



Thornton College

Mental Health and Emotional Wellbeing Policy

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1.0 Policy statement

At Thornton College, we are committed to promoting positive mental health and emotional wellbeing to all students, their families, and members of staff, governors, and trustees. Our open culture allows students' voices to be heard and using effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues. This policy has used the DfE (Department for Education) publications; Mental health and behaviour in schools November 2018 and Promoting children and young people's mental health and wellbeing June 2021 (updated April 2026). An ethos and environment that promotes respect and values diversity, relationships between staff and students, and between students, are critical in promoting wellbeing and in helping to engender a sense of belonging to and liking of school.

2.0 Principles of Well-being

The Department of Education has published guidance (Promoting and supporting mental health and wellbeing in schools and college, April 2026) on the eight key principles of well-being within schools. These are discussed further later in the policy.

- an ethos and environment that promotes respect, and values diversity
- leadership and management that supports and champions efforts to promote emotional health and wellbeing
- staff development to support their own wellbeing and that of students and learners
- curriculum teaching and learning to promote resilience and support social and emotional learning
- enabling student voice to influence decisions
- identifying the need for and monitoring the impact of interventions
- targeted support and appropriate referral
- working with parents and carers

Thornton College has a Senior Mental Health Lead who is T Wilks, Deputy Head and DSL. Ms Wilks oversees the whole school approach to mental health and wellbeing.

Well-being is also defined in 10(2) of the Children Act 2004, which lists the following factors:

- Physical and mental health and emotional well-being;
- Protection from harm and neglect;
- Education, training, and recreation;
- The contribution made by them to society;
- Social and economic well-being. Mental Health Problems - Short term stress and worry are a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

Where students experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders.

Mental health professionals have classified these as:

- Emotional disorders, for example phobias, anxiety states and depression;
- Conduct disorders, for example stealing, defiance, fire-setting, aggression, and anti-social behaviour;
- Hyperkinetic disorders, for example disturbance of activity and attention;
- Developmental disorders, for example delay in acquiring certain skills such as speech, social ability, or bladder control, primarily affecting children with autism and those with pervasive developmental disorders;
- Attachment disorders, for example children who are markedly distressed or socially impaired because of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, because of traumatic experiences or persistent periods of abuse and neglect;
- Other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic-depressive disorder.

It is important to stress only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.

3.0 Scope

This policy is a guide to all staff – including non-teaching and governors – outlining Thornton College’s approach to promoting mental health and emotional wellbeing.

It should be read in conjunction with other relevant school policies.

4.0 Policy Aims

- Actively promote positive mental health and emotional wellbeing in all staff and students.
- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in students.
- Enable staff to understand how and when to access support when working with young people with mental health issues.
- Provide the right support to students with mental health issues and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst students and raise awareness of resilience building techniques.
- Raise awareness amongst staff and SLT (Senior Leadership Team) that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing; instilling a culture of staff and student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around school.

5.0 Key Elements of Effective Support

Early intervention to identify issues and provide effective support is crucial. The school’s role in supporting and promoting mental health and wellbeing can be summarised as:

1. Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping students to be resilient so that they can manage the normal stress of life effectively. This will include teaching students about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos.
2. Identification: recognising emerging issues as early and accurately as possible. School staff cannot act as mental health experts and will not try to diagnose conditions. However, school has clear

systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

3. Early support: helping students to access evidence informed early support and interventions. When schools suspect a student has a mental health problem, they should use the graduated response process (assess – plan – do – review) to put support in place. Namely, an assessment to establish a clear analysis of the student’s needs; a plan to set out how the student will be supported; action to provide that support; and regular reviews to assess the effectiveness of the provision and lead to changes where necessary.
4. Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

6.0 Eight Key Principles

It is widely recognised that a child’s emotional health and wellbeing influence their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood. Good mental health is important for helping children and young people to develop and thrive. There are eight key principles to which the school subscribes.

