RUGBY SCHOOL

# Student Mental Health and Wellbeing Policy

Lent 2026

**This policy will be made available to parents on the Rugby School website and hard copies will be available from the Deputy Head's office on request. This policy will be reviewed annually.**

**This policy is drafted pursuant to:**

- Promoting and supporting mental health in schools and colleges (July 2025)
- DfE Advice on Mental health and behaviour in schools (November 2018)
- DfE Guidance: Information sharing advice for safeguarding practitioners (May 2024)

**This policy should be read in conjunction with the following Rugby School policies:**

- Child Protection and Safeguarding Policy
- Counter-Bullying Policy
- Equal Opportunities Policy
- Medical Care Policy

**Policy Statement**

*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 contribute to her or his community. (World Health Organization)*

At Rugby School, we aim to promote positive mental health for every member of our staff and through our 'Floreat' (PSHEe) programme, the student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health and emotional wellbeing, 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 stable environment for students affected both directly and indirectly by mental ill health.

**Scope**

This document describes the School's approach to promoting positive mental health and wellbeing, in addition to responding to mental ill health. This policy is intended as guidance for all staff and governors.

**The Policy Aims to:**

- Promote positive mental health in all students
- Provide support to students suffering mental ill health and their peers
- 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

**Lead Members of Staff**

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- Designated Safeguarding Lead and Head of Safeguarding (Liz Sale): els@rugbyschool.net 01788 556350
- Emotional Health Lead and Senior School Counsellor (Louise Ewer): LME@rugbyschool.net 01788 556299
- School GP (Dr Hannah Collier): 01788 556199

- Senior Nurse (Sarah Harris): slh1@rugbyschool.net 01788 556199
- Deputy Senior Nurse (Karen Miles): km@rugbyschool.net 01788 556199
- Head of PSHEe, Assistant Chaplain and Head of Wellbeing (Lisa Greatwood): ljg@rugbyschool.net

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Emotional Health Lead or Head of Safeguarding, in the first instance. If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed. If the student presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the San medical team and contacting the emergency services if necessary. **This is highlighted in the flow chart at the back of this policy.**

Where a referral to CAMHS or specialist teams is appropriate, this can be instigated by the GP supported by the medical team (the San), in conjunction with the parents. This applies to students who are GP registered with The Revel Surgery (School GP service). The parents of day students registered with local GPs, are responsible for informing the San Medical Centre and keeping them up to date. This should include sending written updates from specialists.

**The Head is responsible for ensuring that the procedures outlined in this policy are followed on a day-to-day basis.**

Parents are encouraged to approach the Head of Safeguarding 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, parents may discuss concerns in private with the child's Housemaster or Housemistress (Hm).

1. **Warning Signs of Poor Mental Health**
   **School staff may become aware of warning signs which indicate a student is experiencing poor 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 the Head of Safeguarding**

   Possible warning signs may 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 sport or getting changed secretively
   - Lateness to or absence from school
   - Repeated physical pain or nausea with no evident cause
   - An increase in lateness or absenteeism

**2. Risk Assessments**

A student causing concern may have a risk assessment. This should be drawn up involving, if appropriate, the student, the parents and relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- The role the School and parents can play
- Impact on other pupils
- Suitability to board
- Reasonable adjustments to school life and routines

This will be updated and reviewed regularly by the Hm, involving the San Medical team and appropriate members of staff.

**3. Teaching about Mental Health**

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental 'Floreat' (PSHE) curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

**4. Managing disclosures**

A student 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 student 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.

All disclosures should be recorded on CPOMS. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information will only be shared on a need-to-know basis and always with the DSL who will store the record appropriately and offer support and advice about next steps.

**5. Confidentiality**

We should be honest about the issue of confidentiality. If we feel it is necessary for us to pass our concerns about a student on, then we should discuss with the student:

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

We should not share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared

with the Designated Safeguarding Lead (DSL). If staff are unsure, they must refer to the DSL. In addition to sharing information for safeguarding purposes, students and parents should be aware that we also share information on a need to know basis with colleagues. this is to ensure continuity of care and to provide extra sources of support as necessary.

Parents must always be informed if there is a risk of harm to the student, or other students, and students may choose to tell their parents themselves. We should always give students the option of us informing parents for them or with them. In the event of an individual issue that impacts on the House community, the Hm may inform parents of affected students. We will endeavour to protect the individual's confidentiality.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, and the Designated Safeguarding Lead must be informed immediately.

In any event, staff should refer to government guidance here

**6. Working with Parents of Individual Students**

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we will 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? In the House or somewhere neutral?
- Who should be present? Consider parents, the student, 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 will be accepting of this (within reason) and give the parent time to reflect.

