MENTAL HEALTH FIRST AIDER POLICY:

The Good Shepherd Academy

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Our Lady of Lourdes Catholic Multi Academy Trust Mission Statement

We are a partnership of Catholic schools and our aim is to provide the very best Catholic education for all in our community and so improve life chances through spiritual, academic and social development.
We will achieve this by:
Placing the life and teachings of Jesus Christ at the centre of all that we do.
Following the example of Our Lady of Lourdes by nurturing everyone so that we can all make the most of our God given talents.
Working together so that we can all achieve our full potential, deepen our faith and know that God loves us.
Being an example of healing, compassion and support for the most vulnerable in our society.

Isaiah 40:29 "He gives strength to the weary"

Date Issued	September 2020
Governors' Committee Responsible:	OLoL Trust Standards Committee/Executive Board
Mental Health Lead:	Clare Brunton
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Mental Health Statement

Our Lady of Lourdes Catholic Multi Academy Trust Executive Board recognise their moral and statutory responsibility to promote the mental health of all pupils and staff together with The Good Shepherd Local Governing Body. The Executive Trust Board and Local Governing Body will endeavour to provide an environment where all children and adults feel they can share Mental Health issues. They will make sure that all children and young people have the same access to Mental Health support regardless of age, disability, gender reassignment, race, religion or belief, sex, or sexual orientation. They follow procedures to ensure that children and adults receive effective support, protection and justice and recognise the additional needs of children from minority ethnic groups and disabled children and the barriers they may face, especially around communication. Mental Health forms part of the school and Trust's responsibilities. The school's Mental Health policy is available on the school website: https://www.goodshepherd.notts.sch.uk/

Policy Statement

"Good mental health is a state of well-being in which every individual realises 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 her or his community." (World Health Organization)

At our school, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health. (See Appendix F for examples of mental health conditions)

Scope
This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with our safeguarding policy in cases where a pupil's mental health poses a concern for their general wellbeing and safety and the SEND policy where a pupil has an identified special educational need.

The Policy Aims to:
- Promote positive mental health in all pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents or carers

Staff Responsibilities

All staff have a responsibility to promote the mental health of pupils.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead, a recognised Youth MHFA trained staff member or a member of the Safeguarding team where there is a safeguarding issue. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to a member of the Safeguarding team and through the use of CPOMS. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by the Mental Health Lead or a member of the Safeguarding Team where there are safeguarding issues. (See Appendix E for guidance about referring to CAMHS).

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum. It is also promoted through supporting World Mental Health Day on an annual basis, is delivered through Acts of Worship and is an intrinsic element of the work delivered through the school's Chaplaincy Services.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others while at the same time eradicating the stigma associated with mental health. The message we give to pupils is that 'mental health matters' and should be seen in the same way as physical health.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community and support access to these services as outlined in Appendix C.

We will display relevant sources of support in communal areas such as display boards, and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:
- What help is available
- Who it is aimed at
- How to access it
- Why to access it

- What is likely to happen next

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with our mental health lead or a member of the safeguarding team.

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 participation
- Changes in mood including both low mood and hyperactivity.
- 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
- Avoiding PE or getting changed secretively
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

(See Appendix F for warning signs of selected mental health illnesses)

Managing disclosures

A pupil may choose to disclose concerns about themselves 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 their 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 and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?'. Our school adopts the Youth Mental Health First Aider's approach of ALGEE (See Appendix D For more information on ALGEE and how to manage mental health disclosures sensitively.)

All disclosures should be recorded on CPOMs. Written records should include:
- Full names of staff and pupils involved (no initials to be used)
- The main points from the conversation
- General physical observations
- Agreed next steps

This information should be shared with the Safeguarding team who will assess the severity of the situation and take appropriate next steps. (See Appendix F for guidance about making a referral to CAMHS).

Confidentiality

At the earliest opportunity we should be honest with regards to the issue of confidentiality. The pupil needs to be made aware that information will need to be passed on if the member of staff deems either the child themselves, or others, to be at risk. If it is necessary for us to pass our concerns about a pupil on, then we should discuss this with the pupil by explaining:

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

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

If the severity of the situation is deemed low and the pupil is not at immediate risk, we may allow pupils the opportunity to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them. Following this 24 hour period, where appropriate, a courtesy call home should be made to ensure that parents are fully informed.

If a child gives us reason to believe that there may be underlying child protection issues surrounding the family, parents should not initially be contacted, but the safeguarding team must be informed immediately.

Working with All Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?

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.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums. (See appendix A and C for examples.)

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on CPOMS.

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Keep parents informed about the mental health topics their children are learning about in PSHCE and share ideas for extending and exploring this learning at home

Supporting Peers

When a pupil is suffering from mental health issues, it can be a difficult time for their 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 will be provided either in one to one or group settings and will be guided by conversations with the pupil who is suffering and their 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
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Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep pupils safe.