These are -

- 1) Leadership and management that supports and champions efforts to promote emotional health and wellbeing. An essential element of school leadership at any level is to create a culture where calm, dignity and structure encompass every space and activity. This approach is one of the most effective ways of encouraging good mental health, to avoid circumstances where poor mental health is exacerbated.
- 2) Curriculum teaching and learning to promote resilience and support social and emotional learning. All areas of the curriculum promote and address these areas but there are areas of learning which specifically tackle these, namely PSHE (Personal, Social, Health and Economic), RE and structured form times (Wellbeing Wednesday). By the end of Year 6, students are expected to be able to recognise what is usual and what is an issue in themselves and others and, when issues arise, know how to seek support as early as possible from appropriate sources. By the end of secondary school, students should understand how they are feeling and why; to further develop the language that they use to talk about their bodies, health, and emotions; and to understand where normal variations in emotions end, and health and wellbeing issues begin.
- 3) Enabling student voice to influence decisions. Involving students in decisions that impact on them can benefit their mental health and wellbeing by helping them to feel part of the school and wider community and to have some control over their lives. At an individual level, benefits include helping students to gain belief in their own capabilities, including building their knowledge and skills to make healthy choices and developing their independence. Collectively, students benefit through having opportunities to influence decisions, to express their views and to develop strong social networks. There are two Student Councils. One for the Prep school and one for the Senior School as well as an Equalities Committee, Anti-Bullying Committees and the Ethos Committee Representatives from each class meet in School Council every half term and discuss issues which the students have raised.

Staff development to support their own wellbeing and that of students. It is important for staff to access training to increase their knowledge of mental health and wellbeing and to equip them to be able to identify mental health difficulties in their students and know what to do should they have a concern. Some staff have been trained as Mental Health First Aiders to assist students and staff in signposting specialist need when required. It is important that staff also prioritise their own wellbeing to be able to support students with their wellbeing. Thornton School takes the wellbeing of staff as seriously as that of students and so we have several support measures in place. Staff, as well as students, have a dedicated page (which can also be accessed via a QR code in staff planners and from a poster in the staffroom) which signposts helpful websites and organisations which support wellbeing and offers help such as counselling and practical support if staff need it. The ethos of the school is such that every member of the school community is valued, and their mental health and wellbeing is taken seriously. We have a wellbeing board in the staffroom and SLT strive to promote staff wellbeing with initiatives such as anonymous staff surveys where staff can make suggestions about improvements or ask questions. We also operate an open-door approach where we welcome staff approaching members of SLT at any time to suggest improvements we can make as a community.

7.0 Key staff members

This policy aims to ensure all staff take responsibility to promote the mental health of students; however key members of staff have specific roles to play:

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|---|--------------------|
| ▪ Pastoral Staff | • SENDCO |
| ▪ Designated Safeguarding Lead and Deputy | ▪ School Nurse |
| Designated Safeguarding Leads | ▪ PSHE Coordinator |

If a member of staff is concerned about the mental health or wellbeing of a student, in the first instance they should speak to the DSL (Designated Safeguarding Lead), T Wilks, who has the responsibility of being a Senior Mental Health Lead

If there is a concern that the student is elevated risk or in danger of immediate harm, the school's child protection procedures should be followed.

If the child presents a high-risk medical emergency, relevant procedures should be followed, including involving the emergency services if necessary.

Targeted support and appropriate referral.

The School nurse has a significant role to play in supporting the emotional and mental health needs of the students.

The DSL team, which consists of the DSL and the DDSLs meet with the Head Teacher weekly to discuss any pertinent safeguarding issues which includes student who are vulnerable due to mental health or wellbeing concerns.

8.0 Individual Care Plans

When a student has been identified as having cause for concern, has received a diagnosis of a mental health issue, or is receiving support either through CAMHS or another organisation, it is recommended that an Individual Care Plan should be drawn up. The development of the plan should involve the student, parents, and relevant professionals.

Suggested elements of this plan include:

- Details of the student's situation/condition/diagnosis
- Specific requirements or strategies, and necessary precautions
- Medication and any side effects
- Who to contact in an emergency

- The role the school and specific staff will play in supporting the student.

