

Pupil Wellbeing Policy

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

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Approved by	Deputy Head (Pastoral)
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Table of Contents

1. Introduction	3
2. Purpose of the School's Wellbeing and Mental Health Policy	4
3. Promoting good mental health.....	5
4. Common mental health risk factors	8
5. Identifying a potential problem – guidance for staff	9
6. The Wellbeing service, including counselling.....	11
Appendix 1 – Flowchart for staff identifying concern	13
Appendix 2 – Brief overview of some mental health disorders that can affect young people	13
Appendix 3 – The School's Five a Day for Wellbeing and Mental Health.....	18
Appendix 4 – Useful contacts	19
Appendix 5 – Consent and Confidentiality for Wellbeing Practitioners, School Counsellor and Art Therapist.....	23
Table of substantive changes	24

1. Introduction

The School 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 the School (Pre-Preparatory School, 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 pupil's health, be that mental, emotional or physical, is a shared one with parents¹ and designated children's services.

This policy should be read in conjunction with [Safeguarding and Child Protection Policy](#), [Behaviour Policy](#), [Anti-Bullying Policy](#), [Substance Abuse Policy](#), Online Safety Policy, and the Learning Support Policy. The School recognises that wellbeing, safeguarding and behaviour are all strongly linked and adopts a collaborative, joined up approach in prioritising pupil wellbeing. 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 inform and support staff in observing, identifying and supporting pupils with mental health and wellbeing difficulties.

This policy draws on specific guidance and material from the following publications:

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

[Mental health and behaviour in schools](#), Department for Education November 2018

[Promoting and supporting mental health and wellbeing in schools and colleges](#), Department for Education May 2024

[Counselling in Schools: a blueprint for the future](#), Department for Education, February 2016

[Promoting children and young people's emotional health and wellbeing: whole school and college approach](#), Public Health England and Department for Education, September 2021

[Social and emotional wellbeing: early years](#), National Institute for Health and Care Excellence October 2012

[Keeping Children Safe in Education \(September 2025\) \("KCSIE"\)](#)

¹ All references to 'parents' in this policy includes parents/carers/guardians.

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 the School's Wellbeing and Mental Health Policy

This policy aims to promote a solid understanding of mental health and wellbeing and highlight the significant benefit to pupils when their wellbeing is prioritised, and 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.

[Young Minds](#) estimates suggest that 1 in 6 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. The School is well placed to offer early intervention helping to identify potential problems, and to assist parents in accessing professional support (e.g. medical intervention, counselling, psychological or psychiatric support). Research has highlighted 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 Head of Pupil Health and Wellbeing and the Lead DSL regularly communicate and meet with pastoral leads and other Designated Safeguarding Leads (DSLs) across all three Schools to share relevant information and strategies where necessary.

The Head of Pupil Health and Wellbeing has oversight of the pupil wellbeing service at the School. This means developing policies and practices that prioritise pupil wellbeing and support staff in doing this. The Clinical Mental Health Lead provides specialist consultative support for the School's safeguarding and pastoral teams. The School's pastoral systems allow staff 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 pupil's support network (parents, staff, relevant professionals) in identifying the pupil's needs, offering a support plan and equipping the pupil with tools to build their resilience. It is not uncommon for pupils to have difficult periods at some point during their school years; this is a normal and an 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, to be resolved, will require a coordinated response involving not only the School and parents, but external experts. The School recognises the importance of working collaboratively to manage risk, and to support and prioritise pupil wellbeing.

As a School, we are at the front line and recognise that we have responsibility and play an essential role in maintaining regular communication with both pupils and parents. We encourage parents and pupils to ask for help should they need it and will continue to regularly signpost and promote services that are available to offer support, such as Kooth, Childline, Anna Freud Helpline, Samaritans and The Mix, details of which can be found in Appendix 4 of this policy. The School also recognises the need for staff to be aware of the lasting impact that abuse, neglect or any other potentially traumatic adverse experiences may have on a pupil and the impact this may have on their mental health, as well as their behaviour, attendance and progress at School.

The publication of this policy is an indication of the School's commitment to raising awareness among staff, pupils and parents in order to promote the physical, emotional and mental wellbeing of all pupils. The Head of Pupil Health and Wellbeing, the Deputy Head (Pastoral) and other senior pastoral staff will review the policy on an annual basis, drawing upon evidence from the School 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. This policy needs to reflect this. Our termly safeguarding governors' report and meeting are also included as part of the review of this policy. Our termly safeguarding 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, the pupil leadership team, anonymous feedback via The Student Voice page and surveys;
- The Wellbeing Team will keep the mental health and wellbeing dialogue going via regular parental communication which aims to raise awareness and offer tools to help with a range of mental health and wellbeing topics. This will be done in conjunction with the School's pastoral, safeguarding and inclusion teams.

