

## Policy to Promote the Wellbeing and Mental and Emotional Health of Pupils

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### 1. Introduction

Highgate aims *to be an exemplar for a healthy life* where pupil wellbeing is prioritised, and the wellbeing service is embedded and sits alongside the quality academic provision offered to pupils. Pupils will be supported to develop good mental health practices and develop their emotional resilience through education, awareness and tools which help them to meet the challenges of day-to-day life. We recognise that success for pupils also includes good mental health and emotional resilience. Our aim is for pupils to leave us as secure, confident, and responsible individuals who have a personal sense of identity and pride in all their achievements. We want them to develop a sense of responsibility for themselves and others, the environment and society.

This policy is applicable to all three sections of Highgate School (Pre-Prep, Junior School and Senior School) and sets out the ways in which the School promotes pupils' wellbeing. It highlights the wellbeing provision in place to support pupils in being able to lead a healthy life as young people and as adults. The policy also, insofar as it is possible, sets the parameters for the School's actions

given that the responsibility for a child's health, be that mental, emotional or physical, is a shared one with parents or carers and designated children's services.

This policy should be read in conjunction with the School's Safeguarding and Welfare Policy, Behaviour Policy, Anti-bullying policy, Substance Education, Online Safety Policy, and the Learning Support (SEND) policy. The School recognises that wellbeing, safeguarding and behaviour all have strong links and adopts a collaborative joined up approach in prioritising pupil wellbeing. Like safeguarding we believe that all staff have a role to play in pupil wellbeing and are committed to ensuring that there are clear and consistent procedures in place to support staff in observing, identifying and supporting pupils with mental health and wellbeing difficulties that arise.

The Wellbeing and Mental Health policy draws on specific guidance and material from the following publications:

*ISI Regulatory Commentary, September 2022*

[Physical health and mental wellbeing \(Primary and secondary\), DfE September 2021](#)

[Promoting and supporting mental health and wellbeing in schools and colleges, DfE November 2022](#)

[Counselling in Schools: a blueprint for the future, DfE, Feb 2016](#)

[Promoting children and young people's emotional health and wellbeing: whole school and college approach, PHE and DfE, September 2021](#)

[Social and emotional wellbeing: early years, NICE October 2012](#)

[Schools' mental health toolkit, 2021](#)

Supporting mental health and wellbeing of pupils and students during periods of disruption, Anna Freud 2020

*Healthy Minds: Promoting emotional health and wellbeing in schools, Ofsted, July 2012*

*Mental Health in Schools, Mark Prever, British Association for Counselling and Psychotherapy, 2006*

## **2. Purpose of Highgate's Wellbeing and Mental Health Policy**

To promote a solid understanding of mental health and wellbeing and highlight the significant benefit to pupils when their wellbeing is prioritised. To establish clear guidelines for supporting pupils experiencing mental health difficulties and ensure good wellbeing practices are embedded in school policies and procedures. Mental health is a psychological state that we all have, which will affect our emotional and behavioural processes and influence how we think, act and feel. Wellbeing is how an individual functions and engage on an everyday basis, usually influenced by mental health. As an example, mental health could be anxiety and low mood, wellbeing would be avoidance, disengagement and poor organisation.

Estimates suggest that up to 10% of children and young people suffer from a diagnosable mental health disorder, often leading to social isolation, low self-esteem and associated poor academic achievement. Disorders can manifest themselves in many ways such as self-harm, eating disorders, depression, poor educational achievement, or disruptive or anti-social behaviour. Highgate is well

placed to offer early intervention helping to identify potential problems, and to assist parents or carers to access professional support (e.g. medical interventions, counselling, psychological or psychiatric support). Research clearly highlights the important role early intervention plays in altering the trajectory of significant mental health difficulties in children and young people. The school recognises the importance of clear communication and a joint up approach in working across the three schools. The Director of Pupil Wellbeing along with the Director of Safeguarding ensures regular communication and meeting with pastoral leads and DSLs across all 3 schools, sharing need to know information and strategies when necessary.

The Director of Pupil Wellbeing has strategic oversight of the pupil wellbeing service at Highgate School. This means developing policies and practices that prioritise pupil wellbeing and support staff in doing this. It also includes providing specialist consultative support for the School's safeguarding and pastoral teams. The School's pastoral systems allow teachers and tutors to identify, report and monitor pupil behaviour which may point to physical and mental health problems, or such problems that are brought to our attention.

The wellbeing service aims to work collaboratively with the network (parents/carers, staff, relevant professionals) around the pupil in identifying pupil's needs, offering a support plan, and equipping the pupil with tools to build their resilience. It is not uncommon for young people to have occasional difficult periods at some point during their school years; this is a normal and expected part of growing up. However, for some pupils, more frequent emotional dips or persistent displays of challenging behaviour, school absence or academic deterioration may be indicative of deeper issues which, in order to be resolved, will require a coordinated response involving not only the School and parents and carers, but experts beyond the School. The School recognises the importance of working collaboratively with the network around the child to manage risk, support and prioritise pupil wellbeing.

The publication of this policy is an indication of Highgate's commitment to raising awareness among staff, pupils and parents/carers in order to promote the physical, emotional and mental wellbeing of all pupils. The Director of Pupil Wellbeing, the Deputy Head (Pastoral) and other senior pastoral staff will review the policy on an annual basis, drawing upon evidence from Highgate and official research by government and other appropriate bodies, to ensure that the school continues to be an exemplar for the healthy life for all pupils. This policy will be reviewed and updated regularly because we recognise pupils' mental health and wellbeing needs are fluid and will change according to different factors. The Wellbeing Policy needs to reflect this. Our termly safeguarding governors report and meeting is also included as part of the monitoring of this policy. This looks in depth at all the pupil interactions with social care, Police and CAMHS, as well as any mental health categories flagged on CPOMS enabling us to have a good sense of the range of pupil wellbeing needs and the reoccurring themes.

We will further monitor trends and effectiveness of our wellbeing policies and procedures via the following:

- A universal referral form for the wellbeing service which allows the opportunity to identify needs, themes and referral pathways.
- Seeking pupil voice feedback about our approach and whole school wellbeing policies and practices via pupil voice groups, anonymous feedback via The Student Voice page, surveys, and wellbeing trackers.
- The Director of Pupil Wellbeing will keep the mental health and wellbeing dialogue going via regular newsletters which aim to raise awareness and offer tools to help with a range of mental health and wellbeing topics.

