

TORMEAD

MENTAL HEALTH POLICY

This whole school policy also applies to the Early Years Foundation Stage

Introduction

At Tormead, we aim to support and promote good mental health for every member of our community. We pursue this aim using both universal, whole school approaches as well as specialised strategies targeted to support individuals.

In addition to promoting good mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and nurturing environment for pupils affected both directly and indirectly by mental ill health.

References

This policy has regard to the following non-statutory guidance:

- *Mental Health and Behaviour in Schools* (March 2016)
- *Counselling in Schools* (February 2016)
- *Promoting children and young people's emotional health and well-being: a whole school and college approach*

Definition

Mental health is defined as a state of wellbeing in which every individual recognises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.

World Health Organisation, August 2014

Children who are mentally healthy have the ability to:

- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them.

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or setbacks.

Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders, e.g. disturbance of activity and attention;
- developmental disorders, e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;

- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and
- other mental health problems including eating disorders, habit disorders, post-traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and bipolar disorder.

Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as having mental health disorders.

Promotion of Good Mental Health

It is widely recognised that the capacity to cope with adversity and even be strengthened by it – resilience – is an important factor in children and young people’s wellbeing. Evidence shows that coping strategies are learnable and teachable. Resilience is relevant for all children and young people, not just those who might be considered vulnerable. At Tormead, we employ a number of strategies to increase resilience and promote good mental health in our pupils.

During the COVID-19 pandemic, the school continues to promote good mental health and offers the same provision as in normal times, although remotely during school closure, and alongside our protective measures.

Directly focusing upon positive mental health

- PSHE/RSE curriculum taught to all pupils throughout Junior & Senior School
- Floreo curriculum taught to Years 7 & 8 includes modules on eating disorders and self-harm, mindfulness, wellbeing & resilience
- IT curriculum explicitly focuses upon online safety
- Pupils are mixed frequently in teaching groups and forms
- Visiting speakers address pupils and parents on key topics
- Content of whole school and year group/ sectional assemblies

Creating a listening culture

- Wellbeing Centre staff available daily to all Senior School pupils: Pupil Support Officer, Health Care Lead & Counsellor
- Form tutors have at least termly one to one meetings with all tutees
- Pupils are made aware of sources of support by ‘Who to Talk to’ and Childline posters in every classroom
- Pupils are encouraged to talk to anyone with whom they feel comfortable
- School Council encourages pupil voice
- Regular surveys and questionnaires establish pupils’ views

Building strong relationships

- First School value is ‘We treat everyone with respect and dignity’
- Peer support schemes: peer mentors (who receive training in listening skills and confidentiality), supportive friends, Aunts & Nieces
- House system integrates pupils vertically
- Culture of celebrating achievement through assembly announcements, rewards and newsletters
- Pupils abide by clear codes of conduct in behaviour and use of IT

- Smoothwall filter alerts staff to searches of concern regarding mental health
- Plentiful opportunities for team/ group work in classroom and via extra-curricular programme

Developing character

- Duke of Edinburgh award
- Charity fundraising and support
- Overseas expeditions
- House competitions
- Leadership opportunities: Digital Leaders, Year 9 Positions of Responsibility, Sixth Form Positions of Responsibility
- Pupil-led activities: Politics Society, Schola Cantorum, Sixth Form Book Club

Tormead wishes to ensure that dialogue about mental health issues, whether through the curriculum or pastoral support, is non-judgemental and encourages openness.

Training

Staff

Staff undergo annual training in identifying and managing mental health issues. Furthermore, a number of key pastoral staff are trained as Mental Health First Aiders.

Mental Health Issues

The most common mental health issues for adolescents are briefly outlined below. These definitions are supplemented by fuller detail in Appendix 2 of this policy.

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour, ability and motivation to engage in day-to-day activities.

