



IMPACT PUPIL REFERRAL UNIT
MENTAL HEALTH AND WELLBEING POLICY

APPROVED BY GOVERNORS: September 2022
POLICY TO BE REVIEWED: September 2023

WHAT DO WE MEAN BY METAL HEALTH?

We all have mental health, just like we all have physical health. It's about how we think, feel and act. Sometimes we feel well and sometimes we don't. When our mental health is good, we feel motivated and able to take on challenges and new experiences. But when our mental health is not so good, we can find it much harder to cope. (Young Minds 2021)

Children, who are mentally healthy, have been defined as able to:

- Develop psychologically, emotionally, intellectually and spiritually.
- Initiate, develop and sustain mutually satisfying personal relationships.
- Use and enjoy solitude.
- Become aware of others and empathise with them play and learn.
- Develop a sense of right and wrong.
- Resolve / face problems and setbacks and learn from them. (Public Health England 2015)

Evidence suggests that some children and young people's mental health and wellbeing has been substantially impacted due to and during the pandemic.

Between March and September 2020, some children and young people coped well as life satisfaction only slightly reduced and happiness was relatively stable.

Recently published evidence has focused more on children with special educational needs and disabilities (SEND). This data has shown that from the start of the pandemic through to March 2021 there was an increase in children with SEND experiencing worsening mental health. This includes higher levels of anxiety, feeling unhappy and being more isolated .

(<https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people>)

POLICY STATEMENT

The School promotes the mental and physical health and emotional wellbeing of all its students.

Wellbeing is at the forefront of the school's PSHE programme and promoting good mental health is a priority. The physical, mental and emotional health benefits of exercise are well-documented and the school actively encourages sport for all. Through PSHE teaching and use of the resilient framework, we have identified 10 key qualities that are fundamental to good mental health and wellbeing:

1. *Proper sleep patterns*
2. *Time for exercise*
3. *Eating healthily at regular times*
4. *Time to relax*
5. *Emotional resilience – accepting being 'good enough'*
6. *Sense of humour*
7. *Firm boundaries*
8. *Random acts of kindness*
9. *Walking in fresh air*
10. *A sense of perspective*

Mental health issues can be de-stigmatised by educating students, staff and parents. This is done

through the curriculum including PSHE, assemblies and dedicated workshops with the students. It also includes staff training and through parent discussion evenings as well as through an Early Help Assessment. We also raise the alarm of Mental Health through our Senior Leaders and Safeguarding Officers.

The 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 students who suffer from mental health issues
- Provide support to students who suffer from mental health issues, their peers and Parents/carers

CHILD PROTECTION RESPONSIBILITIES

Impact 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 and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that students cannot learn effectively unless they feel secure. We therefore aim to provide a school environment, which promotes the child feeling safe and a feeling of self-worth and the knowledge that students' concerns will be listened to and acted upon. This is achieved by our tiered approach to student support. Staff also have a duty of care to be aware of pupils' vulnerability and to be aware of the adversity risk factors that some young people face.

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

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

The school has appointed a team of dedicated staff with the necessary status and authority, led by the Safeguarding Officers responsible for matters relating to child protection and welfare. They are Mr Jason Webb, Mrs Lauren Shields, Mr Colm Gallagher, Mrs Wendy Nuttall, Mrs Dawn Hill and Mrs Kathy Johnson.

Parents are welcome to approach the Safeguarding team 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.

In addition to the child protection measures outlined in the School's child protection policy, the School has a duty of care to protect and promote a child or young person's mental or emotional wellbeing. This is also reflected within the Behaviour Policy.

BACKGROUND OF MENTAL HEALTH

One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. Around 75% of mental health disorders are diagnosed in adolescence. See Appendix for further reading.

IDENTIFIABLE MENTAL HEALTH ISSUES

- Anxiety and Depression
- Eating disorders
- Self-Harm

SIGNS AND SYMPTOMS OF MENTAL OR EMOTIONAL CONCERNS

These are outlined at Appendices I, II and III.

