Bedales Senior Mental Health and Wellbeing Policy

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Author	Head of the Health Centre
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Introduction

Bedales School aims to create a positive learning and living environment amongst the staff and student population in order to promote positive mental health and wellbeing. Through provision and promotion of social and emotional learning and life skills, we endeavour to increase the resilience of our students to manage the normal difficult thoughts and feelings that occur in life. By creating and maintaining a strong mental health awareness, our goal is to achieve early identification and positive responses to mental health difficulties, through an established network of support both within and external to the School. The aims of this policy are:

- To give an overview of mental health issues in young people and factors that influence mental health outcomes
- To increase understanding and awareness of mental health issues
- To describe the Bedales approach to promoting positive mental health and the network of pastoral care available
- To provide support and guidance on identifying potential challenges and how to support students who suffer from mental health issues

Background - Mental Health in Young People

World Health Organisation definition of mental health is "a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

Mental health is an essential part of holistic wellbeing and central to an adolescent's healthy development and optimal education. The most recent UK statistics from NHS Digital say that as of November 2022 between 20-25% of young people aged 11-19yrs of age, depending on age and gender, are affected by a probable mental health disorder. Girls and young women are the most affected. This is in comparison to a survey published by Public Health England in 2019 which found that 12.5% of children and young people between the ages of 5-19 years of age had at least one mental health disorder. Around 75% of mental health disorders are diagnosed in adolescence stressing the need for early identification and intervention during the school years. Once a mental health issue is identified, schools are perfectly situated for support and maintenance of the situation and to help the young people access support and adhere to recommendations made by mental health practitioners. Integrated working between students and their families, different disciplines of school staff and external health and welfare professionals is therefore essential.

Mental Health problems are those considered beyond the 'normal' fluctuations in terms of:

- Persistence
- Pervasiveness
- Causing significant impairment in education, relationships and work
- Unexplained or disproportionate

Factors influencing mental health

Mental health in children and adolescents has become a growing concern over the years and whilst it was perhaps for a few years unclear if problems were actually increasing or if society and schools were just getting better at identifying mental health issues, it is clear now from the statistics and severity of presentations that mental health issues have indeed increased in young people. The global COVID-19 pandemic, instability and war in the world

together with concerns about the impacts of climate change have influenced the outlook for children and young people (CYP) affecting their mental health. The evermore imposing presence of social media impacts on resilience, peer relationships, pressure and expectations amongst young people. 'Sexting' and media exploitation have become commonplace in a world where our young people can no longer be care-free and fun intended 'selfies' posted on social media are prime triggers for mood dips, dependent on responses gained; or worse, abuse and bullying, The Good Childhood Report 2022 by the Children's society found that school, friendships and appearance cause the most dissatisfaction in adolescence.

We now live in a world where children are primed to succeed with a high self-expectation rather than experiment to find out what they are good at or bad at in an environment where they can fail 'safely' as part of the norm. The young generation is also growing up in a world that is politically correct, health and safety conscious and generally risk averse. In narrowing the margins for criticism and failure, young people are not getting the broad exposure that many consider earlier generations to have learned from. Perfection and positive praise have become more prominent for the younger generation, leaving them less equipped for the roller coaster of real life.

The increase in need for CYP mental health services is recognised nationally and as a part of the NHS Long Term Plan in 2019 a commitment was made to increase the access that children and young people have to mental health services and support. In addition, the Department of Health and Department of Education Green Paper in 2017, 'Transforming children and young people's mental health provision' encouraged schools to build safe mental wellbeing environments. The expectations of both of these papers and their well-intended aims took a knock from the impact of the COVID-19 pandemic which has resulted in a battered NHS and longer waiting times for access to specialist care following the huge increase in need. We are now seeing waiting times increase even in private mental health care as the demand far outweighs the supply of child and adolescent psychiatrists available.

Factors that have been strongly identified (ONS 2008), with the onset of persistent mental health disorders in children and young people include:

- Experiencing three or more stressful life events, such as family bereavement, divorce or serious illness. This could also be events that threaten sense of safety such as reduced family income due to the cost of living crisis, a pandemic, war or environmental disaster
- Physical illness (linked strongly to the onset of emotional disorders)
- Family structure - with those living in single-parent households
- Poor mental health of the mother
- Household tenure - children who live in rented accommodation are more likely to have a persisting emotional disorder than those who do not.

Mental health issues can also arise as an acute reaction to a single adverse event such as parental separation and divorce, bullying, child abuse and neglect, bereavement or post-traumatic stress.

LGBTQ+ young people have emerged as a significantly vulnerable group with higher rates of depression, anxiety, self-harm, substance abuse and suicide than their peers (Salkind et al 2019). Of the transgender cohort in a UK based survey in 2017, 84% reported self-harm and 45% had tried to end their life by suicide (Stonewall 2017). Bedales has separate Transgender guidance which aims to show students our aim to embrace diversity and encourage tolerance and inclusion in the school community.

It is well known that some children maintain positive mental health despite traumatic experiences whilst others seem to have ideal circumstances for optimal emotional wellbeing and yet develop serious mental health issues. This is thought to be the consequence of risk factors versus protective factors which can promote resilience in a young person. Table 1 below, taken from the Department of Education guidance on Mental Health and Behaviour in Schools (2016), expands on these factors. Bedales aims to provide an ethos and environment that mitigates factors which may have a negative influence on student wellbeing and help the students to become more resilient in the face of life's challenges.

Table 1: Risk and protective factors for child and adolescent mental health
(*Department of Education 2016, Mental Health and Behaviour in Schools*)

	Risk Factors	Protective factors
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, neglect or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the school	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor student to teacher relationships	• Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences in the community
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Promoting Positive Mental Health at Bedales

The updated guidance from Department for Education on Mental Health and Behaviour in Schools (2018) condensed the guidance for positive Mental Health approaches in schools into four main areas:

- Schools responsibilities in relation to mental health
- Creating and embedding a whole school culture to promote good mental health
- Understanding and addressing the link between mental health and behaviour
- Providing support and collaborative working with other agencies

The Schools Responsibility

Bedales School is dedicated to keeping positive mental health and wellbeing in the forefront of the daily lives of our students. The aim is to mitigate the risk of mental health challenges in students by supporting them to become more resilient, preventing problems before they arise and identifying potential mental health problems early to initiate timely treatment of developing issues. Students have extensive opportunities for informal access to staff enabling development of trusting staff and student relationships in which changes in student mood, appearance or behaviour can be identified. In addition to the wellbeing curriculum and staff professional development for awareness of students with special educational needs and mental health issues, the school has its own health centre with a visiting psychiatrist, local GPs and a team of qualified nursing staff working in collaboration with a team of counsellors and specialised learning support staff to meet this aim.

Creating and Embedding a Whole School Culture for Positive Mental Health

Bedales have a whole school emphasis on collaboration and community, incorporating the school motto 'Work of Each for Weal of All', creating a safe and informal environment for students to learn and live. A system of informal first name terms is used between students and teachers to reduce barriers and encourage mutual respect.

