HOMEFIELD PREPARATORY SCHOOL

MENTAL HEALTH AND WELLBEING POLICY

This policy also applies to the EYFS

Updated	Review Date	Version
March 2025	September 2025	2025.03

Signed: Ms M Gardiner Boiling (Chair of Governors)

This policy should be read in conjunction with other relevant School policies, including the Anti-Bullying Policy, Online Safety Policy, PSHE Policy and Safeguarding and Child Protection Policy and also Keeping Children Safe in Education (2024).

At Homefield Prep School we are committed to supporting the positive mental health and wellbeing of our whole community of children, staff, parents and carers. Our ethos is supportive, caring and respectful. We understand how important positive mental health and wellbeing is to our lives. We recognise that children's mental health is a vital factor in their overall wellbeing and how it can affect their learning and achievements. Our School encourages children to be open and we support all children to have their voice heard through a variety of avenues, including lessons, assemblies, School Council and Form time.

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". Our School is a place for children to experience a nurturing and supportive environment. We support the children to develop their self-esteem and build resilience. We understand all children and their families go through ups and downs, and some face significant life events.

Our culture of nurturing children and building resilience to mental health problems means our School is a safe place where:
- Every child feels valued;
- Every child has a sense of belonging;
- Every child feels able to talk openly with trusted members of staff about their problems;
- Positive mental health is promoted;
- Bullying and general unkindness is not tolerated.

We recognise the importance of supporting positive mental health and wellbeing within the whole School community recognising that positive mental health is everybody's responsibility. This is supported by a staff body who are caring and have trusted professional relationships with our pupils.

This Policy is a guide for all teaching and non-teaching staff. It outlines our approach and commitment to promoting and supporting positive mental health and wellbeing in the whole School community.

This Policy sets out:
- How we promote and support positive mental health in the whole School community;
- How we identify and support children with mental health and wellbeing needs;
- How we prevent mental health and wellbeing problems;
- How we support whole families in dealing with children's mental health problems;
- How we support staff in spotting early warning signs in children and addressing poor mental health.

The World Health Organisation defines Mental Health as "a state of wellbeing in which every individual realises his or her own potential, can cope with the natural stresses of life,

can work productively and fruitfully, and is able to make a contribution to her or his community". Young Minds say that "We all have mental health, just like we all have physical health. Sometimes we feel well, and sometimes we don't."

Homefield recognises that positive mental health and wellbeing is not simply the absence of mental health problems, but that we need to be proactive in promoting good mental health for all members of the Homefield community.

We know building children's confidence and self-esteem in a safe environment is vital to positive mental health and successful learning outcomes. At Homefield, we want all children to:
- Understand their emotions and experiences;
- Form and maintain friendships and relationships;
- Have a strong sense of self;
- Be able to express a range of emotions appropriately;
- Develop resilience and cope with setbacks;
- Manage the stresses of everyday life and be able to deal with change;
- Learn and achieve.

We maintain a positive mental health environment for pupils and staff by:
- Promoting our School ethos and values, and encouraging a sense of belonging and community;
- Providing opportunities to develop self-worth;
- Valuing each pupil for who they are;
- Celebrating academic and non-academic achievements;
- Supporting our children to have their say and participate in decision-making;
- Raising awareness amongst staff about early warning signs and symptoms of poor mental health;
- Supporting staff who are struggling with their own mental health.

Staff Roles and Responsibilities
- Head – Christopher Hammond (Gemma Anderson from April 2025)
- Designated Safeguarding Lead – Emma Field
- Deputy Head, Assistant Heads, Deputy Designated Child Protection Leads – Lisa Crook, Ed Smith, Emma Field, Carys Smith
- Assistant Head Pastoral – Ed Smith
- Head of Inclusion – Emily Read
- Mental Health Lead and ELSA- Hannah Sharrad

All teaching and non-teaching staff have a responsibility and important role in promoting and supporting the mental health and wellbeing of children and each other. We understand some children will need additional help and we know all staff have a responsibility to look out for early warning signs to ensure children get the early intervention and support they need.

We recognise that many behaviours and emotional problems can be supported within the School environment, or with guidance from external professionals. We are developing

improved links with mental health professionals and organisations that provide support with mental health needs to children and their families.

