The Cornwall Independent School

POSITIVE MENTAL HEALTH AND WELL-BEING POLICY

This document which applies to the whole school, including the Early Years Foundation Stage (EYFS), is available on request, from the School Office, and can be made available in large print or other accessible format if required, from the School Office.

We have a whole school approach to safeguarding, which is the golden thread that runs throughout every aspect of the school. All our school policies support our approach to safeguarding (child protection). Our fundamental priority is our children and their wellbeing; this is first and foremost.

Scope: This policy is a live document that is sensitive to our working practices and is subject to change according to the needs of The Cornwall Independent School (TCIS). All who work, volunteer or supply services to our school have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal school hours, including activiti es away from school. All employees and volunteers are required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the *Policies Register*.

Legal Status: Complies with The Education (Independent School Standards) (England) Regulations currently in force and other statutory and best practice documentation cited in this document.

Monitoring, Review and Adaptation: The text of this policy **is necessary** and proportionate to meet the needs of The Cornwall Independent School, supporting those who work with our pupils, **making clearer** the responsibilities of school staff, volunteers, proprietor and the Governing Advisory Body. These arrangements are subject to continuous monitoring, refinement, and audit by the Headteacher. The Governance Advisory Body is committed to regularly reviewing and updating our policies to ensure they remain relevant and effective in supporting our school's mission and values, inclusive of its implementation and the efficiency with which the related duties have been implemented. This review will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediate ly and without delay. All staff will be informed of the updated/reviewed arrangements, and it will be made available to them in writing or electronical ly.

The Policy Owner is Miss Jayne Chapman & Mrs Clare Hawkins, supported by the Education and Compliance Officer.

Reviewed: September 2026
Next Review: September 2027 (or sooner, to reflect any material change in statutory or best practice requirements)

Miss Louise Adams
Headteacher

Mrs Carol de Labat
Governance Advisory Board Agent for Safeguarding

Preamble: This policy constitutes guidance for all staff, including non-teaching staff and the Governance Advisory Board and is referenced within:

- The Cornwall Independent School improvement plans
- The Cornwall Independent School Safeguarding Policy and 'Keeping children safe in education 2026'
- Relationships and Sex Education and Health Education Policy
- The Cornwall Independent School Positive Behaviour Code
- Pupil Care Plans in cases where a pupil's mental health is connected to a medical issue
- The Cornwall Independent School SEND policy where a pupil has an identified special educational need or disability.
- The policy also draws on information from the following key documents and Government guidance:
    - Mental Health and wellbeing support in schools and colleges
    - Promoting children and young people's emotional health and wellbeing
    - Supporting pupils at school with medical conditions
    - Supporting pupils with medical conditions – Useful resources
    - Relationships Education, Relationships and Sex Education (RSE) and Health Education
    - Promoting the health and wellbeing of looked after children
    - Mental health and behaviour in schools
    - Counselling in schools
    - PSHE Association - Teaching about mental health and emotional wellbeing (2021)

Pupils, staff and parents/carers have an input in developing this policy so that it remains a 'live' document that is reviewed and responsive to the evolving needs of The Cornwall Independent School community.

Lead Members of Staff

The Cornwall Independent School Mental Health Lead is responsible for understanding and being able to explain how a whole school approach will benefit everyone, not just to mental health and wellbeing but more broadly, improved attainment, attendance, reductions in behavioural problems, as well as happier, more confident and resilient children and young people.

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Policy Statement and Purpose of the Policy: *'It is easier to build strong children than to repair broken adults'* Frederick Douglass (1818-1895). This policy aims are to:

- promote positive mental health and emotional well-being in all staff and students;
- develop resilience amongst students and raise awareness of resilience building techniques;
- prevent mental health problems by increasing understanding and awareness of common mental health issues.
- identify and support pupils with mental health needs;
- train and support all staff to understand mental health issues;
- spot early warning signs to help prevent mental health problems getting worse;
- provide the right support to students with mental health issues and know where to signpost them and their parents/carers for advice and specific support;
- raise awareness amongst staff and the Leadership Team (LT) that staff may have mental health issues, and that they are supported in relation to looking after their well-being; instilling a culture of staff/student welfare where everyone is aware of signs and symptoms with effective signposting underpinned by behaviour and welfare around The Cornwall Independent School.
- be a happy, open, trusting, mutually supportive and well-ordered community;
- be free of any kind of abuse, teasing, harassment, bullying or any other kind of anti-social behaviour;
- grow intellectually, spiritually and culturally, allowing pupils and adults to engage with mutual respect;
- encourage healthy and ethical living.