For Boarders, dormitories are mixed in year groups to encourage a big sister/brother approach and help integration of different age groups. This encourages peer support in addition to the Badley Mentors. These are 6.2 students who work with the Assistant Head Pastoral to support students and promote helpful relationships, positive mental health and wellness across all areas of the Senior School.

Students are encouraged to express themselves in an environment where questioning, divergent thinking and the freedom to learn from mistakes are all encouraged. Central to Bedales Schools' success is the sense that each person is a member of the community whose voice is entitled to be heard and be treated with respect. Bedales operate an inclusive approach and students are kept at the centre of discussion about their welfare and progress. Students and parents are invited to external speaker sessions on subjects of interest to adolescents and their families, such as mental health awareness and positive relationships with young people. Parent Association meetings also provide opportunities for parents to review and improve supportive practices. Students are encouraged to lead and participate in events such as Mental Health Awareness Week.

Quiet spaces are available on the boarding houses together with a dedicated relaxation space in the Day Common Room where the houseparents are centrally located for easy access. There is a quiet room by the Quad and extensive outdoor space for students to relax and enjoy their natural surroundings on site. Outdoor and creative activities are encouraged during Badley time and Powell time which are incorporated into the daily structure. The library is also a good location for quiet.

The school has various policies dedicated to student welfare including the Health Care Policy, the Mental Health and Wellbeing Policy, Digital Safety Policy , Self -Harm policy, the Prevention of Suicide Policy and the Children Questioning Gender guidance.

Understanding and addressing the link between mental health and behaviour

The ethos of Bedales School is focused on ensuring that students have a strong sense of achievement and control over their lives. Individuality must flourish, but within a clear moral structure: there must be a good balance between the rights of the individual and the individual's responsibility to the community. Staff and students can expect to develop meaningful relationships that are co-operative, authentic, trustful and tolerant. Self-discipline and caring for others are key factors and the behaviour and anti-bullying policies set out the responsibilities of students, staff and parents. The Fitness to Board Criteria (Annex 3), whilst addressing physical fitness also sets out behavioural expectations for living in a harmonious community.

The SEAL programme (Social and Emotional Aspects of Learning) that has been rolled out by the Department for Education (DFE) in England to promote social and emotional learning, uses a five-fold categorization of social and emotional aspects of learning to promote wellbeing of students: self-awareness, managing feelings, motivation, empathy and social skills. Promotion of these skills is integral to the Bedales approach and contributes to a positive school climate and community. Students develop these skills through the wide range of activities available (Head, Hand and Heart activities).

Student behaviour can also be impacted by Special Educational Needs that are not met, hence the importance of recognition and referral to the learning support team for students with particular needs and disturbances of activity and inattention. These can be caused by diagnosed or undiagnosed conditions such as Autistic Spectrum Condition (ASC) or Attention Deficit Disorder with or without Hyperactivity (ADHD/ADD). Failure to recognise these conditions for what they are can lead to poor behaviour and attainment leading to feelings of failure and poor self-worth resulting in medical health issues. The Learning Support team work closely with the Health Centre in supporting referrals and treatment plans for students.

Providing support and collaborative working with other agencies

There is an extended network of pastoral care for students to access support within Bedales. Houseparents and house assistants provide the daily face of support within the student houses. The houses are set up to provide a homely and informal environment with minimal borders between staff and student. Houseparents are easily accessible to students on a daily basis, through informal gatherings and activities, and flat surgeries provide a social gathering place where students can congregate for informal chats and advice. In this informal setting early signs of mood or behaviour change may be noted and the cosy family environment lends itself to disclosure if a student has any concerns.

All Boarders and Day students have allocated Tutors whom they see on a regular basis, including for one-to-one sessions, where they are able to form strong ties for support in all aspects of their School life and personal life if they choose. Pastoral teams meet with the Deputy Head (Pastoral) / Assistant Head (Pastoral) and Designated Safeguarding Lead (DSL) each week to review the wellbeing of individual students and staff are made aware of vulnerable students and are able to take a team approach to review student needs and approaches for providing help and support.

Around the school, there are posters for Whisper, an anonymous texting service for students to report concerns to the DSL for themselves or others, and widely available are small credit card sized pocket cards that can be kept in their phone cases, showing useful self-help Apps, phone numbers and information on who to contact in school.

There are three School Counsellors available; two Counsellors based at the Senior School and one Counsellor based at the Prep School (see Annex 2 for their contact details). Their details are also available to students on the 'Where to go for help' leaflet which is available in the Houses. Students can refer themselves directly via email or phone. Referrals can also be made via the Health Centre, houseparents or by any member of staff. The Counsellors offer a confidential service. The only time the confidentiality may not be sustained (and these circumstances are made clear at the initial appointment and the time of student disclosure) is when there is a perceived risk or danger to self or to others, or if there is a disclosure which comes under The Children's Act 1989, when the Safeguarding Lead in the school will be informed.

For Boarding students, there is also a local Independent Listener. They are available for students to contact should they want an external person to talk to (see Annex 2 for their contact details). Their details are also available to students on the 'Where to go for help' leaflet which is available in the Houses.

The School has two dedicated NHS GPs, who hold weekly clinics at Bedales Health Centre, and a team of dedicated School Nurses. There is also a visiting psychiatrist available for private appointments who holds a monthly clinic on site. The Health Centre offers a drop-in service for any urgent needs. It is open from 8am -10pm (shorter hours at weekends) for any medical emergencies or if students are feeling unable to cope in school. There is a nurse on-call 24hrs a day throughout term-time. The Nurses can advise on many issues or be available simply to listen. In the Health Centre students have a quiet space to talk and the Nurses can link them to self-help options, the School Doctors, school counsellor, external counselling and referral to local Child and Adolescent Mental Health services (CAMHS) or private psychotherapy services. The nurses work closely with the School Doctors and are bound by professional confidentiality.

Identifying potential mental health disorders in children and adolescents

The range of mental health disorders that may be seen in young people is vast and can include:

- Deliberate self-harm including suicide
- Eating disorders (e.g. anorexia, bulimia and obesity)
- Obsessive-compulsive disorder (obsessions, compulsions and personality characteristics verging on the panic threshold)
- Anxiety disorders (e.g. anxiety, phobias, panic, and school-phobia)
- Conduct disorders (e.g. aggression, destructive behaviour, theft, truanting etc.)
- ADD/ADHD (attention deficit and hyperactivity disorders)
- Soiling and wetting
- Autism Spectrum Conditions/Disorders (including Asperger's syndrome, social deficits, communication difficulties, restrictive and repetitive behaviours)
- Substance abuse (abuse and dependence)
- Addictions of other kinds including Gaming
- Depression and bi polar disorder
- Schizophrenia (abnormal perceptions, delusional thinking, thought disorders)
- Psychosis

The size and intimacy of the Bedales population means that all students are well known to their Tutors and House parents enabling staff to be in a good position to pick up on behaviour changes or personality shifts that may alert them to an underlying issue. Through discussion with students and encouragement from their peers, students can usually be encouraged to come forward for help and parents or carers will be involved at the earliest opportunity, guided by the student and supporting staff.

A quick overview of some of the more common mental health disorders and how to recognise them is given at the end of this policy along with guidance for staff responses.

