	Accessed through the Mental Health Lead, DSL or SENCO
Targeted Youth Support Teams	Accessed through social services, the Mental Health Lead or DSL
Family support work	Accessed through social services, CAMHS or GP
School Nurse	Accessed through the Mental Health Lead or DSL
Wellbeing Co-ordinator	Accessed through the Mental Health Lead or DSL
Education Wellbeing Practitioner	Accessed through the Mental Health Lead or DSL
Mental Health First Aiders	Accessed through self-referral

Reasonable adjustment is made to accommodate access to trips which are curriculum based. This includes day trips and residential trips. The needs of the student and adjustment will be written on the medical plan.

8.3 Supporting parents

We recognise the important role parents and carers play in promoting and supporting young people with their mental health and wellbeing. We ask that we are informed of any health needs on entry to the school and that mental health needs are discussed at admissions interview. For students who develop mental health concerns during their time at the Ursuline we ask that parents share information so that we can better support their child.

To support parents and carers we offer an information evening at the start of the school year for parents of all year groups. We also provide information through workshops on mental health and wellbeing which are open to all parents and we can signpost support for parents of young people who are suffering.

When a concern has been raised we will contact the parents/carers to share the concern unless the concern is a matter of child protection in which case we follow safeguarding protocols in the first instance.

The school will:

- Discuss the concern and suggest a plan of action including how the parent/carer can support their child
- Agree a plan of action
- Be available for follow up conversations and/or meetings
- Keep parents/carers up to date of decisions about support and interventions

Parents and carers will always be informed if their child is at risk of danger. Students may choose to tell their parents and carers themselves about their mental health need, we will follow up that this does happen or support the young person in having the conversation with their parent/carer.

In the case that the student is over 18 we will discuss the sharing of information with the young person and endeavour to respect their wishes where possible.

Our primary concern is the student, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We will also provide information for parents and carers to access support for their own mental health needs if requested.

8.4 Supporting friends

We are aware that when a student is experiencing mental health problems it can be challenging for their friends. We will involve students and parents/carers in discussing what is helpful for friends to know, things they should avoid saying and how they would like details shared with friends. We will offer support for the emotional worries of friends and discuss with them how they can best support their friend who is experiencing mental health problems.

9.0 Supporting children and young people with Mental Health issues, through external services.

When further support is required beyond what is available at the Ursuline, staff will make contact with external agencies in order to access specialist support through the referral process (see appendices 2 and 3).

10. STAFF TRAINING

a. Staff receive annual safeguarding training and as part of this training are given training on supporting positive mental health; and being able to identify concerns. Staff are trained in Mental Health First Aid with staff who have a specific responsibility having more specialised training as required. All staff are trained in how to use the referral process to support a young person in need.

b. Staff are equipped with the skills, training and experience to best support children and young people's emotional and mental wellbeing. Staff are positive, open-minded, unprejudiced, and trustworthy. Staff behaviour is characterised by fairness, and a

willingness to listen to, trust and believe in the young person. Staff understand the role of CAMHS and are informed about supporting young people.

c. The Ursuline is developing a staff wellbeing committee for staff to be able to work together in supporting and promoting the wellbeing of staff. There are opportunities for staff to discuss their wellbeing with the Human Resources Advisor and/or be referred to occupational health for support.

11. POLICY REVIEW

d. The Positive Mental Health Policy will be reviewed annually as part of the overall Safeguarding and Child Protection Policy review; and SEN policy review.

12. POLICY EVALTUATION

This policy will be evaluated annually through the use of focus groups, which will include staff, parents and pupils.

ADDITIONAL MATERIALS

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416786/Mental_Health_and_Behaviour_-_Information_and_Tools_for_Schools_240515.pdf

Appendix 1

Mental health problems in children and young people

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders.

Mental health professionals have defined these as:

• emotional disorders, e.g. phobias, anxiety states and depression;
• conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti- social behaviour;
• hyperkinetic disorders e.g. disturbance of activity and attention;
• developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
• attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and other mental health problems include eating disorders, habit disorders, post- traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder.

Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders.

Self-Harm

Self-harm describes a wide range of behaviours that people use to cope with difficult feelings and distressing life experiences.

Some people have described self-harm as a way to express suicidal feelings and thoughts without taking their own life.