Specific aims for pupils are to:

- develop the knowledge, understanding, skills, capabilities and attributes, which they need for mental, emotional, social and physical well-being now and in the future;
- make informed decisions to improve their emotional, social and physical well-being;
- experience challenge and enjoyment in the school environment;
- experience positive aspects of healthy living and activity;
- establish a pattern of health and well-being which will be sustained into adult life;
- ensure they keep themselves, and others safe
- prevent any stigma attaching to mental health difficulties.

Key points and principles (Mental health and behaviour in schools) (DfE: 2018)

Definition of Mental Health and Well-Being: The World Health Organisation has defined Mental Health as *"a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively*

and fruitfully and is able to make a contribution to his or her own community".

It is widely recognised that a child's emotional health and wellbeing influences their cognitive development and learning as well as their physical and social health and their mental wellbeing in adulthood. Good mental health is important for helping children and young people to develop and thrive. There is good evidence to support the association between good mental health and education engagement and academic achievement. Preventing mental health problems in children and young people from arising, and intervening early where they do, may result in improved attainment and attendance, reductions in behavioural problems, as well as happier, more confident and resilient children and young people. The Government document *Promoting children and young people's mental health and wellbeing: A whole school or college approach (Sep 2021)* provides 8 principles to promoting a whole schools approach to Mental Health & Wellbeing.

The Cornwall Independent School has adopted a comprehensive and long-term **'whole school' approach** to promoting the holistic social and emotional wellbeing of children and young people, whilst recognising that this is one element of a wider multi-agency approach. Our approach moves beyond learning and teaching to pervade all aspects of The Cornwall Independent School life, an approach endorsed by DfE and the National Institute for Health and Care Excellence (NICE), in relation to its effectiveness in bringing about and sustaining health benefits. We are committed to promoting positive mental health and emotional well-being in all students, their families, members of staff and the Governance Advisory Board. Our open culture allows students' voices to be heard, and through the use of effective policies and procedures we ensure a safe and supportive environment for all affected - both directly and indirectly - by mental health issues.

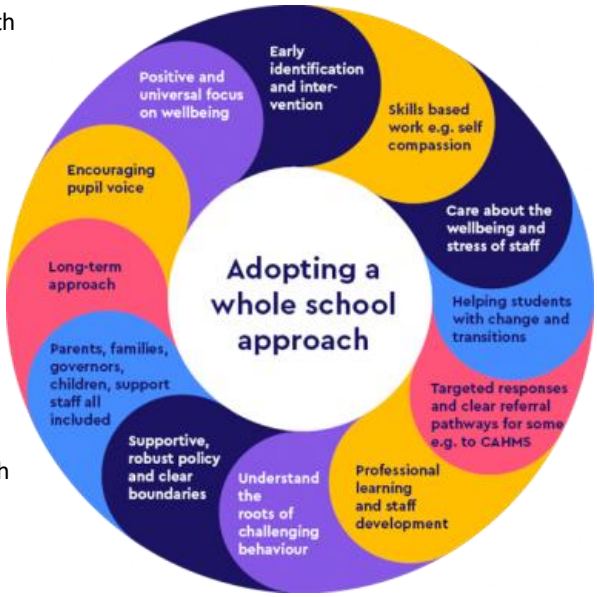
Promoting children and young people's mental health and wellbeing

Figure 2. Eight principles to promoting a whole school or college approach to mental health and wellbeing.