Mental Health First Aid

Whilst Bedales has staff trained in Mental Health First Aid, the five basic steps of mental health first aid can be followed by staff for any mental health crisis.

Ask, asses and act
Listen non-judgementally

Give reassurance and information
Enable the young person to get appropriate professional help Encourage self-help strategies

Known as the ALGEE principles this should be the initial response offered by staff in an acute mental health situation. As in any first aid action plan, the initial task is to assess the risk of harm to the affected person or others and reduce that risk. The young person should be kept at the heart of the first aid support process and involved in any actions or decisions taken.

Reality Check
Supporting a distressed student can be extremely time consuming and stressful to the member of staff.

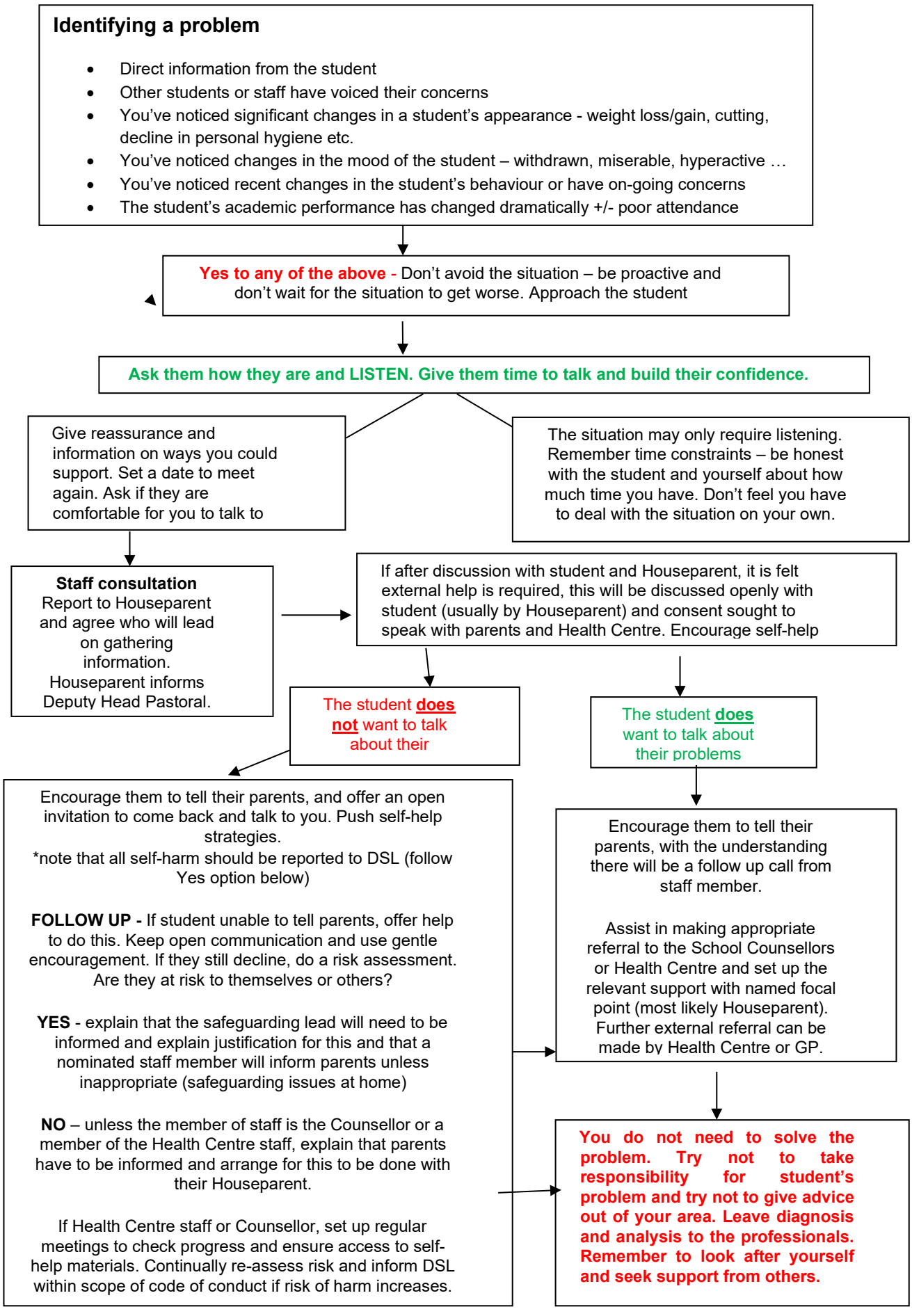
- Think carefully what you can and cannot do to help.
- Ask yourself whether you have the time and skills to support them.
- Consider whether there might be a conflict with any of your other responsibilities e.g. disciplinary
- Explain clearly to the student the limits of your role.
- Be prepared to take a firm line about the extent of your involvement.
- DON'T DEAL WITH THE SITUATION ON YOUR OWN.

If you have concerns for a student:

- Don't avoid the situation, be proactive not reactive and don't allow the situation to get worse.
- Gather more information from colleagues to see if your concern is shared.
- Express your concerns in private to the student and be prepared to listen.
- Explain to the student that it may not be possible to keep any information given confidential, but that you would discuss with them if you felt that you needed to share any of the information.

- If you have a suspicion at all that the problem goes deeper than you have the skills to deal with e.g. a sympathetic ear or some extra help with work, or if there is no improvement in the student despite your basic intervention, speak to the School Nurses.
- Remember the involvement of parents in helping to identify problems and reach solutions is often essential; House parents will usually be the ones to make this contact.
- Use guidance documents available - essential documents for staff supporting students include the Safeguarding Policy, Suicide Prevention Policy and Anti-bullying policy. These can be found on the intranet.
- Library – 'Shelf help'
  'Shelf Help' books for young people are now available in the library and the online book list can also be used for suggesting resources to parents and carers. All these books have been chosen by mental health professionals, in partnership with young people. They are regularly 'prescribed' to patients by doctors so can be recommended to young people with confidence. Self-help reading is endorsed by NICE as an effective intervention for a range of common mental health problems.

Figure 1: FLOW CHART FOR SUPPORTING A STUDENT WITH A MENTAL HEALTH CONCERN



It is important to stress that staff are not obliged to take on medical care roles and should be provided with the support and training they feel necessary to be comfortable to deal with students with physical or psychological conditions in their care. This is particularly relevant if staff are running a residential trip with affected students participating. However, with Whole School awareness on mental health promotion, all staff have a duty of care to respond accordingly to initial situations with essential listening skills and responsible referral if a student in need presents themselves.

Whilst school should be a safe and flexible place for students with mental health issues, if the presence of a student in school is having a detrimental effect on the wellbeing and safety of other members of the community or if it considered that a student's mental health concern cannot be managed effectively and safely within the school, it may be suggested that the student goes home temporarily until appropriate reassurances have been met. If a student requires absence from school, full support will be given for work at home if appropriate followed by gradual transition and reintegration into School life. See Annexes 3 and 4 for Fit to Board Criteria and thresholds of pastoral support.

