This Policy has been adopted and approved by Gippeswyk Community Educational Trust and has been adapted for use by Copleston High School.

MENTAL HEALTH & WELLBEING POLICY	
Written	March 2023
Ratified by Copleston LGB	27.7.23
Date of next Review	Summer Term 2024
Responsible Officer	DSL – Henry Palmer
Policy Number	ACS25

Definition of a Parent

- All biological parents, whether they are married or not.
- any person who, although not a biological parent, has parental responsibility for a child or young person - this could be an adoptive parent, a step-parent, guardian or other relative
- any person who, although not a biological parent and does not have parental responsibility, has care of a child or young person.

A person typically has care of a child or young person if they are the person with whom the child lives, either full or part time and who looks after the child, irrespective of what their biological or legal relationship is with the child.

Contents

Aims

- Provide information on why a good understanding about mental health is so important
- Provide information on how we will promote positive mental health
- Provide information on how we will try to prevent poor mental health in our children
- To provide staff with an understanding of the different elements of mental health
- Provide staff with guidelines for supporting a child or young person experiencing poor mental health
- How we will provide the support necessary for children and young people and safeguard their physical, emotional and mental wellbeing

Scope and links to other policies

This is a guide to all outlining our approach to promoting mental health and emotional wellbeing within Copleston. It should be read in conjunction with our policies on Equality; Safeguarding; Behaviour for Learning; Attendance and Special Education Needs and Disabilities.

N.B The school recognises that attendance and mental health may also be linked and we have reviewed the Department for Education's Summary of responsibilities where a mental health issue is affecting attendance *February 2023.*

1. Introduction and context

At Copleston, we aim to promote positive mental health and wellbeing for our whole school community (students, young people, 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.

We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

School staff are often the key professionals when it comes to identifying and supporting children and young people's mental wellbeing and are ideally placed to respond to the early signs of mental health difficulties in children and young people.

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".

School 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.

2. A whole school approach to promoting positive mental health

We have researched and used the 'Children and Young People's Mental Health Coalition' report undertaken by the Department of Education in 2021 (revised). This has ensured that we take a whole school approach to promoting positive mental health that aims to help pupils become more resilient, be happy and successful and prevent problems before they arise. This encompasses eight principles:

1. Leadership and Management. The school supports and promotes emotional wellbeing and has created an ethos, policies and relationships that support mental health and resilience that everyone works towards.

2. The school creates an ethos and environment that helps pupils to develop social relationships, support each other, understand diversity and equality and seek help when they need to.

3. The curriculum teaches students social and emotional skills and an awareness of mental health and helps pupils to be resilient learners.

4. The school considers student voice in order to ascertain the areas that students need to develop in order to gain belief in their abilities and help them make informed personal choices whilst creating more independent young people.

5. The school provides support to help staff with any students who may present with risk factors (ACEs- adverse childhood experiences) and how this can impact mental health.

6. The school assesses and plans support to meet students' needs, including working with specialist services.

7. The school recognises that by working with parents and carers, a partnership approach can help inform and educate families to support their child further.

8. The school supports and trains staff to develop their skills, knowledge and resilience. Those staff with specific responsibility for referrals to external agencies are trained and supported appropriately.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where:

- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma
- positive mental health is promoted and valued
- bullying is not tolerated

In addition to students' wellbeing, we also recognise the importance of promoting staff mental health and wellbeing. It is important to raise awareness amongst staff and gain recognition from SLT that staff may have mental health issues, and that they are supported in relation to looking after their wellbeing, instilling a culture of staff and underpinned by behaviour and welfare around the school.

"Mental health is a state of wellbeing 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 Organisation)

Mental health and wellbeing is not just the absence of mental health problems. We want all students/young people to:

- feel confident in themselves.
- be able to express a range of emotions appropriately.
- be able to make and maintain positive relationships with others.
- cope with the stresses of everyday life.

• manage times of stress and be able to deal with change.
• learn and achieve.

3. Raising awareness - School response

We believe the school plays a key part in promoting children and young people's positive mental health and helping to prevent mental health problems. We are not expecting staff to become experts in this field, but the initial response and identification is vital to a student's overall wellbeing and development. It is important for students to know they can speak to any member of staff within the school.

Copleston High School has developed a range of provision and approaches to raise this issue and break down stereotypes and the stigma around mental health including:

For example

- Has a designated mental health lead – Ms King (trained by Place2be June2023)
- Has a team of trained Mental Health first aiders throughout the school
- The school has ongoing campaigns and assemblies to raise awareness of mental health
- Transition programmes to secondary schools which includes all Year 6 children having a staff mentor to support a smooth transition to secondary school
- Class activities such as in form time and PSHE around mental health and relationships for example.
- Has contracted specialist children's mental health support twice weekly in school for all staff, students and parents to access. A Registered mental health nurse in a wellbeing consultant role offers professional consultation to staff and external professionals, assessment of young people's needs and planning or providing interventions as required.
- Displays information around the school about positive mental health and where to go for help and support.
- Operate a school nurse drop-in service for all our students
- Provides a space and works with organisations for our students to access external specialist counselling from agencies such as St Elizabeth's Hospice 565 children's bereavement service and Turning Point substance support.

