CLAREMONT
FAN COURT SCHOOL

POLICY:

POSITIVE MENTAL HEALTH AND WELLBEING

Definitions

'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 her or his community'. (World Health Organisation, 2012)

Mental health is a term for how someone is feeling on the inside. It is an expression used to describe one's mental wellbeing, one's emotional capabilities and one's thought processes.

Current DfE policy guidance and the charity *YoungMinds* define mentally healthy children and young people as those 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 appropriately for their age and intellectual level
- develop a sense of right and wrong
- cope with a degree of psychological distress (face problems and setbacks and learn from them)
- develop a clear sense of identity and self-worth.[1]

Context

Many aspects of today's society can impact negatively on the mental health of children and young people in the UK. As they grow and develop, children must navigate a complex and ever-changing world, facing challenges and pressures in numerous aspects of their lives.

The Mental Health of Children and Young People in England survey (2020) found 16% (1 in 6) of children aged 5 to 16 years to have a probable mental health disorder, an increase from 1 in 9 in 2017.[2]

Research cited by Public Health England/Department for Education[3] suggests that in an average class of 30 15-year-old pupils:

- five could have a mental difficulty
- four could be living in lone parent families
- one could have experienced the death of a parent
- eleven are likely to have been bullied
- seven may be self-harming[2]

By developing and implementing practical, relevant, and effective mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly, and indirectly by mental ill health.

Children and young people can experience a variety of mental health disorders:

- Emotional disorders – phobias, anxiety and depression (including self-harm)
- Conduct disorders – aggression and antisocial behaviour
- Hyperkinetic disorders – attention deficit hyperactivity disorder (ADHD)
- Development disorders
- Attachment disorders
- Other – eating disorders, habit disorders, post-traumatic stress disorder (PTSD) syndromes, somatic disorders and psychotic disorders

A list of some of the most diagnosed forms of mental health problems can be found in Appendix 1.

It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning, as well as their physical and social health and their mental wellbeing in adulthood.[1]

With good mental health, children and young people do better in every way. They enjoy their childhoods, can deal with stress and challenging times, are able to learn better, do better at school, navigate the online world they grew up in, so they benefit from it and enjoy friendships and new experiences.

Childhood and teenage years are when mental health is developed, and patterns are set for the future. So, a child with good mental health is much more likely to have good mental health as an adult, and to be able to take on adult responsibilities and fulfil their potential.[3]

Schools are uniquely placed to influence the mental health of children and young people. As well as being able to recognise the symptoms of mental health difficulties at an early stage, they can enhance the social and emotional development of children and foster their mental wellbeing through their daily responses to pupils.

The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".[3]

Purpose

The purpose of this policy and procedure is to communicate how Claremont Fan Court School aims to promote the positive mental health and wellbeing of its pupils using universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. In addition to promoting positive mental health, the policy also outlines how we respond to mental ill health.

Policy statement

Claremont Fan Court School promotes the mental and physical health and emotional wellbeing of all its pupils. Wellbeing is at the forefront of the school's PSHEE programme and promoting good mental health and wellbeing is a priority. The physical, mental, and emotional health benefits of exercise, sleep and a balanced diet are well documented and built into the school's curriculum offering. The school actively encourages sport for all.

Mental health issues can be de-stigmatised by educating pupils, staff and parents. This is done through PSHEE with the pupils, through staff training and through regular parent talks and information, including that provided by the school's subscription to the Teen Tips Wellbeing Hub.

Claremont Fan Court School recognises the complexities of mental health issues as they affect children and young people. Our primary aim is for pupils to enjoy and succeed at school in accordance with the foundation, mission and ethos of the school. The school has a significant role to play in supporting pupils to be resilient and mentally healthy. Where difficulties arise, the school aims to support pupils through the pastoral care and safeguarding systems in place, such as the school nurses, ELSAs, counsellor, and pastoral leaders. Where there are more specialist needs, the school will expect pupils and their families to obtain support elsewhere as well, including from medical professionals working in Children and young people's mental health services (CYPMHS) or CAHMS (Child and Adolescent Mental Health Services), voluntary organisations and local GPs.