Support for others

Support is not always limited to the student in need but extends to their peers and family who may not understand or be able to cope with what they are seeing. Students often come forward if one of their friendship group is in trouble, upset or showing signs of possible mental health issues. Friends can worry about betraying confidences so they need to know that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner. Parents too need confirmation that School will be supportive and that mental health issues are not perceived in a negative manner. Young Minds website have a particular web area for parents of teenagers with mental health disorders.

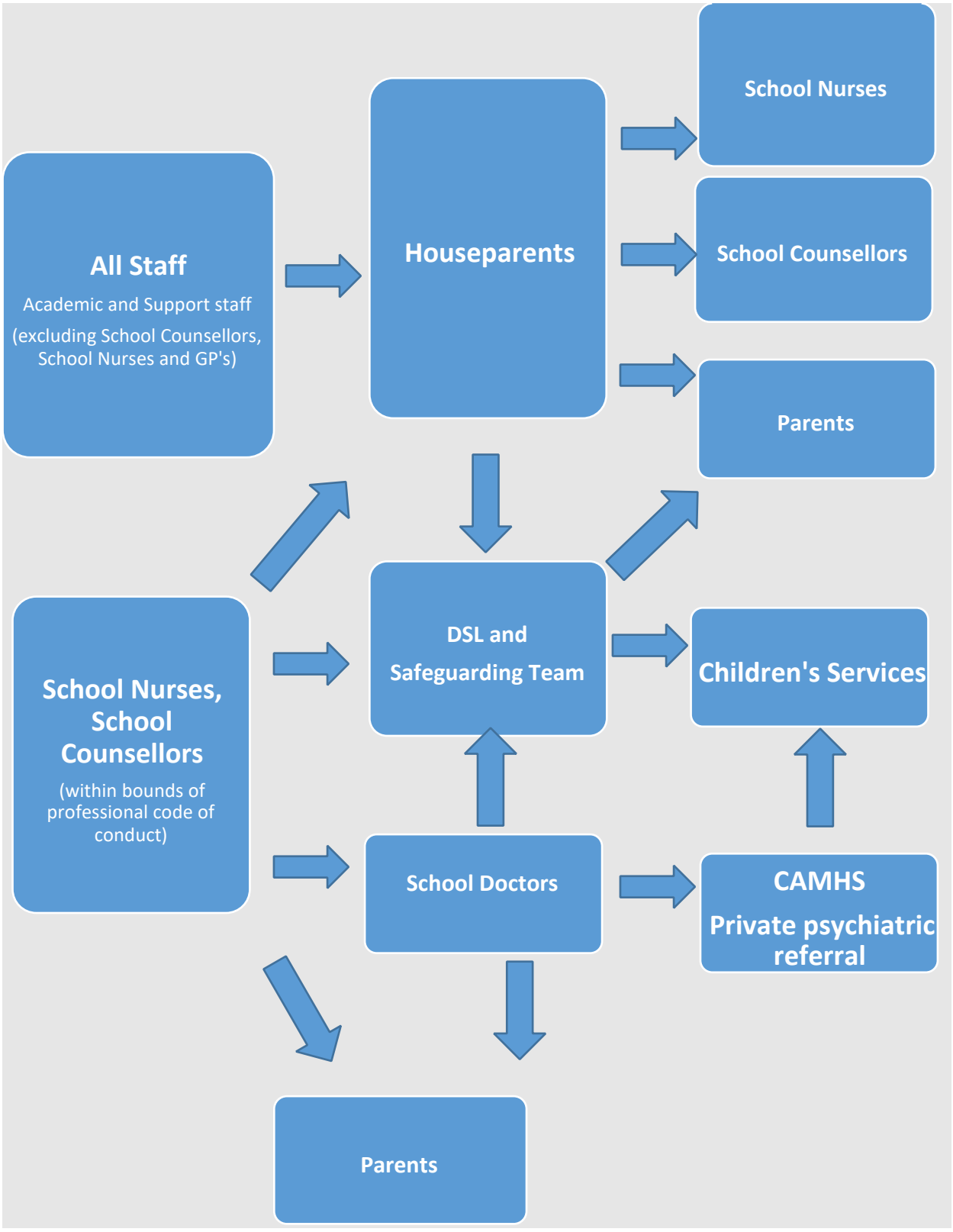
Parent Helpline 0808 802 5544
Parents email forum www.youngminds.org.uk/parents

Safeguarding and confidentiality

Safeguarding is often an important consideration for students suffering with mental health conditions, usually because there is either a concern that they are at risk of harm or considered a risk to others. The school has a Safeguarding Policy for staff to follow and a central reporting system called CPOMS that enables concerns to be linked from different staff to give a clearer picture. All CPOMS entries are automatically sent to the DSL and safeguarding team including the Health Centre. This ensures a cohesive approach with all threads of information available. Where a referral to the DSL needs to be done, the student should be informed, and an explanation given why this is important. All self-harm must be reported to the DSL and parents informed, with the exception of where the student has gone directly to the School Counsellors or Health Centre staff. If a student is taken to A&E for mental health concerns a referral to Children's Services will be done by the DSL as a part of the safeguarding process. The counsellors and nurses are not obliged to report all self-harm or poor mental health, but must work within their code of conduct with regards to confidentiality and safeguarding risk as explained below.

The school staff work closely as a team to support all the students and information is often shared in the interest of a wider support network for students who come forward for help. This is explained to students with the rationale of enabling more support to be available to them. The School Nurses, Doctors and the School Counsellors however, are bound by their professional confidentiality. This means that concerns shared directly by the student with those professionals on an individual basis will only be passed on with the student's permission or if the health professional has safeguarding concerns in which case this will be discussed with the student and explained first. The health professionals must be able to fully justify this decision if called upon to later in accordance to their professional codes of conduct. Equally they must be able to justify that an adequate risk assessment was done and measures put in place if they chose not to disclose a student at risk to the DSL who is later brought to the DSL attention.

Figure 2: Chain of referral for mental health concerns



Providing continuing support in School

It is not the responsibility of the School to replace professional mental health services in the community, but to support the student in their School life in conjunction with professional recommendations. As a part of promoting general social and educational development the goal is to keep school as a school environment and a constant of

'normal' life. When students are in School, they should all feel a part of the School community. The objective is to incorporate the individual needs into school life rather than fitting school around the focus of medical needs and hence provide a secure and safe environment for students to feel 'normal' rather than being seen as a 'patient' in School.

External treatment can have several arms of support including different types of therapy, such as talking therapy, psychotherapy, cognitive or dialectical behavioural therapy, medication or alternative therapy such as hypnotherapy, EMDR etc.

Many medications will have side effects especially in the early days of use. These may affect mood, focus and ability to sleep; all of which impact on student performance in school. It is important that staff closely involved with the student are aware of this challenging time in case adjustments are required.

The reintegration of a student into School following a period of absence should be handled sensitively and carefully with the student, their parents, School staff and members of the multi-disciplinary team treating the student externally should all be consulted during both the planning and reintegration phase. Flexibility is essential to ease the transition back to School life. Flexi-Boarding or switch from Day student to Boarding or vice versa can be considered.

