



RUGBY SCHOOL
JAPAN

Pupil Health and Wellbeing Policy

Version 1.0

Policy Statement

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization) At Rugby School Japan, we aim to promote positive mental health for every member of our staff and, through our PSHE programme, the pupil body. We pursue this aim using both universal, whole School approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and emotional wellbeing, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

Scope

This document describes the School's approach to promoting positive mental health and wellbeing, in addition to responding to mental ill health. This policy is intended as guidance for all staff and the Board.

The Policy aims to:

- Promote positive mental health in all pupils
- Provide support to pupils suffering mental ill health and to their peers
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues

Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of pupils, staff with a specific, relevant remit includes the Deputy Principal (Pastoral) and Designated Safeguarding Lead (DSL) and the boarding Housemaster/mistresses (HMs).

Any member of staff who is concerned about the mental health or wellbeing of a pupil should register their concern on CPOMS or speak to the HM or DSL in the first instance. If there is a fear that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed. If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the medical team and contacting the emergency services if necessary.

Where a referral to specialist teams is appropriate, this can be instigated by the medical team, in conjunction with the parents. Parents are encouraged to approach the DSL if they have any concerns about the welfare of any child in the School, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the child's HM.

The mental health continuum

Mental health can be described as a continuum. We are all at different places on that continuum at any given time, depending on our lives and what might be happening to us. We may move up and down from day to day, week to week, or even year to year. It is important to remember that EVERYONE has mental health; we may be at different places on the continuum, but we all have mental health. When working with children and young people, we will recognise that some young people are better able to stick to the positive end of the continuum than others. For example, a person with a mental illness may be coping very well and still managing to go to School or work because they are getting help. Another person may be at the thriving end of the spectrum when something happens (for example, a sudden bereavement), and this may send them immediately down to the 'not coping' end of the continuum.

Warning Signs

School 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 our DSL.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- 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. long sleeves in warm weather
- Secretive behaviour
- Skipping sport or getting changed secretly
- Lateness to or absence from School
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

This is not an exhaustive list and if staff are concerned they should contact the DSL.

Individual Pastoral Plans

A pupil causing concern may have an individual pastoral plan. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the School and parents can play
- Risk assessments

This will be updated and reviewed regularly by the HM, involving the health centre and pastoral teams and appropriate members of staff.

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. Lessons will be determined by the specific needs of the cohort we are teaching, but there will always be an emphasis on enabling pupils 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.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within School and in the local community. We will display relevant sources of support in communal areas such as common rooms and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand what is likely to happen next.

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure. If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen rather than advise, and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively, see Appendix A.

All disclosures should be recorded on 'CPOMS'. This written record should include where relevant:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps, if relevant

This information will only be shared on a need to know basis and always with the DSL and the medical team who will store the record appropriately and offer support and advice about next steps.

Confidentiality

We should be honest with regard to the issue of confidentiality. If we feel it is necessary for us to pass our concerns about a pupil on, then we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent. This applies to pupils who are in danger of harm. It is always advisable to share disclosures with a colleague, such as the HM or DSL. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence, and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with.

Parents should usually be informed if there is a risk of harm to the pupil (or to other pupils), and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given suitable time to share this information before the School contacts parents. We should always give pupils the option of us informing parents *for* them or *with* them. In the event of an individual issue that impacts on the House community, the HM may inform parents of affected pupils. We will endeavour to protect the individual's confidentiality.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, and the Designated Safeguarding Lead must be informed immediately.

Working with Parents of Individual Pupils

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we will consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? In the House or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?
- Whenever possible, this will be organised within 3 working days.

It can be shocking and upsetting for parents to learn of their child's issues, and many may respond with anger, fear or upset during the first conversation. We will be accepting of this (within reason) and give the parents time to reflect.

We will always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as we recognise that parents often have many questions as they process the

information. We will finish each meeting with agreed next steps and always keep a record of the meeting which will be shared with the parents.

Working with all parents

Parents are often very welcoming of support and information from the School about supporting their children's emotional and mental health. In order to support parents we will:

- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child.
- Make our Pupil Mental Health and Wellbeing policy easily accessible to parents.
- Share ideas about how parents can support positive mental health in their children through our regular parent seminars and other resources.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will include:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

Parents of peers will be updated as necessary via the HM.

The Role of the Counsellor

The pupils at RSJ have access to a trained counselling psychologist, with whom individual appointments can be made (directly from the pupils, or on their behalf via House staff), and who is able to offer regular drop in sessions when onsite. Pupils are to be made aware that conversations with the counsellor will remain confidential, unless safeguarding concerns are raised, in which case the counsellor is duty bound to disclose these concerns to the DSL team.

The counsellor is tasked with providing:

- Bilingual (Japanese or English) counselling sessions for pupils, which aim to provide a safe space for pupils to talk and, where appropriate, to receive guidance and advice.
- Psychological assessments of pupils if requested, with a view to making recommendations for more intensive support.
- Referrals to external agencies (the CGC, doctors, psychologists, specialist eating disorder counsellors etc.) as deemed necessary or desirable.
- Bilingual mediation and communication between the School and the CGC and other professionals on matters requiring discretion and sensitivity.
- Advice to the DSL body and other members of the pastoral, House and Health Centre teams on pupils' behavioural and pastoral issues, with recommendations for appropriate action if requested.
- Provide training for staff on mental health and other issues.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding training to enable them to keep pupils safe. Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process, and additional CPD will be supported throughout the year when it becomes appropriate due to developing situations with one or more pupils.