9.0 Teaching about mental health

The skills, knowledge and understanding our students need to keep themselves - and others - physically and mentally healthy and safe are included as part of our PSHE curriculum and our Sixth Form peer mentoring programme.

We will follow the guidance issued by the PSHE Association to prepare us to teach about mental health and emotional health safely and sensitively and utilise resources in Senior School from Brainwaves

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and-emotional-wellbeing>. Incorporating this into our curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people.

Additionally, we will use such lessons as a vehicle for providing students who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges.

10.0 Signposting

We will ensure that staff, students, and parents/carers are aware of the support and services available to them, and how they can access these services.

Within the school (noticeboards, common rooms, toilets etc.) and through our communication channels (newsletters, websites), we will share and display relevant information about local and national support services and events.

The aim of this is to ensure students understand:

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

Students can access a wellbeing page via a QR code or directly on Teams. There are helpful links, articles, and suggestions to support and promote student wellbeing as well as helplines and organisations where students can access outside help and guidance. Students can also communicate with pastoral staff anonymously via Tootoot with worries or concerns.

11.0 Sources or support at school

At Thornton College, support will come from several sources including pastoral staff such as Heads of Year, form tutors and class teachers. In addition, students can access counselling from a counsellor. The counsellor is not employed directly by the school; she instead

has a private contract with families whilst Thornton College agrees to provide a space for these sessions to take place within school hours.

12.0 Warning Signs

Staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should alert the safeguarding and wellbeing team.

Warning signs, which all staff should be aware of include but are not limited to:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / 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 PE (Physical Education) or getting changed secretly
- Lateness to, or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

13.0 Resilience

To promote positive mental health, school understands the importance of the protective factors that can enable students to be resilient when they encounter problems and challenges. The school offers a safe and affirming place for students where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

The protective factors are encouraged.

In the student - secure attachment experience, outgoing temperament, effective communication skills, sociability, being a planner and having a belief in control, humour, a positive attitude, experiences of success and achievement, faith or spirituality and a capacity to reflect.

In school - clear policies on behaviour and bullying, staff behaviour policy (also known as code of conduct), 'Open door' policy for children to raise problems, a whole-school approach to promoting good mental health, good student to teacher/school staff relationships, positive classroom management, a sense of belonging, positive peer influences, positive friendships, effective safeguarding and Child Protection policies, an effective early help process, being part of effective multi-agency working and appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively.

14.0 Targeted support

Bereavement

Definition of Bereavement

Bereavement, or grief, is defined as a set of reactions to a significant loss. While bereavement usually refers to the loss of a loved one, it may also refer to the loss of physical ability, possessions, divorce or separation

of parents or other events. Bereavement is a complex process that is considered normal and may be accompanied by a variety of emotional reactions, behavioral responses, and thoughts, including sadness, depression, anxiety, and anger. Most students will be able to grieve and over time come to terms with their loss, supported by family and friends and will not need an expert to help them. School can play a role in supporting the child. School can give a sense of normality for them to continue with their usual routine and gives relief from the home atmosphere which may well be overwhelming with grief.

However, others will find life in general hard to cope with, may become anxious about their own health or that of others, and can find it hard to move on. They may not realise themselves, what is causing their worries and might find it hard to talk about. If the grief is prolonged, then intervention may be required.

Supporting a Bereaved Student

It is often difficult to know what to say to a child or young person who has been bereaved. Child Bereavement UK has given brief guidelines on how to offer support:

- Ensure that you know the facts surrounding the loss and communicate with the family.
- Recognise the full tragedy and acknowledge to the student what has happened and do not be afraid to use the word death or talk about the specific loss.
- Students need honesty and it is better to be truthful answering questions they may have.
- Be prepared to listen repeatedly.
- Allow them to express their emotions and feelings and do not be afraid to express your feelings of sadness.
- Do talk about the loss and share memories as the bereaved child may need to do this and to avoid this is a denial of either they did not exist or have not died.
- It is common for children to blame themselves so reassure that they are not responsible.
- Give bereaved students time as it could be months before they can fully cope with the pressures of school.
- Do not assume that a lack of reaction to the loss means they do not care or are fine. It may be that it has not sunk in, or they may feel that to show maturity is to be seen as coping and hide their true feelings.
- Do not judge. Grief is a very personal experience, and everyone copes in their own way.
- **Encourage them to ask for help if needed. Give information on outside agencies for child bereavement.**

Websites for help:

- Childbereavement.org.uk
- Winstonswish.org.uk

Books for help:

Books, stories, music, and art can be extremely helpful in exploring loss, both with the class and with the bereaved student.

