EMOTIONAL WELL-BEING AND MENTAL HEALTH POLICY

Reigate School values the emotional well-being of all those working in the school. This policy refers to the emotional well-being of children. Our school statement demonstrates our focus on ensuring that all children are enabled to achieve their personal, social and academic potential. We recognise that supporting the emotional well-being and mental health of staff and children is essential to achieve this.

> 'Social and emotional well-being' refers to a "state of mental health and wellness. It involves a sense of optimism, confidence, happiness, clarity, vitality, self-worth, achievement, having a meaning and purpose, engagement, having supportive and satisfying relationships with others and understanding oneself, and responding effectively to one's own emotions".
> – Professor Katherine Weare (National Children's Bureau, 2015)

The Mental Health Foundation provides this definition of emotional well-being:

> "A positive sense of well-being which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune."

Surrey Child & Adolescent Mental Health Services (CAMHS) training draws attention to the Mental Health Education Authority definition:

> "Mental health is the emotional and spiritual resilience which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own and others' dignity and worth."

Mental health is defined as:

> "A state of complete physical, mental and social well-being, and not merely the absence of disease." - (World Health Organisation, 2016).

At Reigate School we understand that some mental health issues are temporary whilst others reflect a more deeply rooted, longer term health issue. Mental health difficulties include a broad spectrum of conditions including eating disorders; self-harm;

obsessive compulsive disorder (OCD); bipolar; depression; and anxiety, amongst others and are diagnosed by a medical professional.

For the purposes of this policy, mental health refers to:

- long-term psychiatric conditions or mental health problems;
- emerging mental health problems that may develop into conditions requiring more support or intervention;
- temporary mental health reactions that impact on an individual's ability to achieve his/her potential.

School Aims

At Reigate School we embrace the view that well-being and mental health is 'everyone's business'. The school aims to increase the level of awareness and understanding amongst staff of the issues involving the emotional wellbeing and mental health of children. We aim to detect and address problems at the earliest opportunity and support children with mental health issues in partnership with appropriate external agencies with relevant expertise. We understand that some groups of children are more vulnerable to mental health difficulties than others. We recognise that only medical professionals should (and are qualified to) make a formal diagnosis of a mental health condition.

This policy applies wherever staff or volunteers are working with children even when this is away from the school, for example on an educational visit. It should be read and considered alongside the Child Protection & Safeguarding Policy, the SEND Policy, the Accessibility & Equality Plan, the Anti-bullying Policy and the Behaviour & Rewards Policy.

Responsibilities

It is the responsibility of all staff to keep all children and staff safe both physically and emotionally and mentally.

The School Committee and Senior Leadership Team have overall responsibility for this policy. They will ensure that:

- the policy is regularly reviewed;
- appropriate training is organised for staff;
- staff are encouraged to bring to the attention of Heads of Year concerns about the emotional well-being or mental health of children so that appropriate support is put in place.

It is the responsibility of all staff that they:

- maintain and actively contribute to a bully-free and non-discriminatory environment, by being supportive and understanding;

- participate fully in training related to mental health and emotional well-being
- know the risk and resilience factors relating to mental health and emotional well-being (see appendix);
- be alert to signs that a child may have a mental health or emotional well-being issue and report any concerns to the appropriate Head of Year;
- treat any person with a mental health or an emotional well-being issue as an individual and not as a condition or 'problem';
- recognise the limits of what they can do when supporting those with mental health of emotional well-being issues.

It is the responsibility of all children that they will:

- maintain and actively contribute to a bully-free and non-discriminatory environment, by being supportive and understanding;
- ask for support either for themselves or their peers;
- recognise the limits of what they can do to support their peers.

Safeguarding and Well-being

Reigate School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional well-being, and expects all staff and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that children cannot learn effectively unless they feel secure. We promote self-confidence and self-worth in an environment that promotes mutual respect, where children know their concerns will be listened to and acted upon.

A nominated Governor instigates a review of the school's safeguarding procedures annually, making any recommendations for improvements.