Suggestions for individual, group or whole School INSET should be discussed with members of the SLT, who can also highlight sources of relevant training and support for individuals as needed.

Responsibility of Parent/Guardians

We recognise that our pupils come from a wide variety of backgrounds (including different countries) with differing attitudes and approaches to mental health issues. It is important that the families of pupils who have, or have had, mental health problems are encouraged to share this information with the health centre team and/or DSL. The School needs to know of the pupil's circumstances in order to provide proper support and ensure that reasonable adjustments can be made to enable them to learn and study effectively. Parents must disclose any known mental health problem or any concerns they may have about their child's mental health or emotional wellbeing.

Pupils and their families can share relevant health information on the understanding that the information will be shared on a strictly need-to-know basis. The School asks for a confidential reference from a pupil's previous School and specifically asks whether there are any welfare or medical issues of which the School should be aware in order to discharge our duty of care.

Pupil Absence from School

If a pupil is absent from School for a prolonged length of time, then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a pupil.

Management of pupil mental health concerns in School and boarding

Management of pupil mental and emotional health issues will be assessed on a case by case basis. The DSL and School health centre team will consider whether a pupil is fit to remain in School, and in particular whether they are fit to remain in boarding. This review will evaluate the following: whether the pupil is a potential risk to themselves or to others; whether the pupil needs a greater level of supervision than can be reasonably accommodated in a boarding setting, particularly in regard to weekend and overnight supervision; whether there is a risk of 'contagion', should the pupil remain in School; what the effects are on their peers; and consideration of available medical and mental health support.

It is important that where a pupil is receiving external support, the School must be informed, and appropriate contact provided to enable shared care. This will include written reports and verbal discussion.

Guidance from the School's pastoral team and medical professionals will be sought, but the decision will ultimately be taken by the Principal in the best interests of the pupil and the interests of the wider School community. Therefore, if the Principal considers that the presence of a pupil in School is having a detrimental effect on the wellbeing and safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the boarding environment, the Principal reserves the right to request that parents withdraw their child temporarily until appropriate reassurances have been met.

Reintegration to School

Should a pupil require some time out of School, the School will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into School when they are ready. Pupils will not commence reintegration to School until a specialist report and/or discussion has occurred outlining a step-by-step plan of care. The DSL, HM and pastoral team will draw up an appropriate welfare plan. The pupil should have as much ownership as possible with regard to the welfare plan so that they feel they have control over the situation. If a phased return to School is deemed appropriate, this will be agreed with the parents and medical/emotional health professionals.

APPENDIX 1

ANXIETY & DEPRESSION

School staff can play an important role in supporting pupils, peers and parents of pupils currently suffering from or recovering from anxiety and depression. Anxiety and depression are issues addressed at an age and stage appropriate level in the School's PSHE programme.

Aims

- To increase understanding and awareness of anxiety disorders & depression
- To alert staff to warning signs and risk factors
- To provide support to pupils currently experiencing or recovering from either of these disorders and provide support to their peers/ parents/carers
- To provide support to staff dealing with pupils experiencing anxiety and /or depression

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness to a terrifying panic attack. It can vary in how long it lasts, from a very short time to many years. Children and young people may feel anxious for a number of reasons- worries about things happening at school or home or because of a traumatic event.

Anxiety disorders include:

- Generalised anxiety disorder
- Panic disorder and agoraphobia
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder
- Specific phobias

Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. If they become persistent or exaggerated then specialist help may be required.

Panic Attacks

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. Contact the Health Centre.
- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible. Contact the Health Centre.
- 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.
- Stay with the pupil, keep them safe and reassure them until the attack stops.

Depression

Feeling low or sad is a common feeling and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness.

Risk Factors

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

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

Symptoms

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

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

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk-taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

Staff Roles

The most important role School staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the relevant HM aware of any child causing concern.

Following the report, the HM will

- Alert the Health Centre
- Consider initiating an individual care plan (ICP)

Through discussion with the Deputy Principal (Pastoral)/Health Centre they will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance from trained Rugby School Japan staff
- Arranging professional assistance e.g. Doctor, Nurse
- Arranging an appointment with the Counsellor – ideally with parental consent
- Arranging a referral to a hospital – ideally with parental consent
- Giving advice to parents, teachers and other pupils

Members of the School may choose to confide in a member of School staff if they are concerned about their own welfare, or that of a peer. Pupils need to be reminded that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves, or another, harm then confidentiality must not 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.

Useful Links:

Cool2talk- www.cool2talk.org – an interactive website for young people. Its aim is to provide health information & raise awareness of local services.

APPENDIX 2

EATING DISORDER POLICY

School staff can play an important role in preventing eating disorders and also in supporting pupils. This document describes the School's approach to eating disorders.