Anxiety

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Eating Problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or pre-school age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Risk Factors

Significant Life Events

The balance between risk and protective factors is most likely to be disrupted when difficult events happen in pupils' lives. These include:

loss or separation – death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;

life changes – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form;

traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

Safeguarding, Anti-Bullying and Peer on Peer/Child on Child Abuse

Tormead recognises the potential for mental health issues to link with or develop into safeguarding concerns, bullying and peer on peer/child on child abuse. If staff have any concerns that a child is suffering abuse or neglect, they should refer their concerns in accordance with normal safeguarding reporting structures. Please refer to Tormead's Safeguarding and Anti-Bullying policies for further details.

Special Educational Needs and Disabilities (SEND)

Tormead staff are mindful that some groups of children are more vulnerable to mental health difficulties than others. These include, but are not limited to, looked after children, children with learning difficulties, children with disabilities, children on the autism spectrum and children from disadvantaged backgrounds.

Warning Signs

Staff may become aware of warning signs which suggest that a girl may be experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should discuss their concerns with the girl's Head of Year.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Procedures

All staff have a duty of care towards Tormead pupils. Staff should familiarise themselves with the risk factors and warning signs outlined below and in fuller detail in Appendix 2. If they have any concerns, they should follow the procedures outlined in this policy.

Identification

Direct Approach from a Pupil/ Other Pupil(s) Voicing Concern

A girl may choose to disclose concerns about herself or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure. If a pupil chooses to

disclose concerns about her own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen rather than advise; first thoughts should be of the girl's emotional and physical safety rather than exploring background.

Pupils will be made aware that it is not possible for staff to offer complete confidentiality. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a member of staff to do so.

Parents Voicing Concern

Parents/carers know their children best, and it is important that staff listen and understand should they express any concerns about their daughter's development.

Parents should disclose to the relevant Head of Year, or to the School Health Care Lead, any known mental health problem or any concerns they may have about their daughter's mental health. This includes any changes in family circumstances that may impact upon her emotional wellbeing.

Staff Raising a Concern

Form tutors and class teachers see the pupils day in, day out. This is also true during the periods of school closure due to COVID-19 although this daily contact will be via remote live lessons, form times and activities.

They know them well and are well placed to identify unusual behaviour which might indicate that they are either already suffering from a mental health problem or at risk of developing one. Furthermore, effective use of data enables staff to monitor changes in pupils' patterns of attendance and academic achievement. It is important that all staff remain alert to emerging difficulties and respond early.

Confidentiality

We should be honest with regard to the issue of confidentiality, making the girl aware that we will share this information appropriately and clarifying:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

Sharing information regarding mental health issues helps to safeguard staff emotional wellbeing, ensures continuity of care and provides an extra source of ideas and support.

Supporting Sufferers

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the girl's Head of Year aware of any child causing concern. Following the report, an appropriate course of action will be followed. This may include:

- Contacting parents/carers
- Advising professional assistance e.g. doctor, nurse
- Advising an appointment with a counsellor
- Arranging a referral to CAMHS
- Giving advice to parents, teachers and other pupils
- Making adjustments to the girl's academic and curricular involvement

Professional external help will usually be needed. This may consist of therapy, plus or minus medication. The school will expect to work closely with these professionals to ensure that the school can play a positive role in the girl's treatment.

Each girl's situation will be addressed on a case-by-case basis. If a girl is due to participate in a residential visit, then a meeting with staff leading the trip will take place to determine how feasible her attendance may be and how safe the trip would be for her and the rest of the group. If she is permitted to attend, then parents will be asked to remain on standby in case they are needed during the visit.

Working with Parents

Parents should be involved wherever possible, although the pupil's wishes should always be taken into account. A girl may choose to tell her parents herself, in which case she should be given a couple of days to share this information before the school makes contact. However, if there is reason to believe that there may be underlying safeguarding issues, parents should not be informed, and a member of the DSL team should be informed immediately.

When speaking to parents, staff should be sensitive in their approach. Face to face meetings are preferable and careful consideration should be given to who should attend. It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect. Where possible, further sources of information should be signposted, and a clear agreement reached upon next steps and follow up.

