Longcause Community
Special School

POSITIVE MENTAL HEALTH & WELLBEING POLICY (PUPILS)

Signature of Head:	Anne Hutchinson
Date:	18.12.24
Minute Reference:	140

Created by:	Trudi Skinner
Review date:	December 2024
Reviewed by:	Trudi Skinner
Master file location:	Admin Shared Drive
Next review date:	December 2027

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1. 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 make a contribution to her or his community. (World Health Organization)

At Longcause, we aim to promote positive mental health for every member of our staff and pupil. 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, 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.

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 & Child Protection Policy and Behaviour & Emotional Support Policy.

2. Aims

- Promote positive mental health in all staff and students
- 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 students suffering mental ill health and their peers and parents/carers

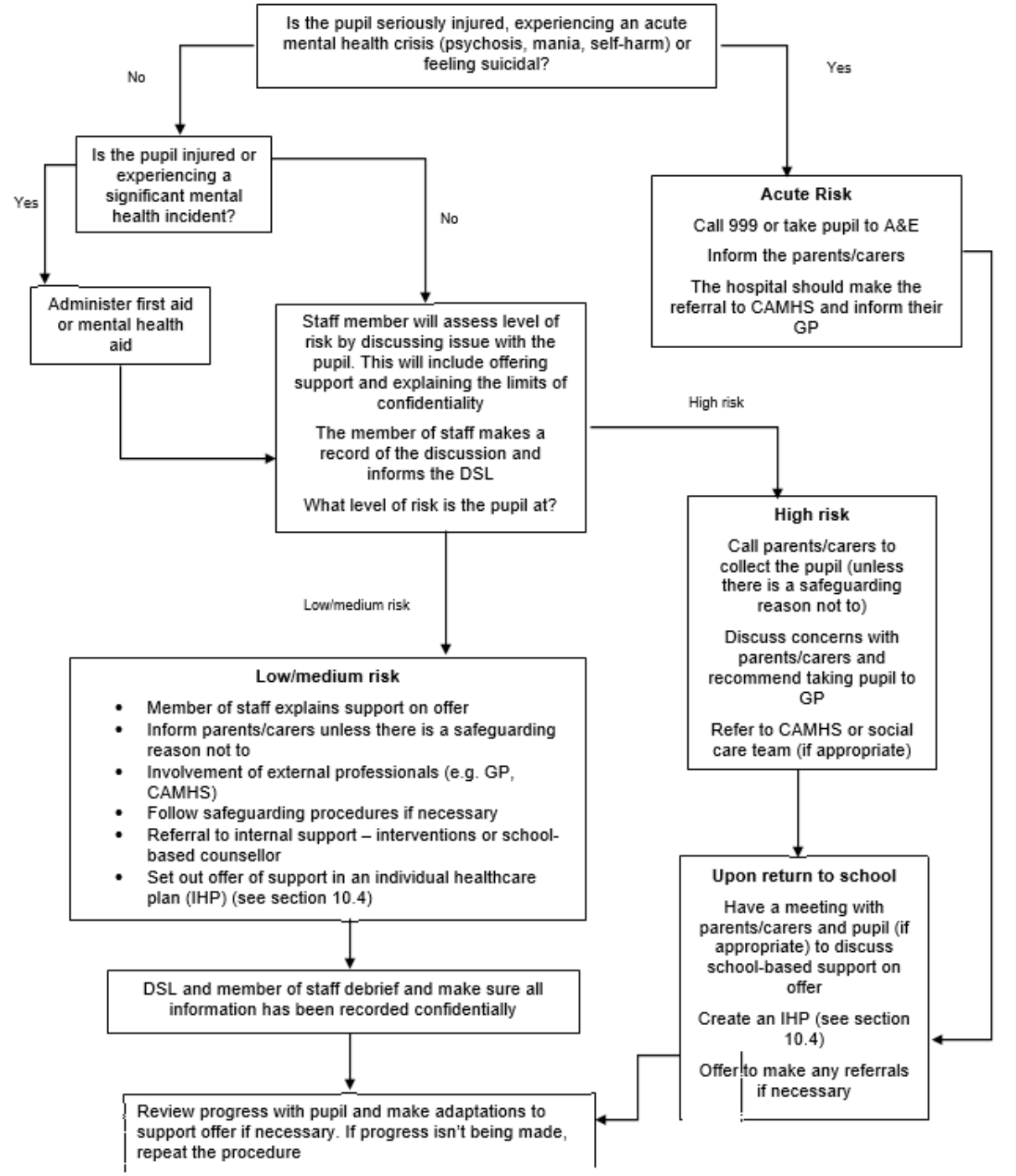
3. Roles and responsibilities

All staff are responsible for promoting positive mental health and wellbeing across our school and for understanding risk factors. If any members of staff are concerned about a pupil's mental health or wellbeing, they should inform the designated safeguarding lead or the mental health lead who is also the Deputy Designated Safeguarding lead. .

Certain members of staff have extra duties to lead on mental health and wellbeing in school. These members of staff include:

- Anne Hutchinson - Headteacher and Designated Safeguarding Lead
- Faye James, Trudi Skinner and Theresa Baldry Lee – Deputy Designated Safeguarding Leads
- Trudi Skinner – Senior Mental Health Lead
- Amanda Hulme – Longcause Learning for Life (including RSHE)

4. Procedure to follow in a case of acute mental health crisis



5. Warning signs

All staff will be on the lookout for signs that a pupil's mental health is deteriorating. Some warning signs include:

Changes in:

- Mood or energy level
- Eating or sleeping patterns
- Attitude in lessons or academic attainment
- Level of personal hygiene

- Social isolation
- Poor attendance or punctuality
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Abuse of drugs or alcohol
- Rapid weight loss or gain
- Secretive behaviour
- Covering parts of the body that they wouldn't have previously
- Refusing to participate in P.E. or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted
- Talking or joking about self-harm or suicide

6. 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.
Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix E.

Disclosures are to be reported immediately to one of the Safeguarding Team.
All disclosures should be recorded on CPOMS once staff have spoken directly to one of the Safeguarding Team.

When making a record of a disclosure, staff will include:

- The full name of the member of staff who is making the record
- The full name of the pupil(s) involved
- The date, time and location of the disclosure
- The context in which the disclosure was made
- Any questions asked or support offered by the member of staff

