



MENTAL HEALTH AND WELLBEING POLICY

1 Policy Statement

1.1 The School promotes the mental and physical health and emotional wellbeing of all its pupils. Wellbeing is at the forefront of The Laurels School's Character Education and PSHE programme and promoting good mental health is an important part of school life.

1.2 Mental health issues can be de-stigmatised by educating pupils, staff and parents. This is done through tutorials, Character Education and PSHE with the pupils, through staff INSET and through parent activities such as Information Evenings, Parent Tutor meetings and workshops. Positive mental health is also promoted through strong pastoral care, the buddy scheme for younger pupils and the Class Councils of each class.

1.3 This policy aims to:

- Describe the School's approach to mental health issues
- Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
- Alert staff to warning signs and risk factors
- Provide support and guidance to all staff, including non-teaching staff and governors, dealing with pupils who suffer from mental health issues
- Provide support to pupils who suffer from mental health issues, their peers and parents/carers.

1.4 This policy is addressed to all members of Staff, Board of Governors and volunteers and is available to parents on request. This policy can be made available in large print or other accessible format if required. It applies wherever staff or volunteers are working with pupils even where this is away from the School, for example on an educational visit.

2 Child Protection Responsibilities

2.1 The Laurels School is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects all staff, Governors and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that pupils' concerns will be listened to and acted upon. Every pupil should feel safe, be

healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing (Every Child Matters, 2004, DfES).

2.2 The Board of Governors takes seriously its responsibility to uphold the aims of the school and its duty in promoting an environment in which children can feel secure and safe from harm. A nominated Governor supports the school's safeguarding procedures and reports to the Board annually, making any recommendations for improvements.

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

2.4 The School has appointed a senior member of staff with the necessary status and authority (Designated Safeguarding Lead) to be responsible for matters relating to child protection and welfare. Parents are welcome to approach the DSL if they have any concerns about the welfare of any child in the school, whether these concerns relate to their own child or any other. If preferred, parents may discuss concerns in private with the child's tutor who will notify the Designated Person in accordance with these procedures.

2.5 In addition to the child protection measures outlined in the School's Safeguarding (Child Protection) policy, the School has a duty of care to protect and promote a child or young person's mental or emotional wellbeing.