PROCEDURES

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

Procedures following a concern

ASK, ASSESS, ACT - Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present.

LISTEN NON-JUDGEMENTALLY - Give them time to talk and gain their confidence to take the issue to either the school counsellor or safeguarding officers as per the tiered approach to student support.

GIVE REASSURANCE AND INFORMATION - Tell them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality - it could be a child protection matter.

ENABLE THE YOUNG PERSON TO GET HELP - Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help. Encourage them to speak to someone - offer to go with them to the school counsellor or a safeguarding officer.

ENCOURAGE SELF-HELP STRATEGIES - Do not speak about your conversation or concerns with other students/casually to a member of staff. Access support for yourself if you need it via a senior colleague or your line manager if you need to talk through what you have heard and if you realise it has directly affected you.

HIGH RISK - If you consider the young person to be at risk then you should follow Child Protection procedures and report your concerns directly to the Safeguarding Officers or to the Head Teacher. They 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
- Opening up an Early Help Assessment
- Writing up a MASH referral form
- Arranging a referral to CAMHS - with parental consent
- Giving advice to parents, teachers and other students
- Individual Risk Assessment

LOW RISK - The student will be monitored through the student tiered approach.

RISK ASSESSMENTS / TRANSITION PLANS

Following consultation between the class teacher and TA a Risk Assessment is agreed with the Senior Leaders, the student and the student's parents (see Appendix). This is made available to the relevant teaching staff in order to provide the appropriate level of support for the student. This can also be shared with professional staff from outside agencies who support this student.

CONFIDENTIALITY AND INFORMATION SHARING

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 should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student 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 student puts pressure on a member of staff to do so.

It is likely that a student will present at Pupil Support in the first instance (drop-in clinic is available every lunch time). Young people with mental health problems typically visit the drop-in clinic more than their peers, often presenting with a friendship concern. This gives the school mentor a key role in identifying mental health issues early. If a student confides in a member of the school student support team, then they should be encouraged to speak to their tutor or head of year and indeed parents. Confidentiality will be maintained within the boundaries of safeguarding the student. The Safeguarding Officer will decide what information is appropriate to pass on to parents. The Safeguarding Officer may decide to share relevant information with certain colleagues on a need to know basis i.e sharing what the member of staff needs to know in order to keep the child(ren) safe.

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

RECORDS AND REPORTING

Further guidance on procedures for specific mental health concerns is given at Appendices I, II and III.

MENTAL HEALTH FIRST AID

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

- There are sufficient numbers of pastoral support those students who are experiencing mental and/or emotional difficulties.
- Our Pupil Support team are also available Mon-Fri.

RESPONSIBILITIES UNDER THE POLICY RELATING TO MENTAL HEALTH FIRST AID

The safeguarding officers are responsible for:

- Maintaining accurate records of all mental health first aid given. This will be recorded on cPoms.

The Safeguarding Officer is responsible for:

- Maintaining accurate records of all safeguarding and child protection issues.

All staff have a duty of care towards the students and should respond accordingly. New staff are briefed about the schools support for students. All staff are reminded regularly about the specific student support within the school community and they are asked to familiarise themselves with Risk Assessments that require specific action to support their mental/emotional wellbeing.

STAFFING OF STUDENT SUPPORT

The school has a part-time school counsellor available every Tuesday and Thursday.

The school mentor/ family support is available every lunchtime for students to access support. Our school mentors have allocated students, which they mentor throughout the week. These students are of medium risk.

The school nurse is available for students for a drop-in on a regular basis. If, however 1-1 sessions are required, the school nurse arranges these with the Safeguarding Officer.

STAFF ROLES/PROCEDURES

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)

ABSENCE FROM SCHOOL

If a student is absent from school for any length of time, then appropriate arrangements will be made to either send work home or set online for individuals who have access to Google Classroom.. This may be in discussion with any medical professionals who may be treating a student.

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

REINTEGRATION TO SCHOOL

Should a student 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. Sometimes, a transition plan is necessary.