Examples (not exhaustive):

- Cutting
- Burning
- Severe scratching
- Biting
- Scalding
- Pulling out hair
- Picking at skin or re-opening wounds

It is estimated that 1 in 15 young people in the UK have deliberately self-harmed at some point and the most common age is between 11-25. Young people who have self-harmed have said they do it for a distraction, as self-punishment, as a way to symbolically cleanse themselves and to gain control, as a way to communicate without words, as a release of tension or as a form of comfort, to make themselves unattractive, to make them feel real or alive and because they may see it as a ritual or rite of passage into a group.

Eating disorders

While on the surface disordered eating appears to be all about food and weight it is often the outward expression of emotional problems. Eating disorders include but are not exclusive to Anorexia Nervosa, Bulimia Nervosa, and Binge -Eating Disorder. Disordered eating affects the physical and emotional well- being of an individual and also leads to changes in behaviour. Very often masked by the eating disorder there is usually an underlying reason this can be a coping mechanism and this is a way of gaining control.

Young people may display the following behaviours:

- Loss of concentration
- Skipping meals
- Disappearing to the toilet after meals
- Pre occupation with body Image, dieting.
- Excessive exercise
- Secretive behaviour
- Becoming irritable and withdrawing from social activities particularly those involving food.

Anxiety

Some people will experience levels of anxiety from time to time. Most people can relate to feeling tense, uncertain fearful for example before an exam. These in turn can lead to sleep, problems, loss of appetite and ability to concentrate. This kind of anxiety can be useful because it makes you more alert and enhance performance. However if anxiety overwhelms

a child they may not be able to deal with daily activities. If the anxiety stays as a high level the young person may feel powerless, out of control and sometimes this can lead to a panic attack.

Examples: (not Exhaustive)

- Phobias
- Obsessive Compulsive disorder
- Generalised Anxiety disorder (GAD)
- Post -traumatic stress disorder (PTSD)
- Panic Disorder

Depression

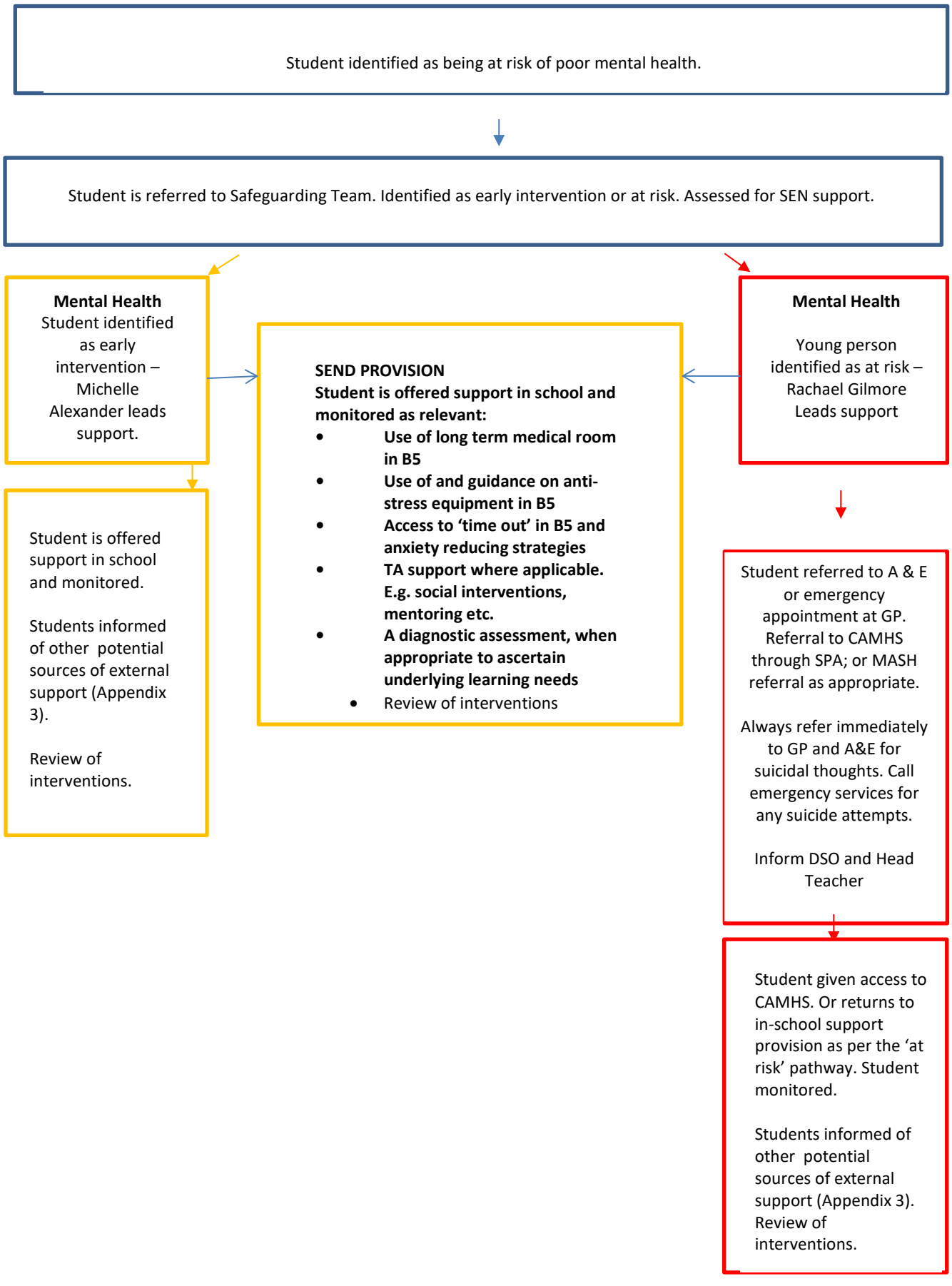
In its mildest form depression can be being in low spirits, it doesn't stop you leading a normal life not makes things harder to do and seem less worthwhile. At its most severe (Clinical Depression) can be life threatening. Some young people need medication to alleviate their symptoms.