We will always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as we recognise that parents often have many questions as they process the information. We will finish each meeting with agreed next steps and always keep a record of the meeting which will be shared with the parents.

**7. Responsibility of Parent/Guardians**

We recognise that our students come from a wide variety of backgrounds (including overseas) with differing attitudes and approaches to mental health issues. It is important that the families of students who have, or have had, mental health problems are encouraged to share this information with School's San medical team and/or Head of Safeguarding. The School needs to know of the student's circumstances to provide proper support and ensure that reasonable adjustments can be made to enable them to learn and study effectively. ***Parents must disclose any known mental health problem or any concerns they may have about their child's mental health or emotional wellbeing.***

Students and their families can share relevant health information on the understanding that the information will be shared on a strictly need-to-know basis. The School asks for a confidential reference from a student's previous school and specifically asks whether there is any welfare or medical issues of which the School should be aware to discharge our duty of care.

**8. Student Absence from School**

If a student is absent from School for any length of time, then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a student.

**9. Management of student mental health concerns in School and boarding**

Management of student mental and emotional health issues will be assessed on a case-by-case basis. The Head, Head of Safeguarding and School medical team will consider whether a student is fit to remain in School, and whether they are fit to board.

This review will evaluate the following: whether the student is a potential risk to themselves or to others; whether the student needs a greater level of supervision than can be reasonably accommodated in a boarding setting, particularly in regards to weekend and overnight supervision; whether there is a risk of 'contagion', should the student remain in School; what the effects are on their peers; and consideration of available medical and mental health support.

It is a requirement that where a student is receiving external support the School must be informed and appropriate contact provided to enable shared care. This will include written reports and verbal discussion.

Guidance from the Schools' pastoral team and medical professionals will be sought, **but the decision will be ultimately one taken by the Head in the best interests of the student and the interests of the wider School community.** Therefore, if the Head 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 a student's mental health concern cannot be managed effectively and safely within the boarding environment, the Head reserves the right to request that parents withdraw their child temporarily until appropriate reassurances have been met.

**10. Reintegration to School and the phased return process**

Should a student require some time out of School, the School will be fully supportive of this, and every step will be taken to ensure a smooth reintegration back into School when they are ready. **Students will not commence reintegration to School until a specialist report and/or discussion has occurred outlining a step-by-step plan of care.** The Head of Safeguarding and pastoral team will draw up an appropriate risk assessment for school use, and a support sheet for home-school liaison. The student should have as much ownership as possible with regards to the support sheet 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 parents and medical/emotional health professionals.

A phased return is designed with both the student and the school in mind. After a period of being at home, it is important for the student to re-establish healthy school routines and relationships whilst not being put at risk of a recurrence of ill-health. Affected pupils may also benefit from the phased return of their peer and a renewed relationship of trust develops.

A weekly phased return may follow the outline below but will be planned on a case-by-case basis and at the discretion of the Head of Safeguarding who will consider the opinions of medical and therapeutic specialists who have been involved in the care of the student during their period of illness. During a phased return, the parents or guardians of boarders must make arrangements to stay nearby and to be on call during the day, if necessary.

1. Morning weekday lessons and home after lunch
2. All academic lessons, home after lunch on Tuesday, Wednesday, Thursday and Saturday.
3. Consideration of the addition of Sport and Rugby 360
4. Consideration of some boarding
5. Weekly boarding
6. Full boarding

# Appendix A: Understanding and dealing with self-harm

**1. Introduction**

The term self-harm used in this policy refers to any act of self-poisoning or self-injury carried out by an individual, irrespective of motivation.

Self-harm is a sign that a young person is experiencing significant emotional distress (see NICE Guidelines).

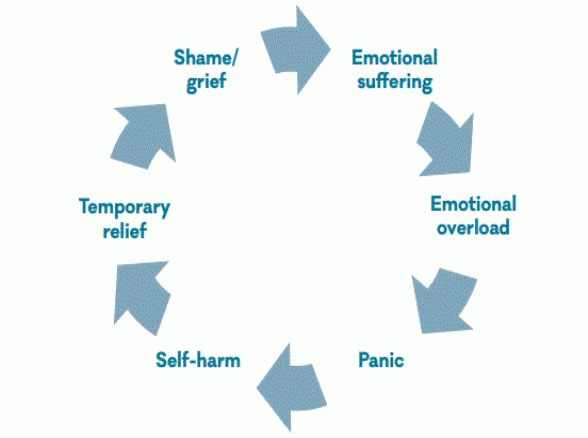
Self-harm may include overdose (self-poisoning), hitting, cutting, burning, pulling hair, picking skin, head banging, self-strangulation. This section of the policy does not cover other issues such as overeating/ food restriction or risk-taking behaviours such as consuming drugs/alcohol.