References:

Children's Society 2016, Good Childhood Report https://www.childrenssociety.org.uk/good-childhood

Children's Society 2023, Good Childhood Report The Good Childhood Report 2023 | The Children's Society (childrenssociety.org.uk)

Department for Education (DFE), March 2016, Mental Health and Behaviour Advice for Schools https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf

Department for Education, 2018, Mental Health and behaviour in Schools
Mental health and behaviour in schools - GOV.UK (www.gov.uk)

Department for Education (DFE), 2010, Secondary Social and Emotional Aspects of Learning (SEAL) programme, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181718/DFE-RR049.pdf

DH and DfE (2017) Transforming children and young people's mental health provision: a green paper
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

NHS Mental Health Implementation Plan 2019/20- 2023/24
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf2023-24.pdf

Office for National Statistics (ONS), 2004, Mental Health of Children and Adolescents in Great Britain, ISBN 1-4039-8637-1
Office for National Statistics (ONS), 2008, Three Years On: Survey of development and emotional wellbeing of children and young people, ISBN 978-1-85774-680-8

Office for National Statistics (ONS), 2018, Suicides in the UK – 2018 registrations
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations

OFSTED, 2005 Healthy Minds – promoting emotional health and wellbeing in schools, Doc Ref: HMI 2457, https://www.gov.uk/government/organisations/ofsted

Public Health England, Oct 2019
https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/5-children-and-young-people

Salkind et al, Safeguarding LGBT and adolescents. BMJ 2019; Jan 31; 364:1245
Stonewall, School Report: the experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017
http://www.stonewall.org.uk/sites/default/files/the_school_report_2017.pdf

NB: All School Policies such as the Self-Harm Policy, Trans guidance, Digital Safety Policy and Suicide Prevention Policy are available to staff and can be found here: Whole School Policies - Whole School Policies Home (sharepoint.com)

Quick Guide to Common Mental Health Disorders in School

1. Anxiety
2. Eating Disorders
3. Depression
4. Suicide
5. Self-Harm
6. Hearing Voices, Delusions and Hallucinations
7. Hyperkinetic Disorders
8. Conduct Disorders

1.Anxiety

Anxiety is a natural, normal feeling most people experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, people have different levels of stress that they can cope with; some people are naturally more anxious than others, and are quicker to get stressed or worried. Concerns are raised when anxiety is getting in the way of a young person's day-to-day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Symptoms:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking *Psychological effects*
- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

First Aid for anxiety and panic attacks

1. If you are at all unsure whether the student is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call for help immediately
2. If you are sure that the student is having a panic attack, move them to a quiet safe place if possible.

3. Help to calm the student by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
4. Be a good listener, without judging.
5. Explain to the student that they are experiencing a panic attack and not something life threatening such as a heart attack.
6. Explain that the attack will soon stop and that they will recover fully.
7. Assure the student that someone will stay with them and keep them safe until the attack stops
8. Sign post the student to self-help or Health Centre/counselling

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period may lead to depression or obsessive compulsive actions, these in turn can increase the symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Obsessive Compulsive Disorder (OCD)

This is an anxiety disorder but worth a separate mention as it is often identified at very late stages. OCD rituals are those that interfere with socialisation and the growth of independence. It is a very under-diagnosed condition and should be suspected with students 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. There has been a significant increase in young people with OCD requiring professional support since the COVID-19 pandemic hit the UK.

Please contact the Health Centre if you have a concern that a student in your care may be affected.

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2. Eating Disorders

Unhappiness about appearance is one of the leading causes of dissatisfaction mentioned by CYP in the Good Childhood Report of 2023 (Children's Society). Eating disorders are a very serious and potentially life-threatening mental illness. For this reason, any sign of disordered eating must be addressed quickly and flagged to parents, House Parents, the Health Centre and the student's GP as a matter of great importance. Disordered eating is also one of the mental health conditions most responsive to early help. Timely intervention can prevent the situation escalating into a lifelong eating disorder. Most eating disorders manifest themselves from feelings of low self-esteem, difficult thoughts, emotions and experiences. They will therefore usually be seen in conjunction with other mental health disorders.

There are four 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. In addition they may find ways to lose more calories such as excessive exercise or misuse of laxatives. Lies and secrecy are a common approach to try and hide their condition. Their concern
  about food, weight and calories can start to control them isolating them from their social group. Anorexia Nervosa is the most high risk eating disorder with a 10% fatality.
- *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. Bulimia is around five times more common that anorexia nervosa.
- *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.

- *Avoidant Restrictive Food Intake Disorder (ARFID):* People with ARFID avoid eating certain foods due to texture, smell, taste, fear of choking or being sick etc, to the extent that it leads to nutritional deficiencies. It is more common is CYP with ASC or learning difficulties

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement (self or family expectation)
- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

Physical Signs: Weight loss, dizziness, tiredness, fainting, feeling cold, hair becomes dull or lifeless, swollen cheeks, callused knuckles, tension headaches, sore throats, mouth ulcers, tooth decay, bad breath, menstrual disturbances

Behavioural Signs: restricted eating, skipping meals, scheduling activities during lunch, strange behaviour around food, eating alone, refusing to go to the dining room, wearing baggy clothes, wearing several layers of clothing, excessive chewing of gum/drinking of water, increased conscientiousness, increasing isolation / loss of friends, believes they are fat when they are not, secretive behaviour, visits the toilet immediately after meals, excessive exercise

Psychological Signs: preoccupation with food, sensitivity about eating, denial of hunger despite lack of food, feeling distressed or guilty after eating, self-dislike, fear of gaining weight, moodiness, excessive perfectionism

Staff Roles

The most important role School staff can play is to familiarise themselves with the risk factors and warning signs outlined above. Prevention should be a strong focus and if staff members note any signs of disordered eating, House Parents and the Health Centre should be informed without delay to initiate early help.

The Health Centre will do a physical assessment and monitor or make a referral as necessary in line with the Junior Marsipan Guidelines. As with most mental health disorders, until a student accepts that they have a problem it is difficult to refer them for help as they need to accept there is a problem to engage in the treatment. This is with the exception of severe clinical symptoms where referral will be made without cooperation due to safeguarding concerns. If a Boarding student refuses specialist treatment as recommended by the GP they will no longer be permitted to board as the School cannot guarantee their safety. The Health Centre, pastoral staff and DSL must also be kept fully informed about the care of Day students with eating disorders. If the School is not fully informed, or has concerns about the treatment or welfare of a student, the student may not be able to attend School. The School will always follow safeguarding procedures.

If a student is not ready to accept they have a problem, regular monitoring is essential by Health Centre staff or the student's GP in the case of Day students. Health Centre will monitor clinical signs and keep up the discussion with the student to try and get them to a position of trust where they can engage in support. During this time, if there is clinical deterioration safeguarding measures will be discussed and referral made. If staff suspect a student has an eating disorder based on physical signs, it is important that the Health Centre team see the student to rule out other potential medical causes.