### 3. Promoting Good Mental Health

Schools are in a good position to enhance the social and emotional development of children through their daily responses to, and interaction with, pupils. Being an emotionally and mentally healthy school requires on-going commitment from both staff and pupils. An inclusive and supportive culture where pupils feel confident and able to ask for help is paramount. Clarity on exactly where to ask for help is needed. Pupils and staff should be clear on the expectation in terms of manners, courtesy, acceptable behaviour, and respect for each other. Pupil commitment rests on the positive and caring culture created within the school for routine manners and courtesy, acceptable behaviour, anti-bullying, and respect for others regardless of physical, cultural, racial or any other differences.

Expectations for pupils are clearly outlined in Highgate's Aims and Ethos and Pupil Code of Conduct (set out in the *Blue Book Diary* for Senior School pupils and in the class charters for Pre-Prep and Junior School pupils). Further details can be found in the school's policies on Safeguarding and Welfare, Behaviour and Anti-Bullying.

In addition, the school has in place the following examples of good practice for an emotionally and mentally healthy school:

- **A carefully considered PSHEE curriculum**, which includes: the promotion of social skills and problem-solving skills; teaching awareness of mental health issues to raise awareness and decrease stigma (eating disorders, self-harm, depression etc.); values; emotional awareness; confronting bereavement; anger management and conflict resolution, mindfulness etc.
- **Pastoral support from trained staff** available in each School, e.g. in Senior School – Heads of Year, Heads of House, Tutors, Chaplain, Nurses, Pupil Welfare and Attendance Officers, School Counsellors (and their equivalents) in the Junior and Pre-Prep Schools – Class Teachers, Pastoral Deputy, Learning Support Teacher, Play Therapist.
- **Specialist support from the Wellbeing Service** which is available to respond to and support pupils with their mental health and wellbeing needs. The team also has a critical role to play in education and awareness about mental health in the school community and destigmatising asking for help. The wellbeing team also plays a role in developing and supporting staff pastoral competencies and in equipping them to support pupils with their wellbeing needs and identifying when to signpost and refer on. Referrals for the wellbeing service are made by pastoral staff (Head of House, Head of Section) via completion of universal referral form. The Director of Pupil Wellbeing then triages and assesses referrals and identifies the relevant support, such as school counsellors, a pupil wellbeing practitioner, or specialist external services.
- **An active and supportive team of Learning Support teachers in each school** – practical learning issues are addressed as part of reinforcing the self-esteem and mental health of pupils.
- **Peer counsellors/peer support systems** – introduction and development of pupils who are appointed and trained to act as mentors to younger pupils or to their peers.
- **Pupils and Staff are expected to value and respect every individual member of the school community** – building constructive relationships using form time, referring to the appropriate guidance for each School, e.g. Golden Rules, Code of Conduct, and Aims and Ethos.
- **All staff are encouraged to listen to pupils and hear what they say** – through regular child protection and safeguarding training, and via formal forums for the voice of the pupils to

be heard, e.g. Pupil Councils, Assemblies, the Head and Principal's Q & A with pupils, Circle Time, Form meetings with Tutors.

- **An emphasis on both the academic and personal development of each pupil** – regular academic and pastoral monitoring, strong encouragement for pupils to develop friendships, and engagement in the co-curricular life of the school; opportunities for pupil-led activities and other initiatives are actively investigated and encouraged, with informal and formal rewards systems in place to celebrate the academic and co-curricular achievements of the children.
- **A Child-on-Child Abuse Policy and systems in place that are clear well promoted, easily understood and easily accessible** – these will help children to confidently report abuse, knowing their concerns will be treated seriously and that they can safely express their views and give feedback. All systems, processes and policies operate with the best interests of the child at their heart.
- **Identification, and monitoring, of vulnerable pupils** – effective internal communication between academic and pastoral staff; clear channels of communication with parents/carers via pastoral staff; highly responsive pastoral intervention when necessary to safeguard the wellbeing of the child.
- A commitment, where necessary, to **reasonable adjustments** within the school environment for pupils with physical or mental health issues which do not affect the learning environment of other pupils.
- **Appropriate support and training for staff** – particularly pastoral staff who may be involved in supporting physical and / or mental health issues with pupils.
- A commitment to **joint working** between Highgate's pastoral staff and parents/carers and external experts, e.g. the School Nurse with health services; the School Counsellors and specialist adolescent mental health units; Designated Safeguarding Leads with Children's Social Services.
- **Junior School** - Pastoral Support in the form of the Pupil Welfare Officer, School Counsellor, Form Teachers, Middle Management Pastoral Lead and the Deputy Principal Pastoral. 'RED' line (respect, equality, decency) system in place which incorporate the importance of the protected characteristics.
- **Collaboration and engagement of the parent/carer community** – building a strong and trusting relationship with parents/carers, with the wellbeing and personal progress of the pupil as the focus. Empowering and supporting parents/carers by provision of workshops, groups, presentations to offer educations, insights and strategies on emerging mental health and wellbeing topics. Parent portal is also regularly updated with resources. In Pre-Prep and Junior School, it is important to identify strength, capabilities, and risk factors for families in relation to pupil wellbeing and work with parents/carers to support pupil wellbeing.
- **Appendix 3** – Highgate's Five a Day to promote wellbeing and mental health (published termly in the Senior School diary).

This policy also aims to help parents/carers to understand what the school can do to help, and what it can only do in concert with relevant mental health experts. This policy along with the Safeguarding and Welfare Policy and the Behaviour Policy provides clear information to staff on identifying and supporting pupils with mental health and wellbeing needs, this includes clear communication with parents and knowing when to signpost.

#### **4. Common Mental Health Risk Factors**

There are common risk factors that may influence the chances of a young person developing a mental health disorder. These may include:

- Physical illness or learning disability
- Difficult temperament or communication difficulties
- Family factors, such as parental conflict and inconsistent discipline, family mental-health issues, difficult relationships with siblings
- Psychological reaction to adverse events (bereavement, bullying, abuse, lockdown, etc.)
- Environmental factors and life changes, such as socio-economic disadvantages, homelessness, or frequent moving of home or school.
- Significant and prolonged period of absence from school

**Appendix 1 offers a flow chart that highlights the types of mental health issues** that are not likely to affect the course of action in School unless there is an immediate risk of harm to the pupil, in which case the School's Safeguarding and Welfare Policy and procedures would be followed.

It is impossible to definitively list all the situations that could be encountered by pupils but a summary of some different types of mental health disorders is given in **Appendix 2** to help staff and parents/carers understand of some of the specific issues that pupils may face.

#### **5. Identifying a Potential Problem – Guidance for Staff**

Part of prioritising pupil wellbeing is ensuring that staff are supported and feel confident and competent to support pupils as well as have a clear idea of what to do when a pupil is experiencing a mental health or wellbeing difficulty. We expect all adults to demonstrate the following behaviours: kindness, calmness, consistency, fairness, positivity, encouragement, respect, specific praise and thoughtful feedback. We will ensure that we create a supportive and inclusive environment in which staff feel able to demonstrate and role model these qualities.