4. Staff roles and responsibilities, including those with specific responsibility

We believe that all staff have a responsibility to promote positive mental health, and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should be able to look out for any early warning signs of mental health problems and ensure that children experiencing this are signposted to get early intervention and the support they need. If a member of staff is concerned about the mental health or wellbeing of a child or young person, in the first instance they should speak to the mental health team. If there is a concern that the child or young person is at high risk or in danger of immediate harm, the school's safeguarding and child protection procedures will be followed. If the child or young person presents a high-risk medical emergency, immediate emergency first aid procedures will be followed, including involving the emergency services if necessary.

List of key people in Copleston High School and their roles in educating and supporting children with poor mental health:

Role	**Name**
Well-being ambassador	Kelley Osman
Mental health lead	Clair King
Inclusion Lead for Social, Emotional & Mental Health Needs and SENDCO	Tracy Pilkington
Leads on PSHE teaching about mental health	Beth Holt/Lauren Page
Board of Governors Safeguarding Lead	Sarah Anderson
Safeguarding leads	Henry Palmer/Clair King
MHFA around school	Henry Palmer Clair King Helena Bradshaw Lyndsey Brookbanks Laura Goddard Kelly Carnegie Charli Coote Jenna Halesworth Laura Burrows

5. Early identification and common symptoms and behaviours associated with poor mental health

All staff are informed and understand possible risk factors that might make some children more likely to experience problems, such as: 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 should also understand the factors that protect children from adversity and maintain good mental health which allow young people to make healthy choices, 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).

The most common mental health issues to be identified by or disclosed to a member of staff are self-harm, eating disorders, anxiety, depression, suicidal thoughts

These often interlink or overlap and may be serious or moderate, short- or long-term. Any or all of these may be noticed by staff or may be disclosed directly by students, or their parents/carers/friends, to a member of staff.

Definitions Self-Harm:

• Definition: harm to oneself in order to cope, including cutting, burning, consuming poison, scratching, banging, punching, hitting, biting, eating disorders (see below), substance abuse.

• Recognition: Noticing the marks of the self-harm itself; students wearing long sleeves even in warm weather; student reluctant to change or do PE.

• Intervention: Self-harm is usually a coping mechanism rather than a precursor to suicidal thoughts. Successful intervention will either: address the underlying issues causing the need to self-harm – this usually involves serious, long-term psychotherapeutic intervention; and/or help individuals to find healthier coping strategies to perform instead of the self-harm.

• Suggestion for school-based intervention: Working with students to suggest alternative actions for those moments of pressure. These could be put on a card for the student to access at those times.

Eating disorders:

• Definition: Diagnosable eating disorders include Anorexia Nervosa (limiting eating excessively); Bulimia Nervosa (a cycle of binge-purge. The purge may be vomiting, laxatives or overuse of exercise); Binge Eating Disorder (binging without purging) or Other Specified Feeding and Eating Disorders (OSFED). There are also sub-clinical disordered eating patterns which may be a precursor to these.

• Recognition (NB, these do not of themselves always point towards an eating disorder but must be seen as possible identifying features. If in doubt staff should always refer to the Head of Year or senior staff):

Anorexia: Low weight, fear of weight gain; very ordered, controlling or rule-based eating; skipping lunch or being involved in other activities at lunchtime.

Bulimia: normal weight; the 'wannarexic' – wishing to have the perceived control of an anorexic but having cycles of binging. Frequent visits to the loo especially after eating. Obsessive attitude to exercise.

Binge eating disorder: overweight; weight increases despite publicly healthy choices (binging in secret); shame and guilt.

• Intervention: In all cases referral to a health professional is appropriate, often the GP or school nurse in the first instance.

Anxiety:

- Definition: Anxiety ranges from 'generalised anxiety disorder', which causes general, nonspecific anxiety, to panic disorder, social phobia and other phobias, OCD and separation anxiety disorder.

- Recognition: Withdrawal or reluctance to be involved in unexpected or unplanned activities; shaking and high levels of hyperactivity; difficulties in social situations.

- Intervention: Cognitive Behavioural Therapy has been an effective intervention for the treatment of anxiety. In school terms, helping students anticipate anxious situations by giving advance notice, time-out cards and one-to-one support can also be useful.