The purpose of this policy is to help ensure that Claremont Fan Court School provides a coherent approach to developing pupil resilience and when responding to pupils with mental health problems.

The school has specific legal responsibilities towards pupils whose mental health condition falls within the definition of disability under the Equality Act. This requires us to ensure that pupils with a well-recognised mental illness are not discriminated against and that reasonable adjustments are put in place to support their learning.

Eight principles

Claremont Fan Court School's mental health policy and procedures are based on eight principles:

1. Leadership and management

Efforts to promote emotional health and wellbeing are supported and championed by the school's governing body and senior leadership team (SLT). The governors have appointed Angela Kelly as lead pastoral governor and, accordingly, meets regularly with pastoral leaders across the school.

Each division of the school operates their own pastoral committees to plan the strategic direction of pastoral care and manage the day-today pastoral care of the pupils. These committees include heads of house, form tutors and representatives from the individual needs (IN) Department and care centre.

Each division of the school also has a designated safeguarding lead (DSL) who is responsible for safeguarding and child protection issues in their respective schools (see whole school safeguarding policy and procedure for more information).

The governors, head teachers and staff of Claremont Fan Court School provide leadership in this area by ensuring social and emotional wellbeing features within improvement plans, policies, systems and activities. These are monitored and evaluated by the SLT with the involvement of other staff. In the senior school, there is an appointed Mental Health Lead Practitioner to support the strategic direction of mental health in the school.

2. School ethos and environment

Promoting mutual respect, learning and successful relationships among young people and staff has been part of the ethos of Claremont Fan Court School since its foundation.

Our Mission is:

- To provide an environment where the God-given potential of every individual is recognised and valued. With this recognition comes the expectation of high personal achievement and moral standards and a developing awareness of our individual responsibility to each other and our world.
- To maintain a broad and forward-looking curriculum in which pupils are encouraged to think independently to meet the demands of a rapidly changing world.
- To encourage our pupils to awaken to all that is good and true around and within them in their spiritual journey of self-discovery.
- To equip our pupils with a strong set of values for future decision making.
- The following values are fundamental to everything we do: Courtesy, Respect, Trust, Moral integrity, Self-discipline, Love for God and humankind

A love of goodness underpins this school. Teachers, staff, pupils, and their families are expected to support and extend the atmosphere of respect, courtesy, and the love of learning and the value of friendship that is held dear at Claremont Fan Court school. This peaceful and purposeful intent extends throughout every lesson and into the pastoral and co-curricular activities we offer and helps to create a culture of inclusiveness and communication that ensures all young people's concerns can be addressed (including the concerns of those who may be at particular risk of poor mental health). Relationships between staff and pupils, and between pupils, are critical in promoting pupil wellbeing and in helping to engender a sense of belonging to, and liking of, school.

Cases of bullying are investigated and dealt with promptly when they arise. This includes racist, disability, transphobic and homophobic bullying (see Anti-bullying Procedure for further information).

3. Curriculum teaching and learning

As previously noted in our mission, Claremont Fan Court School is committed to developing in pupils the resilience and social and emotional skills they need to make good academic progress as well as benefit their health and wellbeing. This is achieved through the teaching of a dedicated personal social health and economic education (PSHEE) curriculum throughout the whole school, the wider curriculum, the many co-curricular opportunities provided for pupils and the school's unique character education programme (see whole school PSHEE procedure for more information). In the PSHEE curriculum, there is always an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. Teaching in a safe and sensitive manner which helps pupils to evaluate ideas and signposts them to support mechanisms both within the school and beyond using reputable and endorsed providers.

The teaching of PSHEE is sufficiently flexible to allow the Head of PSHEE and pastoral staff to adapt the curriculum to address locally topical issues should they arise. The school also supports specific national mental health awareness days by raising their profile across the school and involving parents. For example, the 'Hello Yellow' YoungMinds campaign and Mental Health awareness week by the MHF.