A mental health concern about a child that is also a safeguarding concern indicates that immediate action should be taken following procedures in the Child Protection and Safeguarding Policy. A member of the Safeguarding Team should also be spoken to, or the DSL.

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Promoting and Supporting Children's Positive Mental Health
Our School promotes positive mental health and we aim to prevent mental health problems through our developed range of activities and strategies including:
- Class/Form activities – certificates and house points/awards, circle time;
- House meetings and School Council Meetings;
- Whole School initiatives – Wellbeing Week, displays or work and information around School.

Through our whole-School PSHE programme, we teach social and emotional skills to develop the children's confidence and resilience. Throughout we explore simple strategies for managing feelings and who to go to if children are feeling worried or upset. We help children to develop positive coping strategies and build their understanding of how to motivate themselves, be supportive of others, and the importance of talking to someone and how to get help.

Identifying and Supporting Children with Mental Health needs
Our approach is to encourage and support children to express themselves and be listened to, in a safe environment. All staff have a responsibility to facilitate and support positive mental health. We aim to spot the early warning signs of poor mental health and to identify appropriate support for the children based on their needs. We involve parents and carers wherever possible and the children themselves in the care and support they need in School.

We take a whole-community approach towards the mental health of our pupils. Our aim is to support the whole family if possible, but we recognise that school staff are not mental health professionals. This means regular communication with parents explaining our concerns if appropriate and giving parents guidance about who they can talk to about their children's mental health problems. We involve parents and carers, advise parents to engage with the services of mental health professionals if required, and work with professional partners and agencies where necessary.

Disclosures by Children of Mental Health Concerns

Our School recognises the importance of staff remaining calm, supportive and non-judgemental with children who disclose a concern. Staff should make it clear to the children that the concern will be shared with the Assistant Head Pastoral, the Head of Inclusion or a member of the SLT to help them and get the support they need. Staff understand they need to listen, not advise and that a mental health disclosure has the potential to become a safeguarding disclosure. If this is the case the School Safeguarding Policy and Procedures should be followed.

Interventions and Support

All concerns are reported to the Assistant Head Pastoral, the Head of Inclusion or a member of SLT and are recorded on the pastoral system on MyConcern. The level of need is assessed to ensure the child gets the appropriate support from within School or from an external health professional. We aim to put early interventions in place wherever possible and to prevent problems escalating. Interventions that we currently run in School to support pupils who have poor mental health are:

- My Space- a 1:1 intervention run by the School's Emotional Literacy Support Assistant (ELSA)
- Social and friendship groups
- Wellbeing clubs, running 3 lunchtimes per week

Following an assessment:

- A plan will be put in place setting out how the pupil will be supported;
- Action needed to provide that support will be provided; and
- Regular reviews to assess the effectiveness of the provision and changes made where necessary.

We have access to a range of specialist services, including CAMHS. We involve the children themselves and their parents or carers, and if appropriate put in place support for their friends/peers in School. We make every effort to support parents and carers to access services where appropriate. If we make a referral to children's services, the school will follow our Child Protection and Safeguarding policy.

<u>Appendix A:</u>

This Appendix was written using the guidance from Charlie Waller Trust: Policy and Procedures Appendices.

Further information and sources of support about common mental health issues:

Apps, Online Support and Further Reading

A range of apps, online support and further reading covering mental health problems most commonly seen in school-aged children and young people. Some resources are aimed at children and/or young people experiencing mental health problems, whilst others are suited to parents/carers and school staff supporting a child or young person. Some of the apps and other resources may be helpful for more than one specific issue.

