MENTAL HEALTH POLICY

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Approved by: Governing Body

Context and Rationale

Mental health can be defined as 'a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community'. (WHO, 2014)

One in six children aged five to 16 were identified as having a probable mental health problem in July 2021, a huge increase from one in nine in 2017. That's five children in every classroom (source: www.youngminds.org.uk). See Appendix 4 for further reading.

At Slindon College, we aim to promote positive mental health and wellbeing for our whole college community (pupils, staff, parents, and carers), and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. For this reason, we often discuss mental fitness alongside mental health as we feel this term can help pupils to embrace the idea of working on their resilience and mental wellbeing in much the same way as physically exercising to strengthen and protect their body.

We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children go through ups and downs during their school career and some face significant life events. Mental ill health can have an enormous impact on quality of life, relationships and academic achievement. In many cases it is life-limiting. The Department for Education (DfE) recognises that in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy.

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children's wellbeing and can help engender a sense of belonging and community.

Our role in College is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health/fitness, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

All College staff have a central role to play in promoting our pupils' mental health and wellbeing and enabling them to be resilient. This policy aims to outline some of the ways in which the mental health and wellbeing of all members of the College are supported.

Aims
▪ Promote positive mental health and emotional wellbeing in all staff and pupils.

- Increase understanding and awareness of common mental health issues.
- Enable staff to identify and respond to early warning signs of mental ill health in pupils.
- Enable staff to understand how and when to access support when working with pupils with mental health problems.
- Provide the right support to pupils with mental health problems and know where to signpost them and their parents/carers for specific support.
- Develop resilience amongst pupils and raise awareness of resilience building techniques.
- Raise awareness amongst staff and gain recognition from all staff that any member of the College may have mental health issues, and that support is available in relation to looking after their wellbeing.

The principles identified by Public Health England (2015) underpin this policy.
- Leadership and management that supports and champions efforts to promote emotional health and wellbeing.
- An ethos and environment that promotes respect and values diversity.
- Curriculum, teaching and learning to promote resilience and support social and emotional learning.
- Enabling student voice to influence decisions.
- Staff development to support their own wellbeing and that of pupils.
- Identifying need and monitoring the impact of interventions.
- Working with parents and carers.
- Targeted support and appropriate referral.

Legislation and Guidance
This policy acknowledges the statutory requirements and guidance for promoting mental health and wellbeing from the following sources:
- Mental Health and Behaviour in Schools (DfE, 2018)
- Keeping Children Safe in Education (DfE, 2023)
- Supporting Mental Health in Schools and Colleges (DfE, Government Social Research, 2017-18)
- The Equality Act (2010)
- Promoting Children and Young People's Emotional Health and Wellbeing- a Whole School Approach (Public Health England, 2015)
- What Works in Promoting Social and Emotional Wellbeing and Responding to Mental Health Problems in Schools? (National Children's Bureau, 2015)

Role and Responsibilities
The promotion of positive mental health and wellbeing for pupils is everyone's concern. All staff have a duty to contribute to the College's role in the following areas:
- to promote mental wellbeing;
- to identify pupil specific mental health needs;
- providing mental health support for pupils;
- referring to specialist provision.
- (Supporting mental health in schools and colleges summary report, 2017)

Specific Roles

The Governing Body will monitor the effectiveness of this policy and hold the College to account for its implementation. The Headteacher is responsible for the implementation of this policy. There are also other key members of staff who have specific roles to play:

- Designated Mental Health Lead – Adam Sharpe
- Designated Safeguarding Lead – Emily Coffey
- Deputy Designated Safeguarding Leads
- Mental Health First Aiders
- First Aiders
- Heads of House
- SENCO
- Assistant Heads
- PSHE Coordinator

Identifying Mental Health Issues
It is important for staff to be alert to signs that a child might be suffering from mental health issues.

Mental health issues come in many forms and manifest themselves in a wide range of ways including:

- Anxiety and depression;
- Eating disorders;
- Self-harm.

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

Signs and Symptoms of Mental or Emotional Concerns
These are outlined at Appendices 1-3.

Procedures
The most important role staff play is to familiarise themselves with the risk factors and warning signs outlined at Appendices 1-3. All staff should follow the ALGEE framework (see below) if they have a concern about a pupil, if another pupil raises concerns about one of their friends or, if an individual pupil speaks to a member of staff specifically about how they are feeling. Any concerns over students, staff, parents and carers mental health and wellbeing should be passed on to the Mental Health Lead (and the Designated Safeguarding Lead where appropriate) who will decide what course of action should be taken.

ALGEE

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 someone who could help further

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.

Encourage self-help strategies

Please see the College's guidance on self-harm and suicide risk and suicide postvention for details on how self-harm, suicidal ideation and suicide would be responded to.

Appendices 1-3 contains more information regarding procedures for Anxiety and Depression, Eating disorders and Self-Harm.