The safeguarding Team will discuss and agree any further actions or agreed steps and will be recorded on CPOMS.

7. Confidentiality

Staff will not promise a pupil that they will keep a disclosure secret – instead they will be upfront about the limits of confidentiality.

A disclosure cannot be kept secret because:

- Being the sole person responsible for a pupil's mental health could have a negative impact on the member of staff's own mental health and wellbeing
- The support put in place for the pupil will be dependent on the member of staff being at school
- Other staff members can share ideas on how to best support the pupil in question

Staff should always share disclosures with at least 1 appropriate colleague. This will usually be the DSL/mental health lead. If information needs to be shared with other members of staff or external professionals, it will be done on a need-to-know basis.

Before sharing information disclosed by a pupil with a third party, the member of staff will discuss it with the pupil and explain:

- Who they will share the information with
- What information they will share
- Why they need to share that information

Staff will attempt to receive consent from the pupil to share their information, but the safety of the pupil comes first.

Parents/carers will be informed unless there is a child protection concern. In this case the safeguarding policy will be followed.

7.1 Process for managing confidentiality around disclosures

1. Pupil makes a disclosure
2. Member of staff offers support
3. Member of staff explains the issues around confidentiality and rationale for sharing a disclosure with DSL/mental health lead
4. Member of staff will attempt to get the pupil's consent to share – if no consent is given, explain to the pupil who the information will be shared with and why
5. Member of staff will record the disclosure and share the information with the chosen elected member of staff
6. The DSL/mental health lead will inform the parent/carer (if appropriate)
7. Any other relevant members of staff or external professionals will be informed on a need-to-know basis

8. Supporting pupils

8.1 Baseline support for all pupils

As part of our school's commitment to promoting positive mental health and wellbeing for all pupils, our school offers support to all pupils by:

- Raising awareness of mental health during assemblies, RSHE and mental health awareness week
- Signposting all pupils to sources of online support as appropriate through RSHE lessons
- Having open discussions about mental health during lessons as per the curriculum
- Providing pupils with avenues to provide feedback on any elements of our school that is negatively impacting their mental health
- Appointing a senior mental health lead with a strategic oversight of our whole school approach to mental health and wellbeing
- Making classrooms a safe space to discuss mental health and wellbeing

8.2 Assessing what further support is needed

If a pupil is identified as having a mental health need, the Senior Mental Health Lead will take a graduated and case-by-case approach to assessing the support our school can provide, further to the baseline support detailed above in section 8.1.

