



KING WILLIAM'S COLLEGE

King William's College & The Buchan School

Mental Health and Emotional Wellbeing Policy

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Mental Health and Emotional Wellbeing Policy

1. Aims

- 1.1 At King William's College and The Buchan School (the 'School') we recognise that in order to help our students succeed, we have a role to play in supporting them to be resilient and mentally healthy, and we understand the importance of happiness and wellbeing for every member of the school community. We aim to create an environment where every student is happy and valued, and can realise their full potential.
- 1.2 We aim to promote positive mental health within the school community by educating our students, staff and parents, by increasing understanding and awareness of common mental health issues, and by alerting staff and parents to early warning signs of mental illness.
- 1.3 We aim to support those suffering from mental ill health as well as their teachers, parents and peers, and to promote a safe and caring environment for students affected either directly or indirectly by mental ill health.

Although it is not the School's role to diagnose and treat conditions, we do aim to be alert to the signs of a mental health concern, to intervene as soon as possible and to provide support while the student accesses professional help from the appropriate services. Where severe problems occur, we expect students to be supported by medical professionals working in specialist Child and Adolescent Mental Health Services (CAMHS), voluntary organisations and local GPs.

2. The School's Approach

- 2.1 The King William's College Pastoral Team consists of Heads of Year¹, Boarding Housemaster/mistress, School Nurses (Tracey Bostrom, Frances Bland and Nicola Quayle), Chaplain and Learning Support department (Jacqueline Munro); it is supported by the team of Tutors and led by the Deputy Head Pastoral. The School also has three Designated Persons for Child Protection – Stuart Corrie (Deputy Head Pastoral and Designated Safeguarding Lead), Denise Currie (Deputy DSL and Head of History), and Edmund Jeffers (Deputy DSL and Head of Boarding). Additionally our Head of PSHE, Esther Drane, plays a key role in promoting education about mental health as part of the school's Personal Development (PSHE) scheme of work. All teaching staff, through their regular safeguarding training, know how to access support when needed. Additionally, an informal listener (Kathy Murray) visits the school twice a week.
- 2.2 The Buchan School Pastoral team consists of Head of Prep (Louise Ashton), Head of Pre-prep (Melissa Hawley); it is supported by the team of Form Tutors and led by the Buchan Head. The Buchan has three Designated Persons for Child Protection Janet Billingsley-Evans (Head) Louise Ashton (Deputy Designated person for Prep) and Melissa Hawley (Deputy Designated person for Pre-prep). Additionally the head of PSHE, Stacey Newson, plays a key role in promoting health and wellbeing as part of the PSHE scheme of work. All Buchan teaching staff, through regular safeguarding training, know how to access support when needed.

¹ Head of Fourth Form – Stephen Jelly, Head of Fifth Form Bethan Kneen; Head of Sixth Form – Anya Morgans

- 2.3 Any member of staff who is concerned about the mental health or emotional wellbeing of a student should speak to one of the Pastoral Team. If there is a fear that the student is in danger of immediate harm, the School's Child Protection procedures should be followed with an immediate referral to a Designated Person for Child Protection (or direct to Isle of Man Safeguarding Children's Board in an emergency, as detailed in our Child Protection Policy). If the student presents a medical emergency, the normal procedures for medical emergencies should be followed, by alerting a School Nurse, or a first aid trained colleague, or contacting the emergency services if appropriate.
- 2.4 Usually the Head of Year will take responsibility for co-ordinating school support (managing the student's academic workload, adjusting co-curricular commitments, liaising with the Nurses and external health professionals etc.) All staff are encouraged to be proactive in reporting any concerns they have about a student, however minor they may be. Parents too are encouraged to share any concerns they have with the school.
- 2.5 Where a referral to CAMHS (the Child and Adolescent Mental Health Service) is appropriate, this will be led and managed by a School Nurse or the Deputy Head Pastoral. Consent will always be sought from the pupil before a referral is made.
- 2.6 If a student has a long-term mental health condition, the School will ensure that he/she is supported by a co-ordinated approach from the Pastoral Team, working with their Tutor and other key staff in school, so that he/she feels that school is a safe place where they can be confident of support, and can access well-informed and sympathetic advice at all times.