A Deputy Headteacher, overseen by the Headteacher, oversees the pastoral work at the school and is responsible for matters relating to welfare.

There are several trained Designated Safeguarding Leads (DSL) in the school.

There is an identified Mental Health Lead (MHL) person in school for children.

Staff are regularly trained in safeguarding and child protection procedures.

Pastoral Organisation

Children are placed in tutor groups with a designated member of staff as their Form Tutor who sees them at the start of every school day in tutor time. This provides a time

for children to get settled for the day ahead and voice any concerns they have. Tutors are also on the alert to identify children who are behaving in ways that may signal there is a concern.

Year groups are led by three Heads of Population (Year 7) or a Head of Year with two Assistant Heads of Year (Year 8-11). Tutor groups in Year 7 are half the size of those in other year groups to aid in the transition of children from primary to secondary education. When children move into Year 8 their tutor group will be larger.

Pastoral actions include:

- tutor time with the Form Tutor every morning;
- creating a supportive tutor time environment where everyone feels listened to, understood and empowered;
- communicating with parents/carers positively and realistically to create a partnership approach to children's emotional health and well-being;
- recognising and responding to emotional and/or behavioural needs;
- liaising with appropriate agencies to enlist advice and/or support;
- clear transition arrangements and bespoke arrangements where required;
- effective use of the behaviour policy and rewards process;
- identification and monitoring of Pupil Premium, SEND students and Young Carers and other vulnerable groups;
- providing opportunities for 'student voice' through the School Council, SMSC (Social, Moral, Spiritual and Cultural) events, extra-curricular clubs, etc.;
- providing opportunities to build relationships through a range of means including peer mentoring, becoming a prefect and attending extra-curricular activities. In transition from primary to secondary school, identified children are invited to attend Summer School for a week in August before starting school in September;
- meetings with internal and external professionals;
- individual health care plans for those who require them.

Curriculum Organisation

Our school promotes emotional well-being through the formal and informal curriculum. This includes:

- a structured day with familiar routines to help build a sense of security, with a clear timetable for children and staff to follow;
- creating a supportive classroom environment where everyone feels listened to, understood and empowered;
- clearly identified rewards and sanctions;
- rewarding positive behaviour and achievement;

- setting appropriately challenging tasks;
- staff committed to securing progress for children through effective teaching and adaptation resources/methods;
- encouraging co-operation and collaboration;
- the teaching of Personal Social and Health Education (PSHE) and Citizenship;
- developing social competence;
- encouraging and developing coping strategies and resilience;
- use of DIRT (Dedicated Improvement & Reflection Time) to encourage self-reflection, peer assessment and academic progress;
- support for those with additional Special Educational Needs;
- the monitoring of SEND and Pupil Premium students and their progress;
- additional guidance to staff who teach children with particular needs.

Groupings of Children

Children are grouped in a variety of ways to promote the achievement of their best. In the classroom, there are opportunities for children to work collaboratively and individually on tasks to develop skills of concentration and interaction.

Setting arrangements are regularly reviewed. Children are set by ability in some subjects whilst they are placed in mixed ability groupings for other subjects. Where any change of set or group is proposed, parents/carers are notified in advance and given opportunity to discuss the change.

Parent/Carer Involvement

We recognise that parental involvement is a vital contributor to the emotional well-being of our children. We encourage parents/carers to communicate with us through contact with Heads of Year in the first instance. We also provide regular opportunities to promote partnership with parents/carers, including:

- Induction Evening for parents/carers of new in-take Year 7 children;
- Meet the teacher evening in September for Year 7 parents/carers to meet their child's Form Tutor;
- Parents'/carers' Evenings;
- Open door policy for parents/carers to communicate with school through the Head of Year;
- Annual questionnaires;
- Involvement in reviews for children with special educational needs;
- School website information about well-being and mental health.