Examples:

- Change in normal pattern of behaviour
- Withdrawal from institutions(school), social activities and friendship groups
- Seasonal Affective Disorder(SAD)
- Bi Polar disorder or Manic Depression.

Appendix 2

Referral Process



Appendix 3

External Support Agencies

Who?	What they do?	Website
Childline	A confidential service provided by NSPCC	www.childline.org.uk
GIRES Gender Identity Research and Education Society	An organisation who provide information and advice on trans and gender non-conforming for all.	www.gires.orguk
Samaritans	Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts.	www.samaritans.org
MindEd	Provide mental health advice	www.minded.org.uk
Mind	Provide advice and support to empower anyone experiencing a mental health problem.	www.mind.org.uk
HeadMeds	Developed by the charity young minds to provide mental health advice	www.headmeds.org.uk
Mental Health and Bullying	A guide for teachers and other children's workforce staff	http://www.anti-bullyingalliance.org.uk/media/5436/Mental-health-and-bullying-module-FINAL.pdf
Place2BE	Charity working in schools providing early intervention and mental health support	www.place2be.org.uk
Play Therapy UK	Is a not-for-profit professional organisation addressing Mental Health Issues	www.playtherapy.org.uk
Relate	Offers advice and relationship counselling	www.relate.org.uk
School Nursing Public Health Service	Supporting pupils at school with medical conditions – statutory advice for schools	https://www.gov.uk/government/publications/school-nursing-public-health-services
Stonewall	Support for LGBT young people, as well as families.	www.stonewall.org.uk
Women's Aid	National Domestic Violence Charity	www.womensaid.org.uk
Off The Record	Counselling Service for young people who live in Merton, Sutton and Croydon	www.talkofftherecord.org
Young Minds	Charity to improve emotional wellbeing and mental health in schools up to the age of 25	www.youngminds.org.uk

FFLAG	**Families and Friends of Lesbians and Gays, give advice to parents and friends of young people who are lesbian, gay or bi-sexual.**	**www.fflag.org.uk**
DfE	**DfE advice for schools .**	**https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2**

Appendix 4

UHS

Self Harm Referral Form

Staff, volunteers and regular visitors who have a self hram concern about a child in school are required to complete this form and pass it to Rachael Gilmore.

Full name of child	**Date of Birth**	**Tutor/Form group**	**Your name and position in School.**

Nature of concern/disclosure

Please include where you were when the child made a disclosure, what you saw, who else was there, what did the child say or do and what you said.