Early identification is key when supporting pupils with their mental health and wellbeing, we aim to create a culture of if in doubt, check it with the pupil and talk it through with a colleague. Clear guidance identified in the Safeguarding and Welfare Policy also facilitates early identification. Staff building positive relationships with pupils will also contribute to early identification and being able to see any changes in behaviour or mood.

Supporting a distressed pupil can be extremely time consuming and challenging. Staff may know the pupil well from lessons or co-curricular activities, but it is important to look objectively at the situation and for staff to work with other colleagues to establish how they can best support the pupil.

Supporting pupils requires good communication and teamwork. Staff are encouraged to consult with Designated Safeguarding Leads or senior pastoral staff such as Heads of Year or Heads of House (or equivalent), and always keep relevant pastoral staff informed of their actions and interactions with the pupil. Staff think carefully about what they can and cannot do to help the pupil and are realistic, ensuring that the pupil clearly understands the limits of their role. In addition, staff are prepared to take a firm line about the extent of their involvement so that it does not have an impact on their own teaching and wellbeing. Additional consultation, training and support via the wellbeing team is always available if required.

Advice on external referrals can be obtained by the School from the Director of Pupil Wellbeing or a member of the DSL team. As a first port of call we would usually suggest the engagement of the

pupil's GP or the pupil's local borough Child and Adolescent Mental Health Services (CAMHS), when a referral is required.

The school will work together with any family requiring assistance on these matters and continue to engage with the external services when required. Local drop-in and self-referral centres, such as The Brandon Centre or The Tavistock Clinic, can also be recommended for adolescent or family counselling as well as parental support.

Regular training will be delivered to staff on the different signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the pastoral team or Designated Safeguarding Leads.

These signs might include but are not limited to:

- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- deteriorating academic achievement
- significant/prolonged absence from school
- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness, or loss of hope
- an increase or consistency in lateness or absenteeism
- not wanting to do SpEx or get changed for SpEx
- drug or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- wearing long sleeves in hot weather
- consistent angry or aggressive behaviours (verbal or physical)
- targeting other pupils i.e. bullying behaviour
- repeated physical pain or nausea with no evident cause

Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive, or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

## **6. Support in School for Pupils Receiving Treatment**

- *Keeping things 'normal'*  
While it is not the responsibility of Highgate to replace, or act for, mental health experts if a pupil has mental or emotional health problems which are being treated, the school will seek to play a valuable role in supporting the pupil. Part of this may be as simple as keeping school as a constant of 'normal' life. Subject to adjustments agreed and made to accommodate a pupil's problems, normal codes of behaviour should be required: when the pupil is in school, they should feel a part of the school community. The aim might best be phrased as incorporating the pupil's individual needs into school life rather than fitting school around the focus of his or her medical needs; thus we provide a secure and safe environment for pupils to feel 'normal', rather than seeing him or her as a 'patient' in school.
- *Treatment and Medication*  
External treatment can have several arms of support including different types of therapy, such as counselling, psychotherapy, cognitive behavioural therapy, alternative therapy such as hypnotherapy and / or medication. Medication is not necessarily contra-indicated for school attendance but will require the approval of the Head, or a Principal, and subsequent close

liaison with senior pastoral staff and the School Nurses. Parents/carers and pupils should be open about medications so that staff can be understanding and supportive, particularly if the medication may result in side effects which could affect mood, focus and ability to sleep, all of which impact on a pupil's performance in school. The School Nurses must also be informed of any medication so that there are no safety issues in the case of the pupil needing to be treated for any other medical presentation.

- *Advice and training*  
As with any medical condition in school, staff supporting pupils with physical illness and mental health disorders should receive appropriate advice and training where necessary. If a member of staff feels that they are unable to fulfil their professional duties relating to the wellbeing of a pupil then they must raise this as matter of urgency with their appropriate line-manager.
- *Safeguarding and Welfare (Child Protection)*  
Safeguarding training is an essential part of understanding and dealing with wellbeing issues relating to children. All Highgate staff must ensure that their CP training is up to date, according to statutory guidelines and the School's Safeguarding and Welfare Policy.

## **7. The Wellbeing Service, including Counselling**

The wellbeing service consists of: Director of Pupil Wellbeing, Pupil Wellbeing Practitioners, School Counsellors and School Nurses.

The counselling service is an essential part of the wellbeing service and plays an important role in supporting pupils with their mental health and wellbeing, both on an individual basis and within the wider school community. The counselling service, in keeping with the wider school values and vision will offer therapeutic support that is inclusive and ensure a safe space is created for pupils to be themselves. The counselling service is accessible to all pupils.

Referrals to the Senior School counselling service should happen by completion of the wellbeing service form by a pastoral staff member (HoH and HoS). Other staff who identify and observe a mental or wellbeing need for pupils should discuss it with pastoral staff who will complete the forms. Pupils in Senior School can also self-refer via [counselling@highgateschool.org.uk](mailto:counselling@highgateschool.org.uk)

The Pre-Prep have a play therapist and referrals are managed by the Deputy Principal Pastoral. Junior School have a school counsellor on site 2 days a week. Referrals to the Junior School counsellor happens by completion of a referral form by pastoral staff to the Deputy Principal Pastoral. There is also a box placed outside the counsellor's office where pupils can self-refer for a drop-in session.

Across the counselling service in all 3 schools, data is captured on pupils accessing the service. The data captured includes the referral pathway, reasons for referral, assessment sessions and total number of sessions pupil have. Drop in service data is captured in the Junior School. Access to this confidential data is limited to Counsellors, Director of Pupil Wellbeing, Designated Safeguarding Lead, and the pastoral Deputy Head/Principal in each school. This data is used to inform the development of the service, to identify pupil needs and prevalent themes, as well as to inform strategic decisions about the provision and ensure consistency across the service. This will also help us to deliver our wider inclusion, wellbeing and safeguarding policies and practices.

The counsellors will be available to work with parents/carers and relevant professions to support pupils with potential or identified mental health needs as required and with the explicit consent of



the pupils. The service will work within the school safeguarding policies and follow the procedures to identify any pupils or individuals at risk of harm.