Our school will offer support in cycles of:

- Assessing what the pupil's mental health needs are
- Creating a plan to provide support
- Taking the actions set out in the plan
- Reviewing the effectiveness of the support offered

8.3 Individual healthcare plans (IHPs)

A pupil will be offered an individual healthcare plan (IHP) if there is a diagnosis relating to their mental health. IHPs are written in collaboration with the pupil (if appropriate), their parent/carer, and any other relevant professionals.

The pupil's IHP will contain the following details:

- The mental health issue (and its triggers, signs, symptoms and treatments)
- The pupil's needs resulting from the condition
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed
- Who will provide the support
- Who in our school needs to be aware of the child's condition
- What to do in an emergency

Our Senior Mental Health Lead, Trudi Skinner, will seek advice from our CAMHS Nurse, if this is needed for a pupil.

8.5 Making external referrals

If a pupil's needs cannot be met by the internal offer our school provides, our school will make, or encourage parents/carers to make, a referral for external support.

A pupil could be referred to:

- Their GP or a paediatrician
- CAMHS
- Mental health charities (e.g. Samaritans, Mind, Young Minds, Kooth)
- Local counselling services

9. Supporting and collaborating with parents

We will work with parents/carers to support pupils' mental health by:

- Asking parents/carers to inform us of any mental health needs their child is experiencing, so we can offer the right support
- Informing parents/carers of mental health concerns that we have about their child
- Engaging with parents/carers to understand their mental health and wellbeing issues, as well as that of their child, and support them accordingly to make sure there is holistic support for them and their child
- Highlighting sources of information and support about mental health and wellbeing on our school website, including the mental health and wellbeing policy
- Liaising with parents/carers to discuss strategies that can help promote positive mental health in their child
- Providing guidance to parents/carers on navigating and accessing relevant local mental health services or other sources of support (e.g. parent/carer forums)
- Keeping parents/carers informed about the mental health topics their child is learning about in RSHE, and share ideas for extending and exploring this learning at home

When informing parents/carers about any mental health concerns we have about their child, we will endeavour to do this face-to-face.

These meetings can be difficult, so our school will ensure that parents/carers are given time to reflect on what has been discussed, and that lines of communication are kept open at the end of the meeting.

A record of what was discussed, and action plans agreed upon in the meeting will be recorded and added to the pupil's confidential record.

If appropriate, an individual healthcare plan (IHP) will be created in collaboration with parents/carers (see section 10.4).

10. Supporting peers

Watching a friend experience poor mental health can be very challenging for pupils. Pupils may also be at risk of learning and developing unhealthy coping mechanisms from each other.

We will offer support to all pupils impacted by mental health directly and indirectly. We will review the support offered on a case-by-case basis. Support might include:

- Strategies they can use to support their friends
- Things they should avoid doing/saying
- Warning signs to look out for
- Signposting to sources of external support

11. Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the wider community. What support is available within our school and wider community, is outlined in Appendix D.

We will provide relevant sources of support for pupils, parents and staff. This will be specific for each case and dealt with on an individual basis.
Whenever we highlight sources of support, we will increase the chance of pupils seeking help by ensuring they understand:

- What help is available
- Who it is aimed at
- How to access it
- What is likely to happen next

12. Whole school approach to promoting mental health awareness

12.1 Mental Health is taught in RSHE (part of our Longcause Learning for Life Curriculum)

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 LLFL curriculum.
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 students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. Our LLFL curriculum has been written specifically for our pupils from foundation to Year 11.