General Mental Health & Wellbeing

Apps

- **eQuoo:** a storyline and skills game which supports the development of resilience, personal growth and interpersonal relationship skills.
  https://www.equoogame.com/
- **MeeToo:** a safe and secure forum for teenagers wanting to discuss any issue affecting their lives.
  https://www.meetoo.help
- **ThinkNinja:** a mental health app designed for 10 to 18 year olds. Using a variety of content and tools, it allows young people to learn about mental health and emotional wellbeing and develop skills they can use to build resilience and stay well.
  App Store

  Google Play

Online Support

- **Hub of Hope**: a mental health database of local, national, peer, community, charity, private and NHS support.
  https://hubofhope.co.uk/
- **ChildLine:** information, advice, support and tools for children and young people up to 19 years old.
  0800 1111 www.childline.org.uk
- **Kooth:** free online counselling for 10-18 year olds.
  https://www.kooth.com/
- **The Mix:** advice, blogs, articles and 1-2-1 online chat and messenger options for older teens and young adults.
  0808 808 4994 www.themix.org.uk

- **Muslim Youth Helpline:** non-judgemental, confidential support 7 days a week, 365 days a year including bank holidays and Eid.
  www.myh.org.uk
- **Shout:** a free, confidential and anonymous text support service.
  Txt 85258 https://giveusashout.org/get-help/
- **YoungMinds:** mental health support for young people and their parents. And carers
  https://www.youngminds.org.uk/

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When worrying thoughts, overwhelming anxiety, fear or panic are repeatedly present over several weeks or months and negatively impact a young person's ability to access or enjoy day-to-day life, intervention is needed.

Apps

- **Chill Panda:** Tasks include simple breathing techniques and light exercises to take your mind off your worries.
  http://chillpanda.co.uk
- **Worry Tree:** Uses cognitive behavioural therapy (CBT) techniques to help notice and challenge worries and create an action plan for managing worry.
  https://www.worry-tree.com/
- **Thrive:** helps prevent and manage stress, anxiety and related conditions. The game based app can be used to relax before a stressful situation or on a more regular basis.
  https://thrive.uk.com/

Online support

- **Anxiety UK:** A range of free and paid for self-help resources.
  www.anxietyuk.org.uk
  Free anxiety resources from anxietyuk.org.uk

Obsessions and compulsions

Obsessions are intrusive thoughts or feelings which are disturbing or upsetting; compulsions are the behaviours carried out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so.

Online support

- **OCD UK:** advice, information, and support services for those affected by OCD.
  www.ocduk.org/ocd

- **OCD Youth:** aims to increase awareness and access to support for anyone under 25 affected by OCD.
  https://ocdaction.org.uk/ocd-youth/

Eating problems

Problems with eating, along with preoccupation with weight and shape, may develop as a way of coping with difficult emotions or experiences. Some young people develop eating disorders such as anorexia (where food intake is restricted), or bulimia nervosa (a cycle of bingeing and purging). Early intervention is crucial to protect physical and mental health.

Apps

- **Recovery Record:** Technology-enabled best practice for eating disorder treatment.
  https://www.recoveryrecord.co.uk/

Online support

- **Beat Eating Disorders:** helplines, chatrooms and resources.
  https://www.beateatingdisorders.org.uk/
- NHS Advice for parents: eating disorders.
  https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/advice-for-parents/

Appendix B:

This Appendix was written using the guidance of the Sutton LSCP Management of young people who self-harm or have suicidal ideation.

Self-harming behaviours and suicidal ideation

Purpose:

The National Institute for Health and Care Excellence (NICE) self-harm guidance recognises that most acts of self-harm are unseen by professionals and that most people who access services are unlikely to receive bespoke self-harm services. The emphasis is therefore on employers and commissioners having processes in place to ensure that staff in direct contact with children and young people have the necessary skills and knowledge to manage self-harm for those that are not under acute or specialist medical management.

Definition:

Self-harm is defined as when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress. However, the intention is more often to punish themselves, express their distress, or relieve unbearable tension. Sometimes the reason is a mixture of both. Self-harm can also be a cry for help and some individuals may go on to complete a suicide attempt. Although some people who self-harm are at a high risk of suicide, many people who self-harm don't want to end their lives. In fact, self-harm may help them cope with emotional distress, so they don't feel the need to kill themselves.

Suicidal ideation or suicidal thoughts are when somebody feels like they want to die. Suicidal thoughts or an overwhelming desire to complete suicide usually happens during episodes of low mood or depression. Suicidal ideation is usually not followed by actions to complete suicide.

Suicidal intent is when somebody wants to die and has a plan to complete suicide. Suicidal intent must always be considered as high risk.

