



PRINCE'S MEAD SCHOOL

EMOTIONAL WELL-BEING POLICY





Emotional well-being policy.

Over the past 15 years the importance of improving the psychological, mental and emotional well-being of children and young people has increased. With an ever changing world that evolves with education and technology it is of great value to understand the brain and what we can do to aid the health of all children and young people.

Policy Statement

Prince's Mead School recognises that from time to time, students will suffer from emotional or social difficulties. We will seek to support the student as far as possible, to maintain, recover and establish healthy psychological well-being.

Emotional and Mental Health conditions can be caused by a variety of factors.

Risk Factors:

- Low Self-Esteem
- Perfectionism
- Depression/Anxiety
- Problems at home/school
- Physical, emotional or sexual abuse
- Stress
- Exam pressure
- Problems at home or school
- A period of illness which is accompanied by a period of not eating
- Low self-esteem
- Family relationships
- Problems with friends
- The death of someone special
- Sexual or emotional abuse
- Neglect
- Environmental factors
- Medical factors
- Genetics
- Brain chemistry



- Substance abuse
- Stress
- “negative self-talk”

Or a combination of the above.



Pupils suffering from an Anxiety disorder

What is an Anxiety Disorder?

Everybody experiences anxiety at some point, it is a natural response useful in helping us to avoid dangerous situations and motivating us to solve everyday problems. Anxiety can vary from mild (feeling uneasy) to serious (suffering from terrifying panic attacks). It can also vary in how long it lasts, from a few moments to years.

Signs and Symptoms:

These may include:

- Cardiovascular - Palpitations, chest pain, rapid heartbeat and flushing
- Respiratory - hyperventilation and shortness of breath
- Neurological - dizziness, headache, sweating, tingling and numbness
- Gastrointestinal - choking, dry mouth, nausea, vomiting and diarrhoea
- Musculoskeletal - muscle aches and pains (especially neck, shoulders and lower back) restlessness, tremor and shaking
- Unrealistic and/or fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Feeling on the edge
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts
- Avoidance of situations
- Repetitive compulsive behaviour
- Distress in social situations
- Urges to escape situations that cause discomfort



Treatment:

If a member of staff has been told of or suspects a problem please refer to Matron and the Headmistress.

- Move the child to a quiet safe place
- Provide reassurance to the child
- Encourage slow, relaxed breathing in unison with your own
- Listen without judgement
- Stay with the child until they feel more in control



Pupils with Eating Disorders for staff

What is an Eating Disorder?

A student who has an eating disorder eats in such a way that they put themselves at physical/or mental health risk.

Eating disorders in young people are not about issues with food, but are a mechanism for coping with emotional distress. Eating disorders can affect both boys and girls.

Eating disorders can be categorised as follows:

- Anorexia (Restricting the amount eaten)
- Bulimia Nervosa (binge eating and then an urge to get rid of food by vomiting, or taking laxatives or both)

Anyone can develop an eating disorder, regardless of age, sex, cultural or racial background. The people most likely to be affected tend to be young women, particularly between the ages of 15-25.

It is unlikely that an eating disorder will result from a single cause. It is much more likely to be a combination of factors, events, feelings or pressures which may lead a student feeling unable to cope. Research has shown that a genetic makeup may have a small impact upon whether or not a student will develop an eating disorder. Attitudes of other family members towards food can have an impact.

Signs and Symptoms:

These may include:

- Severe weight loss
- Binge eating large amounts of food
- Vomiting or purging
- Excessive exercising
- Emotional or irritable behaviour or depression
- Secretive and ritual behaviour
- Erratic or cessation of menstrual periods
- Lethargy and difficulty sleeping
- Loss of self- confidence
- Unbalanced/trendy eating habits
- Food avoidance
- Social withdrawal



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- Constantly cold
 - Changes in skin or hair condition
 - Concentration problems
 - Mood swings
 - Black and white thinking
 - Avoidance of eating in public
 - Calorie counting
 - Irritable
 - Feeling of out of control and lonely
 - Self - hatred
 - Negative self image
 - Anxiety
 - Pre-occupied with food
 - Wearing baggy clothes
 - Downy hair on face and arms
 - Distorted body image
 - Encourage eating in others

Treatment

If a member of staff has been told of or suspects a problem please refer to Matron and the Headmistress.

All teachers to:

- Encourage healthy eating habits away from their home environment and to support them making their own decision about what they will eat.
- To identify those who have a problem and help them as well as support their friends.
- To work in partnership with parents to ensure a student's whole well being is being addressed.
- To teach about healthy eating in PSHEE programmes and science lessons.



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- To give the student's confidence to confide in an adult if they themselves or a friend has a problem.
 - To consider each student as an individual and take into account their age, culture and personal circumstances.
 - If a disclosure has come from friends, reassure them that they are taken seriously and that something will be done.
 - Matron and The Headmistress will need to discuss an action plan that will be relevant. Ideally the parents of the student will need to be contacted.
 - Regular updates between the student's tutor, Matron, and The Headmistress will need to take place to monitor the student and ensure all is being done to help and support the student.

GP Involvement

Once a GP has been informed they will weigh and assess the child. If there has been a weight loss or if a student has any issues they may wish to discuss the GP will support. Appropriate follow up appointments with Matron, GP and the school contact will be agreed with the student.



Pupils with Depression

What is Depression?

Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods.

True clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time.

Depression is generally ranked in terms of severity -- mild, moderate, or severe. The degree of depression can be diagnosed by the student's General Practitioner.