It is also recognised that children do not always wish to have their families involved with their interventions and therapies. We are aware that children over 16 are "presumed to be capable of consenting to their own medical treatment (by virtue of

section 8 of the Family Law Reform Act 1969)" and that "children under the age of 16 may in certain circumstances consent to their own treatment if they are deemed to be 'Gillick competent', i.e. a medical professional judges that they have sufficient intelligence, competence and understanding to appreciate what is involved in their treatment. Otherwise an adult with parental responsibility can consent for them)" (Mental Health and Behaviour in Schools, DFE, 2018, 4.18).

Extra-curricular Activities

There is a very wide range of extra-curricular opportunities for children to participate in. These activities are free and generally take place after school. The list of activities can be found on the school website and children are encouraged to participate in these to enable them to extend interests and talents beyond the classroom or to learn something completely new. Research evidence shows that pursuing such interests supports positive mental health and well-being.

Risk and Resilience Factors

The National Service Framework for Children, Young People and Maternity Services states:

> "There are some children and young people, such as those in special circumstances or those with learning difficulties and/or disabilities, who will be at greater risk of developing mental health problems."

However, it is acknowledged that anyone can be at risk of developing mental health problems and that early identification can make a significant difference. Risks are cumulative and can be complex. Evidence proves that "when risk factors and stressful life events outweigh the protective factors, even the most resilient individual can develop problems" (Surrey CAMHS, 2016).

Surrey CAMHS identify three main areas when speaking of risk and resilience factors:

1. The child (including low self-esteem, physical illness, developmental delay, temperament);
2. The family (including parental conflict, family breakdown, inconsistent or unclear discipline, parental psychiatric illness, death and loss);
3. The environment (including socio-economic disadvantage, homelessness, discrimination).

We recognise that a child may have Adverse Childhood Experiences (ACEs) or other events that have an impact on them and affect a child's behaviour or emotional state.

Identification

It is important that concerns regarding mental health are communicated so that appropriate action can be taken.

Surrey CAMHS state that we should be concerned if:

- There is a change in the child's usual behaviour, emotions or thoughts;
- The problem is persistent or follows a pattern;
- It is severe enough to interfere with the child's everyday life;
- There is a disability to the child or the carers.

These should not be considered in isolation but as "warning signs" that determine further inquiries.

Referrals

A child may directly request help by speaking to a member of staff who should then relay this information to the appropriate Head of Year. If there are any situations where a child wishes to see a school nurse or counsellor, this should be brought to the attention of the Head of Year in the first instance.

Equally, a parent/carer may request help or raise a concern about their child's well-being. Again, this is done through the Head of Year.

Staff should refer concerns regarding a child's well-being to the appropriate Head of Year in the first instance. Safe-guarding concerns are referred to our Designated Safeguarding Lead (DSL) through a single point of access in school. Heads of Year discuss appropriate courses of action on an individual basis, liaising with parents/carers and staff as is required by the circumstances.

Where a child repeatedly goes to Student Services, staff at Student Services should refer this concern to the relevant Head of Year.

Some children will be discussed at the school Care Meeting which usually takes place on the first Monday of every month. Here, internal and external professionals gather to agree support for identified children. A process of assess, plan, do, review will be put in place.

Support and Expertise Available

Children are supported in a number of ways at Reigate School by those who are trained to work with children who have been identified as having emotional well-being or mental health issues. These include:

Sparkfish	Counselling	Careers	school nurse
Emotional Literacy Support (ELSA)	Mentoring	Learning Space	CAMHS
Primary Mental Health Worker	Educational Psychologist	behaviour support	TAMHS

General concerns a member of staff has regarding the emotional well-being and mental health of a child should be referred to the Head of Year (as stated earlier, matters of safeguarding should be referred to a trained DSL in school). The Head of Year will investigate and may pursue one of the following referrals:

Service	Referral process
Behaviour support/concerns	All referrals must go through the pastoral team to the relevant Head of Year/Head of Population. This may lead to further conversations with senior team members.
CAMHS Child and Adolescent Mental Health Services	Referrals to CAMHS are agreed by the Head of Year in liaison with parents/carers. Mrs Stokes (Assistant Headteacher and SENCO) should be informed of referrals made to CAMHS that are done through school.
In-school counselling, ELSA, Sparkfish and Child Wellbeing Practitioners	All referrals requesting support from the Wellbeing Team go to Mrs Stokes (Assistant Headteacher and SENCO). This includes: ELSA, school counsellors and the wider wellbeing team.