Depression:

• Definition: Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness. According to the Royal College of Psychiatrists, depression affects 2% of children under 12 years old, and 5% of teenagers.

• Recognition: withdrawal from social groups, isolation and a reluctance to engage. Apathy and/or excessive tiredness.

• Intervention: The strongest evidence supports prevention/early intervention approaches that include a focus on regular work focusing on cognition and behaviour – for example changing thinking patterns and developing problem-solving skills – to relieve and prevent depressive symptoms. Talking therapies (eg counselling) can also be useful.

Suicidal thoughts:

- We are aware that suicide is the leading cause of death in young people and we play a vital role in helping to prevent suicide. Suicidal thoughts are not uncommon among young people and must be taken very seriously. Any such concerns are immediately referred to the mental health team and discussed with:

The Safeguarding Team will be informed immediately and will action accordingly and will follow all legal protocols. The wellbeing consultant and the Leader of Learning will be notified. Parents/carers are sensitively informed immediately (if the young person is aged 18 and over we will take into account their wishes for confidentiality). Any action taken will be discussed with the young person. If external services are already working with the young person, we gain permission to information share with them. Working together is effective and essential at this complex time. Organisations like Papyrus offer bespoke support for families in need and referrals to CAMHS are put in place following a clear understanding of the young person's difficulties are identified. We strongly recommend the family GP is seen as soon as possible.

In the event of death by suicide we follow the Suicide Response Plan.

Raising awareness

Information is shared with staff via PD days, PLT training slots and via the whole school Base and Apex for Time programme. As with most things, early identification is extremely important and can impact greatly on the support they receive and their recovery. At Copleston our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

Examples include:

- Recognising and reporting the signs associated with poor mental health
- Analysing behaviour, recognising emerging patterns of behaviour, suspensions, visits to the medical room/school nurse, attendance and sanctions.
- Gathering information from a previous school at transfer.
- Enabling students to raise concerns to any member of staff- option of an anonymous reporting tool.
- Enabling parents and carers to raise concerns to any member of staff.
- Counsellor, social worker drop-in sessions.

Any member of staff concerned about a student will take this seriously and talk to the Mental Health Team and or the Safeguarding Team. Such concerns will need to be emailed to the designated mental health email (mentalhealth@copleston.suffolk.sch.uk) . Following this, a report on the school's Child Protection reporting system, *My Concern* will be raised by the Mental Health Team. If there is a concern that a student is in danger of immediate harm, then the school's child protection procedures are followed. If there is a medical emergency, then the school's procedures for medical emergencies are followed. Upon establishing the student's need and agreeing on the most appropriate support, signposting to internal provision or external agencies and services can take place.

Signs and symptoms

Physical	**Psychological**	**Behavioural**
Fatigue	Anxiety or distress	Drug or alcohol misuse
Indigestion or upset stomach	Tearfulness	Using recreational drugs
Headaches	Feeling low	Withdrawal/Change in mood
Appetitive and weight changes	Mood changes	Resigned attitude
Joint and back pain	Indecision	Irritability, anger or aggression
Changes in sleep patterns	Loss of motivation	Over excitement or euphoria
Visible tension or trembling	Loss of humour	Restlessness
Nervous trembling speech	Increased sensitivity	An increase in lateness or absenteeism

Chest or throat pain	Distraction or confusion	Isolation from friends and family and becoming socially withdrawn
Sweating	Difficulty relaxing	Intense or obsessive activity
Constantly feeling cold	Lapses in memory	Repetitive speech or activity
Not want to do PE or get changed for PE	Illogical or irrational thought processes	Impaired or inconsistent performance
Wearing long sleeves in hot weather	Difficulty taking information in	Uncharacteristic errors
Physical signs of harm that are repeated or appear non-accidental	Responding to experiences, sensations or people not observable by others	Increased sickness absence
Repeated physical pain or nausea with no evident cause	Talking or joking about self-harm or suicide	Uncharacteristic problems with peers
	Expressing feelings of failure, uselessness or loss of hope	Apparent over reaction to problems
		Risk taking
		Disruptive or anti-social behaviour
		Secretive behaviour
		Falling academic achievement
		Appearing to have increased academic pressure

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

6. Disclosures and confidentiality

The school shares with students information about mental health and who the Lead person is and who else can support them. The Safeguarding Lead and DSLs will record any disclosures in order to provide appropriate support to the student. (see Appendix 5 for the flow chart for responding to a mental health concern). All reports are recorded and held on the school's electronic safeguarding system (My Concern) and include action taken.