The Senior Leadership, Safeguarding Officers, Designated LAC or the form tutor along with the student and their parents draw up an appropriate transition plan / risk assessment (see Appendix). The student should have as much ownership as possible with regards the Transition Plan so that they feel they have control over the situation and have guided empowerment. If a phased return to school is deemed appropriate, this will be agreed with the parents and the Head Teacher.

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 resilient 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. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

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.

ANXIETY IS NORMAL – DEVELOPMENTAL STAGES OF ‘NORMAL’ ANXIETY:

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)

HOW TO HELP A STUDENT HAVING A PANIC ATTACK

- If you are at all unsure whether the student 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 student is having a panic attack, move them to a quiet safe place if possible.
- Help to calm the student 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 student 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 student 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.

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

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

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.

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 Safeguarding Officer aware of any child causing concern and report onto CPOMS. The Safeguarding Officer 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 . with parental consent
- Giving advice to parents, teachers and other students

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 may not be possible for staff to offer complete confidentiality. If you consider a student 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 student puts pressure on you to do so. You would complete any concerns onto CPOMS.

APPENDIX II

- Eating Disorders
- Definition of 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, secretly 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 others' demands
- 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

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 Safeguarding Officer.

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 Safeguarding Officers aware of any child causing concern by reporting onto CPOMS. Following the report, the Safeguarding Officer 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 the Wellbeing Officer
- Arranging a referral to CAMHS . with parental consent
- Giving advice to parents, teachers and other students

MANAGEMENT OF EATING DISORDERS IN SCHOOL

- Exercise and activity . PE and games

Taking part in sports, games and activities is an essential part of school life for all students. Excessive

exercise, however, can be a behavioural sign of an eating disorder. If the student support team deem it appropriate they may liaise with PE staff to monitor the amount of exercise a student 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 students have a known eating disorder.

The school will not discriminate against students 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 STUDENT IS FALLING BEHIND IN LESSONS

If a student is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the form tutor and school nurse will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the

school nurse will consult with the professional treating the student. This information will be shared with the relevant pastoral/ teaching staff on a need to know basis and if required, placed onto a Care Plan.

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.

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and again, the student, their parents, school staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase. A transition plan may need to be implemented.

FURTHER CONSIDERATIONS

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

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

This information should be stored in the student's safeguarding file held by the Safeguarding Officer.

APPENDIX III

- Self-Harm

Introduction

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 student 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 director

of pastoral care.

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 STUDENTS WHO SELF-HARM

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 and rejection. However, in order to offer the best possible help to students 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. Students need to be made aware that it may not be possible for staff to offer complete confidentiality.

If you consider a student 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 student puts pressure on you to do so. Any member of staff who is aware of a student engaging

in or suspected to be at risk of engaging in self-harm should consult the Safeguarding Officers and log onto CPOMS.

Following the report, the Safeguarding Officer 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
- Immediately removing the student 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 student, the immediate safety of the student is paramount and an adult should remain with the student at all times
- If a student has self-harmed in school a first aider should be called for immediate help

FURTHER CONSIDERATIONS

Any meetings with a student, their parents or their peers regarding self-harm should be recorded in

CPOMS including:

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

This information should be stored in the student's safeguarding file held by the Safeguarding Officer. It is important to encourage students 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. 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 Safeguarding Officer and log onto CPOMS.

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 students in the same

peer group are harming themselves.

APPENDIX

- Individual Risk Assessments

Further Reading and Useful Links

- HM Government (2011), *No Health Without Mental Health*, Department of Health Websites
- Young Minds: http://www.youngminds.org.uk/for_parents
- b-eat: <http://www.b-eat.co.uk/>
- Childline: <http://www.childline.org.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:
<http://www.rcpsych.ac.uk/expertadvice/youthinfo/parents/carers.aspx>
- Kooth . Online Mental Health Community <https://www.kooth.com/>
- Papyrus . Prevention of Young Suicide: <https://www.papyrus-uk.org/>