Supporting Peers

When a girl is suffering from mental health issues, it can be a difficult time for her friends. Friends often want to support but 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 keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support may then be provided either in one to one or group settings. It will be guided by conversations with the pupil who is suffering and her parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how 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

Recording & Information Sharing

All disclosures and pertinent conversations should be promptly recorded and shared via the Daily Record (a daily summary of key events and conversations within School); they should include action points and any planned follow up. The summary will be shared with all staff and deleted after one week, while the fuller write-up will be shared with key staff (Heads of Year, Senior Leadership Group and selected Wellbeing Centre staff) and held on the girl's Individual Record, which are maintained electronically and securely. Staff may also be reminded about specific pupils' mental health issues and emotional needs in the weekly Wednesday staff briefing.

It is everybody's responsibility to safeguard and promote the welfare of children including preventing impairment of children's mental and physical health or development. Staff are aware of the warning signs, listed above, and must share their concerns with the Head of Year and/or the Assistant Head: Wellbeing for appropriate support to be put in place.

Counselling at Tormead – also refer to Appendix 4

The School Counselling Service is designed to complement the strengths of Tormead's pastoral system by offering additional wellbeing support to students who may benefit from working with a professional counsellor. The Counselling Service will support students as far as possible to make their own choices and decisions regarding counselling. The Service recognises that students have the right to confidentiality in counselling, and that this is essential for maintaining trust with the counsellor but accepts that confidentiality is not absolute and safeguarding all students must always be at the forefront of its work.

Pupils in the Senior School have the option of speaking to the School Counsellor (vvinen@tormeadschool.org.uk), who is available for appointments all day on Wednesday and on Monday, Tuesday and Friday from 12.30 to 5.30pm. They may self-refer or can be referred by parents or staff. The sessions are limited to six in each phase of a girl's Senior School career (Lower School, Upper School, Sixth Form). After this period, if they are deemed to require further ongoing support, they may be referred for further therapy. Counselling provision at Tormead is intended to help address short-term issues and not suited for those who need long-term support.

During the periods of school closure due to COVID-19, the School Counsellor is offering virtual sessions for which a contract will be signed by the pupils and her parents/carers. For confidentiality reasons, these virtual counselling sessions are not recorded.

Parental Involvement

The school counsellor will not generally encourage ongoing contact with parents or attend meetings about their child. Experience tells us that, even in circumstances where students wholeheartedly agree to this contact, the contact tends to diminish students' trust in the counsellor and alter their perception of counselling as 'their space'. It can also lead the counsellor to detract from the student's agenda for counselling.

Safeguarding

Where there are significant concerns about students (or third parties), the school counsellor will follow procedures laid out in the school's Safeguarding Policy, referring concerns to the school's Designated Safeguarding Lead (DSL) and/or Head. These persons will, in consultation with the counsellor and possibly other relevant staff or services, decide of any further action to be taken.

Review

The Assistant Head: Wellbeing will monitor the operation of this policy and its procedures; these will be reviewed every year or earlier if necessary and take into account any incidents or feedback from questionnaires. Any deficiencies or weaknesses will be dealt with without delay once identified.

Date of Last Review: July 2021



APPENDIX 1: FURTHER INFORMATION & RESOURCES

GENERAL MENTAL HEALTH RESOURCES

ChildLine – A confidential service, provided by the NSPCC, offering free support for children and young people up to the age of nineteen on a wide variety of problems.

Childline (www.childline.org.uk)

Helpline 0800 1111

Kooth - Kooth, from XenZone, is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use.

Kooth (www.kooth.com)

Mental Health Foundation - The Mental Health Foundation is the UK's charity for everyone's mental health. With prevention at the heart of what they do, they aim to find and address the sources of mental health problems.

Mental Health Foundation (www.mentalhealth.org.uk)

Mind – Mind is a mental health charity whose stated aim is, 'We won't give up until everyone experiencing a mental health problem gets support and respect.'

Mind (www.mind.org.uk)

MindEd – MindEd provides free e-learning to help adults to identify and understand children and young people with mental health issues. It provides simple, clear guidance on mental health to adults who work with children and young people, to help them support the development of young healthy minds.