The counselling service will include:

**Identification:** staff identify and observe a mental health and/or wellbeing concern and refer to the wellbeing team.

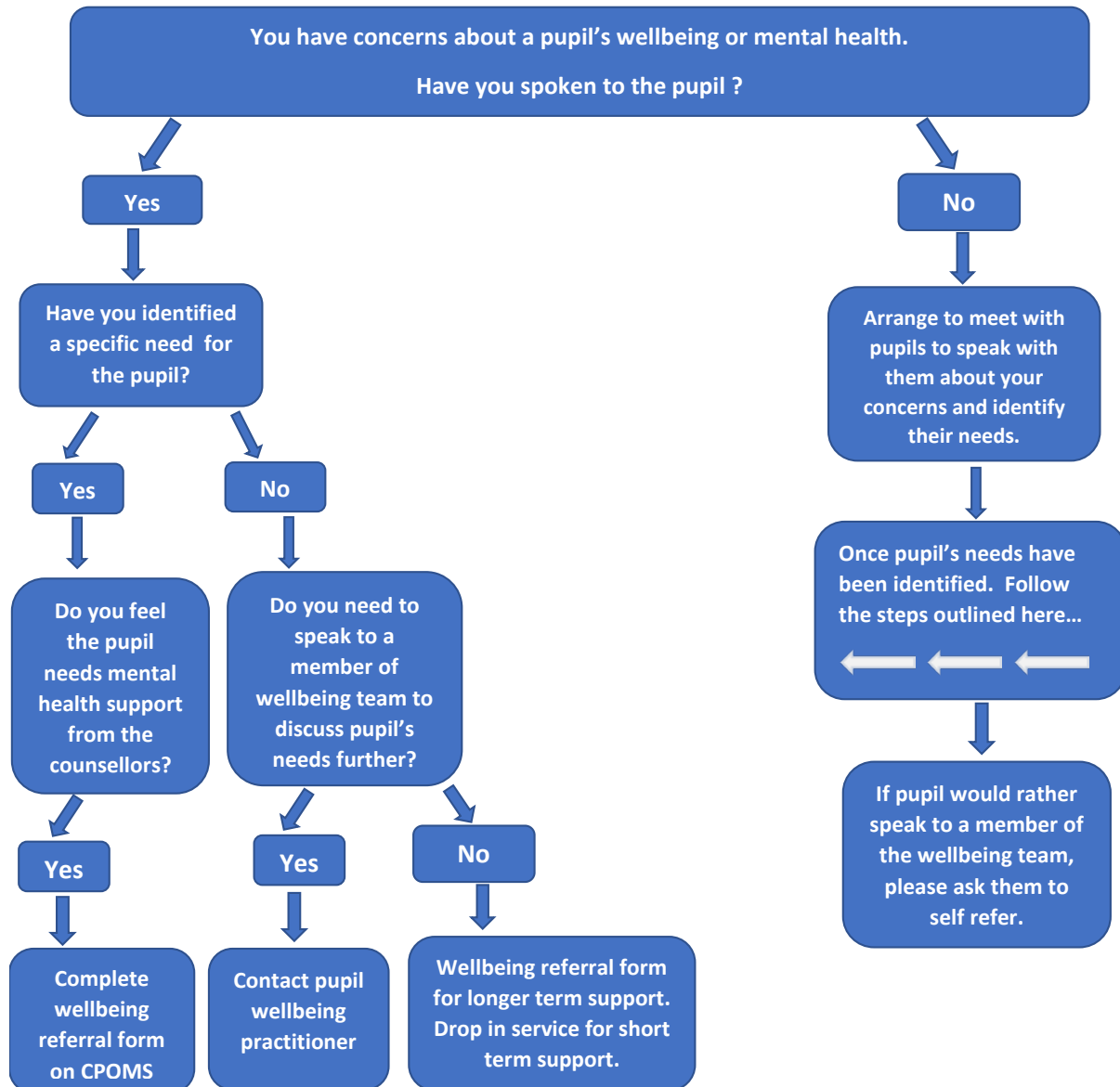
**Assessment:** Director of Pupil Wellbeing will triage and assess need and allocate to counsellors when suitable. Counsellors offer 4 session assessment and formulate a treatment plan to support pupils, where appropriate.

**Intervention:** Following the 4-session assessment, counsellors offer pupils who wish to continue ongoing therapeutic support, which will typically happen on a weekly basis. There might be variations to this based on individual pupil needs. Parent consultation are offered in the junior school and pre-prep.

**Evaluation and review:** Counsellors will conduct regular reviews with pupils in sessions on a case-by-case basis to ensure that pupils' needs are being met. Evaluation of the service will be conducted via anonymous end of intervention feedback forms overseen by the Director of Pupil Wellbeing.

## Appendix 1: [Flowchart](#) for Staff Identifying a Concern

This flowchart offers guidance on how best to access the wellbeing service.



### **General advice for staff (to be read in conjunction with policies and guidance on safeguarding and pastoral care):**

We acknowledge that Mental Health and Safeguarding of pupils go hand-in-hand and that pupils identified as vulnerable due to safeguarding concerns may develop a mental health need and vice versa.

- Follow up on concerns, however small, with pupils through the pastoral system; be proactive and you may prevent a situation from becoming worse.
- Always be prepared to listen carefully to pupils. Active listening includes soft and open body language, allow pauses, don't interrupt, don't impose your opinions or judgement and asking the pupils what they would like to happen.

- If you are the lead pastoral colleague, gather more information from other colleagues to see if your concern is shared.
- Again, assuming that you are the lead pastoral colleague, consider the most effective and supportive way to communicate your concerns to pastoral line managers and then, if appropriate, to the pupil and their parents/carers using the School's established communication procedures.
- If you suspect that a problem with a pupil is not straightforward, or if there is no improvement in the pupil despite your initial intervention, do not delay in contacting a senior member of the pastoral team (Head of Year, Head of House or Assistant Head in Senior School. Deputy Head Pastoral in Junior School and Pre-Prep). Concerns can also be raised with wellbeing service via the wellbeing referral form. A Pupil Wellbeing Practitioner can also be contacted for consultation. The School Chaplain is also available.
- Always be mindful of the guidance on confidentiality contained within the School's Safeguarding and Welfare Policy.

## Appendix 2

### Brief overview of some mental health disorders that can affect young people

#### 1. Self-harm

Self-harm can be an expression of personal distress. There are many reasons for a person to hurt themselves. Actions of self-harm can include cutting, overdosing on medications or other deliberate poisoning, asphyxiation, burning, punching oneself, pulling out hair/eyelashes, picking at skin or any other self-inflicted injuries.

The vast majority of children and young people who self-harm are not trying to kill themselves; it is a method of distraction from painful feelings. They are trying to cope with these feelings by engaging in behaviour which temporarily relieves stress and anxiety, but it is behaviour which can become very addictive. However, many people who commit suicide have self-harmed in the past, and for that reason each episode needs to be taken seriously.