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, pupils and parents.

The School recognises that technology is a significant component in many safeguarding and wellbeing issues and takes that into account when promoting good mental health amongst its pupils.

The School promotes good manners, courtesy, acceptable behaviour, anti-bullying and respect for all pupils and staff, regardless of physical, cultural, racial or any other differences.

Expectations for pupils are clearly outlined in The School'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-Preparatory and Junior School pupils). Further details can be found in the School's policies on [Safeguarding and Child Protection](#), [Behaviour](#) and [Anti-Bullying](#).

In addition, the School has in place the following to promote pupil mental health and wellbeing:

- ***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, stress management, 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, Wellbeing Practitioners, School Counsellors, and in the Junior and Pre-Preparatory Schools – Class Teachers, Pastoral Deputy, Learning Support Teacher, Play Therapist, Wellbeing Practitioners.
- ***Specialist support from the wellbeing service*** which is available to respond to and support pupils with their mental health and wellbeing needs. The wellbeing service 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 service 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 pupils. Referrals for the wellbeing service are made by pastoral staff (Heads of House or Heads of School) via completion of the [universal referral form](#). The Clinical Mental Health Lead then triages and assesses referrals and identifies the relevant support, such as School counsellors, a pupil wellbeing practitioner or specialist external services. Pupils also have access to a self-referral form, via HERO, should they prefer to refer themselves for Wellbeing support.
- ***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 Mental Health Champions*** – the Pupil Leadership Team receives ongoing training on providing mental health 'first aid' to their peers, as well as mentoring to younger pupils as appropriate. They also learn when to pass on concerns where appropriate to members of staff. ***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 pupils.
- ***A Child-on-Child Abuse Policy and systems in place that are clear well promoted, easily understood and easily accessible***– these will help pupils 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 pupil.
- ***Identification, and monitoring, of vulnerable pupils*** – effective internal communication between academic and pastoral staff; clear channels of communication with parents via pastoral staff; highly responsive pastoral intervention when necessary to safeguard the wellbeing of the pupil.
- ***A commitment, where necessary, to make reasonable adjustments*** – within the School environment for pupils with physical or mental health issues, without affecting the learning environment for 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 the School’s pastoral staff, parents and external experts***, e.g. the School Nurse with health services; the Clinical Mental Health Lead with specialist adolescent mental health units; Designated Safeguarding Leads with Children’s Social Services.
- ***Junior School*** – Pastoral support in the form of counselling and wellbeing services, 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, 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.
- ***Pre-Preparatory School***– Pastoral support in the form of play therapy and wellbeing services, Form Teachers and the Deputy Principal Pastoral. Ongoing work around the Zones of Regulation and Restorative approach in managing behaviour enables ample opportunities for pupils to learn about and have open conversations with trusted adults about their wellbeing.
- ***Collaboration and engagement of the parent community*** – building a strong and trusting relationship with parents, with the wellbeing and personal progress of the pupil as the focus. Empowering and supporting parents by provision of workshops, groups, presentations to offer education, insights and strategies on emerging mental health and wellbeing topics. The parent portal is also regularly updated with resources. In the Pre-Preparatory and Junior

Schools, it is important to identify strength, capabilities, and risk factors for families in relation to pupil wellbeing and work with parents to support pupil wellbeing.

- **Appendix 3** – The School’s Five a Day to promote wellbeing and mental health (published termly in the Senior School diary).

This policy also aims to help parents 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 Child Protection Policy](#) and the [Behaviour Policy](#) provides clear information to staff on identifying and supporting pupils with mental health and wellbeing needs, including clear communication with parents and knowing when to signpost. We aim to foster an inclusive and supportive culture where pupils feel confident and able to ask for help. The School aims to make clear to pupils and their parents where they can seek help when needed.

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; and/or
- 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 Safeguarding and Child Protection Policy 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 can be found at [Appendix 2](#), which aims to help staff and parents 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 staff 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 Child Protection Policy](#) also facilitates early identification. Positive relationships between staff and pupils will also help with 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 are encouraged to 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 the staff member’s 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 Clinical Mental Health Lead 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. Regular training will be delivered to staff on the different signs that might mean a pupil is experiencing mental health difficulties. 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 sports education or get changed for sports education;
- 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; and/or
- 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 difficulties at home, with peer relationships, with learning or development. Providing continuing support in school for a pupil receiving mental health treatment

- **Keeping things ‘normal’**

While it is not the responsibility of the School 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 their medical needs; thus we provide a secure and safe environment for pupils to feel ‘normal’, rather than seeing them 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. Parents and pupils should be open about treatment they are receiving, so that key pastoral 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; 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 School staff must ensure that their CP training is up to date, according to statutory guidelines and the School's [Safeguarding and Child protection Policy](#).