3. Managing Disclosures

- 3.1 A student may choose to disclose concerns about their own mental health or that of a friend to any member of staff, who should respond in a calm, supportive, non-judgemental way. Staff are encouraged to follow the ALGEE check-list used by YMHFA:

Ask, assess, act

Listen non-judgementally

Give reassurance and information

Enable the young person to get appropriate professional help

Encourage self-help strategies.

- 3.2 All disclosures should be recorded in writing on the Safeguarding Concern Form and held on the student's confidential file. This written record should include the date, the name of the member of staff to whom the disclosure was made, the main points from the conversation and the agreed next steps. This information should be shared with an appropriate member of the Pastoral Team, who will offer support and advice about what happens next.

4. Confidentiality

- 4.1 In most cases the School believes that the welfare of a student is best served by working with the knowledge and support of their parents. However, sometimes a student will approach a member of staff for help before telling their parents and will particularly ask for their confidentiality to be respected. In accordance with our Child Protection Policy, staff will make it clear that if they believe the student to be at risk of harm, they will need to pass the information on to the appropriate safeguarding authorities. If a

student is deemed to be “Gillick competent” (sufficiently mature to make a sound judgement), the School will respect their request for confidentiality in the belief that it is important for the student to feel in control of their situation; however, the School will strongly encourage sharing of information with their parents and will work to find a way to do so which is acceptable to the student. In some situations, it may be appropriate to give the student 24 hours to talk to their parents, before the school contacts home. A student may be offered the option of the School informing their parents for them, or with them.

4.2 Staff will only share information about a student when they have told them that they need to do this. They should make it clear:

- who they are going to talk to
- what they are going to tell them
- why they need to tell them.

4.3 The School Nurses follow their professional ethical code of confidentiality which are more clearly defined than those of the School. Their codes of confidentiality prevent them from informing the School of issues unless they have the student’s direct permission, unless they deem the student to be in danger.

5. Warning Signs

5.1 School staff may become aware of warning signs which indicate that a student is experiencing mental health or emotional wellbeing issues. These signs should always be taken seriously and staff observing them should always communicate their concerns to one of the Pastoral Team.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Significant changes in eating/sleeping habits
- Increased isolation from friends or family
- Changes in mood (for the Buchan School it would be changes in mood or behaviour as indicative of a warning sign)
- Reduced academic achievement
- expressing dark thoughts (talking about self-harm or suicide)
- Abusing alcohol or drugs
- Expressing feelings of failure or loss of hope
- Secretive behaviour (including long-sleeved clothing, or leggings to cover themselves up)
- Absence from or lateness to school.

6. Depression

6.1 Feeling low at times is a normal part of life for everyone, but for some students a persistent feeling of sadness comes to affect how they think, feel and behave, causing emotional, cognitive or physical problems. Issues such as peer pressure, academic expectations and the physical changes of adolescence can bring about mood swings for all young people but for some the lows are a symptom of depression. Clinical depression affects approximately 4% of teenagers, and is not a weakness or something to be overcome by will-power: it has serious consequences and requires long-term treatment.

- 6.2 Signs of depression in a young person will vary but include continuous low mood (lasting longer than two weeks), feelings of hopelessness and helplessness, self-reproach and feelings of worthlessness, lack of motivation or interest in things, difficulty making decisions, feeling irritable and intolerant of others, poor concentration, fatigue, disrupted eating and sleeping patterns, school-refusal, feeling anxious or worried, and thinking about self-harm or suicide.
- 6.3 When the School becomes aware that a student may be suffering from depression, steps will be taken to enable him/her to access professional help through their GP or, if the student is having suicidal thoughts, to access more immediate support from CAMHS. The student will also be encouraged to talk to the School Nurses or any member of staff that they trust, who can then work with parents to get help and treatment as soon as possible.

7. Anxiety

- 7.1 Feeling anxious at times is a normal part of life for everyone, but for some students, manageable levels of anxiety build to become a more serious and long-term anxiety disorder. Anxiety disorders can be caused by a variety of factors; signs include panic attacks, OCD, separation anxiety, phobias, problems with sleep patterns, poor concentration and school-refusal.
- 7.2 When the School becomes aware that a student is suffering from an anxiety disorder steps will be taken to enable him/her to access professional help through their GP or CAMHS. The student will also be encouraged to talk to the School Nurses or any member of staff that they trust, who can then work with parents and teachers to support them.