MindEd (www.minded.org.uk)

NHS – The NHS Choices Moodzone offers practical advice, interactive tools, videos and audio guides to help you feel mentally and emotionally better.

NHS (www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx)

Rise above – Rise above shares experiences, challenges and questions to help us deal with whatever life throws at us. It also provides a range of materials. (www.riseabove.org.uk)

Royal College of Psychiatrists (RCPSYCH) – Provide specifically tailored information for young people, parents, teachers and carers about mental health through their Parents and Youth Info A-Z.

www.rcpsych.ac.uk/expertadvice/youthinfo/parents/carers.aspx

Stem4 - stem4 is a teenage mental health charity that targets early identification of commonly occurring mental health issues in teenagers, raising awareness and enhancing detection, education, and motivation.

<https://stem4.org.uk>

Young Minds – Young Minds is a charity committed to improving the emotional wellbeing and mental health of children and young people. They undertake campaigns and research, make resources available to professionals (including teachers) and run a helpline for adults worried about the emotional problems, behaviour or mental health of anyone up to the age of 25. They also offer a catalogue of resources for commissioning support services.

www.youngminds.org.uk

Parents' Helpline 0808 802 5544

Youth2youth – For people under 19 years, confidential and anonymous telephone support run by young volunteers.

www.youth2youth.co.uk

Email and online chat via website Mon & Thurs, 6.30-9.30pm

020 8896 3675

SPECIFIC MENTAL HEALTH ISSUES

Self-harm

Online support

- SelfHarm.co.uk: www.selfharm.co.uk
- National Self-Harm Network: www.nshn.co.uk

Books

- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Online support

- Depression Alliance: www.depressionalliance.org/information/what-depression

Books

- Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression? A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Anxiety Disorder

Online support

- Anxiety UK: www.anxietyuk.org.uk

Books

- Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and Compulsions

Online support

- OCD UK: www.ocduk.org/ocd

Books

- Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal Feelings

Online support

- Prevention of young suicide UK – POPYRUS: www.papyrus-uk.org

- On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating Problems

Online support

- Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders
- Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children

Books

- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

LOCAL SUPPORT

CYP Haven - A mental health and emotional wellbeing crisis drop-in for children and young people aged 10-18 in Surrey, UK

CYP Haven (<https://www.cyphaven.net>)

Eating Disorder Service for Children and Young People – provides help and support to children and young people when they begin to feel emotionally or mentally unwell.

<https://www.sabp.nhs.uk/mindsightsurreycamhs/services/MH-LD/ED-CYP/eating-disorders>
01372 206 325

Emerge – Youth workers who support, listen to and advocate on behalf of young people who attend the Royal Surrey County Hospital because of self-harm, overdose or suicide attempt

www.emergeadvocacy.com

07534 331445

emerge.advocacy@gmail.com

Heads Together - free and confidential one-to-one counselling for young people in East Surrey. Email headstog@ymcaredhill.com or call 01737 378481.

Open House Counselling @ Guildford YMCA - free counselling for young people. Email charrisson@guildfordymca.org.uk or csmithers@guildfordymca.org.uk or call 07932 047778.

Surrey Youth Counselling Service, The Jarvis Centre, Stoughton Road, Guildford GU1 1LJ. Email youthcounselling@virgincare.co.uk or call 0345 600 2516

West Surrey Youth Counselling Service - free and confidential one-to-one counselling for people aged 12 - 24, on a short-term and self-referral basis. Call 0845 600 2516.

APPENDIX 2 – SPECIFIC COMMON ISSUES

Anxiety Disorders

Anxiety is a natural, normal feeling we all 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, we all have different levels of stress we can cope with - some people are just 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 girl's day-to-day life, slowing down their development, or having a significant effect on her schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder can include:

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)

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 will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys. Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship
- Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms of depression can include:

- 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.
- Behavioural effects: 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.
- Emotional effects: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- Thinking 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

Depression may develop over days and weeks. The duration can also vary in length of time, and it should be noted that most cases will self-resolve. About 20% will have a residual low-level depressive state continuing for months or years. About 5% will have full symptoms

lasting two years or more. Treatment considerably shortens the duration of the depressive phase, meaning that diagnosis is essential.

Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

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

Individual factors

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

Family factors

- 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
- Overly high family expectations of achievement
- Difficult home situation relating to finances and/ or unemployment

Social Factors

- 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

Symptoms of an eating disorder can include:

Physical effects

- Weight loss
- Dizziness, tiredness, fainting
- Feeling cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Calloused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Psychological effects

- 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

Behavioural effects

- Restricted eating
- Skipping meals
- Scheduling activities which preclude time for lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/ drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes she is fat when she is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Self-Harm

We endeavour to keep all girls out of harm's way and protect them from danger. Unfortunately, there are times when the girl actually inflicts damage to herself. In these cases, most of the time, it is a coping mechanism, learnt by the individual, when life is difficult. It involves a girl harming her 'physical self' to deal with emotional pain, or to break feelings of numbness by arousing a painful sensation.

Self-harm is considered to be any deliberate, non-suicidal behaviour that inflicts physical harm on any part of one's body and is usually aimed at relieving emotional distress.

Context

Physical pain can be thought to be easier to cope with than emotional pain, because it causes 'real' feelings. Self-harm injuries can prove to an individual that their emotional pain is valid. Self-harm can include but is not limited to, cutting, burning, banging and bruising, non-suicidal medication over-dose, eating disorders, alcohol misuse, or even intentional bone breaking. It can be very addictive and habitual. Chronic and repetitive self-harm may affect people for months and years.

Who

There is no 'typical' person who self-harms. It can be anyone. An individual who self-harms cannot and should not be stereotyped; they can be of all ages, any sex, sexuality or ethnicity and of different family backgrounds. Each individual's relationship with self-harm is complex and will differ. There can be many reasons behind self-harm such as childhood abuse,

sexual assault, bullying, stress, low self-esteem, family breakdown, dysfunctional relationships, mental ill health and financial worries, as well as pressure at home/ in school to succeed or a desire for some particular attention in relation to others.

Risk Factors

- Low self esteem
- Girl's high expectations/ perfectionism
- Mental health issues – such as depression & anxiety
- Problems at home or school
- Physical, emotional or sexual abuse

It is important to recognise that none of these risk factors may appear to be present. Sometimes the individual is outwardly happy, high-achieving person with a stable background who is suffering internally and hurting themselves in order to cope.

Symptoms of self-harm may include:

- Drug and/ or alcohol misuse or risk taking behaviour
- Risk -taking behaviour
- Negativity and lack of self-esteem
- Out of character behaviour
- Bullying other pupils
- A sudden change of friendship or withdrawal from group
- Frequently absenting herself from lessons, withdrawing physically to be alone
- Physical signs of self-harm
- Obvious cuts scratches or burns that do not appear to be accidental.
- Frequent 'accidents' that cause physical injury.
- Regularly bandaged arms and /or wrists.
- Reluctance to take part in exercise or other activities that require a change of clothes.
- Wearing of long sleeves and trousers even in hot weather.

However, it should be noted that in the majority of cases self-harm is a very private act and individuals can go to great lengths to hide scars and bruises, often trying to address physical injuries themselves rather than seek medical treatment.

APPENDIX 3: CONTEXTUAL BACKGROUND

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been an increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

APPENDIX 4 : COUNSELLING AT TORMEAD SCHOOL

In line with nationally agreed standards for school-based counselling, the school counsellor has an enhanced DBS check, is a qualified counsellor who holds membership with the British Association for Counselling and Psychotherapy (BACP) and is bound by the BACP's Ethical Framework for Good Practice. <https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions>

Under the Gillick Competency Principle, young people aged 16 and under have the right to access confidential counselling without parental knowledge or consent, provided they are of sufficient intelligence to understand what is being proposed and the potential consequences. Most secondary students are deemed intelligent enough to understand the counselling process, as is the case of students at Tormead.

Safeguarding and Child Protection.

