



The Tiffin Girls' School

MENTAL HEALTH POLICY

REVISED May 2024

Introduction

"(Good) Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community." (World Health Organization)

"In order to help their children succeed, schools have a role to play in supporting them to be resilient and mentally healthy." (DFE)

1. At The Tiffin Girls' School, we aim to promote positive mental health for every member of our staff and student body and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We recognise that a student's mental health is a crucial factor in overall wellbeing and can affect their learning and achievement. All students go through ups and downs through their school career/life and some face significant life events. We pursue our aims of positive mental health using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.
2. This policy should be read in conjunction with the following policies:
 - Behaviour for Learning
 - Safeguarding
 - Supporting Students with Medical Needs
 - Children with Health Needs who cannot attend school
 - Anti-bullying
 - Special Educational Needs and Disabilities
 - Equality Scheme
3. All references in this policy to 'parents' should be taken to include carers too.

Aims

4. Our aims are to:
 - Promote a school culture of positive mental wellbeing for students and staff
 - Value all students and staff
 - Ensure students have a sense of belonging and feel safe
 - Make sure staff are alert to early warning signs of mental ill health in students or themselves.
 - Provide support to staff working with young people with mental health issues.
 - Make sure that as part of their curriculum entitlement, we help students to learn about how they can stay mentally healthy.
 - Teach students to identify the main risk factors that can adversely affect mental health.
 - Help students understand how they can play a positive role in reducing the stigma surrounding mental health issues.
 - Ensure that children and young people are able to manage times of change and stress in their lives.
 - Provide a school environment where there is a trusted adult to whom they can talk.
 - Support the parents of students suffering mental ill health, in order for them to support their children.

Staff roles and responsibilities

5. We believe that all staff have a responsibility to promote positive mental health, and to understand protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that students with mental health needs get early intervention and the support they need.
6. We aim that staff should understand about possible risk factors that might make some children more likely to experience problems; such a physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy (see Appendix 1 on risk and protective factors).
7. While all staff have a responsibility to promote the mental health of students and have had mental health INSET training and some frontline staff have had Mental Health First Aid training, the work is led by:
 - Designated senior mental health leads
 - Designated Safeguarding Leads
 - Pastoral Leads for KS3/4 and 5
 - HoY7, HoY8, HoY9, HoY10, HoY11
 - PSHE and Citizenship Co-ordinator
 - School Counsellors
 - SEND co-ordinator
 - School Health Practitioner

8. A member of staff who has concerns about a student, whether the student has approached them or whether the concerns arise from observation of a student's demeanour or behaviour, should speak in the first instance to the HoYs 7-11, DHT - Pastoral Lead, AHT Pastoral 12-13, a DSL or if they are unavailable, to one of the other staff listed above. It may be necessary, where there are serious concerns or a medical emergency, to make a referral to the Child and Adolescent Mental Health Services (CAMHS). The Pastoral Leads have the knowledge of and expertise in the procedures involved to initiate a referral when deemed necessary.

Supporting students' positive mental health

9. We believe we have a key role in promoting students' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including:

Student-led activities

- Campaigns and assemblies to raise awareness of mental health
- Peer mediation and peer mentoring

Transition programmes

- Transition Programme to secondary school which includes an Induction day for Year 6 students to support a smooth transition to secondary school
- Transition programme from Key Stage 3 to 4 including a transition afternoon on entry to Year 10 and advice and guidance on option subjects, study skills etc.
- Transition programme from Key Stage 4 to Key stage 5 including an Induction Day, Induction lessons, coffee mornings and form group activities for team building

Classrooms activities

- Morning and afternoon registration, with tutor oversight of attendance, behaviour and wellbeing
- PSHE provision in Pastoral Hour lessons weekly
- Tutor activities including mental health awareness week
- Mindfulness sessions for students at KS5
- Mental Health teaching programmes, speakers and activities