Managing Self-harm Flowchart

Disclosure or concerns about a young person self-harming or with suicidal ideation

- Worker reports, records, and discusses information with line manager/safeguarding lead/named professional immediately;
- The appropriate worker assesses risk with the information available and makes a decision about the relevant course of action which may include identifying the most appropriate trained adult to meet with the young person;
- The appropriate worker should always contact parents/carers, unless it would increase the risk of harm. If parents/carers are not informed this should be clearly recorded with the reason why

Early Help / Additional Needs
E.g. One-off incident which caused no harm and without expression of further intent

Manage in-house
E.g. Targeted work with young person:
- Direct work with a young person;
- Initiate an Early Help Assessment, if appropriate;
- Consider contacting CAMHS SPA; MHST and EWS, and the Self-Harm Nurse for advice;
- Consider referral to CFCS for Targeted Early Help Service
- Signpost to appropriate support agencies, if necessary, considering GP, school nurses and the voluntary sector

If no referral to other services is made, please record reasons for not doing so.

(Response is consent based)

Children with complex needs
E.g One-off incident that caused harm and/or expression of intent for further self-harm

Consider:
- Referral to CAMHS SPA
- If you are unsure of the level of risk, contact CAMHS SPA first on 0203 513 3800 (option 1) (Response is consent based)

If there are safeguarding concerns, where there are other factors around parenting capacity, environmental factors, and/or developmental needs:
- Contact CFCS as well on 0208 770 6001; or
- Allocated social worker, if applicable.

(Obtain consent where possible)

Children in acute need
E.g. Significant harm, if one of the below applies:
1. The child's actions could result in their death, or serious injury requiring hospital admission;
2. Intervention and support work is failing to reduce the risk of incidence;
3. Evidence and risk factors suggest that child protection issues form part of the motivation for self-harm or suicidal ideation: this includes bullying or self-harm as part of gang culture

Always:
- Contact CAMHS SPA first on 0203 513 3800 (option 1)

For safeguarding concerns, where there are other factors around parenting capacity, environmental factors, and/or developmental needs:
- Contact CFCS as well on 0208 770 6001; or
- Allocated social worker, if applicable

(Obtain consent where possible)

If you are unsure about referral pathway, please contact CAMHS SPA and the Self-Harm Nurse on 0203 513 3800 (option 1), CFCS on 0208 770 6001, or EDT (for out of hours) on 0208 770 5000

Always contact emergency services on 999 if:
- A young person is having immediate thoughts of suicide and making plans to act on them;
- A significant injury has occurred e.g. overdose of medication/chemical poisons, uncontrollable bleeding, threat of death.

Why people self-harm:

Self-harm is more common than many people realise, especially among younger people. It is a very common behaviour in young people and affects around one in 12 people, with 10% of 15-16 year olds self-harming. This figure is also likely to be an underestimate, as not everyone seeks help. Self-harm can be a short term or long term coping mechanism.

Some of the reasons that people may self-harm include:

● Expressing or coping with emotional distress;

● Trying to feel in control;

● A way of punishing themselves;

● Learned behaviour; and

● A response to intrusive thoughts.

The overwhelming emotional issues that may lead someone to self-harm may be caused by:

● Psychological causes – such as experiencing a mental health problems, including depression, stress, anxiety, emotional dysregulation and eating disorders;

● Neurodevelopmental difficulties – Children with ASD, ADHD, or learning difficulties can sometimes experience impulsive behaviour or difficulty controlling emotions which can lead to an increase in incidences of self-harm;

● Children Looked After – Children in care are more likely to hurt themselves as a result of adverse backgrounds and continuing stress. Young adults who have left the care system at 18 years are also vulnerable;

● Social problems – such as being bullied, having difficulties at work or school (particularly around exam periods), copycat behaviour, peer/ social media pressure, having difficult relationships with friends or family, money worries, loneliness, low self-esteem and low confidence, sadness, numbness, lack of control over their lives, parental mental health, parental alcohol and substance misuse;

● Identity – coming to terms with their sexuality if they think they might be gay or bisexual, gender identity, or coping with cultural or religious expectations, such as an arranged marriage;

● Trauma – such as physical or sexual abuse, the death of a close family member or friend (death from suicide specifically can increase the risk of self-harm), contact with the criminal justice system, experience of domestic abuse, or having a miscarriage.