COVID and Mental Health: We should not underestimate the adverse effect that COVID-19 has on pupil's mental health and well-being. This is recognised and understood by The Cornwall Independent School, where we strive to provide a positive environment for our pupils and our staff. We promote positive mental health and recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for pupils and staff affected directly, or indirectly, by mental ill health. We pursue this ideal through whole school approaches, and targeted approaches aimed at individually vulnerable pupils.

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 the following aspects:

- Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
- Helping pupils to develop social relationships, support each other and seek help when they need to
- Helping pupils to be resilient learners
- Teaching pupils social and emotional skills and an awareness of mental health
- Early identification of pupils who have mental health needs and planning support to meet their needs, including working with specialist services both internally and externally
- Parent/Carer engagement strategy
- Supporting and training staff to develop their skills and resilience.



The Cornwall Independent School role in supporting and promoting mental health and wellbeing can be summarised as:
Prevention: Creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils and students to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils and students about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos.

Identification: Recognising emerging issues as early and accurately as possible.

Early support: Helping pupils and students to access evidence informed early support and interventions.

Access to specialist support: Working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

Fundamental to this policy is the recognition of the role that The Cornwall Independent School can play in promoting resilience amongst pupils. This policy aims to find ways of improving resilience in students as well as enabling challenge for all in the classroom. The Cornwall Independent School has a central role to play in enabling their pupils to be resilient and to support good mental health and wellbeing. It is important that The Cornwall Independent School promotes good mental wellbeing for all pupils. Education about relationships, sex and health are vehicles through which The Cornwall Independent School can teach pupils about mental health and wellbeing.

The Cornwall Independent School approach to mental health and behaviour should be part of a consistent whole school approach to mental health and wellbeing. This should involve providing a structured environment with clear expectations of behaviour, well communicated social norms and routines, which are reinforced with highly consistent consequence systems. This should be paired with an individualised graduated response when the behavioural issues might be a result of educational, mental health, other needs or vulnerabilities.

The Cornwall Independent School considers how best to use SEN resources to provide support for children with mental health difficulties where appropriate.

The Cornwall Independent School staff cannot act as mental health experts and should not try to diagnose conditions. However, staff are well placed to observe children day-to-day, and the school has clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

There are things that The Cornwall Independent School can do for all pupils, as well as those at risk of developing mental health problems, to intervene early to create a safe and calm environment and strengthen resilience before serious mental health problems occur.

As set out in the statutory SEND 0-25 years Code of Practice 2015 (Updated 2024), The Cornwall Independent School must be alert to how mental health problems can underpin behaviour issues in order to support pupils effectively, working with external support where needed. We are also aware of our duties under the Equality Act 2010, that some mental health issues will meet the definition of disability.

When The Cornwall Independent School suspects a pupil has a mental health problem, we will work with the child (and parents) to identify a graduated response. This may involve the child working with our trained Mental Health First Aiders or a referral to external professionals (such as CAMHS).

It is important that The Cornwall Independent School understands the local services available, and how/when to draw on or commission them. Where required, The Cornwall Independent School may expect/advise parents and pupils to seek support elsewhere, including from their GP, NHS services, trained professionals working in specialist CAMHS, voluntary organisations and other sources.

There are national organisations that can offer further resources, training, support and advice.

Principle 1: Leadership & Management Roles and Responsibilities: All staff have a responsibility to promote positive mental health, and to understand risk factors for mental illness. Some children will require additional help, and all staff should have the skills to identify any early warning signs of mental health problems, thereby ensuring that pupils with mental health issues receive the early intervention and support they need.

Any member of staff who is concerned about the mental health or well-being of a student should speak to the Mental Health Lead (Mrs Clare Hawkins) in the first instance. Concerns that the student is in danger of immediate harm should trigger the normal child protection procedures with an immediate referral to the Designated Safeguarding Lead. If the student presents as a medical emergency, normal procedures for medical emergencies should be followed, including alerting the First Aid Staff and contacting the emergency services, if necessary. This policy aims to ensure all staff take responsibility to promote the mental health of students; however key members of staff have specific roles to play:

- Form tutors and class teachers
- Head Safeguarding (DSL)
- Deputy Designated Safeguarding Lead/ Mental Health Lead/SENCo
- PSHEE and Enrichment co-ordinator