6. The Wellbeing service, including counselling

The wellbeing team consists of: the Head of Pupil Health and Wellbeing, the Clinical Mental Health Lead, Pupil Wellbeing Practitioners, School Counsellor, School Art Therapist, Family Wellbeing Practitioner 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 referral form](#) by a pastoral staff member (Heads of House or Heads of School). Other staff who identify and observe a mental health 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

The Pre-Preparatory School has a play therapist on site for 2 ½ days a week and referrals are managed by the Deputy Principal Pastoral. Junior School has 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. At the Pre-Prep, referrals for Play Therapy are made by the Deputy Principal Pastoral in consultation with the parents.

Across the counselling service in all three 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, the Head of Pupil Health and Wellbeing, the Clinical Mental Health Lead, the Lead DSL, 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 work with the Head of Pupil Health and Wellbeing and the Clinical Mental Health Lead to support pupils as required. The Head of Pupil Health and Wellbeing or the Clinical Mental Health Lead will work with parents and relevant professionals to support pupils accessing the counselling service as required and ideally with the pupils’ support of this collaboration.’

The counselling service will include:

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

Assessment: The Clinical Mental Health Lead will triage, assess need and allocate to counsellors when suitable. Counsellors offer an assessment session and, in collaboration with the Clinical Mental Health Lead, formulate a support plan to work through with pupils, where appropriate.

Intervention: Following the assessment session, counsellors offer pupils ongoing therapeutic support, which will typically happen on a weekly basis. There might be variations to this based on individual pupil needs. Counselling support typically lasts for one term (approximately 10-12 weeks) but may vary depending on the need of the pupil.

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. The CORE form is used to monitor the impact of support and allows for consistency across case evaluations.

Communication: Further information about confidentiality and consent can be found in [Appendix 5](#).

Appendix 1 – Flowchart for staff identifying concern

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

We acknowledge that the 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 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. Concerns can also be raised with wellbeing service via the wellbeing referral form. The Wellbeing team 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 Child Protection Policy](#).

Appendix 2 – Brief overview of some mental health disorders that can affect young people

2.1 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 die by suicide have self-harmed in the past, and for that reason each episode needs to be taken seriously.

If staff or parents 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 takes self-harm seriously and will recommend an external referral to a GP and to appropriate wellbeing support. Staff and parents seeking advice should speak to senior staff and further support and information can be obtained from the School Nurses or the Clinical Mental Health Lead.

2.2 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*)

The three most common types of eating disorder are:

- **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 to 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, for example:

Appearance/physical signs	Behaviour
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
Disappearing to the toilet immediately after meals	Ritualistic behaviour and obsessions
Insisting on being fat when not	Self-dislike, moodiness and excessive perfectionism

A pupil with an eating disorder 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.

It is likely that most pupils and some parents 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 regardless due to safeguarding concerns. Regular monitoring during the time of non-disclosure is essential by staff and parents and if there is deterioration then safeguarding measures should be discussed. The School Nurses may be able to follow up concerns with the pupil as a first port of call, but in some cases it will be more pertinent to discuss concerns with parents, and consider a referral to specialist agencies.

Once diagnosed and under treatment, pupils will not be weighed at the School in order to keep the School as a safe environment. Pastoral Staff will liaise with external medical and psychology experts and work with teaching staff to help the School to support the pupil in, as far as reasonably possible, maintaining a normal school routine.

2.3 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 headaches. 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% of people diagnosed with depression will have a residual low-level depressive state continuing for months or

years. 5-10% of people diagnosed with depression 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 may be needed externally, such as therapy or 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.

2.4 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. Pupils who show poor adherence to timetables, lateness or inability to deal with change may suffer from OCD. 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, starting with the easiest to tackle, and being encouraged to try to avoid carrying out the compulsion.

2.5 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 giving immediate praise/rewards when completed; giving the pupil special responsibilities so that they and other pupils can see them in a positive light; and 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 at the School, according to the School's [Medical Policy](#) by the School Nurses if it is required during school hours.