We follow the PSHE Association Guidance teaching mental health and emotional wellbeing.

Pupils are taught to:

- Develop healthy coping strategies
- Challenge misconceptions around mental health
- Understand their own emotional state
- Keep themselves safe

For more information, see our RSHE curriculum on the school website.

13. 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 in order to enable them to keep students safe.
The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue. This has and will continue to be part of CPD for all staff at Longcause.
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 students.
The Senior Mental Health Lead, Trudi Skinner, has the Senior Mental Health Training as well as Mental Health First Aid and STORM training. The school will look to send further staff as opportunities become available.

14. Support for staff

We recognise that supporting a pupil experiencing poor mental health can affect that staff member's own mental health and wellbeing. To help with this we will:

- Treat mental health concerns seriously
- Offer staff supervision sessions
- Support staff experiencing poor mental health themselves
- Create a pleasant and supportive work environment
- Offer counselling

15. Monitoring arrangements

This policy will be reviewed every year by Trudi Skinner, Mental Health Lead as a minimum. It is next due for review in December 2025 and will be approved by the governing body.

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

Prevalence of Mental Health and Emotional Wellbeing Issues[3]

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by
- 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.
- Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of 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).

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. Further information in Appendix F.

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.

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.

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 in order 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.

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.

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.

Appendix B: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2016)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2016)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2016)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2015)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

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

School Based Support

- **In school we have our Family Team who can provide support with referrals, within meetings with other professionals and being there for both pupil and families.**

- **We have a CAMHS Nurse, Jo Ellerton, which works within the Special Schools to provide Interventions, training and sign posting for further support/referrals for pupils and families.**

- **We have our own counsellor who is in school once a week. Donna can provide 1:1 sessions and is currently holding Thrive sessions as well**

- **We have staff trained in ELSA and hold sessions in the school day**

- **KOOTH is an online confidential service that we sign post pupils too**

- **Our Website has support leaflets and information for parents and staff - this is updated regularly as we receive information.**

Local Support

CAMHS -
https://www.livewellsouthwest.co.uk/services/child-adolescent-mental-health-services-camhs

For Plymouth Children's Early Help, and Enquiries please contact:

The Early Help advice line on 01752 668000 or email accessearlyhelp@plymouth.gov.uk

For Plymouth child protection concern reporting:

Plymouth Multi-Agency Safeguarding Hub (MASH)

Email: MASH@plymouth.gov.uk Number - 01752 668000

Out of Hours Service – 01752 346984

NSPCC Helpline – 0808 800 5000

Police – non emergency – 101

School Nurse – 01752 434119

Appendix D: Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."

If a student has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don’t assume that an apparently negative response is actually a negative response

“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud or else I’d have to punish myself.”

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn’t mean they’ll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don’t be offended or upset if your offers of help are met with anger, indifference or insolence, it’s the illness talking, not the student.

Never break your promises

“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the student’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix E: What makes a good CAMHS referral?

For further support and advice, our primary contacts are:

CAMHS - 01752 435125
CAMHS Early Help Advice and Support Line: 01752 431613

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.

Referrals to CAMHS can be made by speaking to Trudi Skinner, Mental Health Lead or our Safeguarding Team

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/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/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?

[4] Adapted from Surrey and Border NHS Trust

• 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?

The screening tool on the following page will help to guide whether or not a CAMHS referral is appropriate.

Appendix F: Self-Harming

Introduction

Our definitions of Self-Injury

We regard self-injury to be a coping mechanism for young people who are attempting to cope with high levels of distress and emotional pain. It is any deliberate, non-suicidal behaviour, which causes physical pain or injury and is aimed at reducing the emotional pain and distress of the individual concerned.

These behaviours may include deliberate bone-breaking, cutting, bruising, banging and non-suicidal overdosing and the behaviours are usually chronic, repetitive and habitual. Young people who self-injure will generally attempt to hide any scarring or injuries and can find it extremely difficult to discuss their behaviours, and the emotions behind them, with other. We understand these behaviours not to be about seeking attention but rather to be about seeking relief and release from emotional distress. We also understand that self -injury is not suicidal behaviour. However, the emotional distress that causes these behaviours can lead to suicidal thinking and actions we will consequently take ALL incidents of self-injury seriously, investigate them and attempt to provide the most appropriate emotional support possible.