4. Pupil voice

Pupils at Claremont Fan Court School are, wherever possible, involved in decisions that impact on them. In the junior school (Stable Court) and senior schools this is primarily through the school council but also includes pupil voice surveys and feedback.

This involvement benefits pupils' emotional health and wellbeing by helping them to feel part of the school and wider community and to have some control over their lives. At an individual level, benefits include helping pupils to gain belief in their own capabilities, including building their knowledge and skills to make healthy choices and developing their independence. Collectively, pupils benefit through having opportunities to influence decisions, to express their views and to develop strong social networks.

5. Staff development, health and wellbeing

All staff, but particularly pastoral leaders, are provided with regular access to training to increase their knowledge of emotional wellbeing and to equip them to be able to identify mental health difficulties in their pupils. This includes being able to refer them to relevant support either within the school or from external services. A large number of pastoral staff are Mental Health First Aid trained. All staff also have access to the TES "Develop" learning platform and the Teen Tips Wellbeing Hub which provides Mental Health and Wellbeing training for Staff.

Staff also have access to internal supervision where they are able to talk about individual cases and gain support on any individual cases which may be directly impacting their own mental health.

6. Identifying need and monitoring impact

Recognising when a child is suffering from mental health problems is not always easy but school staff are often the 'front line' of identification. They are aware of warning signs, which are always taken seriously, and record any concerns on CPOMS.

As an integral part of their pastoral role, staff should be alert to the signs of possible mental health problems and bring to the attention of the pupil's form tutor, head of house, school nurse and/or deputy head pastoral any cases that they feel may be a cause for concern.

Staff work with and monitor students using the 'Mental Health Continuum' and recognise that, given the circumstances of any individual at any time, they may find themselves at one point of the continuum and shift position as their situation improves or deteriorates. The fact that there is a place for everyone on the Mental Health Continuum reduces any stigma significantly because everyone fits in. This means that anyone who is 'thriving' can have times in their life when they are 'struggling' and those who are 'in crisis' have the ability to be 'thriving'.

It is recognised that it is important to give support to young people with mental health problems as soon as the problems are seen to affect the child. The longer the young person struggles, the more complex the problem may become. Supporting a distressed pupil can be extremely time consuming and stressful to the member of staff.

- Think carefully about what you can and cannot do to help.
- Ask yourself whether you have the time and skills to support them.
- Consider whether there might be a conflict with any of your other responsibilities e.g. disciplinary
- Explain clearly to the student the limits of your role.
- Be prepared to take a firm line about the extent of your involvement.
- DON'T DEAL WITH THE SITUATION ON YOUR OWN.

If you have concerns for a pupil:

- Don't avoid the situation, be proactive not reactive.
- Gather more information from colleagues to see if your concern is shared.
- Express your concerns in private to the pupil and be prepared to listen.
- Explain to the pupil that it may not always be possible to keep any information given confidential, but that you would discuss with them if you felt that you needed to share any of the information.
- If you are concerned that you may not have the skills to deal with the pupil's problems, or if there is no improvement in the pupil despite your basic intervention, speak again to relevant head of house/year or to the school nurse or deputy head pastoral. (It is important that you err on the side of caution and not get drawn into situations which you may not be able to manage. If in doubt always refer the pupil on).

- All staff are responsible for making timely, accurate written records of all significant disclosures, meetings or phone calls with pupils, parents or the agencies working with them. These should be made on CPOMS.

Help and guidance can be accessed from a variety of sources (see Appendix 2).

7. Targeted support

The school aims to provide a supportive environment that will help students with mental health difficulties to realise their full academic potential and to successfully complete their course. It also aims to facilitate and promote positive mental health and well-being by:

- Providing a range of support services via tutors, heads of house/year, the individual needs department, the school mindfulness coordinator, school nurse team and school counsellors
- Encouraging students with mental health difficulties to seek support
- Having in place effective procedures for the disclosure of information in respect of students with mental health problems
- Ensuring that the sources of support are clearly communicated to pupils and their families
- Promoting understanding and recognition of mental health difficulties
- Providing guidance and training to staff involved in the support and care of those with mental health difficulties
- Providing clear guidance on the confidentiality of personal information provided by students.