Whole school

- Whole school assemblies on Safeguarding and Mental Health
- Mental health Day/Wellbeing week
- Mental health Ambassadors
- Form Associates
- School Council
- Time to Talk Day and activities
- Creative whole school projects
- Our form tutors are key to supporting the wellbeing of students and where possible that member of staff will stay with the same form group all the way up the school to Year 11 providing consistent support
- Displays and information on noticeboards around the school about positive mental health and where to go for help and support both within the school and outside the school
- A Behaviour for Learning Policy that promotes and rewards positive behaviour and tackles low level behaviour
- Provide and promote an extensive extracurricular programme
- Nurture altruism through the charity work conducted through the house system

Teaching and learning about mental health

10. Our PSHE curriculum contains specific modules that give factual information about mental well-being, and the signs of illness. We also help enable students to develop the skills, knowledge, understanding, language and confidence to seek help as needed for themselves or others and to self-manage. We follow the PSHE Association's guidance in preparing our curriculum to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner.

Secondary students learn:

Key Stage 3

- To manage transition to secondary school
- To recognise their personal strengths and how this affects their self-confidence and self-esteem
- To recognise the way in which personal qualities, attitudes, skills and achievements are evaluated by others, and how this affects confidence and self-esteem
- To accept helpful feedback or reject unhelpful criticism
- To understand that self-esteem can change with personal circumstances, such as those associated with family and friendships, achievements and employment
- What mental health is and about types of mental health problems
- Strategies for promoting and managing mental health positively
- Healthy and unhealthy coping strategies
- Emotional literacy and how to manage their emotions
- To be resilient and manage failure positively
- To help others - listening or passing on concerns
- How to deal with a breakdown in friendships/family relationships and the effects of change, including loss, separation, divorce and bereavement
- Healthy relationships including LGBTQ
- About the emotional aspects of relationships
- To recognise bullying and abuse in all its forms (including prejudice-based bullying both in person and online/via text, exploitation and trafficking) and to have the skills and strategies to manage being targeted or witnessing others being targeted
- To reduce and prevent the stigma of mental health

Key Stage 4

- To manage transition to KS4
- Healthy and unhealthy coping strategies
- Healthy relationships including LGBTQ
- Strategies for promoting positive mental health and preventing mental health problems
- The cause and symptoms of stress and managing stress, anxiety and depression
- Strategies for managing strong emotions and feelings
- To evaluate the extent to which their self-confidence and self-esteem are affected by the judgments of others
- To help others - listening or passing on concerns
- The impact of separation, divorce and bereavement on individuals and families
- Where to get help and support
- Preparation for exams

Key Stage 5

- To manage the transition to KS5
- Healthy and unhealthy coping strategies
- About the cognitive development of the brain and how it affects emotions
- Where to get help and support
- To help others - listening or passing on concerns
- The importance of healthy relationships, including LGBTQ and what these look like
- Personal safety and lifestyle choices
- How to manage exam stress

Identifying, referring and supporting students with mental health needs

11. Our approach is to:

- Provide a safe environment to enable students to express themselves and be listened to
- Provide a variety of outlets for students to be able to speak to someone at school
- Ensure the welfare and safety of students is paramount
- Identify appropriate support for students based on their needs
- Involve parents when their child needs support
- Involve students in the care and support they have
- Monitor, review and evaluate the support with students and keep parents updated
- Provide a school culture that promotes fun, altruism and extra-curricular pursuits

Early Identification

12. Our identification system involves a range of processes. We train staff to identify signs of illness, and therefore aim to identify children with mental health needs as early as possible to prevent things getting worse.

13. We do this in different ways including:

- Providing student drop-in lunchtime sessions with a range of trained staff
- Analysing behaviour, exclusions, visits to the medical room/wellbeing space, attendance and sanctions
- Staff report concerns about individual students to the Mental Health Leads and Heads of Year
- Year group meetings for staff to raise concerns
- A parental information and health questionnaire on entry
- Biennial student Sheu Survey which audits PSHE understanding and risk taking
- Gathering information from a previous school at transfer or transition
- Enabling students to raise concerns or self-refer through school health practitioner, form tutor, class teachers, Head of Year, drop-in sessions or directly to the Pastoral Leads/Mental Health Lead.
- Enabling parents to raise concerns through form tutors, classroom teachers, Heads of Year, Safeguarding Leads or directly to the Mental Health Lead

14. All staff have had training on the risk and protective factors (see Appendix 1), types of mental health needs and signs that might mean a student is experiencing mental health problems. Any member of staff concerned about a student will take this seriously and talk to the Pastoral staff and Mental Health Lead.