Confidentiality can never be promised however, we must make it clear to children and young people that particular members of staff may well need to know this information about them. We will tell them:

- Who we are going to tell
- What we are going to tell them
- Why we need to tell them
- When we are going to tell them
- How the information will be stored and who has access to the information

7. Informing and working with parents and carers

Form tutors may be involved at an initial level to support the student in the first instance. Leaders of Learning and the Safeguarding team will primarily oversee the liaison with parents. Following this, where needed, a referral to the school nurse and/or the wellbeing consultant may be made.

The school will usually talk with both the child or young person and the parents or carers. Parents and carers are informed with regards to confidentiality. If it is necessary for us to pass on our concerns about a child or young person, then we will discuss this with the student. If the young person does not want the school to share information, then we should explore this further with the young person to better understand the reasons for this. In some rare cases this will mean the information is not shared with the parents or carers.

Children under 16, according to UK law, can make decisions about how support works for them without us discussing it with a parent or carer, if they are deemed to be mature enough to understand what will happen with their information. A parent or carer cannot override this consent. (see below)

Gillick Competency. According to UK law, a child can give consent to be referred for treatment without parental knowledge if they are under the age of 16, as long as they are able to demonstrate sufficient maturity and intelligence to understand the nature and implications of the proposed treatment, including the risks and alternative courses of actions.

There are exceptions and certain situations when information must be shared. Confidentiality may need to be breached especially if the child or young person is considered to be a risk to self or others. In such cases information must always be shared with another member of staff and / or a parent / carer. This is to make sure the young person is safe. We will always tell the young person if we need to do this. Should for any reason a student may find it difficult to broach this with their parent or carer then a member of staff from the school will always give children and young

people the option of informing parents for them or with them. If the young person chooses to tell their parents / carers themselves then the young person should be given 24 hours to share this information before the school contacts parents/carers. Of course, we need to consider the level of urgency and if the child is at immediate risk of significant harm. If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Senior Safeguarding Leads and/or the Principal must be informed immediately.

Advising parents on how best to support their child will be an important part of the whole process. Parents themselves may be experiencing poor mental health and not know how best they can help their child. The school will always highlight further sources of information and give them resources such as leaflets and details about external agencies and support.

We seek pupils' views and value their feedback. We have joined the NHS HealthWatch Suffolk questionnaire 2023 to gain the views of our school pupils and consider the outcomes to inform decisions we make regarding provisions of services moving forward. https://healthwatchsuffolk.co.uk/mhof/

8. Supporting children, referring on and signposting

When a student has been identified as having a cause for concern, it will be important to assess those needs and consider how they are best met. In some cases, the provision in school will be sufficient but on other occasions they may need to be referred on to other agencies. See Appendix 3 for information on making a quality referral. Once the child or young person is receiving support either through school, CAMHS or another organisation, it is recommended that an individual care plan should be drawn up. The development of the plan should involve the student and any relevant professionals. The parent may be included, if required and they are aware.

Suggested elements of this plan include:

- Details of the student's situation/condition/diagnosis
- Special requirements or strategies and necessary precautions
- Medication and any side effects
- Who to contact in an emergency
- The role of the school and specific staff.

Signposting
We will ensure that staff, students and parent/carers are aware of the support services available to them, and how they can access these services.

Support within school:
Mental Health lead
Wellbeing ambassador
MH First aiders
Learning Mentors
Close contact to outside counselling service
School Nurse Service
Access to Shout
Access to social worker services and early help teams
Notice boards, Website, newsletters

External support (examples)
Helplines and services are available (Childline, Samaritans, NSPCC, Shout, The Source, Kooth)

GP referral/CAMHS/ Emotional wellbeing hub/ Inspire wellbeing counselling/CYPS/4YP / St Elizabeths Hospice /Papyrus/Turning Point

A list of other support services can be found in Appendix 4

9. Curriculum

Our Relationships, Sex and Health Education (RSE) curriculum is newly updated, in line with Department for Education guidance on PSHE and RSHE. Through the PSHE curriculum we teach the knowledge and social and emotional skills that will help children and young people to be more resilient, understand about mental health and be less affected by the stigma of mental health problems.

We follow the guidance issued by PSHE association to prepare us to teach about mental health and emotional health safely and sensitively.

The Base and The Apex form time programmes also offer information on mental health and wellbeing. This is updated regularly and produced in liaison with the PSHE coordinator. Assemblies that reflect the school's vision, and in particular 'resilience' are shared and developed by experts and professional who all draw upon research and external sources of information. Visiting PSHE speakers, trips and visits are also all aligned to the wellbeing needs of the students. All of the RSE, PSHE and wellbeing materials incorporated into the curriculum are overseen by the Vice Principal who oversees the Curriculum.

