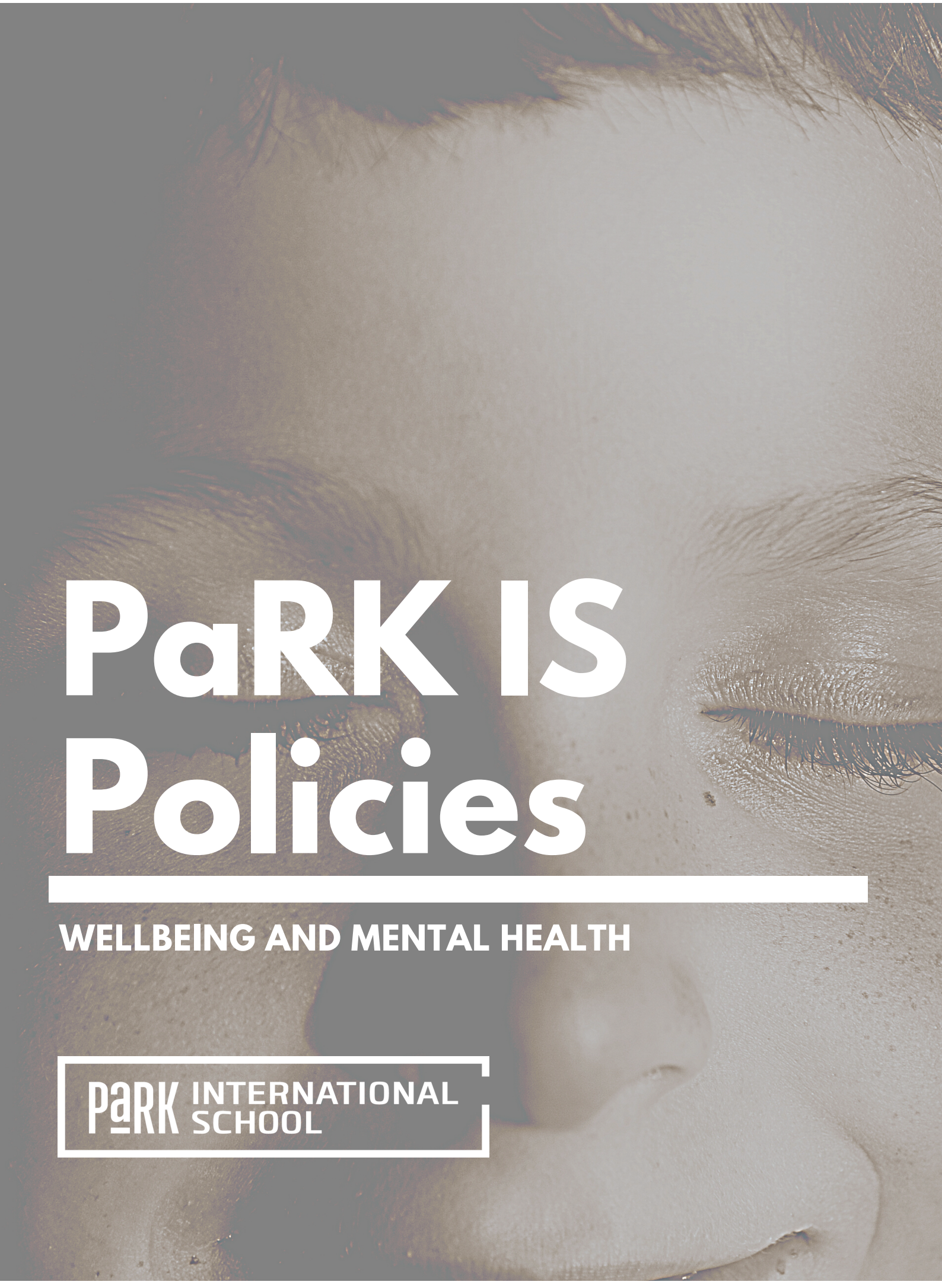


PaRK IS Policies

WELLBEING AND MENTAL HEALTH

PaRK INTERNATIONAL SCHOOL

PaRK IS | Wellbeing and Mental Health Policy
2023 | 2024

TABLE OF CONTENTS

1. Introduction

PaRK International School recognizes that providing the conditions for positive mental health in young people is a major responsibility of 21st century international education. Through a consistent approach, we are therefore committed to promoting the mental and physical health and emotional wellbeing of all PaRK-IS students. Wellbeing is central to the pastoral curriculum and is also promoted through the creative and expressive arts. The physical, mental and emotional health benefits of exercise are well documented and our schools actively encourage sport for all.