15. These signs might include:
- Isolation from friends and family and becoming socially withdrawn
 - Changes in activity or mood or eating/sleeping habits
 - Lowering academic achievement
 - Talking or joking about self-harm or suicide
 - Expressing feelings of failure, uselessness or loss of hope
 - Secretive behaviour
 - An increase in lateness or absenteeism
 - Not wanting to do PE or get changed for PE
 - Changes in clothing - wearing long sleeves in hot weather or loose, bulky garments
 - Suspected drug or alcohol misuse
 - Physical signs of harm that are repeated or appear non-accidental
 - Repeated physical pain or nausea with no evident cause
16. Staff are aware that mental health needs such as anxiety might appear as non-compliant, disruptive or aggressive behaviour that could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

Individual Health Care Plans and Safety Plans

17. If there is a student causing concern or who has received a diagnosis pertaining to their mental health, we will draw up an individual health care plan (IHP) for them to manage medical emergencies and/or a safety plan to manage mental health when there is a risk to life. In both of these situations, we will be led by the advice and expertise of medical professionals as to what should go in these plans.
18. This will include:
- Details of the behaviour causing concern or the diagnosed condition
 - Any special precautions or requirements
 - Any medications
 - What to do or whom to contact in an emergency
 - The role the school can play in prevention, treatment or support
 - This will be shared with HoY, form teacher and class teachers
 - Coping strategies for staff, student and parents to make use of to improve student mood and when they are in crisis

Managing disclosures

19. A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure.
20. If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.
21. Staff should listen rather than advise and our first thoughts should be for the student's emotional and physical safety rather than exploring "Why?"

22. Staff must contact the Designated Safeguarding Lead immediately. All disclosures should be recorded in writing and given to the appropriate Safeguarding Lead where it will be held in the student's confidential file. Staff should use the MyConcern portal to report these concerns when in school or email dsl@tiffingirls.org if they cannot access the portal.
23. This written record should include:
 - Date and time of disclosure, and date and time of incident
 - The name of the student and staff involved in the disclosure
 - Main points from the conversation, from the student's point-of-view
 - Additional relevant information

Confidentiality

24. Staff must listen, not judge or try to solve. Staff cannot and must not guarantee total confidentiality, but should discuss with the student how, and with whom information will be shared. Normally, it will be the Safeguarding Leads who should be alerted.
25. We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with a DSL and then potentially an outside agency, or when appropriate a parent - for example linked to a safeguarding issue. Staff are clear to students that the concern will be shared with the Safeguarding Lead/Mental Health Lead and that it will be recorded in order to provide appropriate support to the student.
26. This helps to safeguard the staff member's emotional wellbeing as they are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Parental information

27. Our intention, unless there are mitigating safeguarding considerations, is to inform parents when disclosures about a student's emotional, mental health or well-being are being made. This helps us to work in partnership with families and can facilitate access to a wider range of support for the child.
28. In certain circumstances, students may choose to tell their parents themselves and will be given a limited timeframe in which to tell their parents about the problem before the school contacts them. We should always give students the option of us informing parents for them or with them.
29. Parents can find such revelations upsetting or even shocking and staff should be prepared for initial anger, fear or upset during a first conversation. Staff should be accepting of this reaction (within reason) and give parents the time to reflect. A clear means of getting back in touch with the school will be provided and a follow up meeting should be arranged. Parents may also find literature or sources of support, such as parent helplines, useful and reassuring.
30. If there is a concern that a student is in danger of immediate harm then the school's safeguarding procedures are followed. If there is a medical emergency then the school's procedures for medical emergencies are followed.

Assessment, Interventions and Support

- 31.** All concerns are reported to the DSL/Pastoral Staff /Mental Health Leads and recorded. We then implement our assessment system that is based on levels of need to ensure that students get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.
- 32.** As a school, we have procedures for managing disclosures of self-harm and assessing whether a student's mental health needs can be met within our school context. In such situations, we refer to the guidance in Appendix 2 (Procedures for dealing with self-harm) and Appendix 3 (Mental Health Risk Assessment).