Principle 2: Ethos & Environment - Creating and sustaining a respectful The Cornwall Independent School community
The Cornwall Independent School strives to create a culture of acceptance and respect across the whole school (promote respect, inclusivity and value diversity), where pupils can enjoy the knowledge-rich education they deserve in a safe and supportive environment that allows them to discover who they are. We have found the tools within the DfE *Respectful School Communities Self-Review and Signposting Tool* helpful in developing and maintaining The Cornwall Independent School culture. We recognise that relationships between staff and pupils, and between students, are critical in promoting wellbeing and in helping to engender a sense of belonging to and liking of The Cornwall Independent School. Our approach is very much a restorative one. The 2014 SEND reforms also included a change from the characterisation of Behaviour, Emotional and Social Development needs to *Social, Emotional and Mental Health Needs*.

Principle 3: Curriculum teaching & learning: The Cornwall Independent School strives to embed the language of social and emotional learning into the class environment, recognising that it has the potential to help young people acquire the skills they need to make good academic progress as well as benefit pupil health and wellbeing.

The Cornwall Independent School promotes social and emotional skills through dedicated Personal Social Health and Economic education (PSHEE) lessons inclusive of citizenship and cultural education for all year groups once a week. This includes statutory content regarding Relationships Education (RE) and Relationships and Sex Education (RSE) and Health Education. Statutory guidance on the implementation of the curriculum states that such content should be delivered in a *carefully sequenced way, within a planned programme of lessons*. As part of the Health Education curriculum, all pupils will be taught about mental health. By the end of primary school, pupils are expected to be able to recognise what is normal and what is an issue in themselves and others and, when issues arise, know how to seek support as early as possible from appropriate sources. By the end of the senior school, students should understand how they are feeling and why; to further develop the language that they use to talk about their bodies, health and emotions; and to understand where normal variations in emotions end, and health and wellbeing issues begin. Lesson plans are all written and produced by the individual teachers of PSHEE with the help of the medium- and long-term plans of the PSHEE coordinator, using up to date information from charities and organisations such as the Anti-bullying Alliance, Mind, and Childnet International. Resources are carefully made to suit the exact needs and intentions of the course and will be updated and renewed as required by the PSHEE coordinator. Additionally, we will use PSHEE lessons as a vehicle for providing students, who do develop difficulties, with strategies to keep themselves healthy and safe, as well as supporting students to support any of their friends who are facing challenges.

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHEE curriculum. The specific content of lessons will be determined by the individual needs of the cohort being taught, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others, responding to situations arising and amending short term-plans accordingly. We will follow the PSHEE Association Guidance (currently in force) to ensure that we teach Mental Health and Emotional Well-being issues in a safe and sensitive manner, which helps rather than harms.

https://pshe-association.org.uk/guidance/ks1-4/mental-health-guidance emotional wellbeing

Incorporating this into our curriculum at all stages is a good opportunity to promote students' wellbeing through the development of healthy coping strategies and an understanding of students' own emotions as well as those of other people. We focus on helping pupils to build their self-esteem, to develop a growth mindset and to develop healthy lifestyles. In line with the ethos of The Cornwall Independent School, our PSHEE curriculum is designed to encourage respect for other people, and this includes those who may experience mental health difficulties. Though planned in advance the programme remains flexible so as to be able to adapt and respond to certain pastoral needs or react to events within school and the wider communities we belong to. The overall rationale of the course is to nurture The Cornwall Independent School pupils in becoming self-aware, informed, empathetic and confident individuals with open-minds and strong decision-making capabilities.

The following activities also form part of the curriculum:

- Assemblies to raise awareness of mental health
- School Council
- Positive mental health promotion in classes, specifically: Thinking Skills, PE, RE
- Throughout the year positive mental health is discussed and promoted
- Displays and information about positive mental health and where to go for help and support
- Themed weeks with a well-being focus
- Assembly theme
- Reading to explore themes and learn about emotions, difference, loss, bullying, change, resilience

Principle 4: Student Voice: Involving The Cornwall Independent School students in decisions that impact on them can benefit their mental health and wellbeing by helping them to feel part of The Cornwall Independent School and its wider community and to have some control over their lives. At an individual level, benefits include helping students to gain belief in their own capabilities, including building their knowledge and skills to make healthy choices and developing their independence. Collectively, students benefit through having opportunities to influence decisions, to express their views and to develop strong social networks.