Was there an injury?	**Yes / No** (circle answer)
Did you see it? *(See body map)*	**Yes / No** (circle answer)
Describe the injury:	
Have you filled in a body plan to show where the injury is and its approximate size? Attach body map.	**Yes / No** (circle answer)
Was anyone else with you? If yes, state name & role/position?	
Has this happened before? If yes, did you report the previous incident?	
	Name:

Who are you passing this information to?	**Role:**	
	Date:	
	Time:	
Your signature:		**Date:**
Action taken by the Assistant Lead Inclusion:		
Referred? State where & outcome of referral		
Parents informed?		
Feedback given to child? If no, give reason.		
Feedback to other person. If yes, state who and reason.		
FURTHER ACTION AGREED:		

Appendix 5

UHS Body Map

Body Map Guidance for Schools

Body Maps should be used to document and illustrate visible signs of harm and physical injuries.
Always use a black pen (never a pencil) and do not use correction fluid or any other eraser.
Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment.

***At no time should an individual teacher/member of staff or school be asked to or consider taking photographic evidence of any injuries or marks to a child's person, this type of behaviour could lead to the staff member being taken into managing allegations procedures, the body map below should be used in accordance with recording guidance. Any concerns should be reported and recorded without delay to the appropriate safeguarding services, eg MASH or the child's social worker if already an open case to social care.**

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

- Exact site of injury on the body, e.g. upper outer arm/left cheek.
- Size of injury - in appropriate centimetres or inches.
- Approximate shape of injury, e.g. round/square or straight line.
- Colour of injury - if more than one colour, say so.
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

Importantly the date and time of the recording must be stated as well as the name and designation of the person making the record. Add any further comments as required.
Ensure First Aid is provided where required and record
A copy of the body map should be kept on the child's concern/confidential file.