However, whilst the school is committed to providing a supportive environment, there are, of necessity, limits to the extent of the support which can be provided, and it is not the responsibility of the school to replicate services that already exist in the community and the NHS.

The school also has its own procedures for the maintenance of good order and for safeguarding academic standards which will apply to all students irrespective of their medical condition or specific needs (subject to the school's reasonable adjustments duty). It is expected that pupils attend all lessons, assemblies and activities as published on their timetable and follow the school procedures in relation to prep. Should a pupil not feel able to meet this expectation due to a mental health issue, then there are many avenues of support.

Sources of support:

Care centre
The school nurse team provide support for pupils with illness and medical conditions (see care centre procedure). The care centre is staffed by fully trained school nurses. They liaise with other colleagues on mental health issues as necessary and may also assist with referrals to the school counsellors or outside agencies such as a GP/CYPMHS.

School counsellor
The school employs the services of counsellors from an external provider. Pupils can be referred to the counsellor by members of the pastoral team or care centre. The counsellor provides a confidential counselling service (unless there are child protection or safeguarding concerns). A pastoral sub-committee meets regularly to identify priorities and manages a list of pupils awaiting appointments when necessary. Referrals to the school counsellor are ideally completed with parental permission but, should a young person wish to receive therapeutic support without the knowledge of their parents, the Gillick competency will apply to assess a child's capacity to consent. Therefore, a young person may self-refer to the counsellor without the parent/s knowledge or consent.

Mindfulness co-ordinator
The mindfulness coordinator works closely with the deputy heads/pastoral leaders and other colleagues to offer specialist mindfulness-based support to groups and individuals. Heads of house make referrals to the teacher in charge of mindfulness on a case-by-case basis.

Co-curricular activities
The school offers a plethora of co-curricular activities both during and after school. These activities support the wellbeing of pupils using the NHS "5 steps to mental wellbeing" model. Connecting with others, being active, learning new skills, giving to others and taking notice are all activities that are offered at Claremont.

Individual needs
The head of individual needs works closely with the deputy heads/pastoral leader and other colleagues to adapt the curriculum, either temporarily or permanently, in response to a pupil's individual needs.

Pastoral support
Class teachers, form tutors, heads of house and other colleagues are available to support pupils within reason and without prejudicing their duty of care to other members of their class/form/house groups.

ELSA
ELSA provides well-being support for children that need help with strategies around challenging feelings (typically anger, anxiety etc...) that have become established or are repeated and noticed by class teachers and where initial strategies have not made an impact. These are communicated with class teachers and parents so that all adults are part of supporting a child through a difficult spell.

Pastoral leader with responsibility for mental health

The senior school has appointed a pastoral leader with responsibility for managing the school's support for pupils with mental health issues. They will provide a strategic role for the school and use data and pupil feedback to ensure that the school's provision is meeting the needs of the pupils. They will also provide advice and guidance for staff and pupils using 'best practice' national guidance.