An outline of resources can be found in Appendix 4

10. Training and staff awareness and quality assurance

All staff at Copleston have access to My Concern and those teaching PSHE receive regular updates and comprehensive teaching resources. All staff will receive regular training about recognising and responding to

mental health issues as part of their regular child protection training to enable them to keep children and young people safe. Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with the PSHE lead and the CPD lead, who can help to source relevant training and support for individuals as needed.

We will endeavour to verify that any external trainers or speakers are suitable; for example, by seeking recommendations or feedback from other schools that have used the same trainer, by agreeing the content of the session beforehand, by checking company websites, by consulting where necessary with the trust designated safeguarding and child protection lead etc. This helps us to ensure staff training is appropriate, up to date and valuable to participants and also to meet our responsibilities.

11. Monitoring and evaluation

This policy will be regularly reviewed and monitored as to its effectiveness. Any required changes to the policy will be discussed with the Trust Safeguarding and Child Protection Lead to ensure any changes and or improvements are equally reflected across the trust.

12. References

This policy was put together using the following sources and reading material:

Anna Freud National Centre for Children and Families
Luminate Education group draft Wellbeing Policy
Liverpool CAMHS
Charlie Waller Memoria
Children & Young People's Mental Health Coalition

APPENDIX 1

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

	Risk Factors	**Protective Factors**
In the Child	• Genetic influences • Specific development delay • Communication difficulties • Physical illness • Academic failure • Low self-esteem • SEND	• 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	• 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	• 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	• Bullying • Discrimination • Breakdown in or lack of positive friendships • Negative peer influences • Peer pressure • Poor pupil to teacher relationships	• Clear policies on behaviour and bullying • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging • Positive peer influences
In the Community	• Socio-economic disadvantage • Homelessness	• Wider supportive network • Good housing

Appendix 2- Conversation checklist support for staff

- Avoid interruptions – switch off phones and ensure private confidential space
- Ask simple, open, non-judgemental questions
- Avoid judgemental or patronising responses
- Speak calmly
- Maintain eye contact
- Listen actively and carefully rather than advise
- Encourage the child or young person to talk
- Show empathy and understanding
- Be prepared for some silences and be patient but do not push the issue
- Focus on the child, not the problem
- Avoid making assumptions or being prescriptive
- Follow up any concerns with the Mental Health Ambassador or Designated Safeguarding Lead.
- Never promise confidentiality and tell the child or young person who the information will be shared with
- All disclosures are recorded and held on the student's confidential file, including date, name of student and member of staff to whom they disclosed, summary of the disclosure and next steps.

Questions that could be asked

- How are you doing at the moment?
- You seem to be a bit down/upset/under pressure/frustrated/angry. Is everything okay?
- I've noticed you've been arriving late recently and I wondered if you are okay?
- I've noticed your homework is late when they usually are not. Is everything okay?
- Is there anything I can do to help?
- What would you like to happen? How?
- What support do you think might help?
- Have you spoken to anyone or looked for help anywhere else?

Questions to avoid

- You're clearly struggling. What's up?
- Why can't you get your act together?
- What do you expect me to do about it?
- Your academic performance is really unacceptable right now – what's going on?
- Everyone else is in the same boat and they're okay. Why aren't you?
- How do you expect to pass your exams or get a job?

Appendix 3- What makes a good quality referral

The school will ensure that all the factors below will be considered by the Mental Health/Safeguarding Team and wellbeing consultant before making a referral to an external agency:

- What's the problem; who does it affect and how (sleep, hygiene, nutrition, relationships, home, education, employment)?
- What's the duration?
- What's the severity; according to the student/young person and parent/carer and adult (if involved)?
- What's been done so far and by whom? Was it helpful?
- What other plans, if any, have been made? Who else is involved?
- What, if any, other problems are there within the student/young person's home or school/work environment?

- What, if any, findings (history/symptoms/signs) might be of relevance e.g. drugs, alcohol, risky behaviour, weight and height, evidence of cutting?
- What risks to the student/young person's safety are there? E.g. abuse, significant self-harm etc.

Appendix 4- Resources

Gov.uk Press release on Extra mental health support for students and staff

Academy and curriculum

Action for Happiness
Anna Freud Centre
Association for Young People's Health (AYPH)
Barnardo's
Charlie Waller Memorial Trust cwmt.org.uk
Early Intervention Foundation eif.org.uk
Heads Together headstogether.org.uk
Hub of Hope hubofhope.co.uk
DfE Mental Health and Behaviour in Schools
Mental Health Foundation mentalhealth.org.uk
MHFA England Mind.org.uk
myhappymind.org
Place2Be
Reading Well Books on Prescription
Rethink Mental Illness rethink.org
Rise Above for Schools
Royal College of Psychiatrists rcpsych.ac.uk
Time to Change time-to-change.org.uk
Winston's Wish Young Minds