Support for students after inpatient treatment

- 33.** We recognise that some students will need ongoing support and a designated pastoral leader will meet with students on a regular basis.
- 34.** We have a duty of care to support students and will seek advice from medical staff and mental health professionals on the best way to support students. We will carry out a risk assessment and produce a transition plan to support students to re-integrate successfully back to school.
- 35.** When a child leaves an inpatient provision and is transitioning back to school we discuss with health professionals, parents and students what needs to happen so the transition is smooth and positive.

Working with specialist services to get swift access to the right specialist support and treatment

- 36.** In some cases, a student's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders. In the first instance, if appropriate, we will advise parents to take students to their GP.
- 37.** In other instances, we have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the student's Individual Care Plan.
- 38.** School referrals to a specialist service will be made by the Pastoral leads following the assessment process, in consultation with the student and their parents. Referrals will only go ahead with the consent of the student and where appropriate the parent. We will decide the most appropriate support for the student's specific needs. Where appropriate, parents have a responsibility to refer to specialist services as well.

Specialist Service	Referral process
Child and Adolescent Mental Health Service (CAMHS)	Accessed through school, GP or self-referral
School Counsellor / ELSA (Emotional Literacy Support Assistant)/Mental Health Practitioner	Accessed through the Pastoral Staff or self-referral
Educational Psychologist	Accessed through the Pastoral Staff
School Health Practitioner	Accessed through pastoral staff referral or self-referral via the drop in.

SEND and mental health

- 39.** Persistent mental health problems may lead to students having significantly greater difficulty in learning, than the majority of those of the same age. In some cases the child may benefit from being identified as having a special educational need (SEND).

Involving parents

Promoting mental health

- 40.** We recognise the important role parents have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.
- 41.** On first entry to the school, we ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family (see Appendix 1). It is very helpful if parents can share information with the school so that we can better support their child.
- 42.** To support parents:
- We provide information and websites on mental health issues. This can be accessed on the school website.
 - We provide a series of Parent Pastoral talks throughout the year on relevant topics about wellbeing, cognitive development and Mental Health
 - We include the mental health topics that are taught in the PSHE curriculum, on the school website and newsletters
 - We ensure parents are aware of who to talk to and how to go about contacting form tutors, Heads of Years and Pastoral Leads

Supporting parents with children with mental health needs

43. We are aware that parents react in different ways to knowing their child has a mental health need and we will be sensitive and supportive. We also help to reassure by explaining that mental health needs are common, that the school has experience of working with similar issues and that help and advice are available.
44. When a concern has been raised, the school will
 - Contact parents and meet with them. *In most cases, parents will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues or referral to the school counsellor. Children over the age of 16 are entitled to consent to their own treatment.*
 - Offer information to take away and places to seek further information
 - Be available for follow up calls
 - Make a record of the meeting
 - Agree support for a young person's mental health and plan together next steps
 - Discuss how the parents can support their child
 - Keep parents up to date and fully informed of decisions about the support and interventions
45. Whilst the school will do what it can to support the student and parents, it is the parents' responsibility to look after the needs of their children.
46. We make every effort to support parents to access services where appropriate. Our primary concern are students and in the rare event that parents are not accessing services we will seek advice from the Local Authority. We also provide information for parents to access support for their own mental health needs.

Involving Students

47. Every year we train up a group of students as our mental health champions who lead on whole school campaigns on health and wellbeing.
48. We seek students' views about our approach, curriculum and promoting whole school mental health activities.
49. We always seek feedback from students who have had support to help improve that support and the services they received.

Supporting Peers

50. When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either 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 is helpful for friends to know and what they should not be told
 - How friends can best support
 - Things friends should avoid doing or saying which may inadvertently cause upset
 - Warning signs that their friend may need help (e.g. signs of relapse)

51. 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

Supporting and training staff

52. We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in students and know what to do and where to get help. Pastoral Leaders f have completed the Mental Health First Aid training. All staff have had Mental Health training delivered as part of school continuing professional development.
53. Those staff with a specific responsibility have more specialised training and where possible access to supervision from mental health professionals.
54. Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing, such as healthy food options, yoga, and physical activities. Staff also have access to Kingston's counselling service and we have a dedicated Staff Wellbeing week to promote the importance of wellbeing and self-management.