This outlines the procedures to be followed by the counsellor when safeguarding concerns are brought to their attention, to ensure they protect and promote the safety and welfare of all students and help foster confidence in the integrity of the Counselling Service.

During the intake assessment the student is told at the start of their first session that contents of each counselling session remain confidential between the student and school counsellor, unless the student makes a disclosure of child abuse, or the counsellor considers that the student (or another individual) is at risk of significant harm. The counsellor is required by law to report suspicions about terrorism, serious drug trafficking and money laundering and may be required to break student confidentiality if a court orders disclosure.

Where there are significant concerns about students (or third parties), the school counsellor will follow procedures laid out in the school's Safeguarding Policy, referring concerns to the school's Designated Safeguarding Lead (DSL) and/or Head. These persons will, in consultation with the counsellor and possibly other relevant staff, decide of any further action to be taken.

The school counsellor will make every reasonable attempt to communicate first to the student, their intention to break confidentiality and to discuss the information that needs to be shared. If such conversations cannot take place, the matter should be discussed with the student at the earliest opportunity following referral to the DSL and/or Head.

The school counsellor attends regular and mandatory safeguarding training and update at school. S/h may seek specialist advice and guidance on safeguarding issues from their counselling supervisor.

Referral Process

Self-referral by students

Students may get in touch with the school counsellor directly email or via the Wellbeing team.

Parental referral

Parents may get in touch with Form Tutor, Head of Year, Wellbeing staff to express referral of their daughter into the service.

Form Tutor/ Head of Year referral

Pastoral staff may gently encourage students to attend counselling, but it should always be the student's final decision to attend.

Doctor referral

Sometimes students are referred directly by their GP while waiting for a CAMHs referral. The school counsellor can fill the gap during the wait.

Peer referral

Sometimes students are referred to the counselling service by friends who have also accessed the service. We have found this word of mouth/previous positive experience by a fellow student to be a beneficial referral source.

So, what does counselling look like?

The BACP definition is

“Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may have experienced or perhaps their dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client, as no one can properly be ‘sent’ for counselling. By listening attentively and patiently, the counsellor can begin to perceive the difficulties from the client’s point of view and can help them to see things more clearly, possibly from a different perspective. Counselling is a way of enabling choice or change or of reducing confusion. It does not involve giving advice or directing a client to take a particular course of action. Counsellors do not judge or exploit their clients in any way”. For a full definition see BACP – <https://www.bacp.co.uk/media/2637/bacp-what-is-counsellingpsychotherapy-c2.pdf>

Counselling takes place either sitting with the counsellor in the counselling room at Tormead, and small/group therapy is available. The nature of individual students’ difficulties will call for the school counsellor to incorporate other therapeutic activities and non-traditional interventions into their practice, to support the student’s communication and expression of themselves. Research tells us that it is the quality of the client’s relationship with their therapist, rather than the use of any specific technique or approach, that is the greatest predictor of successful therapeutic outcomes. Therefore, counselling will encompass a wide range of activities that support and encourage the development of a strong therapeutic alliance. Sometimes creative approaches are offered to help the student engage with feelings. It is always the student’s decision whether they wish to use these or not, and the student is encouraged to take the lead in every session.

It offers students time and a safe space to talk to:

- develop emotional health and wellbeing. Self-care strategies and mindfulness.
- overcome barriers to learning and achieve their full potential
- increase resilience so they are better able to manage personal difficulties
- develop self-esteem and self-confidence

Duration

The length and frequency of individual sessions can vary, depending on the needs of individual students and Tormead’s timetabling structure.

Review

Consistent with the principles of the person-centred counselling approach, the school counsellor shall regard review as an ongoing process and encourage students to reflect on whether counselling is meeting the desired outcomes as they go along, as well as when they end.

Endings

All students have the right to withdraw from counselling at any time and it is the responsibility of all involved adults to make this explicit to them. Where a student has not attended three consecutive counselling sessions, the counsellor will approach the student to ascertain their wishes and feelings about participation. A decision will be made about the student's continuing involvement in counselling. The choice to end is always the student's decision with the support of the counsellor, and a student feedback form is offered in the final session.