Aims

- To increase understanding and awareness of eating disorders
- To provide support to staff dealing with pupils suffering eating disorders
- To alert staff to warning signs and risk factors
- To provide support to pupils currently experiencing or recovering from eating disorders and their peers and parents/carers.

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, sex 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, secretively 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 particularly vulnerable to developing an eating disorder:

Individual Factors:

- Difficulty expressing feelings and emotions
- A tendency to comply with others' demands
- Very high expectations of achievement

Family Factors:

- A home environment where food, eating, weight or appearance have a disproportionate significance.
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high 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

School staff may become aware of warning signs, which indicate a child or young person 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 the relevant HM, Health Centre Nursing Staff or the DSL.

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 clothing
- Wearing several layers of clothing
- Excessive chewing of gum/drinking water
- Increasing isolation/loss of friends
- Believes he/she is fat when he/she is not
- Secretive behaviour
- Visits to the toilet immediately after meals

Physical 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 School staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to and to make the relevant HM aware of any child causing concern.

Following the report, the HM will

- Alert the Health Centre Staff
- Consider initiating an individual care plan (ICP)

Through discussion with the Deputy Principal (Pastoral)/Health Centre/Child Protection Advisor they will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance from trained Rugby School Japan staff
- Arranging professional assistance eg Doctor, Nurse
- Arranging an appointment with the Counsellor
- Arranging a referral to a hospital – ideally with parental consent
- Giving advice to parents, teachers and other pupils

Members of the School may choose to confide in a member of School staff if they are concerned about their own welfare, or that of a peer. Pupils need to be reminded that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves, or another, harm then confidentiality must not 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.

Pupils Undergoing Treatment for/recovering from Eating Disorder

The decision about how, or if, to proceed with a pupil's schooling and, where relevant, Boarding placement, 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, School staff and members of the multi-disciplinary team treating the child or young person.

The reintegration of a young person into School following a period of absence should be handled sensitively and carefully and again, the pupil, their parents, School staff and members of the multi-disciplinary team treating the pupil should be consulted during both the planning and reintegration phase. Regular reviews should take place following reintegration.

Further Considerations

Any meetings with a pupil, their parent or their peers regarding eating disorders should be recorded appropriately on CPOMS and include:

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

Useful Links:

Blog address; <http://www.eatingdisordersadvice.co.uk> which is regularly updated with advice and support for parents and teachers of children with eating disorders.

BEAT www.b-eat.co.uk

APPENDIX 3

SELF-HARM POLICY

Recent research indicates that up to one in ten young people engage in self-harming behaviours. School staff can play an important role in supporting pupils, peers and parents of pupils currently engaging in self-harm.

Aims

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

School 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 Deputy Principal (Pastoral).

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. child or young person 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 covering arms even in hot weather
- Unwillingness to participate in certain sports activities e.g. swimming

Staff Roles in working with pupils who self-harm

Pupils may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try to maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of School staff is showing a considerable amount of courage and trust. The most important role School staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to and to make the relevant HM aware of any child causing concern.

Following the report, the HM will

- Alert the Health Centre
- Consider initiating an individual care plan (ICP)

Through discussion with the Deputy Principal (Pastoral)/Health Centre they will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance from trained Rugby School Japan staff
- Arranging professional assistance e.g. Doctor, Nurse
- Arranging an appointment with a Counsellor
- Arranging a referral to a hospital – ideally with parental consent
- Giving advice to parents, teachers and other pupils

Members of the School may choose to confide in a member of School staff if they are concerned about their own welfare, or that of a peer. Pupils need to be reminded that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves, or another, harm then confidentiality must not 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.

Further Considerations

Any meetings with a pupil, their parent or their peers regarding eating disorders should be recorded appropriately on CPOMS and include:

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

It is important to encourage pupils 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 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. These issues are directly addressed in the School's PSHE programme.

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 further advice on this should consult the Deputy Principal (Pastoral).

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 schools discover that a number of pupils in the same peer group are harming themselves.

Distraction Techniques for pupils who self-harm

Feelings	Possible distractions
Anger and frustration	Express it physically: <ul style="list-style-type: none">- Exercise in a way that feels helpful rather than harmful- Hit cushions- Shout- Dance- Tear something up into hundreds of pieces
Sadness and Fear	<ul style="list-style-type: none">- Wrap a blanket around you- Spend time with an animal- Walk in nature- Let yourself cry or sleep- Listen to soothing music- Tell someone how you feel- Massage your hands- Lie in a comfortable position and breathe in deeply-then breathe out slowly, making your out breath longer than your in breath. Repeat until you feel more relaxed.
Need to control	<ul style="list-style-type: none">- Write lists- Tidy up- Have a clear out- Clench then relax all your muscles
Numb and Disconnected	<ul style="list-style-type: none">- Flick elastic bands on wrists- Hold ice cubes- Have a cold shower

Useful Links:

SAMH – www.samh.org.uk Understanding self-harm for young people and parents, carers.

The Mix – www.themix.org.uk Support for people aged 16-25 years.

YoungMinds – www.youngminds.org.uk Information for parents and young people about mental health and well-being.