Monitoring and Evaluation

55. The mental health and wellbeing policy is on the school website and hard copies are available to parents from the school office on request. All mental health professionals are able to access the policy before they begin working with the school as well as external agencies involved in our mental health work.
56. The policy is monitored at an annual review meeting led by the Pastoral Deputy Headteacher and involves staff with a responsibility for mental health, including specialist services supporting the school and governors.

APPENDIX 1

Risk and Protective factors *(adapted from Mental Health and Behaviour DfE March 2016)*

	Risk Factors	Protective Factors
In the Child	<ul style="list-style-type: none"> • Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the Family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the School	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems

	<ul style="list-style-type: none"> • Peer pressure • Poor student to teacher relationships 	<ul style="list-style-type: none"> • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the Community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Where to get information and support

For support on specific mental health needs

Anxiety UK www.anxietyuk.org.uk OCD UK www.ocduk.org

Depression Alliance www.depressionalliance.org

Eating Disorders www.b-eat.co.uk and www.inourhands.com

National Self-Harm Network www.nshn.co.uk

www.selfharm.co.uk

Suicidal thoughts [Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org](http://www.papyrus-uk.org)

For general information and support

www.kidsmatter.edu.au developed by health professionals in response to high rates of school age mental health issues

www.familylives.org.uk/ family support workers

www.youngminds.org.uk champions young people's mental health and wellbeing

www.mind.org.uk advice and support on mental health problems

www.minded.org.uk (e-learning)

www.time-to-change.org.uk tackles the stigma of mental health

www.rethink.org challenges attitudes towards mental health

www.childrenssociety.org.uk/sites/default/files/TCS_FIVEWAYSTOWELLBEING_CHILDREN.pdf

APPENDIX 2

Procedures for Dealing with Self Harm

Rationale:

As a school, we understand that students with poor mental health may present with self-harming behaviour. Self-harm in most circumstances is a coping mechanism that is used by a young person to take control in a situation where they have none and as such, is a physical way of coping with stress and emotional distress. We recognise that there is an element of secrecy behind self-harm as in most cases students will not want to disclose that they are using this as a coping strategy. As an indicator of poor mental health, we are committed to working with students, parents and external agencies to highlight that a young person is presenting in this manner so that their mental health can be actively managed and advice and guidance about health coping strategies can be given.

Types of Self Injury:

Self-injury describes a wide range of things that people do to themselves in a deliberate and usually hidden way. Self-injury can involve:

- Cutting or injuring skin, this includes scratching, picking, biting or scraping
- Burning using cigarettes, caustic agents or other devices
- Punching and bruising
- Inserting or swallowing objects (sharp objects or harmful substances)
- Head banging (hitting themselves against objects)
- Hair pulling out (hair, eyelashes or eyebrows)
- Restrictive eating, binge eating or disordered eating
- Overdosing
- Self-neglect
- Alcohol abuse
- Taking personal risks
- Sleep deprivation

Indicators of Self-Harm

Self-harm rarely occurs in isolation as an indicator of poor mental health. With this in mind, staff are mindful of a variety of indicators that might suggest that someone's mental health has declined.

Other possible warning signs include:

- Changes in eating / sleeping habits
- 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
- Attendance concerns
- Carrying of self-harm items
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. unwilling to remove jumper in PE / Dance
- Scarring / cuts on arms / hands
- Inconsistent explanations around injuries to their person
- Hair loss on head or around the eyes
- Constant daydreaming and withdrawal in lessons

Procedures for dealing with self-harm:

1. Students or staff that suspect a student may be self-harming should inform pastoral staff immediately (HOY, DSL). A referral through the My Concern portal or to dsl@tiffingirls.org (if away from the portal) must be made by staff.
2. The DSL will request to meet with the student, and or other students to take statements and determine the validity of the concern that is being raised. In some situations, the DSL may request that the HOY meet with students.
3. The student will be told of the concern about self-harm that has been raised and that we are concerned about their wellbeing. They will be encouraged to share the nature of their self-harm and any circumstances that influence their use of this as a coping strategy.
4. It may be appropriate that the self-harm injuries are assessed by a first aider or external, medical professional to ensure the good health of the young person.
5. Any self-harm implements that the student has on them at school will be confiscated.
6. Our intention, unless there are mitigating safeguarding considerations, is to inform parents that we have concerns about their child's mental health and that we are aware of the young person using self-harm as a coping mechanism. In some situations, we may allow a short period of time for the student to communicate this with parents themselves before parents are contacted by the school. Initial advice and guidance about how to manage this at home will be provided by the school.
7. Parents/students will be encouraged to visit their GP and share their wellbeing concerns so that additional support can be provided and so medical professionals are aware of the young person's mental health challenges.
8. It may be appropriate that the school make a referral to Children's Services or CAMHS to support the young person with their mental health and wellbeing. In this situation, this will be done by a DSL.
9. Within school, additional support may be offered such as school counsellor support, a meeting with the School Health Practitioner, sessions with an ELSA (Emotional Literacy Support Assistant) or a school Mental Health Practitioner who are trained members of staff and monitoring by a member of the pastoral team. Advice and guidance about more helpful coping strategies will be given to the young person so that they can begin to move away from self-harm as their coping strategy of choice.
10. In some situations, self-harm can become quite entrenched as a coping strategy and if the student cannot move away from it quickly then this will be monitored and advice and guidance about keeping themselves safe will be shared with parents and the young person.
11. As part of the process of support, pastoral staff will assess the level of risk that their self-harming behaviour presents at school and may put in additional measures to keep them and others safe in school.
12. Where appropriate the Tutor/teaching/associate staff will be informed about the young person's vulnerable mental health and if needed more details may be given to ensure that staff are vigilant if they are of higher risk. The communication of the information is in line with our safeguarding duty.

APPENDIX 3: Mental Health Risk Assessment

Rationale:

Depending on the state of a student’s mental health, recovery or support there may be times when it is not appropriate for them to be in school. In most instances this will be determined by parents and external services, but there may be occasions when the school needs to self-determine if we have the competency and the resources to keep that individual and others that could be affected by their negative mental health safe. In which case, we may need to assert that the school site is not the appropriate place for them at this time. The following spectrum can be used to inform whether a student’s mental health state is ‘low risk’ or ‘high risk’ and determine whether education should take place on the school site or in alternative provision.

Students with mental health concerns are able to be in school when:

1. The school is able to provide support that is well within our competency
2. The individual does not need to have constant 1:1 supervision.
3. They don’t figure as high risk on the spectrum below
4. There is no significant likelihood that the mental health of the individual will impact on other students
5. There has been CAMHS or other appropriate external services assurances that the student is safe to be in school.

Mental Health risk spectrum:

LOW risk

HIGH risk



World Weary	Evaluating suicide plans	Suicide plan/access to method
Lacking impulsivity	some impulsivity	Impulsivity to act
Fully present	some dissociation	High levels of dissociation
Protective Factors in place	diminishing protective factors	No Protective factors
No need for supervision	Supervision is secure	No or Gaps in supervision
No suicide attempts	Past Suicide attempts	Recent Suicide attempt
Non-suicidal self-injury	escalating severity/scale of self-harm	suicidal self-harm
Instances of low mood	chronic low mood	diagnosed depression
Good social connections	diminishing social connections	little social connection
Good personal/self-care	declining self-care	Poor self-care
No risk taking behaviour	some risk taking behaviour	regular risk taking behaviour

Process for educating students whose mental health is high risk

If a student is presenting as ‘high risk’ then the school recognises that continuing to support/educate that student on site is beyond their competency and resource level. In which case the duty of care must lay with parents and external services.

In such a situation, the school still has a duty to provide alternative educational provision and this may occur through work being sent home by the school, a tuition service being employed or temporary dual registration at a more appropriate educational institution.

As and when a student’s mental health has improved and they are no longer ‘high risk’, they can return to school. In that case, they may be placed on a phased return where they have a reduced timetable and there is a safety plan in place which accommodates reasonable additional supervision.