8. Suicidal Thoughts

- 8.1 A student suffering from depression (sometimes compounded by an anxiety disorder) may experience suicidal thoughts. Suicidal behaviour ranges from thinking about killing oneself, to forming a plan about how to do so, to non-fatal suicidal behaviour or ending one's life. A range of contributory factors and individual vulnerabilities may lead to a young person attempting or committing suicide. The School recognises, therefore, that it is important to detect mental health problems as early as possible and to work with the student and their family to access appropriate professional support and help a potentially vulnerable student. An understanding of how to achieve good mental health, and the promotion of mental and emotional resilience, is recognised as a priority within the School's PD programme and in school life more generally.
- 8.2 If a student is known to be thinking about suicide, the School will act within Youth Mental Health First Aid guidelines and an appropriate member of staff will ask him/her direct questions to gauge the level of intent so that they can act accordingly. If it is felt that the student must not be left alone, the School Nurses or a member of the Pastoral Team will make sure that the student is supervised until help can be sought. If the student is felt to be in immediate danger, staff will contact the emergency services with a 999 call, or take the student to A&E at the nearest hospital.

9. Eating Disorders

- 9.1 Eating disorders are a range of conditions that can affect a person physically, psychologically and socially. They are serious mental illnesses and include anorexia, bulimia and binge-eating disorder. Some students may ask for help because they are worried about their relationship with food, while others will not see that there is a problem and will not ask for help. Usually family or friends will be aware of the problem before the school. The school will advise the student and their

family to go to their GP for help, and will then aim to provide on-going help and monitoring once the student is receiving professional medical support.

10. Self-Harm

10.1 Definition of Self-Harm and Risk Factors Associated with Self-Harm

Self-harm is when somebody intentionally damages or injures themselves or injures their body. It is a way of coping with or expressing overwhelming emotional distress. The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

- Worries about academic work and progress
- Difficulty in forming or maintaining relationships
- Low self-esteem/self-image
- Loneliness
- Peer pressure/misuse of social media
- Rejection by peers/bullying
- Unreasonable expectations from parents
- Poor relationships with parents/arguments at home
- Depression, self-harm or suicide in the family
- Copying similar observed behaviour
- Teenage 'angst'
- Neglect
- Physical, sexual or emotional abuse

10.2 Types of Self-Harm

There are many ways that students may self-harm but these can include:

- Cutting, scratching, scraping, picking, scalding or burning skin
- Scouring or scrubbing the body excessively
- Banging or hitting the head or other parts of the body
- Swallowing hazardous materials or substances
- Taking an overdose of prescription or non-prescription drugs
- Drinking alcohol to excess
- Deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa)
- Hair-pulling

10.3 Signs of Self-Harm

Most young people who self-harm will usually try to keep it a secret from their friends and family and often injure themselves in places that can easily be hidden by clothing. The following signs may, however, indicate that a student is self-harming:

- Unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest.
- Keeping themselves fully covered at all times, even in hot weather.
- Changes in activity and mood e.g. more aggressive or introverted than usual; tearful
- Increased isolation from friends or family, becoming socially withdrawn.
- Changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain.
- Expressing feelings of failure, uselessness or loss of hope.
- Hair pulling.
- Misuse of alcohol or drugs.

- Changes in sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Lowering of academic achievement
- Changes in clothing or hair-style

10.4 Guidance for Staff

- 10.4.1 Students may worry about betraying confidences, and Staff can help by maintaining an atmosphere where students feel prepared to share information. The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. There is a tendency for self-harming to spread through ‘copy-cat’ behaviour.
- 10.4.2 A student who has self-harmed should, where possible, be accompanied to a place of safety, and medical help summoned. If a student self-harms in the presence of a member of staff, they must immediately be taken to the Accident and Emergency Department of the local hospital.
- 10.4.3 Staff may experience a range of feelings in response to self-harm, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However it is important to try to maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust. Students must be made aware that it is not possible for staff to offer confidentiality. A member of staff aware of or suspecting self-harm:
- must listen carefully to the child, be supportive and keep an open mind.
 - must respond in a calm and non-judgemental way.
 - must not ask leading questions, that is, a question which suggests its own answer. Use words: ‘Tell’, ‘Explain’, ‘Describe’, never ‘Why’. If at all possible the questions asked should be recorded.
 - must reassure the child, but never give a guarantee of absolute confidentiality. The member of staff should explain that they need to pass the information to the Designated Safeguarding Lead who will ensure that the correct action is taken.
 - must keep a sufficient written record of the conversation. This should be done immediately. The record should include the date, time and place of the conversation and the essence of what was said and done by whom and in whose presence. Include any observations on noticeable non-verbal behaviour and actual words used by the child. The record should be signed by the person making it and should use names, not initials.
 - must hand the record immediately to a Designated Safeguarding Lead, the Principal or one of the Deputy Heads.