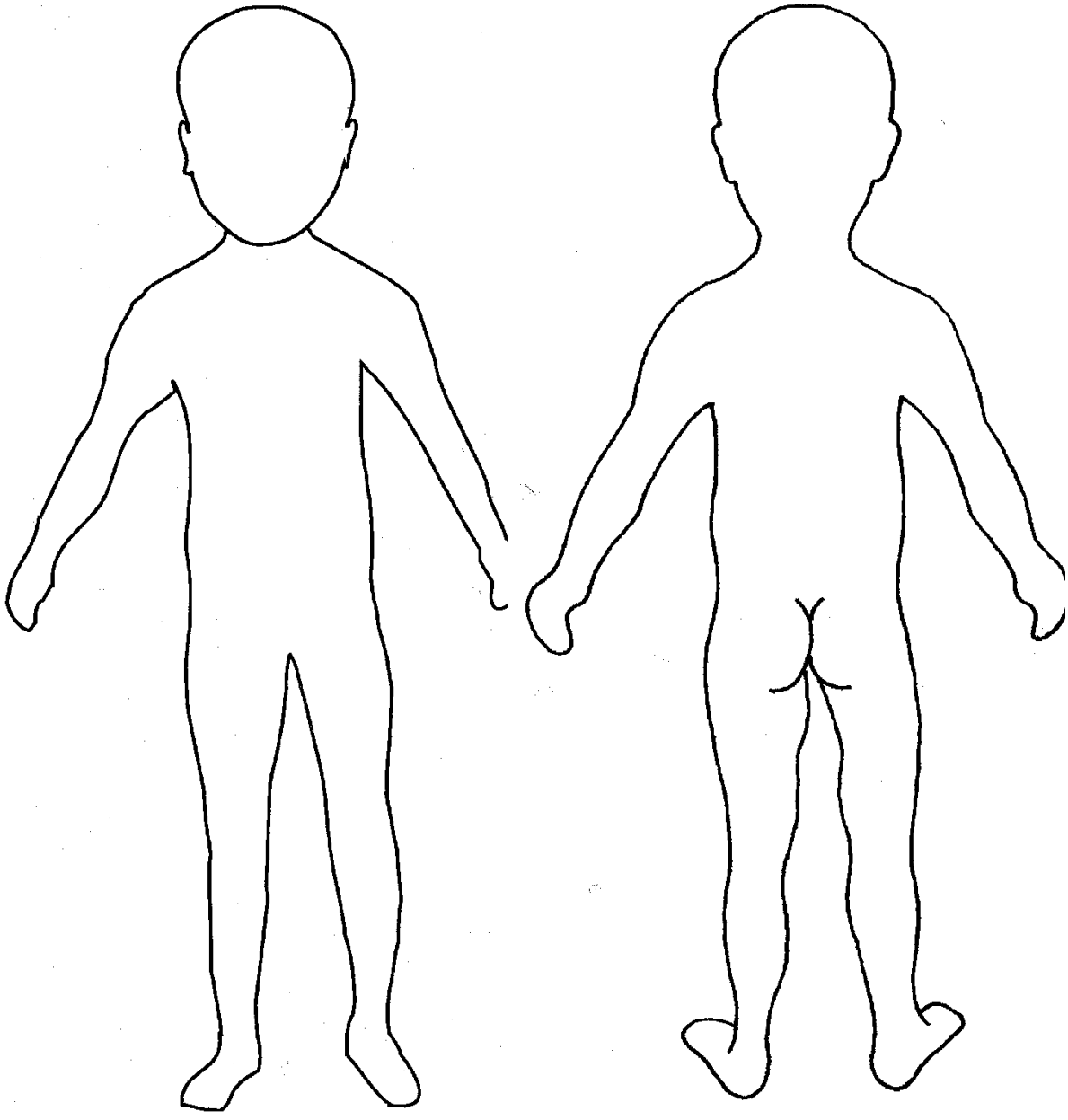
BODYMAP

(This must be completed at time of observation)

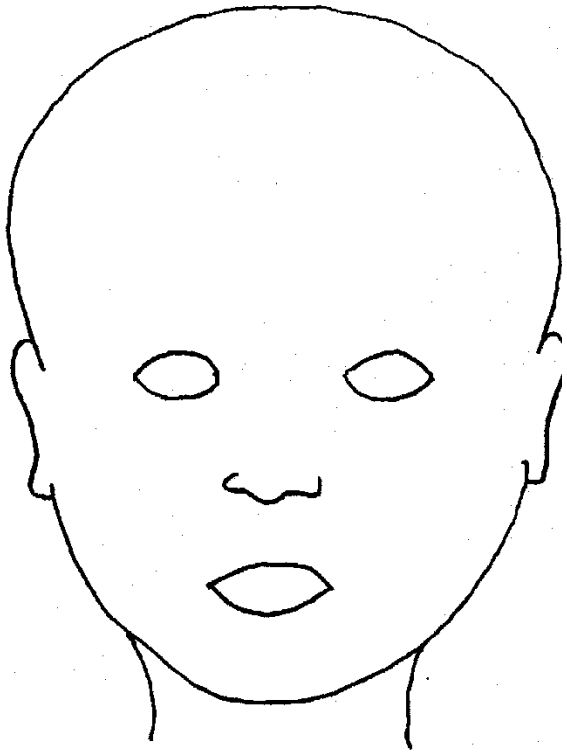
Names for Child: ..... Date of Birth: .....

Name of Worker: ..... Agency: .....

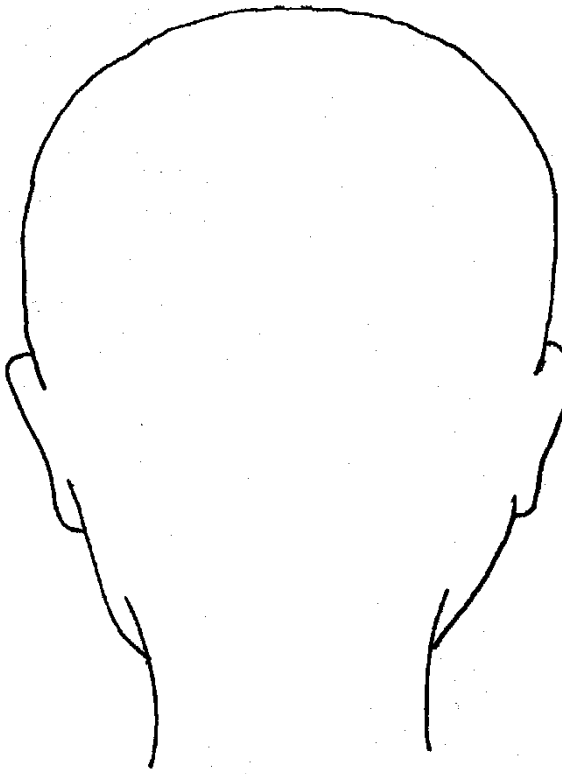
Date and time of observation: .....