These issues can lead to a build-up of intense feelings of anger, guilt, hopelessness and self-hatred. The person may not know who to turn to for help and self-harming may become a way to release these pent-up feelings.

Types of self-harm:

- Cutting or burning their skin;
- Punching or hitting themselves;
- Poisoning themselves with tablets or toxic chemicals;
- Misusing alcohol or drugs;
- Deliberately starving themselves or binge eating;
- Excessively exercising;
- Engaging in risk-taking behaviour.

Signs of self-harm:

Physical signs of self-harm:

● Keeping themselves fully covered at all times, even in hot weather;

● Unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest;

● Unexplained blood stains on clothing or tissues;

● Signs they have been pulling out their hair;

● Disinterest in personal appearance and/or hygiene;

● Changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain;

● Signs of alcohol or drugs misuse, including misuse or omission of prescribed medication, for example, insulin or anti-depressants;

● Physically withdrawing from activities they've previously enjoyed.

Emotional signs of self-harm:

● Becoming very withdrawn and not speaking to others;

● Signs of depression, such as low mood, tearfulness or a lack of motivation or interest in anything;

● Signs of low self-esteem, such as thinking they're not good enough;

● Talking about ending things or not wanting to go on;

● Self-loathing and expressing a wish to punish themselves;

Suicidal ideation- why people complete suicide, signs and initial response:

Suicide is the biggest killer of young people (aged 16-24). In 2022, 561 young people aged 10 to 24 completed suicide in England and Wales. Of these suicides, 70% were completed by males and rates were highest in young men aged 20-24. 10 8.1

Why people complete suicide

The reasons why a young person may have suicidal ideation are complex and are rarely caused by one event. The circumstances and events that precede and contribute to a young person thinking of or completing suicide often build up from traumatic experiences in childhood to adverse experiences and/or risky behaviours in adolescence, all leading up to a "final straw" event. Due to this build-up of experiences, it can be hard for professionals and those around a young person to recognise that they are at risk of completing suicide.

An inquiry undertaken into suicide by children and young people found the following common themes:

● Family factors such as mental illness;

● Abuse and neglect;

● Bereavement and experience of suicide;

● Bullying;

● Suicide-related internet use;

● Academic pressures, especially related to exams;

● Social isolation or withdrawal;

● Physical health conditions that may have social impact;

● Alcohol and illicit drugs; and

● Mental ill health, self-harm and suicidal ideas.

Types of suicidal ideation

When a young person has suicidal ideation, they may have some of the thoughts listed below:

● I have let myself and other people down;

● I am a burden;

● I am a failure;

● No one needs me;

● What's the point in living?;

● I will never find a way out of my problem;

● I have lost everything;

● Things will never get better for me;

● Nobody cares about me;

● I'll show them what they have done to me.

Signs of suicidal ideation:

Signs that a child or young person may be having suicidal ideation or thinking about suicide, include:

● Becoming more depressed or withdrawn, spending a lot of time by themselves;

● An increase in dangerous behaviours like taking drugs or drinking alcohol;

● Becoming obsessed with ideas of suicide, death or dying, which could include internet searches; and

● Saying things like "I'd be better off dead", "No one would miss me", "I just wish I wasn't here anymore".

In addition, a change in someone's personality and behaviour might be a sign that they are having suicidal ideation. Changes can include:

● Becoming anxious;

● Being more irritable;

● Being more confrontational;

● Becoming quiet;

● Having mood swings;

● Acting recklessly;

● Sleeping too much or too little;

● Not wanting to be around other people;

● Avoiding contact with friends and family;

● Having different problems with work or studies; or

● Say negative things about themselves.