Signs and Symptoms:

These may include:

- Trouble sleeping or excessive sleeping
- A dramatic change in appetite, often with weight gain or loss
- Fatigue and lack of energy
- Feelings of worthlessness, self-hate, and inappropriate guilt
- Extreme difficulty concentrating
- Agitation, restlessness, and irritability
- Inactivity and withdrawal from usual activities
- Feelings of hopelessness and helplessness
- Recurring thoughts of death or suicide

Low self-esteem is common with depression. So are sudden bursts of anger and lack of pleasure from activities that normally make you happy.

Depressed adolescents may not have the classic symptoms of adult depression. Watch especially for changes in **school performance, sleep, and behaviour**. If you wonder whether a student might be depressed, please refer to the Health Centre where the school nurse or school counsellor can see the student and maybe refer to the GP.

Treatment

If a member of staff has been told of or suspects a problem please refer to Matron and The Headmistress.

The most common treatment that is offered first is counselling. The school will offer a 'talk buddy' for the student, this will be an appropriate teacher who can help offer the student support. The school will keep an open communication channel with the family of the student. If the student does not wish to see the 'talk buddy', but does want counselling then other counsellor contacts will be sent to parents. If the student is reluctant to see a counsellor then they need to be referred to the GP.



Deliberate Self Harm

What is Self Harm?

Self harm is a coping mechanism. A student harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.

Self harm is any deliberate, non-suicidal behaviour that inflicts physical harm on the body and is aimed at relieving emotional distress. Physical pain can be easier to deal with than emotional pain because it causes “real” feelings. Self harm can become a natural response to the stresses of day-to-day life and can escalate in frequency and severity.

Self harm can include but is not limited to:-

- Cutting
- Burning
- Banging
- Bruising
- Non-suicidal overdosing
- Deliberate bone breaking
- Consumption of poisonous substances, including alcoholism
- Continuously seeking out dangerous situations
- Eating disorders

Self harming can be habitual, chronic and repetitive, and can affect people for months and years.

Students who self harm usually make an effort to hide their injuries/scars and often feel uncomfortable discussing their emotional inner or physical outer pain.

Self harm is usually private/personal and is often hidden from family and friends.

Warning Signs

There may be no warning signs, but some of these below might indicate that a student is suffering:

- Drug/Alcohol Misuse or risk taking behaviour
- Negativity and lack of self-esteem
- Out of character behaviour
- Bullying other students
- A sudden change in friends or withdrawal from a friendship group.



Physical Signs

- Obvious cuts/scratches or a bump that appears not to be accidental. Common places are arms, legs, or tummy.
- Frequent “accidents” that cause physical injury
- Reluctance to take part in gym/games
- Wearing long sleeves and trousers in hot weather

Treatment

- Give first aid and then if needed refer to nurse on call for assessment of injury.
- Inform Matron and The Headmistress, they will then contact parents and seek advice from a Health Centre.



Psychosis

What is Psychosis?

Psychosis is a general term to describe a mental health problem in which a young person experiences changes in thinking, perception, mood and behaviour which can severely disrupt their life. For a young person experiencing psychosis, friendships and relationships can be difficult to initiate and maintain. It can also significantly affect their ability to look after themselves and fully concentrate and engage with activities at school.

The onset of psychosis in childhood is rare. However, the rates of onset increase sharply during adolescence. Incidence rates in the UK are five per thousand population in women and six per thousand in men.

Signs and Symptoms

These may include:

- Delusional thoughts
- Hallucinations
- Thinking difficulties
- Anxiety
- Irritability
- Blunted, flat or inappropriate emotion
- Reduced energy and motivation
- Sleep disturbance
- Social isolation or withdrawal
- Reduced ability to carry out work and social roles

Treatment

If a member of staff has been told of or suspects a problem please refer to Matron and the Headmistress.

- Make sure the person is in a safe place
- Listen to them non-judgementally
- Give them reassurance



Additional Information

With all health issues it is important to inform the correct people and offer support to the individual. In the first instance of any concerns arising at school please ensure you inform Matron and Miss Penelope Kirk.

Often students feel a great sense of shame when suffering from an emotional or mental health issue and want to avoid any kind of support. It is imperative that whoever notices the difference in the student's behaviour refers anyway to Matron and The Headmistress for further action. An assessment by the GP may also be required.

Following assessment by the GP or Matron pupils under the age of 18 years maybe referred to Child and Adolescent Mental Health Service (CAMHS) for further assessment by a psychiatrist.

It is preferable for the parents to accompany the child to the appointment but in the absence of a parent, Matron or other member of staff can accompany a child.

What your GP might suggest

When you visit your GP it is important to be as open and as honest as you can be about the difficulties you may be facing. The more information you can provide your GP with the more they will be able to assist you.

Your GP may suggest the following ways to support you/your family:

Counselling

Counselling is a recognised way of dealing with most emotional or mental health problems. Your GP will have a list of local recommended counsellors in the local area. Sometimes it may be family counselling that is suggested, in the case of a child it is important that they have an adult whom they trust available to attend sessions with them.

Cognitive Behaviour Therapy

Cognitive Behaviour Therapy (CBT) can also be another effective talking therapy. The student would need to be referred by a GP to someone who specialises in this area.

Medication

Some doctors will prescribe anti-depressants. This is done at the doctor's discretion and administered as per Medicines and Treatments policy.



Useful Contacts:

Telephone

Child Line 0800 1111

Samaritans Tel 08457 909090

Email

head@princesmeadschool.org.uk

Matron@Princesmeadschool.org.uk

Saffi.Mant@Princesmeadschool.org.uk

Martin.Anderson@Princesmeadschool.org.uk

Useful Websites

www.nhs.uk

www.mhfaengland.org

www.mentalhealth.org.uk

www.bbc.co.uk/health

www.mind.org.uk