The school maintains a collection of age-appropriate bereavement resources for students, parents and staff through the Library and Pastoral Teams.

Medium and Long-Term Support:

We should remember the bereavement on occasions such as Parents' Evening when progress is discussed. When the bereavement is recent, the taking of exams may need to be reviewed, or special consideration be requested.

In addition to the teaching and pastoral staff available, members of the Chaplaincy team may offer support should the student wish to talk to someone or have moments of reflection and peace. The student will continue to be monitored, and communication with the family kept open.

We recognise that the grief caused by the death of a close relative or friend will be long-lasting, and that anniversaries and celebrations may be difficult - especially the first anniversary, birthday, and Christmas. We will endeavour to ensure that key dates and times are noted and passed on to the next class teacher. As students mature, the death may be felt and questioned at new levels, emotionally and intellectually, often causing renewed grief and distress.

Every November, the students and staff will be given the chance to name family and friends who have passed away on our 'Remember November' paper and brought to the front of the school in a special assembly of remembrance.

What to do if we are concerned that the above support is not enough:

If the grief is prolonged and the student is showing signs that they are not coming to terms with the loss then other help may be required. Follow guidelines below:

1. If concerned for whatever reason, complete a cause for concern entry on the CPOMS platform and ensure that relevant parties are informed including the DSL, Deputy Head.
2. Parents/Carers should be contacted to gather more information about how they might be coping at home. It may be necessary for them to seek a counsellor referral through their family GP.
3. The DSL may signpost the counselling opportunity to families of the student, the School Nurse will be kept informed.
4. It may be appropriate to agree with the Pastoral Team that the student comes to the Health Centre when times may be difficult where they can either just sit to have some time or can talk to the School Nurse.
5. If concerned that another Mental Health problem is manifesting e.g. depression, eating disorder then a cause for concern should be raised on CPOMS that will allow appropriate staff to make a referral would be made to the Child and Adolescent Mental Health Services (CAMHS) or other outside agencies as appropriate.

It is important to report your concern on CPOMS, however small it might be.

Eating Disorders

Definition of Eating Disorders

Anyone can develop an eating disorder regardless of their age, sex, or cultural background.

People with eating disorders are preoccupied with food and/or their weight and body shape and are usually highly dissatisfied with their appearance. Many 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, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the DSL team and Health Centre Staff.

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 or 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

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

Concern: The most vital role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to raise any concerns, no matter how small, via CPOMS to make the DSL and/or other appropriate staff aware of any child causing concern. A cause for concern should be raised on CPOMS even if the student denies any of the concerns.

Disclosure: Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. **Students need to be made aware that it will not be possible for staff to offer confidentiality if there is any risk to the well-being of an individual.** It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so. Make them aware that you may need to inform other members of staff to safeguard the well-being of a student including the person making the disclosure. It is important not to ask leading questions but to listen and encourage the student to describe what their concern/issue is.

If the disclosure is a cause for concern but no student is judged to be at immediate risk a cause for concern form should be completed on CPOMS detailing the contents of the disclosure.

If a disclosure is such that a student is at immediate risk, then it is necessary to make a verbal report to the DSL either by telephone or in person. Voicemail and email are not sufficient under such a circumstance. The contents of the conversation should then be logged by the member of staff on CPOMS.