Initial response to a young person with suicidal ideation

If you think that a young person has suicidal ideation, encourage them to talk about how they are feeling. It might help to:

● Let them know that you care about them and that they are not alone;

● Empathise with them. You could say something like, "I can't imagine how painful this is for you, but I would like to try to understand";

● Be non-judgemental. Don't criticise or blame them;

● Repeat their words back to them in your own words. This shows that you are listening. Repeating information can also make sure that you have understood them properly;

● Ask about their reasons for living and dying and listen to their answers. Try to explore their reasons for living in more detail;

● Ask if they have felt like this before. If so, ask how their feelings changed last time;

● Reassure them that they will not feel this way forever;

● Encourage them to focus on getting through the day rather than focusing on the future;

● Ask them if they have a plan for ending their life. Ask what the plan is;

● Encourage them to seek help that they are comfortable with. Such as help from a doctor or counsellor, or support through a charity such as the Samaritans;

● Follow up any commitments that you agree to;

● Make sure someone is with them if they are in immediate danger;

● Try to get professional help for the person feeling suicidal; and

● Get support for yourself.

Stay Alive app

Consider encouraging the young person to download the Stay Alive app, developed by Grassroots Suicide Prevention, free from their phone's app store. The app is a pocket suicide prevention resource, packed full of useful information to help people stay safe. It can be used by the young person having thoughts of suicide or it can be used by someone who is concerned about someone else who may be considering suicide. In addition to the resources, the app includes a safety plan, customizable reasons for living, and a life box where the young person can store photographs that are important to them.

Initial response to a young person on disclosure of self-harm or suicidal ideation:

If you are aware that a student, child or young person, has self-harmed this is the recommended approach:

● Listen calmly;

● Seek first aid treatment, if necessary;

● Contact parents/carers as soon as possible, if it's safe to do so;

● Contact other professionals for advice;

● Work with the young person and their families to ensure appropriate support is in place to address both the self-harming and the underlying issues;

- Begin sessions with Emotional Literacy Support Assistant (ELSA) **NOTE- it is not the job of the ELSA to explore the self-harming behaviours or suicidal ideation but instead being a support for other aspects of the young person's life they may be finding challenging;**

● Monitor the situation and communicate regularly with parents/carers;

● Consider other children and young people who may be affected.

Roles and responsibilities

The specific roles and responsibilities for each agency and service in Sutton are set out below:

Children's First Contact Services (CFCS)
The CFCS should receive a referral from professionals if it reaches the medium safeguarding risk (where there is a safeguarding concern) or the high safeguarding risk threshold, and CFCS would then process this in accordance with their usual practice.

● Telephone: 0208 770 6001
● Email: childrensfirstcontactservice@sutton.gov.uk
● Referral form: sutton.gov.uk/cfcs
● Out of hours: 0208 770 5000

Children's Services
Children's Services will hold the lead responsibility for responding to children who are at risk of or who have suffered actual significant harm under the London Child Protection Procedures. The practice directives for managing suicide and self-harm within Children's

Services include the 'Need to Know' incident reporting procedure, most commonly initiated by CFCS, or, for an open case, the allocated social worker.

CAHMS

SWL St. George's CAMHS services information and waiting times can be viewed on the CAMHS website.

Sutton Single Point of Access (SPA)

The SPA operating hours are **9am – 5pm, Monday-Friday**. A clinician will be available to discuss potential referrals on **0203 513 3800 option 1**. Parents, carers, and professionals can use the service for:
● Discussion of potential referrals;
● Advice and guidance;
● Planned telephone assessments.

For emergency situations, please continue to direct children and families to the emergency department where there is an immediate medical issue.

The SPA operates a duty system daily. To access the duty system please contact either of the below numbers and ask to speak to the SPA duty clinician.

Self-Harm Clinical Specialist Nurse

The Self-Harm Clinical Specialist Nurse offers regular supervision to school nursing staff on a six-weekly basis. The Self-Harm Nurse will provide assessments and brief intervention to young people where there are risk issues related to self-harm and suicidal ideation that require CAMHS support. The Self-Harm Nurse can also provide advice and guidance. To contact the Self-Harm Nurse call the SPA on **0203 513 3800 option 1** and request to speak to the Self-Harm Nurse. The Self-Harm Nurse also provides training and supervision for school nursing and CECS nurses on a regular basis.