As a guide, we identify 10 key qualities that are fundamental to good mental health and wellbeing:

- Proper sleep patterns
- Time for exercise
- Eating healthily at regular times
- Time to relax
- Emotional resilience – accepting being 'good enough'
- Sense of humour
- Firm boundaries
- Random acts of kindness
- Walking in fresh air
- A sense of perspective

We believe that mental health issues can and should be de-stigmatised by educating students, staff and Parent/Guardian. This is done through the wellbeing and pastoral team, pastoral curricula, Social Skills Program, Mindfulness Project with students, through staff INSET and through opportunities for Parent/Guardian discussion. Mental health is also promoted through strong pastoral care and effective peer support.

This policy aims to:

- describe our approach to mental health
- increase understanding and awareness of mental health issues so as to facilitate early intervention where needed
- alert staff in our schools to warning signs and risk factors
- provide support and guidance to all those dealing with students who suffer from mental health issues
- provide support to students
- who suffer from mental health problems, their peers and Parent/Guardian.

This policy is committed to zero tolerance in relation to less favourable treatment of any protected characteristic such as: age, gender, disability, gender identity or reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnic origin, including colour, religion or belief, sexual orientation.

2. Child Protection Responsibilities

We are committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expect all staff, governors and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that students cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that students' concerns will be listened to and acted upon.

Every student should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing.

The Head of School takes responsibility on a day to day basis and each school has a senior member of staff with the necessary status and authority (Designated Safeguarding Lead - DSL) to be responsible for matters relating to child protection and welfare. Parent/Guardian are welcome to approach the DSL if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, Parent/Guardian may discuss concerns in private with the child's form teacher, Head of Year or other senior member of staff who will notify the Designated Safeguarding Lead in accordance with these procedures.

3. Identifying Mental Health Issues

One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach university this figure is as high as 1 in 6.
Around 75% of mental health disorders are diagnosed in adolescence (source: www.youngminds.org.uk). See Appendix VI for further reading.

It is important for staff to be alert to signs that a child might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:

- Anxiety and Depression
- Eating disorders
- Self-harm

Two important elements enabling schools to identify mental health issues are the effective use of data (i.e. monitoring changes in students' patterns of attendance/academic achievement) and an effective pastoral system whereby staff know students well and can identify unusual behaviour.

Signs and symptoms of mental or emotional concerns are outlined at Appendices 2, 3 and 4. The most important role school staff play is to familiarise themselves with the risk factors and warning signs as outlined.

Figure 1 (follows main text) outlines the procedures that are followed if staff have a concern about a student, if another student raises concerns about one of their friends or, if an individual student speaks to a member of staff specifically about how they are feeling.

4. Individual Care Plans (ICPs)

Following consultation between the relevant members of the Wellbeing team an ICP would be agreed between the team, the student and their Parent/Guardian (see Appendix IV). This would be available to the relevant teaching staff in order to provide the appropriate level of support for the student. The school's medical center may agree to an enhanced care plan including confidential information. The ICP will be reviewed and updated at regular intervals, agreed with the student and their Parent/Guardian.

5. Confidentiality and information sharing

Students may choose to confide in a member of staff if they are concerned about their own welfare or that of a peer. students should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at serious risk of causing themselves harm then confidentiality cannot be

kept. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on a member of staff to do so.

