

PINNER

HIGH SCHOOL

Policy	Student Wellbeing Policy
Date of Review	January 2020
Reviewed By	Deputy Head Pastoral
Date of Approval	February 2020
Approved By	LGB
Date of Next Review	January 2023
Statutory/Non Statutory	Non Statutory
Website/Non Website	Non Website

PHS Student Wellbeing Policy

Linked Policies

This policy should be read alongside other policies in place that support student wellbeing such as:

Safeguarding and Child Protection Policy

SRE Policy

Anti-Bullying Policy

Additional Needs Policy

Attendance Policy

Health and Safety Policy

Promoting Positive Health

As part of our school culture and ethos, and continued dedication to the health and happiness of our students, this guidance provides a clear set of protocols for ensuring the well-being and welfare of all students. Progress and achievement in schools depends on this.

At every opportunity we look to support our students wellbeing through opportunities to broaden their awareness, and develop their toolbox of strategies to safeguard themselves. Our pastoral system enables all pupils to have a consistent form tutor, and Head of Year to guide them when it is needed.

Only medical professionals should make a diagnosis of a mental health difficulty however school are well placed to observe young people day to day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one.

This guidance should be followed with close reference to the 'Safeguarding and Child Protection Policy'.

This guidance is in eight parts:

1. What is self-harm?
2. What is an eating disorder?
3. The process of referral
4. Advice and Guidance for staff
5. Supporting pupils with mental health issues
6. Supporting staff who are working with students with mental health issues
7. Monitoring, evaluation and accountability
8. Linked policies

1. What is Self-Harm?

Self-harm describes a wide range of behaviours that people use with the intent of deliberately causing harm to one's self. This includes, but is not limited to:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively
- Emotional and social self-harming behaviours e.g. risk taking, withdrawn, self loathing

Recent research indicates that up to two in ten young people in the UK engage in self-harming behaviours; one in fifteen young people have deliberately self-harmed at some point. The most common age is between the ages of 11 and 25. Around twice as many girls as boys self-harm (The Children's Society 2019). Self-harm is a coping mechanism and it is important to recognise and respond to the underlying reasons. The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm.

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem solving skills
- Hopelessness
- Impulsivity

2. What is an eating disorder?

The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person's life. Both of these eating disorders affect girls and boys but are more common in girls. Body Dysmorphic Disorder is rapidly increasing in adolescent groups and can be the precursor to more serious eating disorders above.

The strongest evidence supports:

- The primary aim of intervention is restoration of weight and in many cases inpatient treatment might be necessary;
- For young people with anorexia nervosa, therapeutic work with the family, taking either a structural systemic or behavioural approach may be helpful even when there is family conflict; and or young people with bulimia nervosa, individual therapeutic work focusing on cognition and behaviour, for example to change thinking patterns and responses.

Evidence also supports:

- Early intervention because of the significant risk of ill-health and even death among sufferers of anorexia;

- School-based peer support groups as a preventive measure (i.e. before any disordered eating patterns become evident) may help improve body esteem and self-esteem; and when family interventions are impracticable, cognitive-behavioural therapy may be effective.

3. The Process of Referral

As a school we aim to detect and address problems in their earliest stages. Any staff member concerned about the mental health and wellbeing of a student should follow normal 'Safeguarding' procedures. These can be found in our 'Safeguarding and Child Protection Policy'.

If the student has seriously self-harmed then staff should follow the normal procedures for medical emergencies, calling for an ambulance and seeking advice from the named member of staff responsible for First Aid.

4. Supporting students with mental health issues

Schools offer important opportunities to prevent mental health problems by promoting resilience. Pinner High provides opportunities through its PSHCE curriculum to equip students with strategies and an awareness to support their own safeguarding. However these strategies do not work for all young people and for some they may not feel able to cope with their problems.

It is important when responding to students who have expressed they are suffering from low wellbeing, possible mental health or self-harming that you remain calm and non-judgemental. You should not:-

- dismiss concerns or disclosures as insignificant, they may provide a vital link to other information;
- keep such concerns to themselves;
- promise secrecy to children or adults making disclosures but reassure them that
- information will be shared appropriately and confidentially.

The school aims to increase the appropriate level of support available to students with mental health issues in partnership with outside health agencies and support groups. We are able to signpost and/or refer students, parents and carers to other agencies who support young people with mental health issues, including self-harm and eating disorders.

Support available includes, but is not exclusive to:

- Mentoring
- Wellbeing Intervention
- Targeted Youth Support from our Safer Schools Police Officer
- Counselling
- Behaviour support
- GP Services
- Child and Adolescent Mental Health Services (CAMHS)

5. Supporting staff who are working with students with mental health issues

Pinner High School acknowledges that staff who are working closely with distressed students can themselves be placed under emotional strain. We aim to increase the level of awareness and understanding amongst staff of issues involving the mental health of young people, in particular concerns with self-harm and eating disorders.

We provide a range of opportunities for staff to access training in dealing with students with mental health problems, including opportunities to talk with other specialist professionals working with students with recognised mental health issues. Staff wellbeing is supported through line management. Counselling or supervision is offered to those who have worked with pupils in these instances.

6. Monitoring, Evaluation and Accountability

The monitoring and evaluation of this policy will be carried out by the Assistant Head Teacher (Pastoral Lead) and reported as requested by Governors.

7. Linked Policies

Safeguarding and Child Protection Policy

SRE Policy

Anti-Bullying Policy

Additional Needs Policy

Attendance Policy

Health and Safety Policy

8. Suggested Resources

Childline

Education Endowment Foundation

YoungMinds

HeadMeds

National Institute for Health and Care Excellence (NICE)

Relate

E Hindmarsh, Assistant Head

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