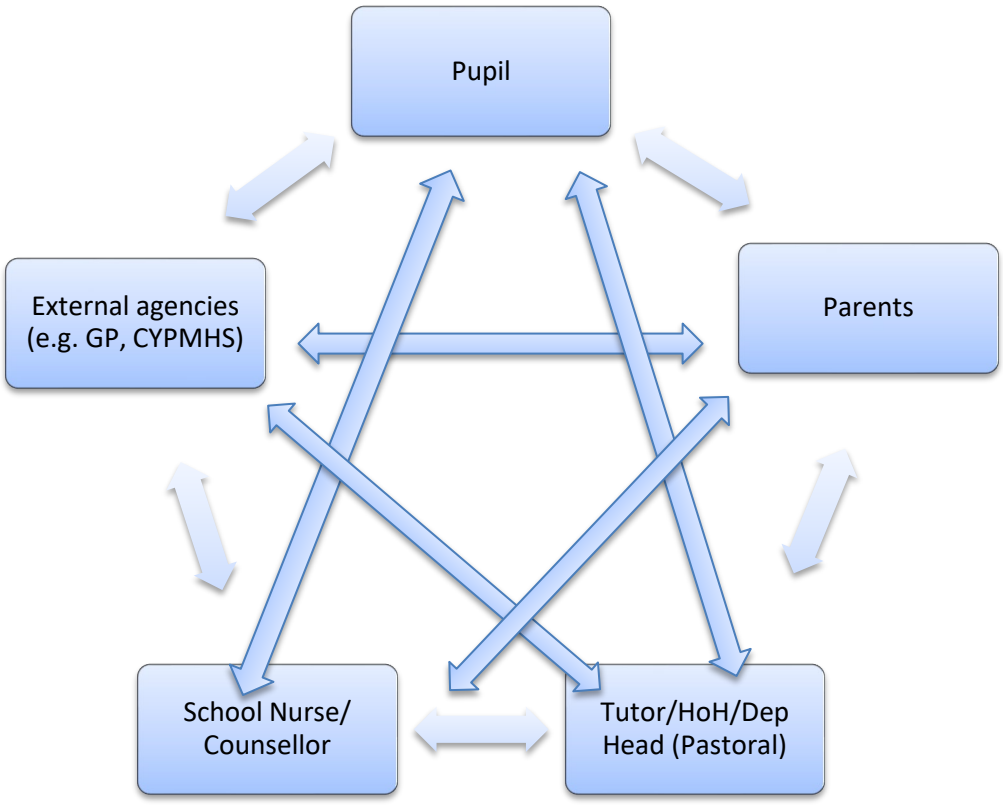
Designated safeguarding lead

Each part of the school (junior and senior school) has appointed a senior member of staff with the necessary status and authority to be responsible for matters relating to child protection and welfare. Parents are welcome to approach the designated safeguarding lead 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 form teacher or head of house who will notify the designated safeguarding lead in accordance with the whole school safeguarding policy.

External agencies

Families are encouraged to seek appropriate expert help from non-school bodies to support pupils with a mental health issue. The school will support families to do this, and information will be shared promptly between the appropriate agencies.

The school's support strategy can be summarised as shown on the next page:



Confidentiality and information sharing

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 are 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 likely that a pupil will present at the care centre in the first instance. Young people with mental health problems typically visit the care centre more than their peers, often presenting with a physical concern. This gives the medical team a key role in identifying mental health issues early. If a pupil confides in a school nurse, then they are encouraged to speak to their tutor or head of house (and, where appropriate, their parents). After nursing assessment, any immediate concern for a pupil's mental health is reported to the head of house and/or the deputy head (pastoral) via CPOMS. Confidentiality is maintained within the boundaries of safeguarding the pupil. The school nurse decides what, if any, information is appropriate to pass on to parents and other colleagues based on a 'need to know' basis (see confidentiality policy).

All staff are responsible for making timely, accurate written records of all significant disclosures, meetings or phone calls with pupils, parents or the agencies working with them using CPOMS.

8. Working with parents/carers

The school ensures that pupils and their families participate as fully as possible in decisions relating to mental health and are provided with advice and support (see Appendix 2). The views, wishes and feelings of the pupil and their parents are always considered.

The school uses its communication channels to highlight sources of information and support about common mental health issues and makes our mental health policy easily accessible to parents. The school organises regular parent talks where school staff or invited speakers present information on how to support young people and promote good mental health. The school also subscribed to Teen Tips Wellbeing Hub which supports parents through articles, podcasts and webinars on a variety of different issues relevant to senior school pupils.