Books

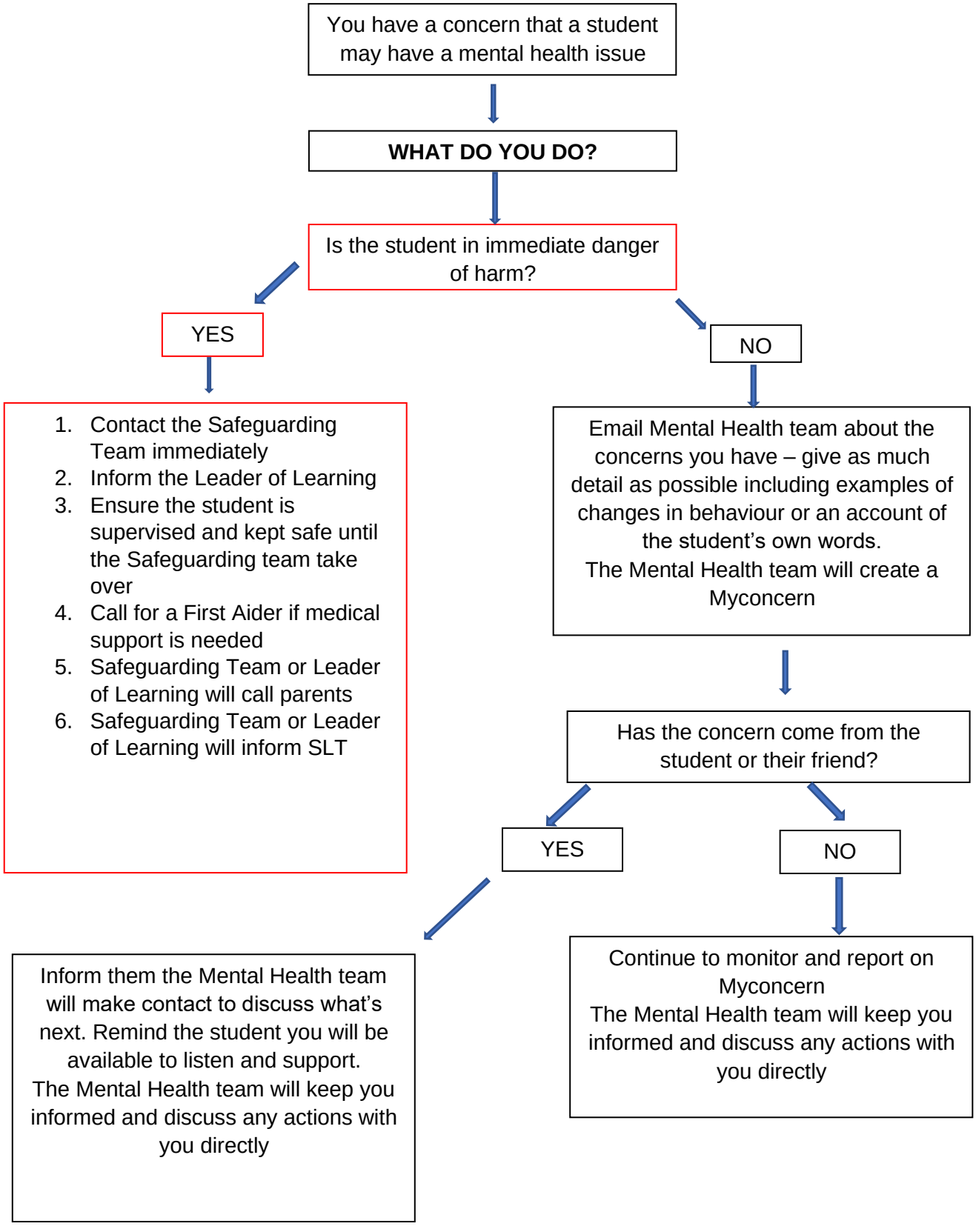
Huge bag of worries by Virginia Ironside
Feelings by Aliki Branderberg
The Illustrated Mum By Jaqueline Wilson

Support for children, young people and parents and carers

Childline.org.uk
Familylinks.org.uk
Kooth.com
Papyrus
The mix.org.uk
Samaritans.org
Studentminds.org.uk
Switchboard.lgbt
Youngminds.org.uk

Appendix 5 - Flowchart for responding to a mental health concern

<u>Referral process for staff to follow when responding to a mental health concern</u>
Mental Health team: Clair King and Henry Palmer, supported by Kelley Osman
mentalhealth@copleston.suffolk.sch.uk



WHAT HAPPENS NEXT?

Mental Health team will assess student for:

- Changes in personality
- Changes in emotion
- Isolation
- Sudden absence of self-care
- Sense of hopelessness or feeling overwhelmed
- Warning Signs of Suicide

Is the student under 16years old?