Maintaining Mental Fitness

The College promotes good mental health through the work of the Mental Fitness and Time to Talk Teams which are both led by the Mental Fitness Lead (Mental Health Lead). We feel the term 'mental fitness' carries less stigma than 'mental health' and pupils generally find the term 'fitness' more appealing than 'health'. The Mental Fitness Lead runs a series of weekly, termly and annual activities/events (these are detailed in the Mental Fitness and Wellbeing Handbook). All these activities work towards usualising mental health and challenging stigma; raising awareness of mental health issues and creating a shared vision and understanding about how mental health and wellbeing can be supported.

Leadership and management that supports and champions efforts to promote emotional health and wellbeing

The College's leadership take emotional health and wellbeing extremely seriously and ensure that both are promoted across the whole College and to all stakeholders. They will endeavour to support the Mental Fitness Lead and provide them with adequate time and resources to carry out their role.

Creating an ethos and environment that promotes respect and values diversity

The College will promote respect, value diversity and relate to and build relationships with pupils. The College will achieve this by teaching the College values in a multi-layered way – promoting them in assemblies, in class and in all adult interactions with pupils; ensuring College/classroom environments include quiet areas; providing a safe and inclusive learning environment; clear systems to promote positive behaviour; using informal opportunities for adults and pupils to talk; anti-bullying events; restorative approaches to discipline and nurture principles such as shared routines and mealtimes.

Curriculum, teaching and learning to promote resilience and support social and emotional learning

The College will teach mental health and wellbeing learning as part of our curriculum; specifically teach resilience and resilience techniques; explicitly teach and coach social and emotion skills, self-awareness, managing feelings, empathy, social skills and aspirations and teach about anti-bullying. The College will also teach pupils coping strategies and self-help tools. The College has a dedicated Personal Development programme which provides ringfenced time for much of the above to be explicitly discussed and taught.

Enabling pupil voice to influence decisions
The College will ensure all pupils have the opportunity to express their views and influence decisions in matters that affect them. This will be achieved in a range of ways such as in class activities and informal and planned conversations with adults; the Student Council; student wellbeing audit; pupil surveys and questionnaires; Time to Talk; termly student meetings and pastoral or academic mentoring.

Supporting staff development to maintain their own wellbeing and that of pupils
The College will support staff in relation to their own health and wellbeing to enable them to best support pupil wellbeing. This will be achieved through creating a shared understanding of the key concepts of social and emotional wellbeing and mental health through Mental Fitness Team initiatives (almost all of which will be open to staff as well as pupils), providing CPD opportunities and providing access to self-help tools and resources.

Working with parents and carers
Parents/carers must disclose to the College 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.

The College will work in partnership with parents and carers to promote wellbeing and mental health. We will also work with parents and carers where there are concerns about the teaching of mental health issues.

This will be achieved through teacher and parent/carer contact opportunities; opportunities at parents' evenings; the College website; providing access to self-help tools and resources.

The College will liaise and work closely with parents and carers as and when wellbeing concerns are raised about a pupil.

Identifying need, monitoring the impact of interventions, targeted support and appropriate referral
The College will identify and provide targeted support to pupils with mental ill health; appropriately refer to other services and regularly work with services for support and information.

As well as the activities and events run by the Mental Fitness Lead pupils also have access to Time to Talk. Time to Talk is a weekly 1:1 conversation with a member of the Time to Talk Team. The sessions are designed to provide

students with a safe and consistent space and time to discuss things that are concerning them and help them to deal with the complexities of teenage life. Logs are kept of each session, and these are reviewed weekly by the Mental Fitness Lead. Pupils may be provided with a range of other interventions and tools to help support their mental health – these would be employed on a case-by-case basis. Please see **appendices for more information.**

Appendix 1 Anxiety and Depression

Anxiety Disorders
Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years.

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with - some people are just naturally more anxious than others, and are quicker to get stressed or worried.

Concerns are raised when anxiety 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.

Anxiety disorders include:
- Generalised anxiety disorder (GAD);
- Panic disorder and agoraphobia;
- Acute stress disorder (ASD);
- Separation anxiety;
- Post-traumatic stress disorder (PTSD);
- 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)

First Aid for anxiety disorders
Follow the ALGEE principles (see main policy).

How to help a pupil having a panic attack
- If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.
- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible.
- Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own.
- Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Be a good listener, without judging.
- Explain to the pupil that they are experiencing a panic attack and not something life threatening such as a heart attack.
- Explain that the attack will soon stop and that they will recover fully.
- Assure the pupil that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

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

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

Risk Factors
- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at College
- Bullying
- Developing a long-term physical illness
- Death of someone close
- Break up of a relationship

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

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

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

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

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

First Aid for anxiety and depression
Follow the ALGEE principles shown in the main policy.

The most important role College staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Mental Fitness Lead and the Designated Safeguarding Lead aware of any child causing concern.