Following the report, the appropriate course of action will be decided. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g., doctor, nurse
- Arranging an appointment with parents to discuss the possibility of requesting a counsellor through the family G.P.
- Arranging a referral to CAMHS – with parental consent. (Unless in exceptional circumstances the person under 16 has been judged to have the capacity to consent to a referral themselves.)
- Giving advice to parents, teachers, and other students

Students Undergoing Treatment for / Recovering from Eating Disorders

The decision about how, or if, to proceed with a student's schooling while they are suffering from an eating disorder, should be made on a case-by-case basis. Input for this decision should come from discussion with the student, their parents, school staff and members of the multi-disciplinary team treating the student (Safeguarding Lead and Health centre).

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and the student, their parents, school staff and members of the multi-disciplinary team treating the student should be consulted during the planning and reintegration phase.

Further Considerations

Any meetings with a student, their parents or their peers regarding eating disorders should be recorded in writing on CPOMS including:

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

This information will then become a part of the student's safeguarding file on CPOMS.

Self-Harm

Recent research indicates that up to one in ten young people in the UK engage in self-harm behaviours and that this figure is higher amongst specific populations, including people with special educational needs.

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 student is experiencing difficulties that may lead to thoughts of self-harm. These warning signs should **always** be taken seriously and staff observing these warning signs should seek further advice from the DSL team and School Nurse.

Warning signs include:

- Changes in eating/sleeping habits (e.g., student may feel 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 appearance/clothing

Staff Roles in working with students who self-harm

Concern: The most vital role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to raise any concerns, no matter how small, via the CPOMS Platform to make the DSL team and/or other appropriate staff aware of any child causing concern. A Safeguarding cause for concern should be raised on CPOMS even if the student denies any of the concerns.

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

has chosen to discuss their concerns with a member of school staff is showing considerable amount of courage and trust.

Students need to be made aware that it will not be possible for staff to offer confidentiality if there is any risk to the well-being of an individual. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so. Make them aware that you may need to inform other members of staff to safeguard the well-being of a student including the person making the disclosure. It is important not to ask leading questions but to listen and encourage the student to describe what their concern/issue is.

If the disclosure is a cause for concern but no student is judged to be at immediate risk a cause for concern form should be completed on CPOMS detailing the contents of the disclosure.

If a disclosure is such that a student is at immediate risk, then it is necessary to make a verbal report to the DSL either by telephone or in person. Voicemail and email are not sufficient under such a circumstance. The contents of the conversation should then be logged by the member of staff on CPOMS.

More Severe Circumstances: In the case of an acutely distressed student, the immediate safety of the student is paramount, and an adult should always remain with the student and seek help from other staff

If a student has self-harmed in school the School Nurse and/or first aider should be called for immediate help

As Mental Health referrals can take weeks, if the student is at immediate risk, it may be necessary to refer directly to A&E, taking the appropriate steps to notify parents and multi-disciplinary agencies.

Following the report, the appropriate course of action will be decided. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g., doctor, nurse
- Arranging an appointment with parents to discuss the possibility of the family requesting a counsellor through the family G.P.
- Arranging a referral to CAMHS – with parental consent. (Unless in exceptional circumstances the person under 16 has been judged to have the capacity to consent to a referral themselves.)
- Giving advice to parents, teachers, and other students

Further Considerations

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing on CPOMS including:

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

This information will then become a part of the student's safeguarding file on CPOMS.

It is important to encourage students to let you know if one of their groups 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 extremely dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

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

Students who self-harm will require a Risk Assessment, and their names will be listed on the Students of Focus weekly briefing to staff as being vulnerable.

When a young person is self-harming, it is important to be vigilant as close contacts to the individual may also be self-harming. Occasionally schools discover that several students in the same peer group are harming themselves.

Other Mental Health illnesses/disorders

There are too many mental health illnesses and disorders to mention individually. The most vital role school staff can play is to familiarise themselves with the risk factors and warning signs already mentioned. If there are any changes in a student's behaviour that causes concern whether mentioned in this policy or not it is important to raise a concern to the Designated Safeguarding Lead via CPOMS as others may have noticed these changes too. Your small observation may be the final piece of a growing picture that triggers an intervention.