Aims

Our school team is dedicated to ensuring the emotional, physical and mental well- being of all the students in our community. We consequently aim to:

- Recognise any warning signs that one of our students may be engaging in self-harming behaviours.
- Understand the risk factors associated with these behaviours including low self-esteem, perfectionism, mental health issues such as anxiety or depression, home or school problems, social isolation, emotional, physical or sexual abuse.
- Be pro-active in discussing this topic with students we might feel are deliberately harming themselves.
- Know how to respond to students who wish to discuss these behaviours with us and take them seriously at all times.
- Be able to produce short and long-term care for such students in conjunction with external agencies if necessary.
- Provide the appropriate level of practical and emotional support for staff dealing with students who self-harm and ensure appropriate training and education is available to all staff regarding this issue.
- Provide an appropriate awareness for students.

Recognising warning signs

We are aware that for some young people there will not be any specific warning signs that they are engaging in or contemplating engaging in self-harming behaviours. For others, the following indicators may be noted:

• Risky behaviours, for example, drug taking, alcohol misuse.

• Lack of self-esteem, being overly negative.

• Bullying of others.

• Social withdrawal.

• Significant change in friendships.

• Regularly bandaged wrists and arms.

• Obvious cuts, burns or scratches (that don't look like accidents).

• A reluctance to participate in PE or change clothes.

• Frequent accidents that cause physical injuries.

• Wearing long-sleeved tops even in very hot weather.

Key responsibilities

Everyone in the school community – the Governing Body, the Headteacher, all staff and teachers, students and parents/carers – all have responsibilities to promote and adhere to this policy in order to help ensure the well-being of all within the community.

As a school we will:

• Ensure students have access to appropriate and accurate information regarding self- harm alongside details of relevant support agencies.

• Determine how and when the topic is covered in the school curriculum.

• Provide access to appropriate and accurate information for parents or carers.

• Ensure that all students are aware that they understand the key rules, for example, no self-injury in front of others, no attempts to manipulate others with the threat of self-injury.

• Ensure that all staff in the school community are fully conversant with and adhere to our Self-Harm Appendix as part of our Child Protection Policy.

• Develop a record-keeping system to record such incidents and ensure that this is kept up to date and incidents and developments are regularly reported to Designated Person.

• Liaise with external agencies (specifically mental health) in order to provide the most appropriate support alongside utilising key services to provide up to date education and information for students, parents/carers and staff.

• Liaise with parents/carers as appropriate in order to ensure the safety and well-being of students in the school community.

Staff should:

• Report on suicidal intent or feelings straight away and refer to other professional bodies as appropriate.

• Engage in appropriate supervision so as to ensure personal well-being.

• Act in an empathetic manner, assuring students that they are available to actively listen in a calm and non-judgmental manner.

• Will not invalidate any students' concern or emotional distress.

• Know the available support options or referral routes and refer students to these as appropriate.

• Ensure that students know they cannot make any promises to keep things confidential if they feel that the student is at risk.

• Be committed to providing an emotionally literate context in which the self-esteem and emotional and mental well-being of all are fostered and promoted.

• Be aware of the 'healthy' coping strategies students can utilise and know who to ask for advice if it felt that these are being abused or becoming unsuccessful for the student.

• Ask for help if they feel a situation falls outside of their emotional competency, skills or knowledge base.

• Try to discourage pupils from 'sensationalised' conversations with peers/ staff or talk about the methods they use to other students.

• Ensure that pupils know who they can talk to in both the immediate and longer term, should they feel distressed or at risk in either the school or social context (such as designated staff).

Families:

• Find out about self-harm, making use of school-based and external resources and discuss your findings with your child.

• Ensure that school staff are kept informed of any changes or incidents that occur outside of the school that you feel may impact on the behaviour and well-being of your child.

• If you become aware that your child is engaging in these behaviours, work with designated staff in order to help us develop the best ways of supporting you and your child.

• Know that you may also need emotional support and find out where this is best accessed