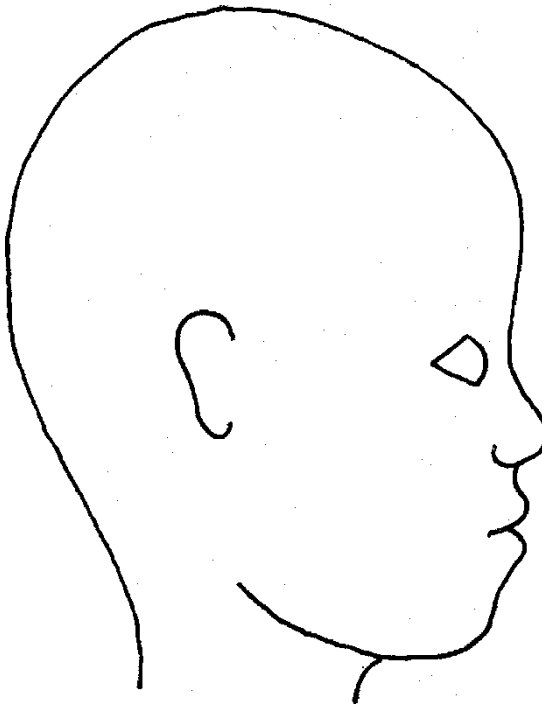
Name of Child: _____ Date of observation: _____