A student may confide in a member of the Wellbeing or Pastoral team; they should also be encouraged to speak to their Tutor or Head of Year. After assessment, any immediate concern for a student's mental health would be reported to the DSL and an appointment made. Confidentiality will be maintained within the boundaries of safeguarding the student. The DSL will decide what information is appropriate to pass on to Parent/Guardian, who may decide to share relevant information with certain colleagues on a need to know basis. Parent/Guardian should be involved wherever possible, although the student's wishes should always be taken into account.

Parent/Guardian must disclose to the school, both when joining and afterwards as necessary, any known mental health problem or any concerns they may have about a student's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the student's wellbeing.

6. Mental Health expertise

In order to ensure adequate mental health first aid provision and awareness it is our policy that there are sufficient numbers of trained personnel to support those students who are experiencing mental and/or emotional difficulties.

All staff have a duty of care towards the students and should respond accordingly when situations arise. New staff are briefed about the school's policies and where to find information and help. All staff are reminded regularly about the specific medical and emotional needs of students within the school community and they are asked to familiarise themselves with ICPs detailing those students with medical needs that require specific action to support their mental/emotional wellbeing.

Each school has its own medical and counselling provision; the availability of staff and their specific responsibilities are made known to all Parent/Guardian

7. Attendance/ Reintegration to school

If the School considers that the presence of a student in school is having a detrimental effect on the wellbeing and safety of other members of the community or that their mental health concern cannot be managed effectively and safely within the school, the Head of School reserves the right to request that Parent/Guardian withdraw their child temporarily.

Should a student require some time out of school, the School will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready.

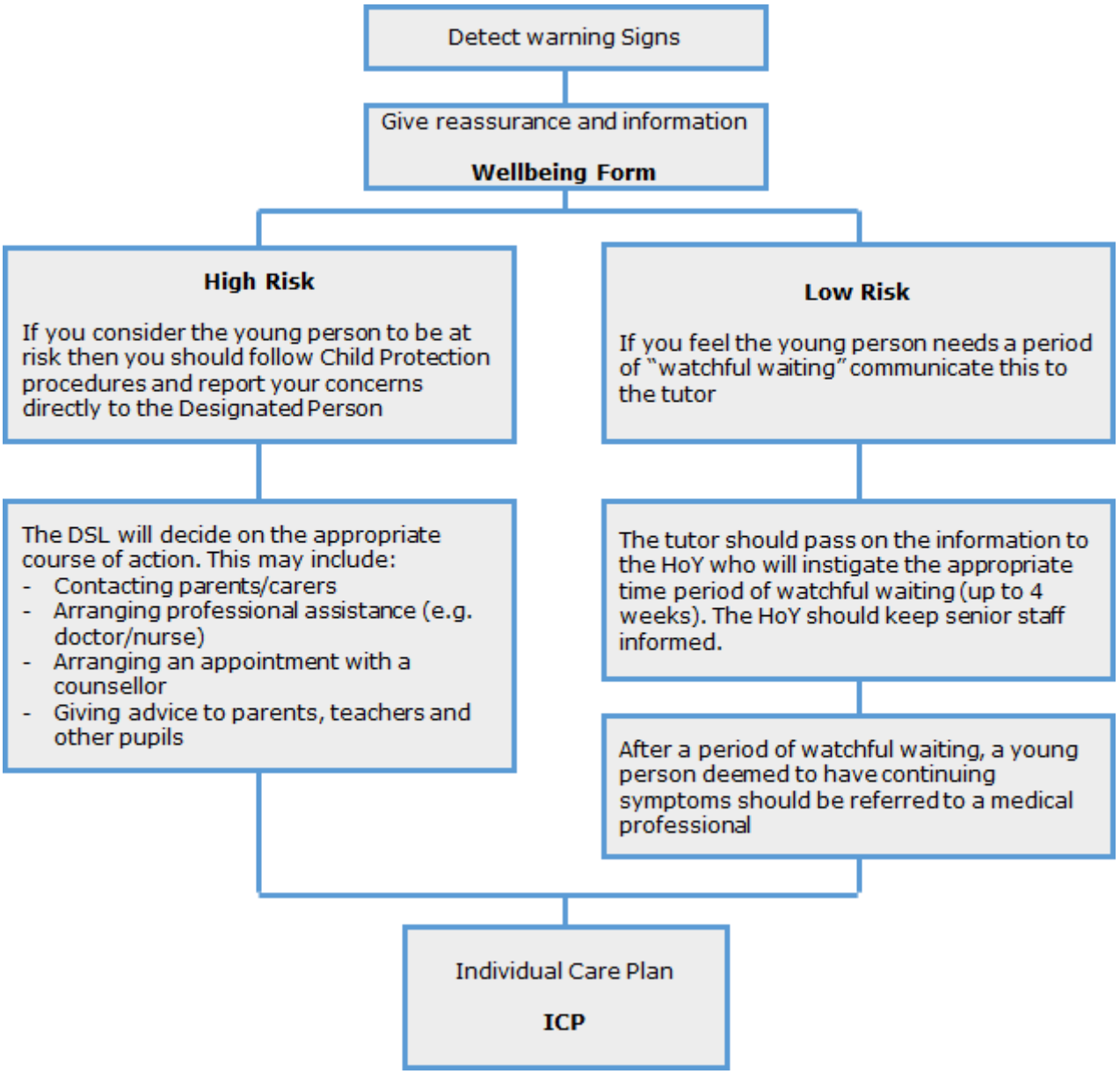
The student should have as much ownership as possible with regards the ICP so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the Parent/Guardian. If a significant period of time has elapsed where a student's return to school might not be considered to be in their best interests, the Head of School and head of Wellbeing will liaise with the student's Parent/Guardian to support an application to another educational establishment.