Following the report, the Mental Fitness Lead and the Designated Safeguarding Lead will decide on the appropriate course of action. This may include:
- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Recommending an appointment be booked with a counsellor
- Arranging a referral to Child and Young People's Mental Health Services (CYPMHS previously CAMHS) or private referral – with parental consent
- Giving advice to parents, teachers and other pupils

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

Appendix 2 Eating Disorders

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, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors
The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:
Individual Factors
▪ Difficulty expressing feelings and emotions
▪ A tendency to comply with other's demands
▪ Very high expectations of achievement
Family Factors
▪ A home environment where food, eating, weight or appearance have a disproportionate significance
▪ An 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

Warning Signs
College staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children or from the Mental Fitness Lead.

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 he is fat when he 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 College staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Mental Fitness Lead and the Designated Safeguarding Lead aware of any child causing concern. Following the report, the Mental Fitness Lead and the Designated Safeguarding Lead 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 CYPMHS or private referral – with parental consent
- Giving advice to parents, teachers and other pupils

The College may ask for the pupil to be weighed and to monitor their weight on a regular basis. Parents will be consulted once the pupil has been weighed regardless of whether the weight gives cause for concern. Pupils may choose to confide in a member of College staff if they are concerned about their own welfare or that of a peer. Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of causing themselves harm then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Management of eating disorders in College
Exercise and activity – PE and games.

Taking part in sports, games and activities is an essential part of college life for all pupils. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the Mental Fitness Lead and the Designated Safeguarding Lead deem it appropriate they may liaise with PE staff to monitor the amount of exercise a pupil is doing in College. They may also request that the PE staff advise parents of a sensible exercise programme for out of College hours. All PE teachers at the College will be made aware of which pupils have a known eating disorder.

The College will not discriminate against pupils with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

When a pupil is falling behind in lessons
If a pupil is missing a lot of time at College or is always tired because their eating disorder is disturbing their sleep at night, the Head of House will initially talk to the parents/carers to work out how to prevent their child from falling behind. If applicable, the College will consult with the professional treating the pupil. This information will be shared with the relevant pastoral/ teaching staff on a need to know basis.

Pupils Undergoing Treatment for/Recovering from Eating Disorders
The decision about how, or if, to proceed with a pupil's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the pupil, their parents, College staff and members of the multi-disciplinary team treating the pupil.

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

Further Considerations
Any meetings with a pupil, their parents or their peers regarding eating disorders should be recorded 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 pupil's safeguarding file held by the Designated Safeguarding Lead.

Appendix 3 Self-Harm

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. College staff can play an important role in preventing self-harm and also in supporting pupils, peers and parents of pupils 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
College staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Mental Fitness Lead and the Designated Safeguarding Lead.

Possible warning signs include:
- Changes in eating/sleeping habits (e.g. pupil may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn

- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. always wearing long sleeves, even in very warm weather
- Unwillingness to participate in certain sports activities e.g. swimming

Staff Roles in working with pupils who self-harm
Pupils may choose to confide in a member of College staff if they are concerned about their own welfare or that of a peer. College staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of College staff is showing a considerable amount of courage and trust.

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a pupil is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on you to do so.

Any member of staff who is aware of a pupil engaging in or suspected to be at risk of engaging in self-harm should consult the Mental Fitness Lead and the Designated Safeguarding Lead.

Following the report, the Mental Fitness Lead and the Designated Safeguarding Lead will decide on the appropriate course of action. This may include:
- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Recommending an appointment be booked with a counsellor
- Arranging a referral to CAMHS or private referral – with parental consent
- Immediately removing the pupil from lessons if their remaining in class is likely to cause further distress to themselves or their peers
- In the case of an acutely distressed pupil, the immediate safety of the pupil is paramount and an adult should remain with the pupil at all times
- If a pupil has self-harmed in College a first aider should be called for immediate help

Please see the College's guidance on self-harm and suicide risk and suicide postvention for details on how self-harm, suicidal ideation and suicide would be responded to.

Further Considerations Any meetings with a pupil, their parents or their peers regarding self-harm should be recorded in writing including:
- Dates and times
- Concerns raised
- Details of anyone else who has been informed
- An action plan

This information should be stored in the pupil's safeguarding file held by the Designated Person.

It is important to encourage pupils to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying 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 either the Mental Fitness Lead or the Designated Safeguarding Lead.

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 colleges discover that a number of pupils in the same peer group are harming themselves.

Appendix 4 Further Reading and Useful Links

Department for Education (2021), Mental health and wellbeing resources for teachers and teaching staff:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1110260/Mental_health_resources_for_teachers_and_teaching_staff.pdf
HM Government (2011), No Health Without Mental Health, Department of Health Websites
Young Minds: https://www.youngminds.org.uk/parent/
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: https://www.rcpsych.ac.uk/mental-health/parents-and-young-people