Young people self-harm for a variety of reasons, this can include:

- As a way of communicating distress
- It can provide distraction
- As an opportunity for nurture and comfort
- As a coping strategy if otherwise they feel detached
- To feel in control
- To relieve tension
- As a form of punishing themselves
- To feel more connected and alive

Because self-harm can reduce tension and help control mood, it can be self-reinforcing and habit forming.

Staff should understand that it is difficult to break the cycle of self-harm.




Self-harm usually starts as a way to relieve the build-up of pressure from distressing thoughts and feelings. This might give temporary relief from the emotional pain the person is feeling. It's important to know that this relief is only temporary because the underlying reasons remain. Soon after, feelings of guilt and shame might follow, which can continue the cycle.

Because there may be some temporary relief at the start, self-harm can become someone's normal way of dealing with life's difficulties. This means that it is important to talk to someone as early as possible to get the right support and help. Learning new coping strategies to deal with these difficulties can make it easier to break the cycle of self-harm in the long term.

*The Mental Health Foundation Guidance on Self Harm* states:

Some factors that might make someone more at risk are:

- Experience of a mental health disorder. This might include depression, anxiety, borderline personality disorder and eating disorders.
- Being a young person who is not under the care of their parents, or young people who have left a care home.
- Being part of the LGBTQ+ community
- Having been bereaved by suicide.

We should be clear from this that boarders (not under the care of their parents) may be at greater risk of self-harm than their non-boarding peers.

Young people often hide their self-harm, but there are several signs that they may be self-harming. These include unexplained cuts, burns or bruises; keeping themselves covered; avoiding swimming or changing clothes around others. Signs of self-harm may be like signs of physical or other abuse as it is hard to know who inflicted the injury. It is important that staff are curious when asking children about an injury, and as self-harm is a potential cause for concern, staff need to record and report any observations or conversations they have with pupils about injuries that could be self-harm or abuse, in accordance with the safeguarding policy.

Other non-specific signs of self-harm include becoming withdrawn or isolated, low mood, lack of interest, drop in academic grades, sudden changes in behaviour such as becoming irritable, angry or aggressive; excessive self-blame for problems, expressing feelings of failure, uselessness or hopelessness. (young people who self-harm a guide for school staff.)

Self-harm behaviour is usually aimed at coping with life rather than ending it, however, there is an increased risk of suicide if someone already self-harms.

In general, pupils are likely to fall into one of two risk categories:

1. Low risk pupils:

   Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

2. Higher risk pupils:

   Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices, who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

If there are significant concerns about a young person's mental health, a referral to CAMHS, with parental consent, will need to be made. All referrals to CAMHS are made via the school GP for boarders or for the registered local GP for day pupils.

If young people need urgent medical attention and are taken to A&E, they should receive a mental health assessment at hospital.

**Supporting friends**

In school, one student's self-harming behaviour can sometimes affect other students. This can occur particularly with self-cutting and is more common in females. If a student discloses about a friend's self-harm, they should be reassured that telling a staff member is the right thing to do and that they have been a good friend. Friends should be offered the opportunity to speak to a trusted member of staff for support, someone who the young person is comfortable talking to.

When talking to a young person about their self-harm, staff should endeavour to find out about their friends and who knows about their self-harm. It is important that young people know where and how to get help if they are worried about a friend, and that ongoing support is offered to friends as well.

**Addressing Contagion:**

If more than one student has self-harmed, it is important not to panic, but to be observant and raise awareness of how students can get help when they are struggling with difficult emotions. The resources listed later in this policy may be useful to share with pupils. Separate support for individual students is preferable to raising the issue in large school groups such as school assembly.

Any such disclosure should be reported to the Head of Safeguarding via the normal processes.

# Appendix B: Further information and sources of support about common mental health issues

Below is some helpful information and guidance about issues most seen in school-aged children. The links go through to the most relevant page of the listed website.

Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

The School has subscribed to the 'Teen Tips Wellbeing Hub' which is also a valuable resource, and parents, staff and students all have access.

**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.

**Online support**
SelfHarm.co.uk
National Self-Harm Network: www.nshn.co.uk
www.talktofrank.com/ Drug abuse
http://www.re-solv.org/ Solvent abuse

**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**
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 and ability and motivation to engage in day-to-day activities.

**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
Matthew Johnstone (2007) *I had a black dog.* Robinson, London

**Anxiety, panic attacks and phobias**
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.

**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**
Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

**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 Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

**Suicidal feelings**
Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

**Online support**
Prevention of young suicide UK – PAPYRUS: 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**

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 preschool 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.

**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

## Appendix C: Flow chart of actions in response to a serious mental health concern