3 Background

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

4 Identifiable mental health issues

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

- Anxiety and Depression
- Eating disorders
- Self Harm

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

5 Signs and symptoms of mental or emotional concerns

5.1 These are outlined in Appendices I, II and III.

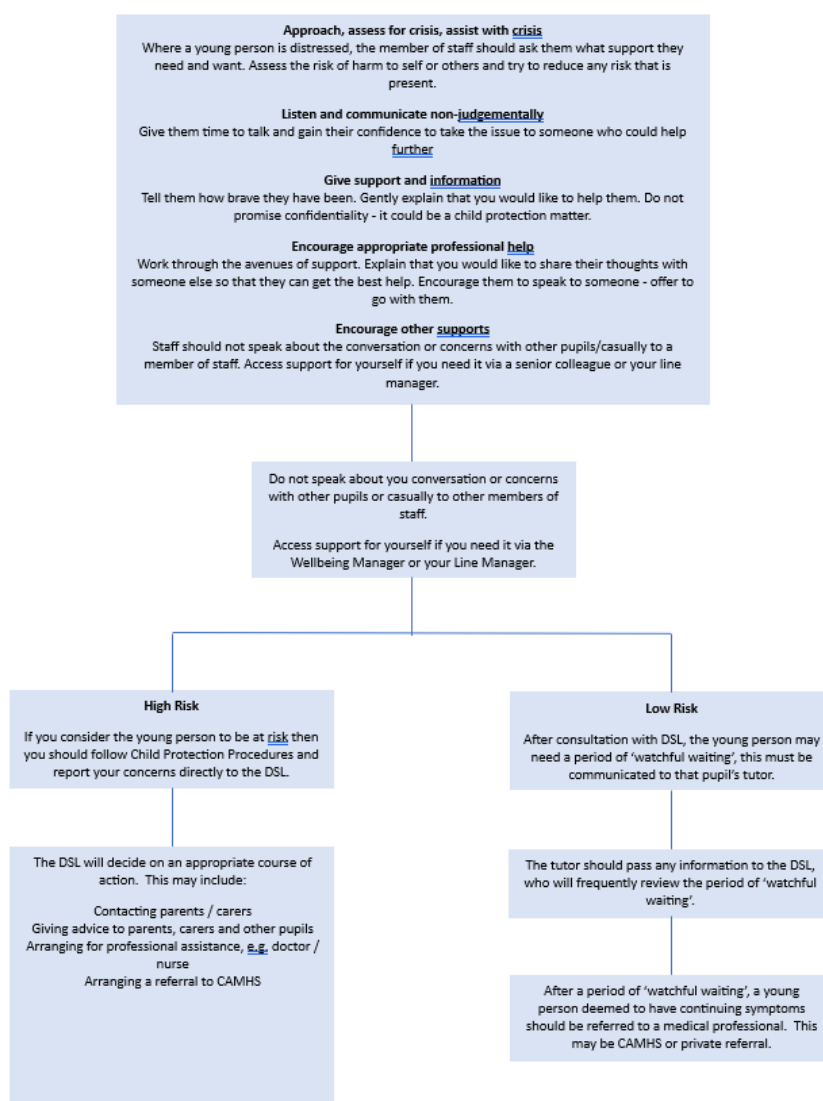
6 Procedures

6.1 The most important role school staff play is to familiarise themselves with the risk factors and warning signs outlined in Appendices I, II and III.

If staff have a concern about a pupil, if another pupil raises concerns about one of their friends or, if an individual pupil speaks to a member of staff specifically about how they are feeling, the first port of call is the Designated Safeguarding Lead. She will collect information and meet with the pupil's form teacher and tutor to discuss next steps. Those next steps might include:

- a set period of 'watchful waiting' after which the same team discuss next steps
- speaking to the pupil about their experience and strategies to support
- discussing the matter with parents and suggesting sources of external support.
- Making a CAMHS referral with parental permission
- If a pupil is considered to be at risk of significant harm, normal child protection procedures should be followed.

Procedures following a concern:



7 Welfare Risk Assessments

7.1 Following consultation between the relevant members of staff, the DSL will work alongside the Assistant Heads, the tutor, the form teacher, the pupil and their parents to draw up an appropriate Welfare Risk Assessment. The pupil should have as much ownership as possible with regards to the plan so that they feel they have control over the situation. All information will also be entered on the Pupils of Concern log and monitored at a safeguarding level.

8 Confidentiality and information sharing

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

8.2 It is likely that a pupil will speak to their tutor or present at the Wellbeing Room in the first instance. Young people with mental health problems typically visit the Wellbeing Room more than their peers. If a pupil confides in any member of staff, they should be encouraged to speak to their tutor or a member of the DSL team. Confidentiality will be maintained within the boundaries of safeguarding the pupil. The DSL and Wellbeing Manager may decide to share relevant information with certain colleagues on a need-to-know basis. Parents should be involved wherever possible, although the pupil's wishes should always be taken into account.

8.3 Parents must disclose to the pupil's tutor any known mental health problem or any concerns they may have about a pupil's mental health or emotional wellbeing. This includes any changes in family circumstances that may impact the pupil's wellbeing.

9 Mental Health First Aid

9.1 In order to ensure adequate mental health first aid provision and awareness it is our policy that:

- There are 2 members of staff who are trained to support those pupils who are experiencing mental and/or emotional difficulties.

10 Responsibilities under the policy relating to mental health first aid

10.1 The Wellbeing Manager is responsible for:

- Maintaining accurate records of all mental health issues raised by pupils
- Maintaining accurate records of all safeguarding and child protection issues.

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

I 1 Staffing of the Wellbeing Room

I 1.1 The DSL / Wellbeing Manager is permanently based in the Wellbeing Room. The following drop sessions are available to pupils:

KS3 – Tuesday and Wednesday break time

KS4 – Monday lunchtime

KS5 – Tuesday lunchtime

I 1.2 Parents are able to request counselling sessions for their daughter through consultation with their Tutor and the DSL / Wellbeing Manager. The DSL / Wellbeing Manager will put the parents in contact with Schools Today, a mental health care company specifically catering for school age children, who supply a counsellor one day a week in the Wellbeing Room.

I 1.3 The DSL / Wellbeing Manager will meet regularly with the counsellor to ensure the appropriate support is in place for the pupil and an in-school care plan is agreed to support the pupil within the school environment.