Parents are expected to disclose to the head of house or deputy head (pastoral) 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. If parents have sought professional external support (whether privately or not), the school will ask for details about this. Parents are also expected to disclose this information upon transfer to the school and the school will also transfer safeguarding notes to ongoing educational establishments as required under "Keeping Children Safe in Education". Where possible, and when consent has been obtained, the school will work closely with external support mechanisms to ensure a holistic and consistent approach to support.

Absence from school

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.

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 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.
The individual needs policy and procedure has more detail but in cases of ill-health (physical or mental) the senior school may consider reducing a pupil's curriculum at GCSE level to a minimum of English language, mathematics, one science and RS. A curriculum of fewer than these core subjects is not considered to be in keeping with the school's expectation. If a pupil is unable to meet these requirements or has extremely low levels of attendance (<50%), they may be asked to repeat a year before continuing their education, either at Claremont Fan Court School or elsewhere.

Reintegration to school

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

For complex or long-term illness, academic, pastoral and school nurse colleagues will liaise with parents and appropriate professionals to agree an individual health care plan (so long as this meets the basic four subject school curriculum requirement outlined above) which clearly shows what needs to be done, when and by whom. This will include reference to any Individual Needs where appropriate. The pupil should have as much ownership as possible with regards 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.

Pupils who have expressed suicidal ideation or attempted suicide will not be reintegrated into school before a meeting has been arranged with school staff, the pupil and the pupil's parents and a care plan / risk assessment has been written and agreed. The school reserves the right to ask parents to collect any pupil who they feel is not well enough to be in school. The school also reserves the right to decline to take pupils on day or residential school trips if the pupil's mental health presents a risk to the safety and smooth running of the trip.

Related policies and procedures

- Confidentiality policy
- Safeguarding policy
- Self-harm procedure
- Anti-bullying policy and procedure

National guidance

Promoting and supporting mental health and wellbeing in schools and colleges, Department for Education (June 2021).

References

[1] *Mental health: strengthening our response - Fact sheet N°220*, World Health Organization (Updated August 2014)

[2] NHS Digital. 'Mental health of children and young people in England, 2020: Wave 1 follow up to the 2017 survey' NHS Digital: 2020 (Viewed 14 July 2021)

[3] *Promoting children and young people's emotional health and wellbeing - A whole school and college approach*, Public Health England/Department for Education (September 2021)

Appendix 1

Childhood and Adolescent Mental Health Disorders - some of the most commonly diagnosed forms of mental health problems are:

Anxiety
Anxiety can mean constant and unrealistic worry about any aspect of daily life. It may cause restlessness, sleeping problems and possibly physical symptoms; for example, an increased heartbeat, stomach upset, muscle tension or feeling shaky. If you are highly anxious you may also develop related problems, such as panic attacks, a phobia or obsessive-compulsive disorder. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Bipolar disorder (formerly known as manic depression)
If you have bipolar disorder, you will experience swings in mood. During 'manic' episodes, you are likely to display overactive excited behaviour. At other times, you may go through long periods of being very depressed. There are different types of bipolar disorder which depend on how often these swings in mood occur and how severe they are.

Depression
Depression lowers your mood, and can make you feel hopeless, worthless, unmotivated and exhausted. It can affect sleep, appetite, and self-esteem. It can also interfere with daily activities and, sometimes, your physical health. This may set off a vicious cycle, because the worse you feel, the more depressed you are likely to get. Depression can be experienced at different levels e.g. mild or severe, and can be related to certain experiences, e.g. bereavement. Depression is often associated with anxiety. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Eating disorders
Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey. An eating disorder is likely to develop as a result of deeper issues in your life and is possibly a way of disguising emotional pain.

Obsessive-compulsive disorder

Obsessive-compulsive disorder (OCD) has two main parts: obsessions and compulsions. Obsessions are unwelcome thoughts, ideas or urges that repeatedly appear in your mind; for example, thinking that you have been contaminated by dirt and germs, or worrying that you haven't turned off the oven. Compulsions are repetitive activities that you feel you have to do. This could be something like repeatedly checking a door to make sure it is locked or washing.