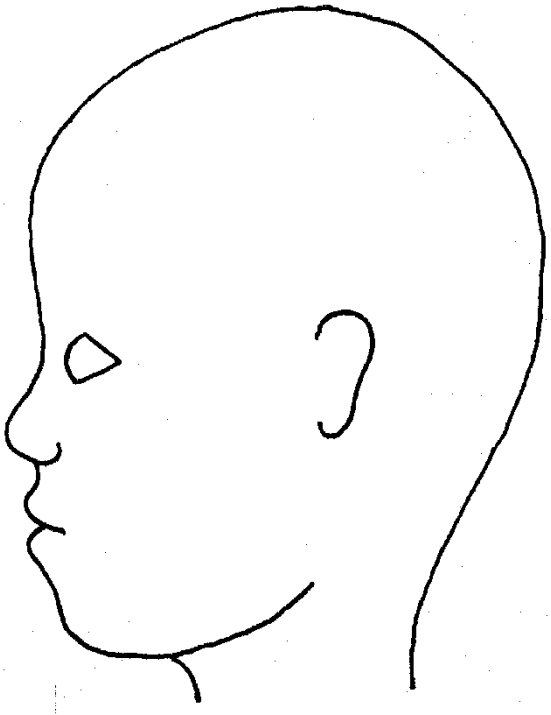
FRONT



BACK



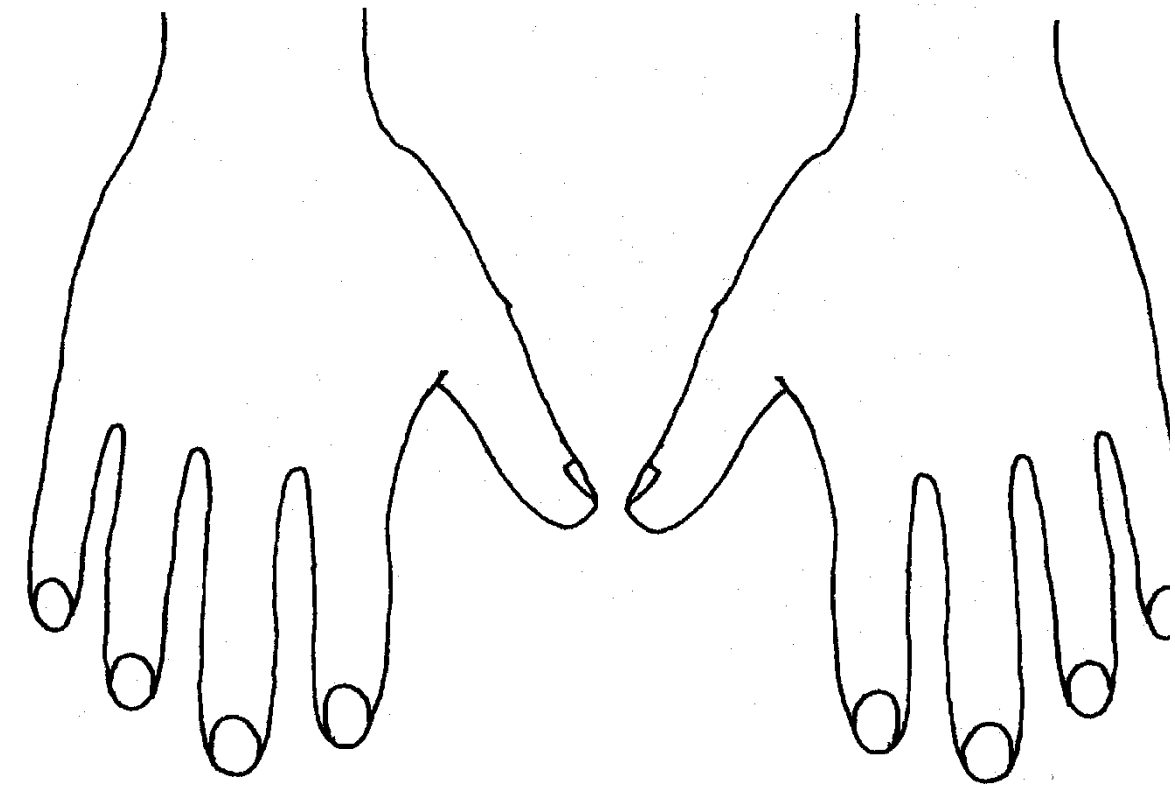
RIGHT



LEFT

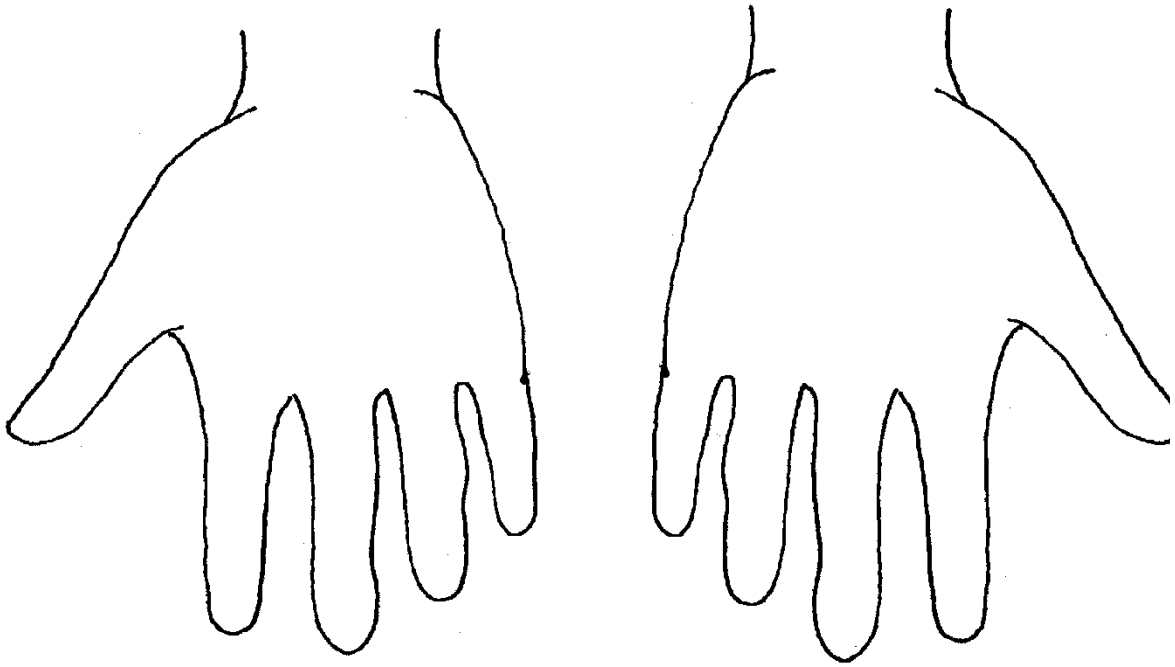
Name of Child: .....

Date of observation: .....