I 2 Staff Roles/Procedures

I 2.1 Procedures for dealing with specific mental health issues are given as follows:

- Anxiety and depression (Appendix I)
- Eating disorders (Appendix II)
- Self harm (Appendix III)

I 2.2 A record must be kept of all incidents and the treatment/support given in the Wellbeing Manager on iSAMS.

I 2.3 If an incident that is linked to a mental health concern is serious, an incident report form should be completed. Detailed procedures are outlined in the school's first aid policy.

I 3 Absence from school

I 3.1 If a pupil is absent from school for any length of time then appropriate arrangements will be made to send work home. This may be in discussion with any medical professionals who may be treating a pupil.

I 3.2 If the School considers that the presence of a pupil in school is having a detrimental effect on the wellbeing and safety of other members of the community or that a pupil's mental health concern cannot be managed effectively and safely within the school, the Headmistress reserves the right to request that parents withdraw their daughter temporarily until appropriate reassurances have been met.

I 4 Reintegration to school

I 4.1 Should a pupil require some time out of school, the School will be fully supportive of this and every step will be taken in order to ensure a smooth reintegration back into school when they are ready.

14.2 The DSL will work alongside the Assistant Heads, the tutor, the form teacher, the pupil and their parents to draw up an appropriate welfare risk assessment. The pupil should have as much ownership as possible with regards to the plan so that they feel they have control over the situation. If a phased return to school is deemed appropriate, this will be agreed with the parents.

14.3 The School will consider whether the pupil will benefit from being identified as having a special educational need (SEN) and may work alongside the SEN coordinator where special provision might be required.

Further Reading and Useful Links

HM Government (2011), No Health Without Mental Health, Department of Health
Resources targeted at young people: <https://reading-well.org.uk/books/books-on-prescription/youngpeople-mental-health>

Websites

b-eat (beat eating disorders): <http://www.b-eat.co.uk/>

Mind: <http://www.mind.org.uk/>

NHS: <http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx>

Mental Health Foundation: <http://www.mentalhealth.org.uk/>

Stem4: <http://www.stem4.org.uk/>

Royal College of Psychiatrists: <https://www.rcpsych.ac.uk/mental-health/parents-and-young-people>

Eating Disorders Support: <https://www.eatingdisorderssupport.co.uk/links-and-resources>

Anorexia Bulimia Care- TalkED: <https://talk-ed.org.uk>

Harmless: <http://www.harmless.org.uk/>

National Self Harm Network: <http://www.nshn.co.uk/>

Youth wellbeing directory: <https://www.annafreud.org/on-my-mind/youth-wellbeing/>

Useful free apps for help with wellbeing

Stay Alive

Stay alive is a free suicide prevention app that helps its users to stay safe from acting on their thoughts of suicide. Downloading this app means that the help and information someone may need when managing thoughts of suicide is easily accessible, helping them to stay safe.

Self-Help Anxiety Management

This app is helpful for helping the user manage their anxiety. The anxiety tracker can help the user better understand things that make them feel anxious, whilst the self-help toolkit allows them to learn new skills around anxiety management.

Moodometer

This NHS app allows the user to track and understand influences behind their mood. Acting like a mood diary, this app can be helpful in identifying triggers that can impact on low mood and suggest ways to lift your mood.

Calm Harm

This app can be used to help the user manage urges to self-harm. It's a private app and can be password protected. The help and advice provide suggestions of 5-15-minute categorised activities that can help the user 'ride the wave' of an urge to self-harm.

Talk life

Talk Life is a free online peer-to-peer support network for those battling with mental health issues.

Headspace

This app provides mindfulness activities and sleep tips, good health ideas and resilience strategies.