2.6 Suicidal Ideation

Suicidal ideation is also referred to as suicidal thoughts and describes thoughts, fantasies and ideas that an individual has about 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 few factors can contribute to suicidal ideation, including 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 is 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 ”or “people would be better off without me”;
- Giving away possessions for no clear reason;
- Looking for and/or acquiring means to die by suicide; and/or
- 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 Child Protection Policy](#) must be followed, and a DSL notified.

Appendix 3 – The School’s Five a Day for Wellbeing and Mental Health

A prescription for pupils: the School’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 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 to do the same. Don’t have a television or a computer in your bedroom.

Appendix 4 – Useful contacts

Head of Pupil Health and Wellbeing: olivia.christian@highgateschol.org.uk

Wellbeing Practitioners: wellbeingsupport@highgateschool.org.uk

Counsellors: counselling@highgateschool.org.uk

Lead DSL: natalie.wyatt@highgateschool.org.uk

1. Local centres

The Catholic Children's Society (Westminster)

Telephone: 020 8969 5305

Website: www.cathchild.org.uk

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

Telephone: 0207 267 4792

Website: 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

Website: 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

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

Website: www.youthaccess.org.uk

2. National Helplines

BEAT (specifically for help with eating disorders)

Helpline: 0808 801 0677

Youth line (for u-25s): 0808 801 0711

Email: help@beateatingdisorders.org.uk

Website www.beateatingdisorders.org.uk

BULLYING UK

Website : www.bullying.co.uk

Helpline: 0808 800 2222

CHILDLINE (confidential telephone counselling service)

Helpline: 0800 1111

Website: 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

Website : www.talktofrank.com

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

Helpline 0333 323 3880

Website: www.bipolaruk.org.uk

Email: 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

Website : www.mind.org.uk

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

Website: www.minded.org.uk

National Self-Harm Network

Website 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

Website : www.nspcc.org.uk

OCD Action (services for people affected by OCD)

Helpline 0845 390 6232

Email: support@ocdaction.org.uk

Website: 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

Website: 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

Website: www.samaritans.org.uk

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

Website 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

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

General Telephone: 020 7089 5050

Email: yomenquiries@youngminds.org.uk

Parent Helpline: 0808 802 5544

Parents email forum: www.youngminds.org.uk/parents

Website: www.youngminds.org.uk

Appendix 5 – Consent and Confidentiality for Wellbeing Practitioners, School Counsellor and Art Therapist

Accessing Wellbeing support in any form at school is a voluntary process, and informed consent is essential in empowering pupils to make their own decisions about accessing support.

When a pupil is in Year 11 or below, parents will be informed via email that the pupil is due to begin accessing counselling support. The email will also state that the School will inform the pupil's GP, to ensure consistent care for the pupil including during School holidays, where School counselling support will not be available. When a pupil is in the Sixth Form, parents and the GP will be informed with the pupil's consent. The exception to parents being informed is if the School has reasonable concern that informing parents would put the pupil at greater risk of harm. This decision would be taken after consultation with the Clinical Mental Health Lead and the School's Safeguarding Lead.

While parents will generally be informed that the pupil is accessing Counselling support if the pupil is in Year 11 or below, the School Counsellor and Art Therapist do not typically maintain ongoing contact with parents directly. They may join meetings between the School and parents where helpful, and are able to pass on brief information about the pupil's engagement with the service to the Pastoral lead, should this be deemed appropriate by the Clinical Mental Health Lead.

We will encourage pupils to consent to parents being informed about them accessing support from the Wellbeing Practitioners, where they feel comfortable. Where pupils wish to keep their service use confidential, we will meet this on a case-by-case basis and conduct regular evaluation, supervised by the Clinical Mental Health Lead and in accordance with our Safeguarding Policy, around whether the pupil's presenting issues are compatible with their choice to not inform parents.

In order to allow the pupil a space where they can speak openly about the issues they are facing, the Wellbeing team is not obliged to inform parents of the content of conversations with a pupil if it does not change their current understanding of how best to support the pupil.

Pupils may withdraw from Wellbeing support at any time, and the Wellbeing team will support them in this decision. If parents were initially informed that the pupil was going to begin accessing support from the service, they will be informed, sometimes via the Pastoral lead, that the pupil has withdrawn from the service, should this be deemed appropriate and in the pupil's best interest.

Table of substantive changes

Section	Detail of Change	Date	Owner
All	Reformatted and reviewed to reflect current practice	August 2023	KO
All	Updated to reflect changes to the Wellbeing Team and Appendix 5 removed (list of DSLs)	August 2024	OGC
All	Updated to reflect changes in current research, new resources, team changes, and confidentiality agreements	August 2025	OGC

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