Mrs Stokes will keep Mr Alexander informed of referrals and discuss matters as appropriate. In all cases, appropriate information will be relayed to relevant staff and parents/carers.

Monitoring

Staff will be informed of matters relating to an individual child's mental health needs as is deemed appropriate in individual circumstances. Student Profiles of SEND children provide more detailed information for some children as appropriate. Not all children with a mental health need will be identified as SEND.

Children identified with an emotional well-being or mental health need are monitored and their progress reviewed. The school will work with the various professionals to monitor outcomes.

Alternative Provision

Reigate School recognises that Local Authorities are responsible for "arranging suitable education of permanently excluded pupils and for other pupils who because of illness or other reasons including social, emotional and mental health needs would not receive suitable education without such provision" (DFE, 2018, 4.19).

On the rare occasions where it is deemed appropriate and school provision allows, Reigate School will explore alternative provision. The aim would be to achieve good motivation, attendance and engagement in education and have clearly defined objectives such as reintegration to a mainstream setting, further education, training or employment.

Where a child returns to a mainstream setting, information is shared between the Alternative Provision setting and the school to facilitate a reintegration which is clearly planned. Where the child is identified as SEND, the SENCO is involved in this process.

For young people who are at the end of Year 11 and are still in Alternative Provision, the school works to secure suitable education or employment and training.

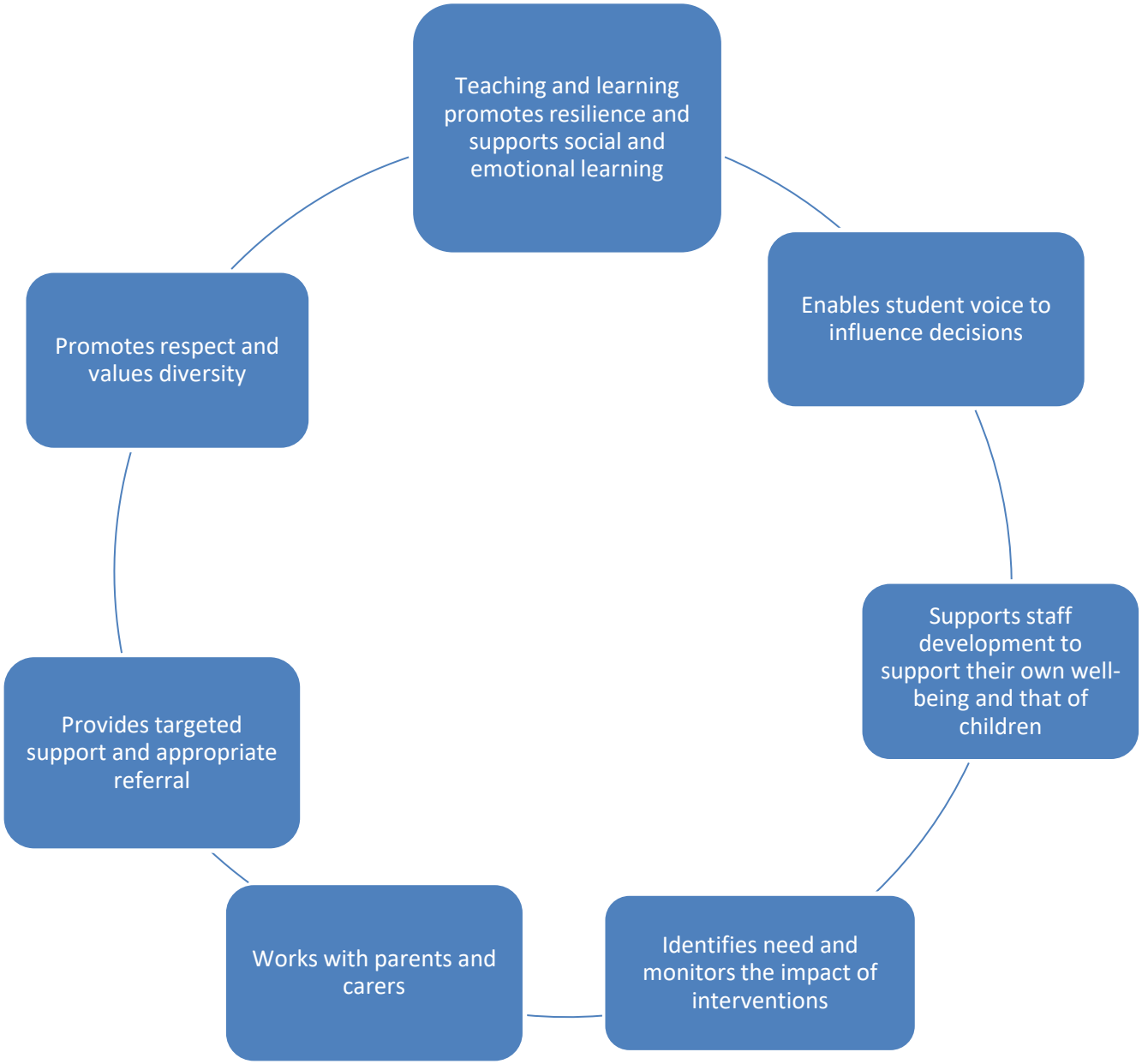
All matters relating to alternative provision will depend on individual circumstance and be managed by the Head of School.