Following the report, the appropriate course of action will be decided. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g., doctor, nurse
- Arranging an appointment with parents to discuss the possibility of requesting a counsellor through the family G.P.
- Arranging a referral to CAMHS – with parental consent. (Unless in exceptional circumstances the person under 16 has been judged to have the capacity to consent to a referral themselves.)
- Giving advice to parents, teachers, and other students where appropriate.
- Taking to A&E

It is school procedure that students with any mental health concern who are at serious risk to themselves, or others should take a period of absence from the school whilst they undergo further evaluation, support, and treatment. The school will follow up that specialist appointments have been made and been attended.

Students will only return when there is an agreement by both the school and medical professionals that this would be in the student's best interests. This could be in the form of a phased return. Boarding students may be advised to return as day students in the first instance as a part of this phased return to school.

The students and parents will be kept informed, involved and supported throughout this process. They will be part of the process of drawing up a Risk Assessment before a return to school.

On a student's return to the school the School Nurse will be the key point of contact for staff, parents, the student, and external agencies. One key member of the DSL team, usually the School Nurse, will have frequent and regular contact with the student as part of their return to school. The Health Centre staff will be able to access immediate help in a crisis and be aware of any medication and on-going support the student is receiving.

Whatever the mental health concern, staff should not shoulder the burden of responsibility alone, they should seek help by raising a cause for concern through CPOMS or speaking with the DSL or their line-manager.

We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

Providing specific help for those children most at risk (or already showing signs) of social, emotional, and behavioural problems;

Discussing options for tackling these problems with the child and their parents/carers.

Agree an Individual Care Plan as the first stage of a 'stepped care' approach;

Providing a range of interventions that have been proven to be effective,

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according to the child's needs.

Ensure young people have access to pastoral care and support, as well as

specialist services, including CAMHS, so that emotional, social, and behavioural problems can be dealt with as soon as they occur.

Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns.

15.0 Managing disclosures

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive, and non-judgemental.

All disclosures should be recorded confidentially on CPOMS, including:

- Date
- Name of member of staff to whom the disclosure was made
- Nature of the disclosure & main points from the conversation
- Agreed next steps

This information should be shared with the DSL.

16.0 Confidentiality

If a member of staff feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the student where appropriate. We will tell them:

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

Ideally, consent should be gained from the student first, however, there may be instances when information must be shared regardless of the student's consent such as students up to the age of 16 who are in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff is not solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support.

Parents must always be informed, but students may choose to tell their parents themselves. If this is the case, a timescale of 24 hours is recommended to share this information before the school contacts the parents/carers.

If a student gives us reason to believe that they are at risk, or there are child protection issues, the child protection procedures should be followed.

17.0 Working with parents/carers

If it is deemed appropriate to inform parents, there are questions to consider first:

- Can we meet with the parents/carers face-to-face?
- Who should be present – students, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

We are mindful that for a parent, hearing about their child's issues can be upsetting and distressing. They may therefore respond in several ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation.

Signposting parents to other sources of information and support can be helpful in these instances. At the end of the meeting, lines of communication should be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage.

Ensure a record of the meeting and points discussed/agree are added to the student's record on CPOMS and an Individual Care Plan or Risk Assessment created if appropriate.

Supporting parents

We recognise the family plays a key role in influencing children and young people's emotional health and wellbeing; we will work in partnership with parents and carers to promote emotional health and wellbeing by:

- Ensuring all parents are aware of and have access to information promoting social and emotional wellbeing and preventing mental health problems;
- Highlighting sources of information and support about common mental health issues through our communication channels (website, newsletters etc.);

18.0 Supporting Peers

When a student is suffering from mental health issues, it can be a challenging time for their friends who may want to support but do not know how. To keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided in one to one or group settings and will be guided by conversations with the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g., signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

19.0 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 to enable them to keep students safe. We have a Senior Lead in Mental Health and several key staff have undertaken Mental Health First Aid training.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD (Continuous Professional Development) will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group, or whole school CPD should be discussed with the DSL who can also highlight sources of relevant training and support for individuals as needed.