As long as the student is engaging with appropriate specialist support such as the Eating Disorder Service (EDS) and neither the School nor the health professionals have significant concerns, they may attend School as normal. Attempts

are made to keep School as a safe environment; weight is only monitored in School if the professional supporting team is not monitoring it externally and meals will not be supervised in School. This is to avoid feelings of stigma to the student and to avoid staff/student conflict if mealtimes turn into a battleground. The aim is always to keep school a safe and neutral environment. If supervised mealtimes are required then the suggestion will be made to facilitate mealtimes outside of School with parental support where families are local, or for the student to stay at home for the duration of this requirement. Whilst in School students are permitted to follow normal activities unless otherwise advised by the medical team. Where a student's eating disorder or habits in relation to food are impacting on the safety of others, or on pastoral staff and the smooth running of the school, risk reduction interventions may be considered such as change from Boarding to Day status, reducing their time in School, or moving to a single dorm if appropriate.

In some cases students may not be allowed to participate in sport as a part of their treatment programme. The decision about how to proceed with a student's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the student, their parents, School staff and members of the multidisciplinary team treating the student. Flexible arrangements regarding School attendance can be agreed.

First Aid for Crisis with a student with an eating disorder

1. Never make reference to looks when trying to placate a student who is upset
2. Try to distract student from going to the toilet directly after eating, e.g. ask them to help with something pleasurable or fun
3. Don't force feed them
4. Talk about how they are feeling
5. Listen
6. Ensure a referral is in place to health professionals
7. Provide external resources for support such as Bea

Anyone who is concerned about a young person's eating can call Hampshire Specialist Eating Disorder Service for information, advice or self-referral on 0300 304 0062

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3. Depression

Childhood and adolescent depression can impact on cognitive development, socialisation, family relationships and behaviour. Young people who are depressed often present with non-specific symptoms which may include refusal or reluctance to attend school, irritability, poor sleep pattern, loss of appetite, abdominal pain and headache. There is often loss of concentration and loss of interest in previously enjoyed activities and friendships with a marked decline in educational performance. They will gradually notice a persistent feeling of low mood, and unhappiness. Depression is a disorder that must be distinguished from the understandable melancholy and sadness 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 student. This involves acceptance of the situation for the student and parents and pathways of support offered within the school environment. Professional help will be needed externally consisting of therapy, plus or minus medication.

Symptoms

Emotional: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

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

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

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

First Aid for depression

- Be familiar with signs and symptoms of depression and approach any young person you have concerns about and give them room to talk.
- Listen to what they have to say
- Assess risk of suicide or self-harm – if yes stay with them or accompany them to a health professional or someone they feel comfortable to sit and talk with, perhaps a parent.
- Give reassurance about help available
- Facilitate discussion with parents. This would usually be lead by Houseparent, DSL or Health Centre
- Suggest avenues of support available in school such as referral to the Health Centre or School Counsellors
- Direct them to self-help resources.

4.Suicide in children and adolescents

Suicide in the UK has been on a significant rise in young people. Since 2012 suicides in 10-24 year old females have increased by 83% (ONS 2018). Male statistics are up by 25% for the same age group and time period. Bedales has a specific suicide prevention policy and is committed to the de-stigmatisation of talking about suicide and suicidal thoughts.

First Aid in a suicidal crisis

- If the person is unconscious, put in recovery position, call 999 and keep them warm
- If the person is conscious, but known to be harmed, phone or take to the nearest A&E for advice. We would normally recommend waiting for an ambulance in case the person deteriorates on the way to A&E and needs medical assistance whilst traveling
- Do not give any food or fluids unless advised by a medical person
- Reassure the person and stay with them until you have medical assistance
- Try to find out if any substances have been ingested
- Keep the person warm
- Administer first aid for any injury or bleeding
- Contact parents/guardians to inform them of the situation

If the person is thinking about suicide:

- Try to ensure the person does not have access to some means to take their life
- Listen without judgement
- Be polite and respectful
- Do not deny the persons feelings
- Try not to give advice
- Try not to act shocked as this creates distance
- Do not minimise or brush off their feelings
- Do not try to analyse their motives
- Don't argue or lecture
- Don't use guilt to prevent suicide
- Do not be sworn to secrecy – confidentiality never applies to suicide

- Stay with them or organise a person to be with them (parent) until the immediate crisis is over
- Ensure professional referral is in place
- Encourage self-help strategies like recognising signs of despair and early action plan, minimising stress positively, healthy lifestyle etc.

** Tip – please read Bedales' separate Suicide Prevention Policy*

5.Self-Harm (Please also see Bedales separate Self-Harm Response Policy)

Self-harm is an expression of personal distress and can be a symptom of any underlying mental health disorder. 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. Self-harm usually takes place in secret and it is important to be aware of the difficulties a student may have in discussing issues surrounding self-harm.

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. Self-harm should always be channelled through the School Nurses or the School Counsellors. Self-harm noted by School staff should always be reported to the Designated Safeguarding Lead.

Possible warning signs include:

- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities e.g. swimming
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Changes in eating/sleeping habits (e.g. student may appear overly tired if not sleeping well)

First Aid for Self-harm:

1. Try not to appear shocked or to show other negative feelings
2. Acknowledge their distress and express genuine concern for their wellbeing
3. Try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of School staff is showing a considerable amount of courage and trust
4. Try to encourage them to think of other ways of expressing their feelings, such as punching or kicking a cushion, holding an ice cube really tightly in their hand to feel the anger melting away etc.
5. Suggest something relaxing, have a bath, yoga, listen to music or use aromatherapy oils.
6. Encourage deep breathing - Imagine you are breathing out all your anxiety and breathing in peace
7. Ask them to see House Assistants or Health Centre to do a wound/physical check depending on the method of self-harm used
8. Ensure a referral is in place to health professionals (Counsellors, School Nurses, GPs in the first instance)

6. Hearing voices, Delusions and Hallucinations

These symptoms can occur at times of transition or following adverse life events; they can also be associated with smoking, drug or alcohol use. The symptoms are very real to those experiencing them and can be very frightening. Whilst these can be explainable behaviours in young people and adolescents, they should still be seen as an indicator of problems that need to be resolved. Referral to the School Counsellors or Health Centre staff and the student's GP is essential to assist this support and to rule out early signs of psychosis.

7.Hyperkinetic disorders - disturbance of activity and attention, (DFE 2016)

Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning and with progress at school, they become a matter for professional concern.

Attention Deficit Hyperactivity Disorder (ADHD) is a diagnosis used by clinicians. It involves three characteristic types of behaviour – inattention, hyperactivity and impulsivity. Whereas some children show signs of all three types of behaviour (this is called 'combined type' ADHD), other children diagnosed show signs only of inattention and impulsiveness (ADD). Many CYP with ADHD/ADD will have associated mental health conditions.

Hyperkinetic disorder is another diagnosis used by clinicians. It is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. These core symptoms must also have been present before the age of seven, and must be evident in two or more settings.

The strongest evidence supports:

- Use of medication, where ADHD is diagnosed and other reasons for the behaviour have been excluded. These treatments have few side-effects and are effective in 75% of cases when there is no depression or anxiety accompanying ADHD. High doses can be avoided if behavioural treatments accompany medication. Students on medication for ADD/ADHD are monitored closely by the Health Centre for side effects mainly affecting blood pressure and appetite
- Introduction of parent education programmes and individual behavioural therapy where there is insufficient response to medication. These need to be provided in the school as well as home, as they do not appear to generalise across settings
- For children also experiencing anxiety, behavioural interventions may be considered alongside medication
- For children also presenting with behavioural problems (e.g. conduct disorder, Tourette's Syndrome, social communication disorders), appropriate psycho-social treatments may also be considered by medical professionals.