Exclusions

When considering an exclusion of a child, the school takes into account contributing factors which includes where a child has mental health problems. Permanent exclusion is very much a last resort and a decision that is not made lightly.

Parent/Carer Involvement

Parents/carers are informed of interventions for their child. Interventions are tailored to the individual needs of children and children are involved in the planning of these interventions.



Adapted from Promoting children and young people's emotional health and well-being (March 2015, p.6).

Further Reading:

DfE (2016) Mental Health and Behaviour in Schools Crown copyright

DfE (2018) Mental Health and Behaviour in Schools Crown copyright

NICE: https://www.nice.org.uk/

Surrey County Council Local Offer
https://www.surreylocaloffer.org.uk/kb5/surrey/localoffer/home.page

The National Health Schools Plan

Weare, K. (2015) What works in promoting social and emotional well-being and responding to mental health problems in school? Published by National Children's Bureau.

www.minded.org.uk – e-learning platform

Please see the following pages for the appendices including:

Risk and Resilience Factors

Freud, A. Supporting mental health and wellbeing in schools

Appendix 1

Risk Factors

These were identified by Surrey CAMHS in delivering staff training July 2016.

There are three main areas:

1. Child
2. Family
3. Environment

Child

- Genetic influences
- Low IQ and learning difficulties
- Specific developmental delay
- Communication difficulties
- Difficult temperament/inflexible
- Physical illness, especially if chronic and/or neurological
- Academic failure
- Low self-esteem

Family

- Overt parental conflict
- Family breakdown
- Inconsistent or unclear discipline
- Hostile and rejecting relationships
- Failure to adapt to child's changing developmental needs
- Abuse – physical, sexual and/or emotional
- Parental psychiatric illness
- Parental criminality, alcoholism and personality disorders
- Death and loss – including loss of friendships

Environment

- Socio-economic disadvantage
- Homelessness
- Disaster
- Discrimination
- Other significant life events

Resilience Factors

These were identified by Surrey CAMHS in delivering staff training July 2016. There are three main areas:

1. Child
2. Family
3. Environment

Child

- Secure early relationships
- Being female (early in life pre-teen)
- Higher intelligence
- Easy temperament when an infant
- Positive attitude, problem-solving approach
- Good communication skills
- Planner, belief in control
- Humour
- Religious faith
- Capacity to reflect