If staff or parents/carers discover a pupil is self-harming, it is important to try not to appear shocked or to show other negative feelings. Acknowledge their distress and express genuine concern for their wellbeing. Self-harm usually takes place in secret and it is important to be aware of the difficulties a pupil may have in discussing issues surrounding self-harm.

The School regards self-harm seriously and will recommend an external referral to a GP or to appropriate counselling. Staff and parents/carers seeking advice should speak to senior Pastoral staff and further support and information can be obtained from the School Nurses or the School counsellor.

#### 2. Eating disorders

“Eating disorders are not a diet gone wrong or a fad or fashion. They are a way of coping with difficult thoughts, emotions or experiences.” (from *'b-eat', or beating eating disorders*)

There are three main types of eating disorder:

- Anorexia Nervosa: people with anorexia limit the amount of food they eat by skipping meals and rigidly controlling what they will and will not eat. Their concern about food, weight and calories can start to control them isolating them from their social group.
- Bulimia Nervosa: people with bulimia will also constantly think about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick (“purging”), in order to try and lose the calories they have eaten.
- Binge Eating Disorder: People with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.

A mixture of the disorders above is also common. Any pupil who is stressed, unhappy or lacking in confidence may be at risk of developing an eating disorder. In some cases, an eating disorder may be triggered in a vulnerable personality by a period of illness which is accompanied by loss of appetite. Eating disorders are very secretive and usually associated with a high level of denial, which can make diagnosis very difficult. It is often a bringing together of clues reported from different sources that build up the bigger picture that results in diagnosis of, or strong suspicion of an eating disorder.

There are many signs to look out for:

<b>Appearance/physical signs</b>	<b>Behaviour</b>
Weight loss/weight gain	Restricted eating – i.e. volume of food and low calorie content
Dull, lifeless hair; hair loss, dry skin	Obsession with food, weight and dieting, preference for eating alone, strange behaviour around food including hiding, collecting or storing food
Dizziness, tiredness or fainting	Irritability, distress, and arguments around mealtimes
Feeling cold	Secretive eating, lying about how much they have eaten and inability to tolerate unplanned events involving food
Menstrual disturbances	Drinking lots of water or fizzy drinks
Calluses on the knuckles of the dominant hand	Frequent weighing and excessive exercising
Sore throat, mouth ulcer and tooth decay; bad breath	Increased conscientiousness
Wearing baggy clothes	Increased isolation and loss of friends
	Ritualistic behaviour and obsessions
	Disappearing to the toilet immediately after meals
	Self-dislike, moodiness and excessive perfectionism
	Insisting on being fat when not

A pupil with an eating disorder can impact negatively on the school community and peer group. The isolation, generated by the condition and the controlling effects of the eating disorder on the sufferer can be disturbing for others who may also need support. There can also be elements of copying and competition but these should not manifest into serious cases.

It is likely that most pupils and some parents/carers will be in denial about the existence of the problem and may refuse to co-operate with the steps taken to rectify the situation. As with most mental health disorders, until a pupil accepts that they have a problem it is difficult to refer them to CAMHS as they need to accept there is a problem to engage in the treatment. This is with the exception of severe cases where referral should be made without cooperation due to safeguarding concerns. Regular monitoring during the time of non-disclosure is essential by staff and parents/carers and if there is deterioration then safeguarding measures should be discussed. If staff suspect a pupil has an eating disorder based on physical signs, the School Nurses can make contact with the pupil in order to rule out other potential medical causes.

Once diagnosed and under treatment, there will be no weighing of the pupil done in school in order to keep School as a safe environment. The School Nurses will liaise with external medical and psychology experts and work with teachers to help the School to support the pupil in, as far as reasonably possible, maintaining a normal school routine.

### **3. Depression**

Childhood and adolescent depression can impact on cognitive development, socialisation, family relationships and behaviour. Children who are depressed often present with non-specific symptoms

which may include refusal or reluctance to attend school, irritability, poor sleep pattern, abdominal pain and headache. There is often loss of concentration and loss of interest in previously enjoyed activities with a marked decline in educational performance and a persistent feeling of low mood, and unhappiness. Depression is a disorder that must be distinguished from the understandable melancholy arising from common life experiences.

Depression may develop over days or weeks. The duration of each episode can last weeks or months and most cases will self-resolve. 20-30% will have a residual low-level depressive state continuing for months or years. 5-10% will have full symptoms lasting 2 years or more. Treatment considerably shortens the duration of the depressive phase which means that diagnosis is essential.

The School's role is to foster a balanced, supportive, non-judgemental, helpful, confidential, safe environment for the pupil. This involves acceptance of the situation the pupil is in and pathways of support offered within the school environment – this may include agreed adjustments to the academic and co-curricular programme of the pupil to prioritise health and wellbeing. Professional help will be needed externally consisting of therapy, plus or minus medication. The School will expect to work closely with these professionals to ensure that School can play a positive role in the pupil's overall care package.

#### **4. Obsessive Compulsive Disorder (OCD)**

Obsessive compulsive disorder in children can be described as 'troublesome and distressing rituals and ruminations outside the criteria of 'normal' childhood rituals. OCD rituals are those that interfere with, rather than enhance, socialisation and the growth of independence'.

It is a very under-diagnosed condition and should be suspected with pupils who show poor adherence to timetables, lateness or inability to deal with change. Other clues can be frequent/prolonged visits to the toilet, excessive questioning in class and messy work due to constant erasing and re-writing. Normal childhood 'habits' start to decline from around 10 years of age and it is after this that persistent rituals would start to raise concern.

OCD is most commonly treated with cognitive behavioural therapy (CBT) in conjunction with medication. CBT for children with OCD may involve keeping a diary, with the child drawing up a hierarchy of compulsions, and, starting with the easiest to tackle, being encouraged to try to avoid carrying out the compulsion.

#### **5. Conduct Disorders**

Children with conduct disorders can be rejected and become unpopular with their peers due to poor social skills. This may lead to emotional problems and isolation at school. A number of children with conduct disorders have additional problems such as hyperactivity or depression and can benefit from input from mental health professionals. One third of children assessed as having a conduct disorder have specific reading difficulties which because of their behaviour can often go undetected.

Disruptive children can lack social skills and have difficulties reading the behaviour of other children and adults around them. They often believe that others are behaving in a hostile or negative manner when they are not, and respond accordingly. Helping pupils examine those situations involving conflict or frustration, and to understand how to read the signals of people around them and respond in a more positive manner has been shown to have long-term preventive effects.