R **L**

BACK

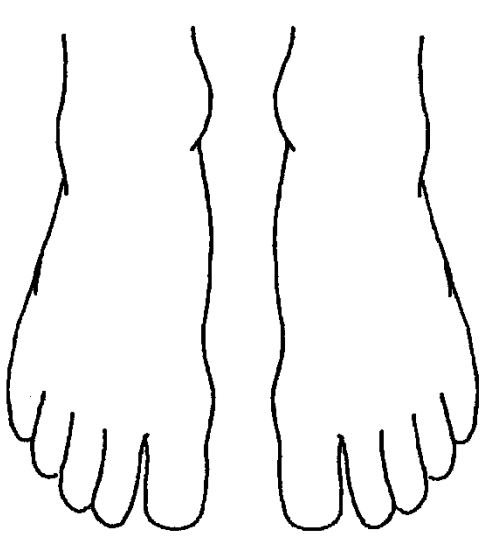


R **L**

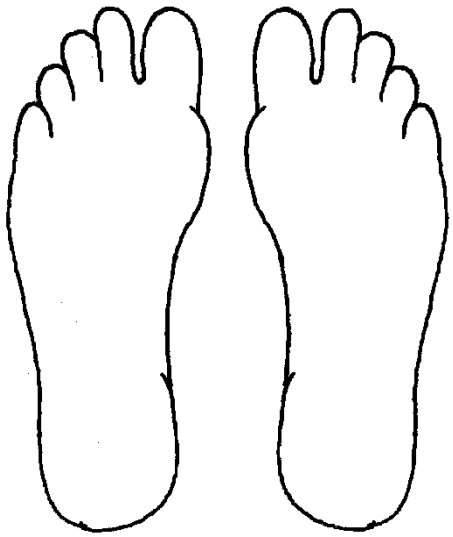
PALM

Name of Child: .....

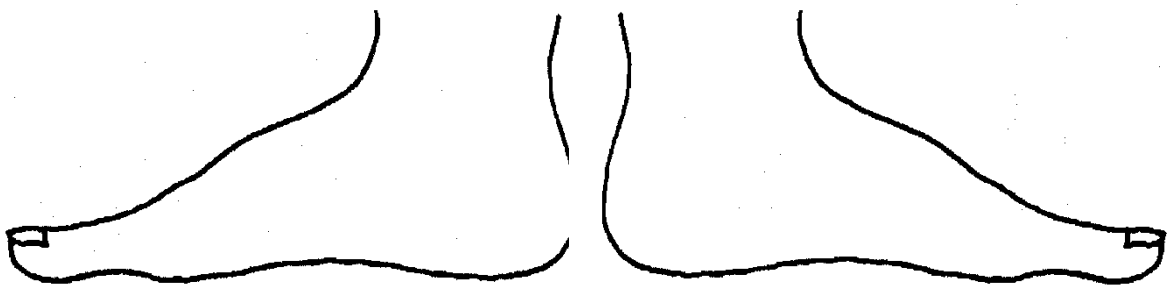
Date of observation: .....



R TOP L

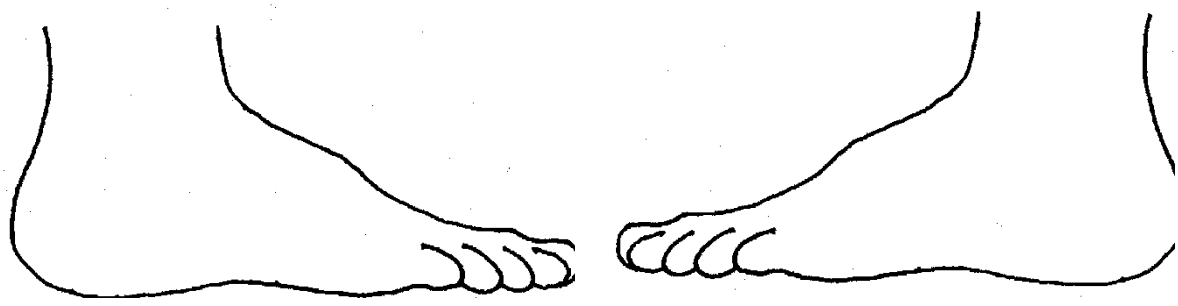


R BOTTOM L



R L

INNER



R L

OUTER

Printed Name and Signature of worker: .....

Date: .....

Time: .....

Role of Worker .....

Other information: .....

Appendix 6
Evaluation of support

Half termly feedback from Assistant Lead Inclusion on impact of work with students to Head of Inclusion. All Tier ½ support staff to feedback as part of annual review.