Further useful contacts

Papyrus – HOPEline UK	HOPELineUK offers support and advice: To children and young people under the age of 35 having thoughts of suicide. To anyone who is concerned about a child or young person Call: 0800 068 4141 Text: 07860039967 Email: pat@papyrus-uk.org
National Suicide Prevention Alliance	http://nspa.org.uk
Support after Suicide Partnership	http://supportaftersuicide.org.uk
Child Bereavement UK	Child Bereavement UK provides support to families grieving the loss of a child and advice for professionals working with bereaved families www.childbereavement.org.uk
ChildLine	Phone: 0800 1111 Counselling chat: https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/ Support: https://www.childline.org.uk/get-support/
Samaritans	Phone: 116 123 Email: jo@samaritans.org
YoungMinds	YoungMind offers advice and support to parents worried about their children's emotional or mental wellbeing www.youngminds.org.uk
Emergency Services	999

Appendix I

Anxiety and Depression

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness 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 gets in the way of a child's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder (ASD)
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Symptoms of an anxiety disorder

These can include:

Physical effects

Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing

Respiratory – hyperventilation, shortness of breath

Neurological – dizziness, headache, sweating, tingling and numbness

Gastrointestinal – choking, dry mouth, nausea, vomiting, 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)

Response to anxiety disorders

Follow the ALGEE principles (see main policy)

How to help a pupil having a panic attack

If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.

If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible.

Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.

Be a good listener, without judging.

Explain to the pupil that they are experiencing a panic attack and not something life threatening such as a heart attack.

Explain that the attack will soon stop and that they will recover fully.

Assure the pupil that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder.

It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. In England it affects at least 5% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

Experiencing other mental or emotional problems

Divorce of parents

Perceived poor achievement at school

Bullying

Developing a long term physical illness

Death of someone close

Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

Effects on thinking: frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death or suicide

Effects on behaviour: crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self harm, misuse of alcohol and other substances, risk-taking sexual behaviour.

Physical effects: chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

Response to anxiety and depression

Follow the ALGEE principles shown in the main policy

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the DSL / Wellbeing Manager aware of any child causing concern. Following the report, the DSL will decide on the appropriate course of action. This may include:

- Contacting parents/carers

- Arranging professional assistance e.g. doctor, nurse

- Arranging an appointment with a counsellor

- Arranging a referral to CAMHS or private referral – with parental consent

- Giving advice to parents, teachers and other pupils

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

Appendix 2

Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

Individual Factors

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

Family Factors

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

Social Factors

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

Warning Signs

School staff may become aware of warning signs which indicate a pupil 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 one of the DSL team.

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

Staff Roles

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

Following the report, the DSL will decide on the appropriate course of action. This may include:

Contacting parents/carers
Arranging professional assistance e.g. doctor, nurse
Arranging an appointment with a counsellor
Arranging a referral to CAMHS or private referral – with parental consent
Giving advice to parents, teachers and other pupils

Parents will be consulted if a pupil's weight or attitude towards food gives cause for concern. Pupils may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Management of eating disorders in school

Exercise and activity – PE

Taking part in sports, games and activities is an essential part of school life for all pupils. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the DSL deems it appropriate they may liaise with PE department to monitor the amount of exercise a girl is doing in school. They may also request that the PE staff advise parents of a sensible exercise programme for out of school hours. All PE teachers at the School will be made aware of which pupils have a known eating disorder. The School will not discriminate against pupils with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

When a pupil is falling behind in lessons

If a pupil is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the DSL and/or tutor initially talk to the parents/carers to work out how to prevent their child from falling behind. This information will be shared with the relevant teaching staff on a need to know basis.

Pupils Undergoing Treatment for/Recovering from Eating Disorders

The decision about how, or if, to proceed with a pupil'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 pupil, their parents, DSL and tutor and members of the multi-disciplinary team treating the pupil.

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

Further Considerations

Any meetings with a pupil, their parents or their peers regarding eating disorders should be recorded including:

- Dates and times

- Welfare Risk Assessment

- Concerns raised

- Details of anyone else who has been informed

This information should be stored in the Wellbeing Manager on iSAMS and the Pupil Log in the Safeguarding file.

Appendix 3

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 pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the DSL.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. pupil 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 pupils who self-harm

Pupils 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 pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil 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 pupil puts pressure on you to do so. Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm should consult the DSL.

Following the report, the DSL will decide on the appropriate course of action. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers

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

If a pupil has self-harmed in school a first aider should be called for immediate help

Further Considerations

Any meetings with a pupil, their parents or their peers regarding self-harm should be recorded including:

- Dates and times
- Welfare Risk Assessment
- Concerns raised
- Details of anyone else who has been informed

This information should be stored in the Wellbeing Manager on iSAMS and the Pupil Log in the Safeguarding file.

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

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

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