Approaches that can be used at a classroom level include: proactive classroom management methods; use of learning support; short, achievable targets and give immediate praise/rewards

when completed; giving the pupil special responsibilities so that they and other pupils can see them in a positive light; helping young people to control their impulsive behaviour by generating alternative solutions.

Some pupils (for example those with ADHD) may be prescribed stimulant medication. This medication will be securely stored and administered, according to the School's medicine policy, by the School Nurses if it is required during school hours.

## **6. Suicidal Ideation**

Suicidal ideation is also referred to as suicidal thoughts and describes thoughts, fantasies, ideas that an individual has about committing suicide. Thoughts can range from fleeting thoughts to making actual plans to end their life. Suicidal ideation becomes active when an individual begins to make plans to end their life. It is important to be aware of some of the signs of suicidal ideation in young people and how to intervene. A number of factors can contribute suicidal ideation, some examples are: low mood, depression, drug misuse, extreme social and academic difficulties, lack of support and bullying. Warning signs will vary according to the young person, so it's important to look out for any significant changes in their typical mood and behaviour. Other signs include:

- Frequently, upset, anxious, withdrawn or showing signs of low mood
- Beginning to use alcohol and/or drugs, or using them more frequently
- Being self-destructive or engaging in risk taking behaviours
- Changes in sleeping patterns
- Expressing hopelessness or a feeling of being trapped with no way out
- Extreme mood swings
- Less interested in their appearance
- Frequently talking about death or dying, including making jokes about suicide and saying things like "I wish I were dead" "I can't go on" "People would be better off without me"
- Giving away possessions for no clear reason
- Looking for and/or acquiring means to commit suicide
- Making a point to say goodbye to people

All suicidal feelings and comments should be taken seriously. If you believe a pupil is showing signs of suicidal ideation, the Safeguarding and Welfare Policy must be followed, and a DSL notified.

## Appendix 3

### Highgate's Five a Day for Wellbeing and Mental Health

A prescription for pupils: Highgate's '**five a day**' for the promotion of wellbeing and good mental health

- 1 **Structure.** Know how much work there is to do and when you're going to do it. Plan your non-school time in term (evenings and weekends) so you create guilt-free down-time (and do resentment-free work). Don't spend too long, but do spend the time your teacher tells you (and no social media while you work). Programme in clubs, after-school practices and the time you want to spend online (time limit games and social media – neither more than half an hour).
- 2 **Exercise and play.** Get your heart-rate up so you sweat every day – kicking a football, running around, getting a skipping rope out, in the garden or back yard. If you have siblings, do play *together*, whatever your ages: card games, board games too: they help you switch off and keep your siblings as friends.
- 3 **Try working at home in communal area:** if the house goes quiet while everyone works, it's good for everyone, and your parents/carers can see what you're doing without prying. Only use the computer when it's needed: if you have Wi-Fi, again use the laptop/tablet where you can be seen.
- 4 **Recreational reading.** Reading is a brilliant release where you step into an imagined world. It cuts through your worries and preoccupations and gives you a real break. It also does wonders for your reading speed and comprehension. If you haven't got time to read every day you may just be too busy.
- 5 **Sleep:** good quality sleep (enough hours, and regular patterns) means undisturbed peace. No smart phones, no tablets, nothing that beeps other than an old-fashioned alarm clock in your bedroom. Tell your parents/carers to do the same. Don't have a television or a computer in your bedroom.



## Appendix 4

### Useful Contact Numbers

#### LOCAL CENTRES

**The Catholic Children's Society** (Westminster)

Telephone 020 8969 5305  
Website [www.cathchild.org.uk](http://www.cathchild.org.uk)

**The Brandon Centre** (self-referral centre for young people aged 12-21years offering free and confidential psychotherapy services) – 26 Prince of Wales Road NW5

Telephone 0207 267 4792  
Website [www.brandon-centre.org.uk](http://www.brandon-centre.org.uk)

**Get Connected UK** (confidential helpline for young people under-25 acting as a signpost to relevant sources of help)

Helpline 0808 808 4994  
Email [help@getconnected.org.uk](mailto:help@getconnected.org.uk)  
Website [www.getconnected.org.uk](http://www.getconnected.org.uk)

**The Tavistock and Portman NHS Trust** (Free service improving mental health and wellbeing for families, adolescents and adults) - 120 Belsize Lane NW3

Telephone 020 7435 7111(Reception) or 020 8938 2523 (PALS – Patient Advice)  
Email [pals@tavi-port.nhs.uk](mailto:pals@tavi-port.nhs.uk)

**YOUTH ACCESS** (advice and counselling service for age 12-25yrs and provision of local agency contacts)

Helpline 020 8772 9900 (office hours)  
Email [admin@youthaccess.org.uk](mailto:admin@youthaccess.org.uk)  
Website [www.youthaccess.org.uk](http://www.youthaccess.org.uk)

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#### NATIONAL HELPLINES:

**BEAT (specifically for help with eating disorders)**

Helpline 0808 801 0677  
Youthline (for u-25s) 0808 801 0711  
Email [help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk)  
Website [www.beateatingdisorders.org.uk](http://www.beateatingdisorders.org.uk)

**BULLYING UK**

Website [www.bullying.co.uk](http://www.bullying.co.uk)  
Helpline 0808 800 2222

**CHILDLINE** (confidential telephone counselling service)

Helpline 0800 1111  
Website [www.childline.org.uk](http://www.childline.org.uk)

**FRANK** (confidential advice and information for individuals or anyone concerned about others drug or solvent misuse)

Helpline 0300 123 6600  
Email [frank@talktofrank.com](mailto:frank@talktofrank.com)  
Website [www.talktofrank.com](http://www.talktofrank.com)

**Bipolar UK** (supports families of people with Bipolar and other associated illnesses)

Helpline 0333 323 3880  
Website [www.bipolaruk.org.uk](http://www.bipolaruk.org.uk)  
Email [info@bipolar.org.uk](mailto:info@bipolar.org.uk)

**MIND** (support for individuals and families affected by mental health issues)

Helpline 0300 123 3393 or Text 86463  
Email [contact@mind.org.uk](mailto:contact@mind.org.uk)  
Website [www.mind.org.uk](http://www.mind.org.uk)

**MindEd** (a free educational resource on children and young people's mental health for adults)

Website [www.minded.org.uk](http://www.minded.org.uk)

**National Self Harm Network**

Website [www.nshn.co.uk](http://www.nshn.co.uk)

**NSPCC** (child protection helpline for children and adults concerned about child abuse)

Helpline for young people (U-18) 0800 1111  
Helpline for adults 0800 800 5000  
Email [help@nspcc.org.uk](mailto:help@nspcc.org.uk)  
Website [www.nspcc.org.uk](http://www.nspcc.org.uk)