Family

- At least one good parent-child relationship
- Affection
- Clear, firm and consistent discipline
- Support for education
- Supportive long-term relationship/absence of severe discord

Environment

- Wider supportive network (e.g. in teachers, youth leaders, etc.)
- Good housing
- High standard of living
- High morale school with policies for behaviour, attitude and anti-bullying
- Schools with strong academic and non-academic opportunities
- Range of sport/leisure opportunities

It is important to note the “complex interplay between risk and resilience factors. As the number of risks accumulate for children or young people, more protective factors are needed to act as a counter-balance”.

Appendix 2

For a very brief overview of mental health and well-being, please see:

https://www.annafreud.org/media/7198/supporting-mental-health-and-wellbeing-in-schools.pdf

A more developed exploration is given in the pages below:

Anxiety and Depression

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. This is known as an anxiety disorder. Anxiety disorders include:

- Post-traumatic stress disorder (PTSD)
- Generalised Anxiety Disorder (GAD)
- Panic disorder and agoraphobia
- Separation anxiety
- Obsessive-compulsive disorder (OCD)
- Phobias (including social phobia)

Symptoms of an anxiety disorder can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank

- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

If a child presents with any aspects that appear to require First Aid, please call for a member of staff to assist by contacting Student Services. Do not allow the children presenting with the concerns to leave your sight. Help calm the child and reassure them.

It is vital that any concerns about anxiety are reported to the relevant Head of Year.

Depression and Anxiety

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.

A clinical depression is one that lasts for at least two 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. 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; misusing 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.

Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. 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 demands of others
- Very high expectations of achievement

Family Factors

- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

Social Factors

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness/low body weight for e.g. sport or dancing

Warning Signs

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes she is fat when she is not
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

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

Self-harm

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 parents 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

Risk Factors

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

Individual Factors:

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

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

Social Factors

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

Warning Signs

School staff may become aware of warning signs which indicate a child 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 report these to the Head of Year.

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 children who self-harm

Children 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 child such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to children 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.

In the case of an acutely distressed child, the immediate safety of the child is paramount and an adult should remain with the child at all times.

Children need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a child 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 child puts pressure on you to do so.

Any member of staff who is aware of a child engaging in or suspected to be at risk of engaging in self-harm should report this to the CPLO.

Following the report, the appropriate course of action will be decided upon. 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 children in the same peer group are harming themselves.

It is important to encourage children to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences 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.

Sources of Support and Information

CAMHS – Child and Adolescent Mental Health Services

Child Bereavement UK – provides information and resources to support bereaved pupils, schools and staff.

ChildLine – A confidential service, provided by the NSPCC, offering free support for children and young people up to the age of nineteen on a wide variety of problems.

MindEd – provides free e-learning to help adults to identify and understand children and young people with mental health problems. It provides simple, clear guidance on mental health to adults who work with children and young people, to help them support the development of young healthy minds.

MindEd for Families – advice and information from trusted experts to help improve understanding of mental health problems, and how parents and carers can best support their families.

Relate – Relate offers advice, relationship counselling, workshops, mediation, consultations and support face-to-face, by phone and through their website. This includes counselling for any child or young person who is having problems.

Triple P – which gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing.

Women's Aid – is the national domestic violence charity that works to end violence again women and children and supports domestic and sexual violence services across the country. They provide services to support abused women and children such as The HideOut, a website to help children and young people.

Young Minds – Young Minds is charity committed to improving the emotional wellbeing and mental health of children and young people. They undertake campaigns and research, make resources available to professionals (including teachers) and run a helpline for adults worried about the emotional problems, behaviour or mental health of anyone up to the age of 25. They also offer a catalogue of resources for commissioning support services.

Young Minds – Young Carers

Sources taken from DfE (2018) Mental Health and Behaviour in Schools pages 28-33.

Useful overview of needs

https://www.annafreud.org/media/7198/supporting-mental-health-and-wellbeing-in-schools.pdf