8. A global standard and local approach

PaRK IS recognises that its schools are a global family operating within different contexts. Schools will therefore develop their own specific procedures, always adhering to the highest standards as outlined here.

9. Appendix 1

Figure 1 Procedures following a concern



Procedures:

- **Recognise:** staff must be able to recognise signs of possible abuse.
- **Respond:** staff must be able to respond appropriately if a child makes a **disclosure** to them about possible abuse or if they suspect a child is suffering from possible abuse.
- **Report:** staff must report the concerns/disclosure to the Designated Safeguarding Leads.
- **Record:** staff must record all information (details of observations, disclosures, concerns and actions taken) relating to the safeguarding issues.

10. Appendix 2

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 to a terrifying panic attack. It can vary in how long it lasts, from a few moments too 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**. 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

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, diarrhea
- 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 procedures (see *Figure 1* in main policy)

How to help a student having a panic attack

- If you are at all unsure whether the student is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.
- If you are sure that the student is having a panic attack, move them to a quiet safe place if possible.
- Help to calm the student by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Be a good listener, without judging.
- Explain to the student 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 student 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. 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

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 *Figure 1* of the main policy

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 director of pastoral care (designated teacher for safeguarding children) aware of any child causing concern.

Following the report, the director of pastoral care will decide on the appropriate course of action, and will record it on CPOMS. This may include:

- Contacting Parent/Guardian
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counselor
- Arranging a referral to CAMHS or private referral – with parental consent
- Giving advice to Parent/Guardian, teachers and other students

students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves harm then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

11. Appendix 3

Eating Disorders

Definition of 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, 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 others' demands
- Very high expectations of achievement / perfectionism

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An overprotective 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 student 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 the Designated Safeguarding Lead or from the medical center.

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 they are fat when they are not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self-dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Designated Safeguarding Lead aware of any child causing concern.

Following the report, the DSL will decide on the appropriate course of action, and record it on ISAMS and in medical files. This may include:

- Contacting Parent/Guardian
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a wellbeing specialist
- Giving advice to Parent/Guardian, teachers and other students
- Write up an ICP for the student

The DSL will stay in touch with the medical team, in a supportive and collaborative way.

students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves harm, then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Management of Eating disorders in school

Management of Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all students. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the Head of Wellbeing deem it appropriate they may liaise with PE staff to monitor the amount of exercise a student is doing in school. They may also request that the PE staff advise Parent/Guardian of a sensible exercise programme for out of school hours. All PE teachers at the School will be made aware of which students have a known eating disorder.
The School will not discriminate against students with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored. Students may be asked to stop until they are deemed healthy enough to resume activity.