Personality disorders

Generally speaking, personality doesn't change very much. Yet it does develop as people go through different experiences in life, and as their circumstances change. If you have a personality disorder, you are likely to find it more difficult to change your patterns of thinking, feeling and behaving, and will have a more limited range of emotions, attitudes and behaviours with which to cope with everyday life.

Phobias

A fear becomes a phobia when you have an exaggerated or unrealistic sense of danger about a situation or object. You will often begin to organise your life around avoiding the thing that you fear. The symptoms of phobias are similar to anxiety, and in severe forms you might experience panic attacks.

Schizophrenia

Schizophrenia is a controversial diagnosis. Symptoms may include confused or jumbled thoughts, hearing voices and seeing and believing things that other people don't share. If you have these symptoms, you might also become confused and withdrawn. There is debate about whether schizophrenia is actually one condition or more a collection of symptoms that are not clearly related.

Common behaviours

In addition to the more formal diagnoses above, there are some behaviours and feelings which are strongly associated with mental health problems.

Panic attacks

These are sudden, unexpected bouts of intense terror. If you experience an attack, you may find it hard to breathe, and feel your heart beating hard. You may have a choking sensation, chest pain, begin to tremble or feel faint. It's easy to mistake these for the signs of a heart attack or other serious medical problem. Panic attacks can occur at any time, and this is what distinguishes them from a natural response to real danger.

Self-harm

Self-harm is a way of expressing very deep distress. You may not know why you self-harm, but it can be a means of communicating what you can't put into words, or even into thoughts, and has been described as an 'inner scream'. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves. After self-harming, you may feel better able to cope with life again, for a while, but the cause of your distress is unlikely to have gone away.

Suicidal thoughts

It is common to have suicidal thoughts if you are experiencing mental health problems – especially if you have a diagnosis of depression, borderline personality disorder or schizophrenia. The deeper your depression, the more likely it is that you will consider killing yourself. However, you can help yourself and you can get help from other people. A great many people think about suicide, but the majority do not go on to kill themselves.

Appendix 2

Sources of further information for pastoral staff, young people and their parents:

An excellent source of information is from the Government's publication "Mental health and wellbeing resources for teachers and teaching staff" June 2021

Other organisations include the following;

Organisation	Main contact details	Topic addressed
Anna Freud National Centre for Children and Families	https://www.annafreud.org/on-my-mind/ Text: AFC to 85258	Provides support to children and young people, sharing clear, simple advice and resources.
Beat	https://www.beateatingdisorders.org.uk/	The UK's leading charity supporting anyone affected by eating disorders.
CALM	www.thecalmzone.net	The Campaign Against Living Miserably. Website specifically designed to engage young men in thinking about their feelings, depression, self-harm and the risk of suicide.
GP	Contact your GP at your local Surgery	Speak to your GP if you are worried about your child's mental health
Harmless	http://www.harmless.org.uk/	Provides a range of services about self-harm including support, information, training and consultancy to people who self-harm, their friends and families and professionals.
Mindworks Surrey	https://www.mindworks-surrey.org/	Emotional wellbeing and mental health service for children in Surrey

Organisation	Main contact details	Topic addressed
NHS	https://www.nhs.uk/mental-health/	Whether you're concerned about yourself or a loved one, the helplines listed can offer expert advice
Stem4	https://stem4.org.uk/	Stem4 is a charity that promotes positive mental health in teenagers and those that support them. They have developed a number of useful Apps which can help menage mental health symptoms.
STOP Suicide	http://www.stopsuicidepledge.org/	an award-winning suicide prevention campaign that seeks to empower communities and individuals across Cambridgeshire and Peterborough to help stop suicides by being alert to the warning signs, asking directly about suicide and helping those who are feeling suicidal to stay safe
The Samaritans	Call free on 116 123 (UK) Email: jo@samaritans.org	Confidential support service and are open 24 hours a day, 7 days a week.
Young Minds	Parent helpline: 0808 802 5544 www.youngminds.org.uk Text: YM to 85258	Free, confidential online and telephone support providing information and support