Evidence also supports:

- Making advice about how to teach children with ADHD-like behaviour in their first two years of schooling widely available to teachers, and encouraging them to use this advice.

Bedales have a proactive SEN team who offer support to students and teachers for the best approach in conjunction with advice from their medical practitioners. The Health Centre team works closely with consultants to adhere to monitoring criteria for medications and management of side effects.

8.Conduct Disorders

Children with conduct disorders are often rejected and unpopular with their peers due to poor social skills. This is likely to 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.

Many disruptive children 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 students 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 student special responsibilities so that they and other students can see them in a positive light; helping young people to control their impulsive behaviour by generating alternative solutions.

Some students (for example those with associated ADHD) may be prescribed stimulant medication. This medication must be kept under strict conditions in School and the Health Centre must be kept informed of regular reviews from the student's Consultant.

Annex 1:

Bedales Approach to Positive Mental Health – At a Glance

- In order to help our students succeed, we have a role to play in supporting them to be resilient and mentally healthy. Bedales offers a supportive and caring environment to build self-worth and a sense of community. We aim to create an environment where questioning, divergent thinking and the freedom to learn from mistakes are all encouraged.
- Bedales promotes the mental and physical health and emotional wellbeing of its students by fostering individuality and encouraging initiative, creativity and the appreciation of the beautiful. Each student is valued as an individual and encouraged to be themselves. We seek opportunities to develop the connection between the moral, spiritual and aesthetic capacities of our students through contributing to the community via such events as music, drama, Outdoor Work and student-led enterprises. Wellbeing is at the forefront of the School's PSHE programme and is prominent in activities offered such as mindfulness, outdoor work and sport and exercise. Bedales encourage all student talents through doing and making.
- At Bedales we aim to ensure that students and their families participate as fully as possible in decisions concerning their wellbeing. Students and families are provided with information and support to promote positive mental health. The views, wishes and feelings of the student and their parents are always be considered.
- Bedales aims to provide resources to help staff and students to support good mental health and emotional wellbeing, utilising national organisations offering materials, help and advice to help our community to promote mental health and offer early intervention to support students experiencing difficulties.
- Where problems occur we will help and assist our students to get support. We offer an integrated approach mediating with peers and family plus support from our School Nurses and Doctors, our School Counsellors, from specialist Child and Adolescent Mental Health Services (CAMHS), and other external voluntary organisations.
- We recognise and promote key qualities that are fundamental to good mental health and wellbeing:
  1. Quality sleep
  2. Regular exercise
  3. Healthy eating
  4. Time for relaxation and social activity
  5. Valuing the individual and building emotional resilience
  6. Keeping a sense of humour
  7. Community values and helping each other
  8. Random acts of kindness
  9. Appreciating the nature around us
  10. A sense of perspective and equilibrium

Annex 2: Student Self-help Leaflet

Where to go for help or to talk with someone in confidence

Your House parent

The best person to help you at School is normally your Houseparent. They can normally speak with you in confidence and will always tell you if they think they need to speak to someone-else and ask you how you think this should be done.

Head of Wellbeing

Our current Head of Wellbeing, Kirsten McLintock is ASIST trained, a youth mental health first aider and instructor.

The School Counsellors

Rachael Emsley

Susannah Monk

If you think it would be helpful to speak with a trained expert in counselling, you can email the School Counsellors, **Rachael Emsley** or **Susannah Monk**. **Rachael** is a Registered Member of BACP and EMDR UK and has over 30 years of supporting children and young people. She has a broad experience of therapeutic work, having worked for the NSPCC, CAMHS and as School Counsellor at the Royal Grammar School Guildford. She is available for consultation 0830-1630 on Mondays, Tuesdays, Thursdays and Fridays and 1330-2130 on a Wednesday. **Susannah** has been in private practice as a Counsellor/Psychotherapist for over ten years and is a Registered Member of BACP. She is available for consultation 0900-2000 on Mondays. To make an appointment, email **Rachael** or **Susannah** at Counsellors@bedales.org.uk or if needing to contact the Counsellors urgently, call **Rachael** on **07810 063141 or on ext. 1638**. The Counsellors offer a confidential service. The only time the confidentiality may not be sustained (and these circumstances are made clear at the time to clients) is when there is a perceived risk or danger to self or to others; on those occasions the proper authorities in the School will be informed.

Badley Mentors

These are 6.2 students who are trained and work with the Head of Badley Mentors and Assistant Head (Pastoral) to support students and promote helpful relationships, Mental Health and wellness. Their photographs, names and contact details can be found on the noticeboard outside the Wellbeing Hub. They provide an opportunity for you to talk things through to a non-judgemental, sympathetic and listening ear. The Badley mentors will be able to signpost you to find additional support if needed. This is a confidential service, but if they are worried for your safety they will need to pass their concerns onto the safeguarding team.

The Health Centre

The Nurses and Doctors at the Health Centre are bound by confidentiality; they won't share anything you tell them, unless they are concerned for your safety. The Doctors can refer you confidentially to specialists if necessary too.

Independent Listener

If you are a Boarder, you can call or email the School's Independent Listener, Dr Claire Cox. She is not employed by the School but lives locally and knows Bedales well. You can speak with her in confidence about anything that is bothering you about School life that you would prefer not to speak with a member of the School or your parents about. Claire can be contacted by email: Claire.cox60@gmail.com

School Council

For any day-to-day ideas, thoughts or concerns, do contact the School Council - their names and faces are displayed on Firefly.

Annex 3: Fitness to Board Criteria

Whilst we endeavour to support all students with health or behavioural conditions, we do expect all Boarders to have a minimum level of capacity to participate as a part of the Bedales Boarding community in order to keep the whole School community safe and productive. To this extent we like to work with parents and students both before admission and throughout the student's time at Bedales to ensure the below criteria are met. Should the criteria not be met, for one or multiple reasons, there may be a discussion as to whether the student is fit to board at Bedales.

Health

- Full engagement with the School Health Centre Team consisting of the School Nurses and the GPs from the Swan Surgery
- Full disclosure of current or previous medical conditions (including mental ill-health) and support that is in place. Regular updates from medical professionals working with the students will be requested in order for our Health Centre to work with and support all individuals to the highest possible standard.
- Expectation of parents and students to work with external professionals and follow the guidance with recommendations made for the students welfare.
- The student must be fit to be at school and attend lessons.
- Any students suffering with suicidal thoughts or severe mental health issues will require a risk assessment and a team around the child meeting in order to ascertain whether it is feasible and practical to keep the student in school. This could require a report from a child psychiatrist or a meeting with the School GP. The student could be required to have some time at home with parents or guardian. If it is not timely to wait for a CAMHS referral and private psychiatric assessment may be required. Once an agreed level of safe management is in place that is not detrimental to the student, their peers or staff who are caring for them then the student can return to School.
- In keeping with any risk assessment, all students and their parents/carers will abide by any safety plan or care plan that is agreed as a part of keeping them safe in School.
- If the presence of a student in School is having a detrimental effect on the wellbeing and safety of other members of the community or if it is considered that a student's health concern cannot be managed effectively and safely within the school, it may be suggested that the student goes home temporarily until appropriate reassurances have been met. If a student requires absence from School, full support will be given for work at home if appropriate followed by gradual transition and reintegration into School life.