**OCD Action** (services for people affected by OCD)

Helpline 0845 390 6232  
Email [support@ocdaction.org.uk](mailto:support@ocdaction.org.uk)  
Website [www.ocdaction.org.uk](http://www.ocdaction.org.uk)

**RETHINK** (support for families, friends and relatives of those affected by mental health issues)

Helpline 0300 5000 927  
Email [info@rethink.org.uk](mailto:info@rethink.org.uk)  
Website [www.rethink.org.uk](http://www.rethink.org.uk)

**SAMARITANS** (24 hour, 365 days a year emotional support for anyone in crisis)

Helpline 116123 – call free from any telephone  
Email [jo@samaritans.org](mailto:jo@samaritans.org)  
Website [www.samaritans.org.uk](http://www.samaritans.org.uk)

**SELF HARM UK** (website dedicated to supporting young people affected by self-harm)

Website [www.selfharm.co.uk](http://www.selfharm.co.uk)

**THE MIX** (The Mix is the UK's leading support service for young people – under 25 - to help them to take on any challenge they may be facing)

Helpline 0808 808 4994

Website [www.themix.org.uk](http://www.themix.org.uk)

**YOUNG MINDS** (support for young people and also parent helpline and email forum)

General Telephone 020 7089 5050

Email [ymentquiries@youngminds.org.uk](mailto:ymentquiries@youngminds.org.uk)

Parent Helpline 0808 802 5544

Parents email forum [www.youngminds.org.uk/parents](http://www.youngminds.org.uk/parents)

Website [www.youngminds.org.uk](http://www.youngminds.org.uk)

## Appendix 5

### Bereavement Policy and Guidance

Experiencing a bereavement can make children more vulnerable. Bereavement, whether it is an expected death because of illness or a sudden and unexpected death or suicide, is something that can impact on members of our school community at any time. This bereavement policy supports us to provide effective support to pupils and staff before and after bereavement. It covers both expected and unexpected deaths.

Our school is committed to the emotional health and wellbeing of its staff and pupils. We endeavour to provide an ethos, environment and curriculum that prepares pupils and staff for coping with bereavement. Empathic understanding in the familiar and secure surroundings of school may be all the bereavement support some children and staff require. However, we also need to be prepared to call on more specialist support where there is a sudden and unexpected death, or where the impact of a bereavement is complex.

This policy is for all members of the School community – staff, pupils, parents and carers, governors, visitors and partner agencies working within the school. It provides guidelines and procedures as to how our School can best prepare for, and respond to, bereavement in the School community. Its aim is to lead a whole-school approach to the effective management of loss and bereavement including ensuring appropriate training and support provided for staff.

We recognise that members of the School community will be affected by a range of losses including separation and divorce. Some aspects of this policy may also be helpful in these cases. This policy was based on an exemplar developed by the national charity Winston's Wish.

This policy also links to the following other policies we hold in school:

- Safeguarding Policy
- PSHE Education Policy
- EDI Policy
- Pupil Wellbeing Policy
- Absence Policy (staff)

Bereaved pupils (and staff) need to receive support from their family, their school and from important people around them. We will signpost them to specialist support if needed. To support bereaved pupils and staff, we will endeavour to:

- Facilitate a safe space for bereaved individuals to express their feelings and thoughts. We will support them in finding ways to express their feelings and thoughts associated with grief, such as sadness, anxiety, confusion, anger and guilt.
- Help bereaved pupils remember the person who has died, we understand that bereaved children have the right to remember the person who has died for the rest of their lives. We will support them to share special memories, should they wish at a pace that feels comfortable for them.
- Raise awareness and education on grief, loss and bereavement. Bereaved children are entitled to receive answers to their questions. They need information that clearly explains what has happened, why it has happened and what will be happening. We will strive to

enable children to have their questions answered, through the PSHEE curriculum, on an individual basis, working with parents and carers or through support services. We will help bereaved children to understand that they are not responsible or to blame, for the death.

- To support staff with appropriate responses. Bereaved children need understanding and support from their teachers and fellow pupils without having to ask for it. We will provide training to ensure this happens.
- Keep existing routines, we will endeavour, whenever possible, to enable bereaved children to continue activities and interests so that parts of their lives can still feel 'normal'.
- Adhere to safeguarding and confidentiality procedures. We will follow our School's Safeguarding policies and procedures to ensure that the welfare of the child remains paramount throughout. It is important to maintain confidentiality throughout the handling of any incident or disclosure. However, pupils will need to be made aware that complete confidentiality cannot be guaranteed.
- Share information on a need to basis. To retain the trust of pupils and parents and carers, we will ensure that the sharing of appropriate information is kept to a minimum. Sensitive information will only be disclosed internally or externally with careful attention to the rights and needs of individuals and in line with general data protection regulation. If a child is suffering from trauma, we will share this as appropriate with staff, but not necessarily the details of their experience. We will discuss with the bereaved child and their family which adults in the School community they would like made aware of the experiences impacting on the child.
- We will use our usual school systems [*CPOMS / SIMS / vulnerable pupils list*] to record when a child has experienced a close bereavement, is at risk of suicide or has made a suicide attempt.
- Create support for staff. We will ensure staff know how to access support for themselves and for the family. They will know how to report a concern if the bereavement or sudden and unexpected death has placed a child at significant risk of harm, including developing an individual support plan if required. They will have a basic understanding of a child's needs when facing loss and change.

### **Pre-bereavement**

In some situations, it is known in advance that a death is going to occur. This is usually because of a long illness. In cases where this is an adult within the School community, individual conversations will be held with the head or other senior staff to consider support for the individual and their family, information exchange and practical considerations.

When the expected death is of a child or a member of a child's family we will:

- contact the family to confirm factual information and explore what support could be provided to them
- identify an appropriate key point of contact in school in terms of information exchange and to update when things change

- ensure that all relevant adults are clear about what information has and needs to be shared with the pupil
- keep lines of communication open to ensure that all information is received in a timely fashion
- explore the possibility of signposting to other organisations such as Winston's Wish or a local hospice
- look to involve faith or community leaders when appropriate and with the agreement of the family
- explore what support for the pupils affected might look like in practice
- arrange training for specific members of staff to ensure all involved are confident in their ability to support the pupil
- if appropriate, consider and reflect on how to communicate with the wider school community for example the pupil's class mates
- if appropriate, begin conversations around practical considerations in the events leading up to the death and following the death

### **Following a bereavement**

We will consider each individual situation carefully to ensure that the response from the School is sensitive (including culturally sensitive), accurately reflects the gravity of the situation and involves those affected as appropriate.