Selected staff (pastoral staff in the first instance) also have access to the Youth Mental Health First Aid England Training. (See Appendix D for details on MHFA)

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more pupils.

Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Appendices

Appendix A: Further information and sources of support about common mental Health issue.

Prevalence of mental Health and emotional wellbeing issues:

- 1 in 8 children have a diagnosable mental health disorder – that's roughly 3 children in every classroom.

- 1 in 6 young people aged 16-24 has symptoms of a common mental disorder such as depression or an anxiety disorder.

- Half of all mental health problems manifest by the age of 14, with 75% by age 24.

- In 2017, suicide was the most common cause of death for both boys (16.2% of all deaths) and girls (13.3%) aged between 5 and 19.

- Nearly half of 17-19 year olds with a diagnosable mental health disorder has self-harmed or attempted suicide at some point, rising to 52.7% for young women.

It has a big impact in adulthood...

- 1 in 3 adult mental health conditions relate directly to adverse childhood experiences (ACES).

- Adults who experienced four or more adversities in their childhood are four times more likely to have low levels of mental wellbeing and life satisfaction.

Young people need more support…

- Less than 1 in 3 children and young people with a diagnosable mental health condition get access to NHS care and treatment.

- The average median waiting time for children in 2017/18 was 5 weeks to receive an initial assessment and 9 weeks to receive treatment.

(source: Young Minds)

Useful resources/agencies/websites containing information on mental health:

Organisation name	Website	Support offered
Young Minds	www.youngminds.org.uk	General guidance and information regarding mental health Specific parent help line Resources and training for schools Young person's crisis messenger service
Harmless	www.Harmless	Offer online support for young people and families experiencing self-harm concerns, training for schools and consultancy for organisations.
Heads together	www.mentallyhealthyschools.org.uk	Website offering resources and guidance on how to promote positive mental health in schools
Beat	www.beateatingdisorders.org.uk	Website offering support for young people and their families experiencing an eating disorder.
Childline	www.childline.org.uk	Charity run organisation support children's wellbeing
Time to Change	www.time-to-change.org.uk	Anti-stigma campaign lead the charity 'Minds'
Anna Freud Centre	www.annafreud.org	Children's mental health charity

Appendix B: Guidance and Advice documents

Keeping children safe in education-statutory guidance for schools and colleges. Department of education updated on a yearly basis

Supporting mental health and wellbeing in secondary schools-Guidance and advice produced by experts from the Anna Freud National Centre for children and families

Promoting children and young people's emotional health and wellbeing (a whole school and college approach)- produced by Public Health England

Make it count. Mental Health is not extracurricular- Guidance for schools produced by the Mental Health Foundation

Promoting emotional wellbeing in pupils on the autism spectrum- a guide for schools. –created in collaboration between NORSACA, NHS and Nottingham county council

Measuring and monitoring children and young people's mental wellbeing- A toolkit for schools and colleges- Created by Public Health England

Mental Health and behaviours in School (2016) Department of Education

Appendix C: Sources of support at school and in the local community

School Based Support

Name of support	What does it offer?	Who is it for	How is it accessed
Clare Brunton	Non specialist, group and one to one mentoring. ELSA	Pupils who are experiencing general low mental health but have not met the threshold for specialist services	Class teacher or SLT referral Drop in sessions at lunch times
Safeguarding Team	Support and guidance on referrals to external agencies	Pupils requiring specialist external agency support for their mental health	Speak directly with a safeguarding team member in school.

Local support

Name of support	What does it offer	Who is it for	How is it accessed
CAMHS (Children and adolescent mental health service	NHS services that assesses and treat young people with emotional, behavioral or mental health difficulties	Pupils requiring specialist external agency support for their mental health	GP referral School referral Healthy families team referral
GP	Guidance, assessment and access to mental health support including medication	Pupils and parents concerned about their mental health	Contact your local surgery

Healthy families team	One to one guidance based around mental health work with a young person. Drop in sessions at schools.	Pupils who are experiencing general low mental health but have not met the threshold for specialist services	GP referral School referral Self-referral Rushcliffe area: Tel: 0115 883 7368 appointments only Tel: 0115 883 7361 advice only
Base 51	One to one counselling service and drop in sessions	Pupils requiring counselling	Self-referral via their website or email counselling@base51.org.uk
The Catholic Childrens Society	On site CPD for school staff	Pupils experiencing bereavement	https://www.cathchild.org.uk/rainbows-bereavment-support-programme/
CGL	One to one drug and alcohol misuse support	Pupils experience drug and alcohol misuse	Self-referral by emailing : nottsyp.admin@cgl.org.uk
Cruse bereavement care	One to one and group bereavement therapy	Pupils struggling to cope with the loss of a loved one	Self-referral by calling: 01159244404
Nottinghamshire Women's Aid	One to one and group therapy and advice	Support for women and young girls who have experienced or are experiencing domestic violence.	Self-referral by calling 01909 533610