When a student is falling behind in lessons

If a student is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the form Tutor, Head of Year and the Head of Wellbeing will initially talk to the Parent/Guardian to work out how to help prevent their child from falling behind. The Head of Assessment and Tracking may be involved in this process. If applicable, the Head of Wellbeing will consult with the professional treating the student. This information will be shared with the relevant pastoral/ teaching staff on a need to know basis and to inform the ICP.

Students Undergoing Treatment for/Recovering from Eating Disorders

The decision about how, or if, to proceed with a student's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the student, their Parent/Guardian, school staff and members of the multidisciplinary team treating the student.

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and again, the student, their Parent/Guardian, school staff and members of the multidisciplinary team treating the student should be consulted during both the planning and reintegration phase.

Further Considerations

Any meetings with a student, their Parent/Guardian or their peers regarding eating disorders should be recorded on ISAMS and in medical files including:

- Dates and times
- An action plan / ICP
- Concerns raised
- Details of anyone else who has been informed

12. Appendix 4

Self-Harm

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. Girls are thought to be more likely to self-harm than boys. School staff can play an important role in preventing self-harm and also in supporting students, peers and Parent/Guardian of students currently engaging in self-harm.

Definition of 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
- Not looking after their needs properly, emotionally or physically
- Eating distress
- Addiction, for example to alcohol or drugs

Self-harm is a common precursor to suicide, and children and young people who deliberately self-harm may kill themselves by accident.

Self-harm may help a person by

- Providing relief from being emotionally overwhelmed and distressed
- Reducing tension
- Distraction from current difficulties
- Escaping from the situation
- Feeling 'something'
- Feeling in control
- Punishing themselves
- So that they can take care of themselves afterwards

Self-harm is sometimes unhelpfully thought of in terms of 'attention-seeking behaviour'. It needs to be respected as the best way of coping that the student knows about at the time. It is vital that students are not punished for their behaviour but are provided with adequate support. It is not a healthy way of coping, and messages and support must be given to students to prevent others from being encouraged to engage in this behaviour.

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
- Other mental health issues such as bipolar disorder

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 student 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 Head of Wellbeing.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. student 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

Staff Roles in working with students who self-harm

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the Head of Well-Being.

Following the report, the Head of Well-Being will decide on the appropriate course of action.

An assessment of risk should be undertaken at the earliest stage, by the Well-Being team, and should enquire about and consider the student's:

- Level of planning and intent
- Frequency and nature of thoughts and actions
- Signs or symptoms of a mental health disorder such as depression
- Evidence or disclosure of substance misuse
- Previous history of self-harm or suicide in the wider family or peer group
- Delusional thoughts or behaviour

The level of risk may fluctuate, and a point of contact with a backup should be agreed to allow the young person to make contact if they need to

<u>It is important not to:</u>

- Panic or try quick solutions
- Dismiss what the young person says, their feelings or behaviour
- Believe that the young person who has threatened to harm themselves in the past will not carry it out in the future
- Disempower the young person
- See it as attention seeking or manipulative
- Trust appearances, as many young people learn to cover up their distress

<u>The resulting course of action may include:</u>

- Contacting Parent/Guardian
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a wellbeing specialist
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- **In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times**
- **If a student has self-harmed in school a first aider / the nurse should be called for immediate help**

Further Considerations

Any meetings with a student, their Parent/Guardian or their peers regarding self-harm should be recorded on ISAMS and in medical files including:

- Dates and times
- Action plan / ICP
- Concerns raised
- Details of anyone else who has been informed

It is important to encourage students to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidence so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult either the Head of Wellbeing or the Head of School.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.

Addiction (Alcohol and Drugs)

Definition of Addiction Disorder

Substance use disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences. People with SUD have an intense focus on using a certain substance(s) such as alcohol, tobacco, or illicit drugs, to the point where the person's ability to function in day to day life becomes impaired. People keep using the substance even when they know it is causing or will cause problems. The most severe SUDs are sometimes called addictions.