### **As an immediate response we will:**

- contact the deceased's family with the aim to establish the facts and avoid rumours
- consider any religious beliefs that may affect the timing of the funeral or impact on other aspects of the bereavement process
- find out, if possible, how the family would like the information to be managed by the School
- allocate member(s) of staff to be the key point(s) of support for the affected child / young person or children / young people and ensure there is support in place for the staff members if required
- send letters or cards of condolence to families or individuals directly affected
- will prepare a press statement with support from the communications team if required and with due regard to the family affected
- inform staff of the death before pupils are informed, recognising that some pupils may have found out through other means. Where possible, staff will be prepared (through prior training) to share information in age-appropriate ways to make sure all staff have the same version of the event. Where this has not been possible, staff will be supported to

share the information.

- inform pupils who are most directly affected (such as a friendship group), preferably in small groups, by someone known to them and in keeping with the wishes of the family and expertise of the school
- inform the wider School community in line with the wishes of the family. We would normally do this through assemblies and / or letters to parents/carers
- make small changes to the school timetable to accommodate the needs and wellbeing of the child or children affected by the situation. However, we will aim for minimal disruption to the timetable as this can offer a sense of security and familiarity

**For the funeral we will:**

- find out the family's wishes and follow these in terms of the involvement of members of the School community (or not)
- identify which staff and pupils may want to attend if invited by the family and the practicalities of issues such as risk assessment, staff cover and transport. In some rare circumstances it may be appropriate to close the school
- organise tributes such as flowers or a collection in line with family wishes and the wishes of staff and pupils
- be sensitive to religious and cultural issues

**After the funeral we will:**

- consider whether it is appropriate to visit the child and family affected at home and plan a return to school
- ensure friendships are secure – peer support can be particularly important for a bereaved child or young person
- continue regular contact with the family and show we still care about them and their child over time
- monitor the emotional needs of staff and pupils and provide listening time and ongoing appropriate support
- consider practical issues and make thoughtful and sensitive updates to parental and other contact details when needed
- continue to assess the needs of children most affected, and record and plan for support accordingly.

**Longer term we will:**

- be aware that the impact of bereavement follows a child throughout their school life. So, we will record information and share with relevant people, particularly at transition points. This could include ensuring significant dates and events for the child are recorded and shared with appropriate staff for future reference

- signpost families to bereavement support as required, including that provided by Winston's Wish <https://www.winstonswish.org/about-us/>
- ensure that learning about loss and bereavement is embedded into appropriate curriculum areas including PSHE education. When teaching about loss and bereavement we will give careful thought as to how to support those directly affected by loss and bereavement

### **Following a sudden and unexpected death – suicide**

Suicide is not just a difficult event to deal with, it also presents the unique risk of potentially being the trigger for another suicide. As a School community we will make a response to a sudden death within two school days. It is necessary to maintain the structure and order of the school routine, while facilitating the expression of grief, and reducing the risk of imitative suicide.

In the case of suicide, we will refer to The Samaritans Step by Step Guide.

<https://www.samaritans.org/how-we-can-help/schools/step-step/>

Information provided to the School community in the immediate aftermath of a sudden and unexpected death will depend on the age of the pupils but should be based on and reinforce:

- facts (not rumours)
- an understanding that death is permanent
- an exploration of normal and wide-ranging reactions to sudden and unexpected death – expressions of anger and guilt are entirely normal
- an understanding that, with support, people can cope
- an understanding that fleeting thoughts of suicide are not unusual
- an awareness of suicidal warning signs and resources available to help
- an understanding of expectations around funerals.

When discussing any suicide that has occurred, we will ensure that the information given is age appropriate and:

- is factually correct but does not include detail of the suicidal act itself does not romanticise, glorify or vilify the death
- does not include details of any suicide note
- does not include speculation over the motive for suicide
- takes care with the language used – for example using phrases such as 'died by suicide' or 'ended their life' rather than 'committed suicide' or 'successful suicide', and saying 'attempted to end his / her life' rather than 'unsuccessful suicide' or 'failed attempt at suicide'.



### **Following a sudden and unexpected death**

The Childhood Bereavement Network and Winston's Wish estimate that around one child every day is bereaved of a parent/carer or sibling through murder or manslaughter in Great Britain.

Children may experience profound and lasting shock, enormous anger at what has happened, rage at the person who caused their relative to die, deep fear at the perceived insecurity of the world around them. Sadly, in many cases, the person who caused the death is also known to the child, resulting in great confusion and a double loss, for example, if one parent kills the other and is then imprisoned. In some families, the child may have to move to a new house, school, area – away from familiar and comforting places and routines.

In the case of a sudden or unexpected death or suicide, we will contact key professionals at the local authority. The Director of Safeguarding will lead on this.

### **Curriculum**

Children and young people explore the concept of loss, bereavement, and grief as part of the statutory elements of our PSHEE curriculum. It is also addressed through cross-curricular opportunities such as body changes or life cycles, as well as through art, literacy, and religious education. We also use assemblies to address aspects of death – such as Remembrance Day, Holocaust Memorial Day or commemorative occasions. We also observe national minutes of silence and explain the purpose of this.

When appropriate, we respond to a tragedy or serious incident by discussing this in class having discussed as a staff team the language we will use to respond to the incident. Teachers are provided with training on how to deliver this sensitive area of the curriculum within a safe, learning environment. We also point parents and carers towards appropriate advice on how to talk to their children about these events when necessary.

We will answer any questions relating to loss or death in a sensitive, age-appropriate, honest and factual way. Children and young people will not be expected to disclose any personal experiences but will be signposted to support if they want it.

We give children opportunities to learn about and discuss cultural and religious issues around death and encourage them to express their own responses and feelings.

As part of PSHEE and our safeguarding work we will also signpost to appropriate sources of support for pupils and adults in the school community.

**Winston's Wish:** [www.winstonswish.org](http://www.winstonswish.org) Support information and guidance for bereaved children, young people and for those caring for bereaved families.

**Childhood Bereavement Network:** <http://www.childhoodbereavementnetwork.org.uk> Find childhood bereavement support in your local area.

**Hope Again:** <http://hopeagain.org.uk/> A website for young people who have been bereaved.

**Papyrus:** <https://papyrus-uk.org/> Support and advice for young people struggling with thoughts of suicide, and anyone worried about a young person.

We recognise that there is a range of cultural and religious beliefs, customs and procedures concerning death. It follows that bereaved children and families may have differing expectations. Some of these may affect matters of school organisation. We will source training and guidance to develop our understanding of the range of beliefs to best support pupils. We will present a balance of different approaches to death and loss. We will make pupils aware of differing responses to bereavement, and that we need to value and respect each one of these.