10.5 Role of the Designated Safeguarding Lead

The Designated Safeguarding Lead will:

- liaise with local services about the help available for people who self-harm.
- contact parent(s) or guardian(s) at the appropriate time(s), wherever possible involving the student in the process and monitor a student’s progress following an incident.
- liaise with the Principal.
- consider arranging an appointment with the Informal Listener or independent listener
- consider arranging an appointment with an external counsellor.
- inform the parent(s) or guardian(s) about appropriate help and support available for their child.

- keep records of self-harm incidents and concerns, including dates/times, which should be stored in the Safeguarding File
- know when people, other than parents (e.g. social workers or educational psychologists) need to be informed.
- keep up to date with information about self-harm.

10.6 Further Considerations

It may be necessary for a student to stay at home following a self-harm incident in order to protect the student and other students around them. This is likely to be the course of action if the student has shown other students their injuries or has sent other students images of their injuries via social media.

11. Working with Parents

11.1 The School believes that the welfare of its students is almost always best served by working with the full knowledge and support of the student's parents. Sometimes the student will choose to tell their parents themselves, and will be given 24 hours to do so before the School contacts home. If the student gives the School reason to believe that there may be underlying child protection issues, parents will not always be informed but the DSL will take advice from the local Safeguarding Children Board.

11.2 When the School needs to disclose sensitive information to parents about their child's mental health, thought will be given to how best to handle this with sensitivity. It can be shocking and upsetting for parents to learn that their child is suffering from poor mental health, and the School recognises that they may need time to process what they have been told and reflect on how to respond. Wherever possible, the School will highlight further sources of information and support, and will make it clear that parents are welcome to ask for further meetings and follow-up. Meetings and conversations with parents will always conclude with an agreed next step, and a brief record of the meeting will be kept with the student's confidential record.

11.3 The School works with parents to support their child's mental health and emotional wellbeing by:

- Making the school's Wellbeing Policy easily accessible to parents
- Highlighting sources of information about common mental health issues on the school website
- Sharing ideas about how parents can support positive mental health in their children (e.g. by inviting guest speakers to the school to talk to parents)
- Keeping parents informed about the mental health topics covered in their children's Personal Development programme, so that they can share and extend this learning at home.

12. Supporting Peers

12.1 When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends will want to help but often do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to protect peers, the School will consider on a case-by-case basis which friends may need additional support and will decide how best to do so. Advice will be given about:

- what it is helpful for friends to know and what they should not be told
- how they can best support their friend who is suffering from mental health problems

- things friends should avoid saying/doing which may cause upset
- warning signs that their friend needs help (e.g. signs of a relapse)
- where and when to access support for themselves
- safe sources of further information about their friend's condition
- healthy ways of coping with the difficult emotions they may be feeling.

13. Staff Training

13.1 As a minimum, all teaching staff receive regular training about recognising and responding to mental health issues as part of their annual child protection training, so that they can keep students safe. Training opportunities for staff who require further in-depth knowledge are encouraged as an important and valued area of CPD. In-house training sessions are arranged to promote understanding about specific areas of mental health where a need to do so has been identified. The School Nurses and listeners are available to provide guidance and learning resources for staff who wish to find out more about particular mental health issues relating to a student.

14. Policy Review

14.1 This policy will be reviewed annually. Additionally, it will be updated immediately to reflect personnel changes, and may be reviewed during the course of the year if the need or opportunity arises to improve its content.

15. Sources of Information

- <https://www.gov.im/categories/caring-and-support/mental-health-service/child-and-adolescent-mental-health-service/> (Isle of Man Child and Adolescent Mental Health Service)
- <https://www.gov.im/categories/health-and-wellbeing/mental-health-and-wellbeing/understanding-mental-health-problems/> (Isle of Man Government – Understanding Mental Health)
- <http://www.youngminds.org.uk/> (Young Minds – The voice for young people's mental health and well-being)
- <http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo.aspx> (Royal College of Psychiatrists Youth Mental Health information)
- <http://www.mymind.org.uk/> (Cheshire and Wirral Mental Health information)