Sutton Education Wellbeing Service (Mental Health Support Teams/Children's Wellbeing Practitioner Team)

The Education Wellbeing Service (EWS), based within many primary and secondary schools within Sutton, works at an early support level where risks are expected to be low. The following expectations apply:
● Schools can contact EWS leads for advice and support regarding pupils where mental health concerns are present, to consider possible next steps and support agencies, and for routine consultation
● Safeguarding risks including self-harm and suicidal ideation are routinely monitored as standard practice as part of any assessments and subsequent intervention periods
● Any safety planning is incorporated with children, families and other professionals (with family consent) where required and appropriate (for instance measures where safety planning measures advised within a school setting or community setting)

● Key members of the professional network are informed of discharge and completion of intervention, including a risk update and any relevant safety planning measures (with family consent as above).

CAMHS Emergency Care Service (CECS)

CECS is a team of specialist nurses who provide psychosocial and risk assessments for young people under 18 presenting with a mental health crisis to St Helier Hospital, St George's, Kingston and West Middlesex. The team also provides follow up appointments to ensure the appropriate ongoing support for young people who have presented at the Emergency Department. The same assessment service is provided out of hours by the Psychiatric Liaison Service based at the Emergency Department alongside the Speciality Doctor on call. CECS links closely with the out of hours team to ensure safe handover and transition of care. For all young people attending the Emergency Department regarding self-harm, a referral is made to CFCS, and a telephone call at time of attendance to share and triangulate information in order to complete the assessment robustly. Discharge from acute settings should not take place without consultation with a paediatrician and Children's Services (if appropriate) to ensure safe discharge. Reasons for any action taken or not taken regarding referral and information sharing with Children's Services should be documented.

When a disclosure of self-harming behaviours or suicidal ideation is made:

When a disclosure or concern is raised about self-harm or suicidal ideation from a young person, it will always be assessed by our designated safeguarding lead, and decisions around threshold will be made in line with our procedures.

The designated safeguarding lead will then speak with the young person to obtain an initial response and gather information, and discuss how the young person can be supported. There is a need to speak to the young person's parents, unless doing so would increase the risk to the student.

The young person will either be referred to the GP, Emergency Department and CFCS, CAMHS, or the School's pastoral team, depending on an assessment of the current risk the young person is exposed to. All young people, where a concern has been raised, will be monitored and reviewed.

Further tasks that we as a School could consider undertaking are to:

● Assess and record extent to which other pupils may be at risk or may be drivers for self-harm behaviour;

● Assess whether social media activity is part of the problem;

● Assess whether academic expectations of schools/parents are a driver;

 ● Assess extent to which drivers behind self-harm could/might affect others;

● Decide what preventative measures the school may need to take.

Further support and guidance

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. 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.

Apps

- **Blue Ice:** an evidence based app to help young people manage their emotions and reduce urges to self-harm.
  https://www.oxfordhealth.nhs.uk/blueice/
- **Calm Harm:** an app designed to help people resist or manage the urge to self-harm.
  https://calmharm.co.uk/
- **Self-Heal:** A free app to help with the management of self-harm. Includes distraction task suggestions, useful contacts, information on self-harm and a gallery of inspirational images.
  http://www.self-healapp.co.uk/

Online support

- **Alumina (Formerly Self Harm UK):** Free self-harm support for 14-19 year olds.
  https://alumina.selfharm.co.uk/
- **Harmless:** Provide a range of services to support people who self-harm, and those that support them.
  https://harmless.org.uk/
- A Guide for Young People – Self Harm from Young Minds
- Information and Support - Self-Harm from Mind

Suicidal thoughts

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide, apparently without any warning.

Apps

- **distrACT:** easy, quick and discreet access to information and advice about self-harm and suicidal thoughts.
  https://www.expertselfcare.com/health-apps/distract/
- **Stay Alive:** a pocket suicide prevention resource for the UK, packed full of useful information. Can be used by individuals who are having thoughts of suicide or if you are concerned about someone else who may be considering suicide.
  https://www.prevent-suicide.org.uk/find-help-now/stay-alive-app/

Online support

Samaritans: Young People and Suicide.
https://www.samaritans.org/about-samaritans/research-policy/young-people-suicide/
Papyrus: prevention of young suicide.
www.papyrus-uk.org

- The Campaign Against Living Miserably (CALM): helpline support and webchat 0800 585858
  https://www.thecalmzone.net/