Community

- Students must demonstrate respectful behaviour towards property and people, and they must not act in a way that is detrimental to others in terms of safety or emotional wellbeing
- Students must demonstrate compliance towards the expectations of the boarding house and towards the School rules, which are set out in the Behaviour Policy here.
- Students must accept that bullying is not permitted in any form.
- Students must accept that theft or damage to the property of others will carry serious consequences.
- Students must always show respect for the spaces and belongings of other students.

Annex 4: Guidance for Thresholds of Pastoral Support

	Level 1	Level 2	Level 3	Level 4
	Getting Advice	*Getting Help*	*Getting Risk Support*	*Getting Further Help*
Presenting Difficulty	Anger outburst Anxiety Beginning to isolate self from peers and activities Difficulties separating from caregiver Feeling fed up Friend issues (significant) Hyperactivity that interferes with school and boarding life Parental anxiety Sleep disturbance (difficulty getting to sleep or staying asleep) Self-harm	Trauma Depressive symptoms Change in eating behaviours (negative body image, purging or binging) Increased levels of self-harm Mood disturbance Obsessive thoughts and/or compulsive behaviours (e.g. hand washing, cleaning, checking) Anxiety that interferes with class attendance or ability to board Some thoughts of ending life with no plan or intent Thoughts of harming others	Complex trauma Delusional thoughts (grandiose thoughts, thinking they are someone else) Persistent weight loss Increased levels and risk associated with self-harming Psychotic symptoms (hearing and/or appearing to respond to voices, overly suspicious) Suicidal ideation Risk of harming others Unable to attend lessons	Symptoms described in level 2 and 3 which require specialist intervention Suicidal ideation with plan and intent
Context	Bullying Home environment Inconsistent care arrangements Inconsistent Parenting Poor Parent/Child relationship Poor response to emerging needs Risk of relationship breakdown School issues Tans/LGBTQ+	Those areas identified in Level 1 plus: Reduced attainment Family breakdown Increase in risky relationships Child with a diagnosed Learning Disability Reduced attainment Reduced attendance at school Persistent problems in all areas at school Reduced access to positive social relationships and activities Reluctance to engage with Level 1 support offered	Those identified in Level 2 plus: Child in Care Child in Need Non-attendance at school Relationship break down Social isolation Lack of understanding and support from parents to engage with school and child support	Those identified in Level 3

	Level 1	Level 2	Level 3	Level 4
	Getting Advice	***Getting Help***	***Getting Risk Support***	***Getting Further Help***
Severity	Symptoms are shown in some but not all environments Disproportionate: beyond that which is usual for a student's age and stage of development Disruptive: to family and student Distressing: for short periods of time Duration:	Symptoms are present in all areas of life Disproportionate: beyond that which is usual for a student's age and stage of development Disruptive: across all environments Distressing: to student, family and/or friends and not reduced with interventions tried Duration: Has been present over a period of time and not responded to support and intervention offered	Symptoms are present in all areas of life, plus: Increase risk of harm to self and/or to/from others Student not able to engage in treatment Increased concern for the network around the Student Disproportionate: beyond that which is usual for a student's age and stage of development Disruptive: across all environments Distressing: to student, family and/or friends and not reduced with interventions tried Duration: Has been present over a period of time and not responded to support and intervention offered	Those identified in Level 3 and the student and/or family has been assessed as being able to engage in direct therapeutic interventions.
School Action	Offer School Counselling Regular HP/Tutor check-ins Health Centre Check-in Flag with Parents Sign post further external support	School Counsellor input GP input Care Plan and student Self-Reflection Student added to 'at-risk' list Parental meeting with HP/DSL/Dep Head Pastoral/HC	CAMHS/ EDS referral Risk of not being fit to board Engagement with external practitioners and medical professionals Regular communication from all parties (school, parents, GP etc.)	Not considered fit to board, consideration for day attendance Continuing engagement with external practitioners and medical advice Potential input from Children's services/Educational Welfare. Keep regular coms with Parents

ANNEX 5: National Helplines and Self-help Resources

ANXIETY BC (excellent resources and self –help tools)
Website www.anxietycanada.com

BEAT (specifically for help with eating disorders)
Youth Helpline 0808801 0711 / fyp@beateatingdisorders.org.uk
Adult helpline (parents/teachers) 0808801 0677
Email help@beateatingdisorders.org.uk
Website www.beateatingdisorders.org.uk

BULLYING UK (cyber bullying)
Helpline 0808 800 2222
Website www.bullying.co.uk

CAMHS (Hampshire) Mind
Your Head App
https://itunes.apple.com/gb/app/mind-your-head/id1041911494?mt=8

CHILDLINE (confidential telephone counselling service)
Helpline 0800 1111
Website www.childline.org.uk

First Steps ED (for eating disorders)
Helpline 01332 367571
Email info@firststepsed.co.uk
Website https://firststepsed.co.uk/

FRANK (confidential advice and information for individuals or anyone concerned about others drug or solvent misuse)
Helpline 0300 123 3393
Email frank@talktofrank.com
Website www.talktofrank.com

MDF The Bipolar Organisation (supports families of people with Manic Depression)
Website www.mdf.org.uk

MIND (support for individuals and families affected by mental health issues)
Helpline 0300 123 3393
Email contact@mind.org.uk
Website www.mind.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 0800 1111 (Childline)
Helpline for adults 0800 800 5000

Email help@nspcc.org.uk
Website www.nspcc.org.uk

NSPCC Whistleblowing Advice Line

If you are worried about how a child protection issue is being handled 0800 028 0285

OCD ACTION (services for people affected by OCD)
Helpline 0300 636 5478
Email support@ocdaction.org.uk
Website www.ocdaction.org.uk

PAPYRUS (For children and young people <35yrs of age at risk of suicide or for people worried about a young person or child at risk of suicide)
Helpline: 0800 068 41 41 / Text: 07786 209 697
Email: pat@papyrus-uk.org
Open 10am-10pm weekdays, 2pm-10pm weekends and 2pm-5pm bank holidays

RETHINK (support for families, friends and relatives of those affected by mental health issues)
Helpline 0808 801 0525
Email advice@rethink.org
Website www.rethink.org

ROYAL COLLEGE OF PSYCHIATRISTS
Website http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers.aspx

SAMARITANS (emotional support for anyone in crisis)
Helpline 116 123
Email jo@samaritans.org
Website www.samaritans.org

SELF-HARM PROJECT (dedicated to supporting young people affected by self-harm)
Website www.selfharm.co.uk

STEM4 (stemming teenage mental illness and supporting teenage mental health)
Website www.stem4.org.uk/

YOUNG MINDS (support for young people and also parent helpline and email forum)
Helpline text YM to 85258
Email ymenquiries@youngminds.org.uk
Parent Helpline 0808 802 5544
Parents email forum www.youngminds.org.uk/parents
Website www.youngminds.org.uk