YES

NO

Inform the parents/carer, unless there is a danger of increasing further risk for the student

Liaise directly with the young person

If new concern, monitor for agreed period (no longer than 6 weeks)

Liaise directly with Form Tutor and teachers with indicators to look for and report on

Develop a plan of support and actions. The Leader of Learning will be informed. Remain transparent – keep the young person informed

Agreed external support and application for identified service:

GP/NHS

EWBH/CYPS

Child and family team

School Nurse Service

St Elizabeth Hospice- Bereavement

Turning Point

Iceni

4YP

Beat/Eating Disorder Team

Early Help Team
MASH

Alternative Provision
Psychology and Therapeutic Services

In-school provision:
De-escalation support

Anxiety strategies

Clear support plan shared with staff

Identify a mentor

Daily check in with Form Tutor

Leader of Learning support

School nurse drop-in

Support from MHFA

Referral to Wellbeing Consultant

Referral/Support from Mental Health Lead

Signpost relevant organisation from resources hub

Appendix 6 – Suicide response plan

SUICIDE RESPONSE PLAN

The purpose of this document is to ensure all individuals involved are dedicated to sensitively but factually managing Copleston's response to a death by suicide. In doing so, we aim to provide support and protection for our students, families/carers and staff.

BREAKING THE NEWS

ESTABLISH THE FACTS BEFORE ACTING ON NEWS OF A SUSPECTED SUICIDE

We will contact the family as soon as you can. This is a difficult time and the pain and distress felt by all needs to be acknowledged. It is likely that our Principal, Mr Andy Green, will be speaking to the family and will ensure he has support with this. We are aware that it is likely to be many months before an inquest is held, and that in many cases the death is not officially recorded as death by suicide. It is important to note that there may be a great deal of speculation, which could mean Copleston has to act on the basis that the death is being treated or suspected to be a suicide.

CONSIDER SAFE AND RESPONSIBLE MESSAGING AT ALL TIMES

It is important to be factual and, where possible, address rumours that may be circulating. We will avoid sharing details of the death, such as the method used, if there was a note and the contents of the note.

While only a coroner can give a verdict of death by suicide, if a death is talked about or, indeed, reported as a suspected suicide, we will consider acknowledging this in appropriate communications.

NOTIFY OUR SENIOR MANAGEMENT TEAM

It is important to act quickly, while at the same time preparing our leadership team and administrative team for continuous enquiries.

BREAKING THE NEWS TO YOUNG PEOPLE CAN BE EXTREMELY DIFFICULT

We would tell staff first and give them time to take in the news before addressing students. We will emphasise that staff know where, and to who, they can turn for emotional support. The impact on staff will be carefully monitored.

BEST PRACTICE SUGGESTS THAT, WHERE POSSIBLE, IT IS BETTER TO BREAK THE NEWS TO YOUNG PEOPLE IN SMALL GROUPS OR CLASSES.

When breaking the news, it is important to note we will be factual but will avoid detail about the suicidal act itself. Rumours may be circulating, and people may ask directly but do not disclose details about the method used, whether there was a suicide note, or its contents.

We will provide information and reassurance about emotions and responses to the news. We will encourage support and care for each other.

We will include information about where to go for support and information

https://www.papyrus-uk.org/suicide-bereavement-support/

We will prepare a statement for staff to use when talking to families and young people to ensure consistency across the school. Ultimately, any such conversations will be passed on to the Senior Management Team, providing our staff with a polite and brief statement.

We will consider providing immediate counselling or emotional support to young people and staff at the school.

We will endeavour to strike a balance between sensitivity to those who are grieving and in shock, on the one hand, and the need to maintain the school routine, on the other. We will provide a supervised safe space where students can go if they are upset. The student will receive support from our Wellbeing Consultant and Mental Health Lead.

CONTACTING OUR SCHOOL COMMUNITY

In the event of a suspected suicide, we will consider how to inform the wider community. (The Samaritans Step by Step service or Papyrus can assist with this)

Parents/carers and all staff need to know:

• in brief what has happened (include pertinent facts without going into details) and what support the school is putting in place
• what actions the school will take with regards to memorials and funerals
• where to find further information about suicide and grief
• what support is available
• the importance of talking and seeking support
• the importance in supporting and looking out for each other
• where to access support for themselves
• what to do if they are worried about someone else.

COMMUNCATING SENSITIVELY AND APPROPRIATELY ABOUT SUICIDE

Exposure to suicide, whether through a personal connection or through media, is an established risk factor for suicide.