Repeated substance use can cause changes in how the brain functions. These changes can last long after the immediate effects of the substance wears off, or in other words, after the period of intoxication. Intoxication is the intense pleasure, euphoria, calm, increased perception and sense, and other feelings that are caused by the substance. Intoxication symptoms are different for each substance.

When someone has a substance use disorder, they usually build up a tolerance to the substance, meaning they need larger amounts to feel the effects.

According to the National Institute on Drug Abuse, people begin taking drugs for a variety of reasons, including:

- to feel good — feeling of pleasure, "high" or "intoxication"
- to feel better — relieve stress, forget problems, or feel numb
- to do better — improve performance or thinking
- curiosity and peer pressure or experimenting

People with substance use and behavioral addictions may be aware of their problem but not be able to stop even if they want and try to. The addiction may cause physical and psychological problems as well as interpersonal problems such as with family members and friends or at work. Alcohol and drug use is one of the leading causes of preventable illnesses and premature death nationwide.

Many people experience substance use disorder along with another psychiatric disorder. Oftentimes another psychiatric disorder precedes substance use disorder, or the use of a substance may trigger or worsen another psychiatric disorder.

Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to addiction:

Individual Factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Other mental health issues such as bipolar disorder

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, addiction, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers

Warning Signs

Physical Signs

- Bloodshot eyes, pinpoint or enlarged students
- Nosebleeds that could be caused by snorting drugs
- Appetite or sleeping pattern changes
- Sudden weight loss or gain
- Seizures
- Deterioration of personal grooming habits
- Loss of coordination resulting in unexplained injuries, accidents or visible bruising
- Unusual odors on breath, person or clothes
- Shakiness, trembling, incoherent or slurred speech

Behavioural Signs

- Cutting classes, failing grades

- Missing work or declining job performance
- No longer participating in extracurricular activities, hobbies, sports or exercise
- Complaints from teachers, coaches, coworkers, supervisors or classmates
- Theft of money or valuables, missing prescription drugs
- Constantly borrowing money
- Isolation
- Fixation with music, clothing and posters related to drugs or alcohol
- Sudden change in relationships, friends, favorite hangouts and hobbies

Psychological Signs

- Profound changes in personality or attitude
- Mood swings, anger
- Over-activity, agitation
- Vacant affect
- Fearful and paranoid for no apparent reason

Staff Roles

The most important role school staff can play is to familiarize themselves with the risk factors and warning signs outlined above and to make the Designated Safeguarding Lead aware of any child causing concern.

13.Appendix 5

Individual Care Plan (ICP) for students with mental health/emotional concerns

Name	**Date**
Symptoms	
Internal referral to Head of Wellbeing Yes / No **Receiving treatment?** Yes / No	
Advice for staff	
Goal	