Kooth	online counselling and emotional well-being platform ., accessible through mobile, tablet and desktop.	Pupils wanting online support for their mental health.	Visit their website: www.kooth.com

Appendix D: Mental Health First Aid England (MHFA)

A qualified Youth Mental Health First Aider is someone who has undertaken a two day training course approved by MHFA England and holds a valid certificate of competence. MHFA is used in over 16 countries worldwide and was introduced into England by the National Institute for Mental Health England (NIMHE) in 2007. MHFA does not prepare people to become therapists. It does, however, enable people to recognise the symptoms of mental ill health, how to provide initial help (first aid) and how to guide a person towards appropriate professional help.

Mental Health First Aid England promote the following approach when supporting a young person experiencing poor mental health:

ALGEE:

Approach, assess, assist

Listen non judgementally

Give support and information

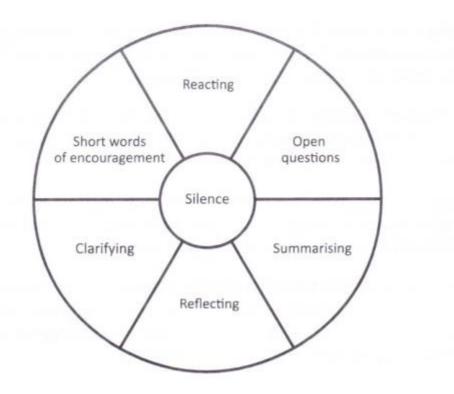**E**ncourage appropriate professional help

Encourage other support

Non-judgmental listening

The way you respond to a young person when they disclose a potential mental health concern will greatly affect their willingness to access support in the future so it is important that you are visibly non-judgmental in any interaction. Guidance given by MHFA includes the following:

- Seek to understand before you seek to be understood
- Be non-judgemental
- Give you're undivided attention to the speaker
- Use silence effectively (don't always rush to fill silences)
- Listen to the young person (don't assume things)
- Accept that their worries are real for them
- Don't be critical, try not to get frustrated
- Don't try to solve their problems (we are not the experts)
- The most common problem in communication is not listening

(Source: Youth Mental Health First Aid England)

See below for the Listening wheel.

More information and guidance is available from the school's Mental Health First Aiders.

Appendix E : What makes a good CAMHS referral

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps
Before making the referral, have a clear outcome in mind. What do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis, for instance. You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations
- Have you met with the parent(s) or carer(s) and the referred child or children?
- Has the referral to CAMHS been discussed with a parent or carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or carer pupil's attitudes to the referral?

Basic information
- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family?
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral
- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem or issues involved.

Further helpful information
- Who else is living at home and details of separated parents if appropriate
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay

- Are there any symptoms of ADHD/ASD and if so have you talked to the educational psychologist?

Appendix F: Mental health conditions, warning signs and risk factors.

Anxiety and Depression

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 child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships.

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
These 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)

First Aid for anxiety disorders
Follow the ALGEE principles (see appendix D for more details).

How to help a pupil having a panic attack
- If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.

- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible.

- Help to calm the pupil 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.

- Be a good listener, without judging.

- Explain to the pupil that they are experiencing a panic attack and not something life threatening such as a heart attack.

- Explain that the attack will soon stop and that they will recover fully.

- Assure the pupil that someone will stay with them and keep them safe until the attack stops.

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.

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
Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

Effects on thinking: 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

Effects on behaviour: 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 anxiety and depression
Follow the ALGEE principles shown in *Appendix D.*

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 safeguarding team aware of any child causing concern.

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 two of 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, secretively 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

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

Warning Signs
School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated safeguarding team members
.
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

Behavioural Signs
- Restricted eating

- Skipping meals

- Scheduling activities during 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

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

Self-Harm
Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- 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

Risk Factors
The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:
- Depression/anxiety

- Poor communication skills

- Low self-esteem

- Poor problem-solving skills

- Hopelessness

- Impulsivity

- Drug or alcohol abuse

Family Factors
- Unreasonable expectations

- Neglect or physical, sexual or emotional abuse

- Poor parental relationships and arguments

- Depression, self-harm or suicide in the family

Social Factors
- Difficulty in making relationships/loneliness

- Being bullied or rejected by peers

Warning Signs
School staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the safeguarding team

Possible warning signs include:
- Changes in eating/sleeping habits (e.g. pupil may appear overly tired if not

   sleeping well)

- 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

- 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