Information shared in the immediate aftermath of a suspected suicide should include and reinforce:

• facts (not rumours)
• an understanding that death is permanent.
• an exploration of normal and wide-ranging reactions to suspected suicide (expressions of anger and guilt are entirely normal) and an understanding that, with support, people can and will cope.
• an understanding that fleeting thoughts of suicide are not unusual and what to do if you experience this
• an awareness of suicidal warning signs and resources available to help
• how the community can remember the person who has died.

WHEN DISCUSSING ANY SUSPECTED SUICIDE, IT IS STRONGLY RECOMMENDED THE INFORMATION GIVEN:

• is factually correct but does not include detail of the suicide or the method used
• does not romanticise, glorify or vilify the death
• does not include details of any suicide note
• does not include speculation over the motive for suicide
• includes messages of hope e.g. talking helps
• focuses on the person and where those affected can find support and help should they need it.

STARTING DIFFICULT CONVERSATIONS

IF YOU'RE WORRIED ABOUT A YOUNG PERSON, TRY TO GET THEM TO TALK TO YOU

• Often people want to talk but won't speak until someone asks how they are. Try asking open questions (e.g. 'What happened about...', 'Tell me about...', 'How do you feel about...')
• Reflect back what they say to show you understand and ask more questions.
• Focus on their feelings instead of trying to solve the problem - it can be of more help and shows you care.
• Respect what they tell you. Sometimes it's easy to want to try and fix a young person's problems or give them advice. Try and let them make their own decisions.

FIND A GOOD TIME AND PLACE
Ask gentle questions and listen with care.
Ask them how they feel. If you're gentle and calm it's ok to bring up the subject of self-harm or suicide.
The more open the question the better. Questions that help someone talk through their problems instead of being able to say 'yes' or 'no' are the most useful.
Questions such as:
• When – 'When did you realise?
• Where – 'Where did that happen?'
• What – 'What else happened?'
• How – 'How did that feel?'
• Why – be careful with this one as it can make someone defensive. 'What made you choose that?' or 'What were you thinking about at the time?' are more effective.

MEMORIALS

Following any death, there is a natural wish to pay tribute to the person who has died. Following a death by suspected suicide, there is a need for careful planning and management of any memorial at Copleston. Memorials should be handled with great care and sensitivity. It is important to acknowledge the desire for the memorial but also to recognise the potential risk of glamorising or sensationalising a death that is rumoured or known to be by suicide. This can unintentionally increase the risk of others taking their own lives.

FUNERALS

The nature of the student's death should not by itself encourage greater attendance at the funeral than it would for any other death of a student or staff member.
Attendance at a funeral should be managed in the same way as any other death. We will share funeral arrangements with staff and students and make sure we support those who wish to attend the funeral as much as possible.

RESPONDING TO ATTEMPTED SUICIDE

While suicide is the second most common cause of death among young people aged 10–24, most suicide attempts do not result in death.
Young people usually return to their school or college following a suicide attempt, and educational settings should not underestimate the impact of this on others.
It is imperative that anyone who has attempted suicide is appropriately referred to and cared for by mental health professionals. Mental health professionals will be able to work alongside Copleston in the following key areas:
• Planning support for a student who has attempted suicide.
• Identify friends and others who may be affected.

It is essential that a support plan is developed and approved by the Mental Health Lead, the young person, the family and the mental health professionals before the young person returns to school.
WHEN MEETING WITH THE YOUNG PERSON'S FAMILY, CRITICAL AREAS FOR SENSITIVE DISCUSSION ARE:
• what information is shared with whom

- the support plan for their young person’s return
- the support for any siblings and close friends at Copleston
- liaison with the mental health professionals.

Appendix 7 – Mental health and wellbeing posters

What wellbeing looks like at Copleston

Level 1 Ethos and Approach For all members of the Copleston community	**Level 2** Universal support for all students	**Level 3** Identified students needing additional support who will be internally referred to either;	**Level 4** Specialist external support
• Quality First Training • Whole school approach to wellbeing • Understanding policies, procedures and chosen resources from our resources hub	• Daily meet and greet • Engagement with form tutors • School nurse drop in • Leaders of Learning • Pastoral support • Safeguarding and mental health team • Years 7-10 BASE tutor programme • What's on Wednesday (W.O.W) Year 7's • Personal, Social, Health and Economic Education (PSHE) Years 7-9 • Extra curricular activities	• Leaders of Learning • School nurse appointments • Wellbeing consultant assessments/ observation/ appointments • Mental Health First Aiders • Mental Health Lead • Safeguarding and mental health team • Student mentoring	• Children and Young People Services • St Elizabeths Hospice • Norfolk and Suffolk NHS Foundation Trust/ NHS/GP • Inspire Wellbeing counselling • 4YP • Turning Point • Iceni project • Psychology and therapeutic services • Virtual schools • Alternative provision • Eating disorders team