Parental involvement and review arrangements

14. Appendix 6

Further Reading and Useful Links

HM Government (2011), *No Health Without Mental Health*, Department of Health

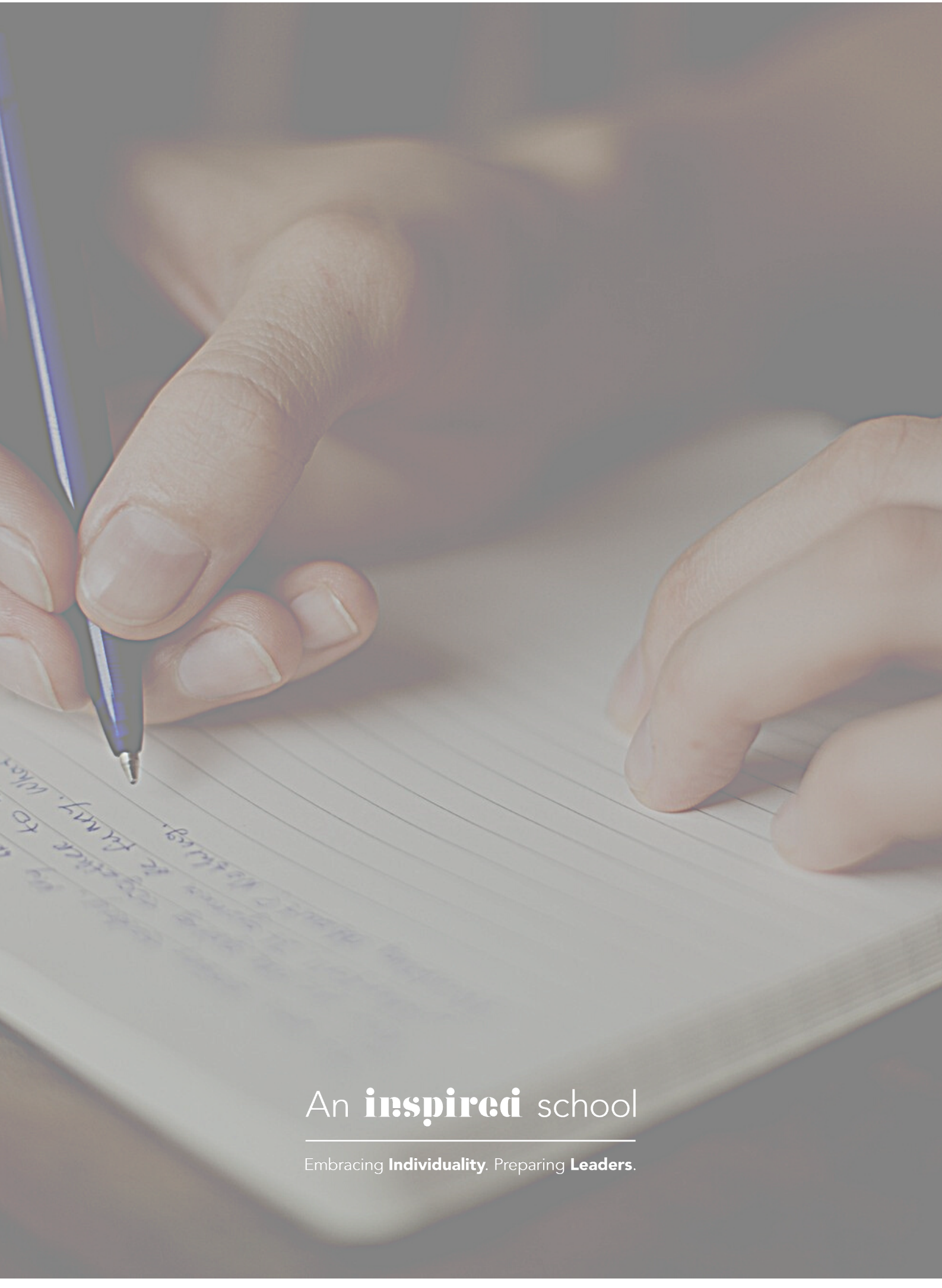
Websites

- b-eat: http://www.b-eat.co.uk/
- Childline: http://www.childline.org.uk
- Mind: http://www.mind.org.uk/
- NHS: http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx
- Mental Health Foundation: http://www.mentalhealth.org.uk/
- Stem4: http://www.stem4.org.uk/
- Royal College of Psychiatrists: http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers.aspx
- Eating Disorders Support: http://www.eatingdisorderssupport.co.uk/help/links-resources
- Beat Eating Disorders: https://www.beateatingdisorders.org.uk/
- Anorexia Bulimia Care: http://www.anorexiabulimiacare.org.uk/family-and-friends/parents
- Anna Freud - self-harm: https://soundcloud.com/anna-freud-centre/why-do-some-people-self-harm
- Harmless: http://www.harmless.org.uk/
- Young Minds https://youngminds.org.uk/find-help/for-parents/parents-helpline/
- National Self Harm Network: http://www.nshn.co.uk

Last reviewed: July 2023

Next review date: July 2024

Reviewers: Well-being Department | Heads of School



An inspired school

Embracing **Individuality**. Preparing **Leaders**.