External Supervision

In accordance with the BACP, the school counsellor will attend regular and ongoing supervision, with an appropriately trained counselling professional, who is external to the school, for ensuring best practice and accountability. When discussing issues relating to a student during supervision, the counsellor will take great care not to reveal the full name of the student or disclose any information that would enable the student and their family to be identified.

Confidentiality

This may be defined as "when a person(s) receives information, that information is kept private and not shared or disclosed without the consent of the person(s) they received it from". This policy covers not only information given deliberately by the person concerned, or by other people about the person, but also information acquired accidentally or through observation.

Record Keeping and Data Protection

Tormead's Counselling Service keeps written records about students in counselling. The notes are minimal, factual notes, do not contain your name or identifying information. Counselling records include material such as reasons for referral to counselling, number of sessions attended, and an account of the topic discussed in each session (a brief sentence to reveal the core issue.)

Under GDPR regulations

Data protection principles is that information is:

- used fairly, lawfully and transparently
- used for specified, explicit purposes
- used in a way that is adequate, relevant and limited to only what is necessary
- accurate and, where necessary, kept up to date
- kept for no longer than is necessary
- handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage.

The school counsellor is responsible for ensuring that they record any child protection concerns which emerge during a student's counselling. Records must clearly document all discussions with the student and third parties regarding the concerns, together with the key decisions reached during these conversations, actions to be taken and outcomes.

Counselling records are not held in the school central system but in a locked cabinet in the counselling room, which is only accessible to the counsellor. Contact details are stored separately from case notes.

Counselling records are retained for a period which is informed by current Data Protection Act legislation and good practice within the education sector.

Access to records

Students Under the Data Protection Act (2018), Tornead students who access the Counselling Service have the right to see information recorded about them by the school counsellor. The only exception is if a disclosure of information would be likely to cause serious harm to the student. Students cannot see information which is considered third party, or records concerning another person, unless that person has agreed. Where students wish to see their file, they should ask the counsellor and the counsellor should be present to explain what the file contains and the reasons why.

Parents According to guidance from the Information Commissioner, under data protection law, parents have an independent right of access to education records, despite objections by the child, and school counselling records *could* be classified as such.

This could potentially lead to a situation of a parent seeking access against the student's wishes and presumably, those of the counsellor. In this instance, Tornead School would use Schedule 2, Section 4(3) 6(1) of the DPA 1998, claiming any such processing or disclosure is "unwarranted in any particular case by reason of prejudice to the rights and freedom of legitimate interests of the data subject" (i.e. the student concerned).

Where a parent requests to gain access to their child's counselling records, they should make these in writing to the Head, briefly stating their reasons.

Information that may become evidence in a joint investigation by Police and Children's Services into alleged child abuse is an exception to the principle of open access.

Court In the event of any court case involving a student, the Judge has power to subpoena counselling notes, or request that a counselling report is provided as evidence for the case. Tornead school is under a duty to assert public interest immunity in respect of counselling records, so any party to court proceedings should name the Chair of Governors in a witness summons.

Where the court orders disclosure of counselling records, the school should contact their legal representative immediately who should communicate directly with the Judge about what is in the best interests of the young person before a court hearing. Advice from the Local Education Authority may help limit the disclosure of confidential counselling material that is not relevant to the court proceedings.

Legislation and Guidance

The counselling policy and guidelines are shaped by and comply with key pieces of legislation and guidance, which includes, but is not limited to:

- Tornead Safeguarding Policy
- Gillick Competence/Fraser Guidelines (1985) <https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf>
- Children Act (1989; 2006 United Nations Convention on the Rights of the Child (1989)
- Education Act (2011)
- Green Paper Every Child Matters (2003)
- Data Protection Act (2018)
- Keeping Children Safe in Education 2020
- Working Together to Safeguard Children (2018)
- BACP Ethical Framework for Good Practice in Counselling & Psychotherapy (2018)
- BACP 4th Edition Counselling in Schools (2006/2007)