The Cornwall Independent School has a School Council, which meets once every half term.

Principle 5: Staff development: *Wellbeing(n): A state of complete physical and mental health that is characterised by high-quality social relationships.*

Promoting staff health and wellbeing is an integral principal of the whole school approach to mental health and wellbeing. The wellbeing of individuals is affected by many interrelated factors. This means that levels of low or high wellbeing are rarely due to just one factor, and that the issue should be looked at holistically. Our aim is to prioritise a culture of wellbeing that supports emotional wellbeing and resilience and reduces stigma. We utilise the 5 Steps framework from Anna Freud to develop our approach to mental health and wellbeing.

The Cornwall Independent School demonstrates a commitment to staff health and wellbeing in several ways:

- Embedding wellbeing in training and professional development
- Providing staff with tools and resources to support wellbeing

Wellbeing starts with the individual.

- As a minimum, 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 students safe.
- A nominated member of staff will receive professional Mental Health First Aid training or equivalent.

- Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance development process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.
- 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 SLT who can also highlight sources of relevant training and support for individuals as needed.

Principle 6: Identifying need and monitoring impact: There are a variety of tools that education settings can use as the basis for understanding and planning a response to pupils' mental health and wellbeing needs. There are three key purposes for which schools and colleges might wish to measure mental wellbeing:

- **Snapshot**: to provide a survey snapshot of student mental wellbeing to inform planning and whole-school practice
- **Identification**: to identify individuals who might benefit from early support to facilitate swifter access to specialist support
- **Evaluation**: to consider the impact of early support and targeted interventions.

At The Cornwall Independent School there are regular discussions in staff meetings to raise any concerns, either initial or on-going, about any individual pupil's mental health needs which will then be addressed by the form or class teacher or passed to the Mental Health lead for advice and extra help.

Principle 7: Working with parents: The family plays a key role in influencing children and young people's mental health and wellbeing. There is strong evidence that well implemented universal and targeted interventions supporting parenting and family life have the potential to yield social as well as economic benefits. The Cornwall Independent School ensures that the mental health and wellbeing support offer is clearly communicated with parents and carers. Where The Cornwall Independent School identifies additional needs, we work closely with the local authority to ensure parents and carers are aware of the wider support available to them in their local area.

The Cornwall Independent School has supported families in the following ways:

- During lockdown, The Cornwall Independent School communicated via emails and telephone calls to all families
- Communicating information about RSE/PSHEE topics to parents prior to in-school delivery
- Liaising directly with parents of individuals with particular SEMH needs to discuss targeted support
- helping parents to be role models for their children regarding how they deal with setbacks and develop resilient thinking.

Principle 8: Targeted support: Some children and young people are at greater risk of experiencing poorer mental health (e.g. those who are in care, young carers, those who have had previous access to CAMHS, those living with parents or carers with a mental illness and those living in households experiencing domestic violence). Delays in identifying and meeting emotional wellbeing and mental health needs can have far reaching effects on all aspects of children and young people's lives, including their chances of reaching their potential and leading happy and healthy lives as adults. Staff at The Cornwall Independent School can find different sources of support at https://www.annafreud.org/resources/schools-and-colleges/

Child and Adolescent Mental Health Disorders: Possible difficulties students may experience include:

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. 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.

Depression: Variations in mood are a normal part of life for all of us, for someone who is suffering from depression these mood swings may be more extreme. Feelings of failure, hopelessness, numbness or sadness may dominate their day-to-day life over an extended period of weeks or months and have a significant impact on their behaviour, ability and motivation to engage in day-to-day activities.

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 thoughts of anxiety, fear or panic are repeatedly present over se veral

weeks or months, and they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is required.

Obsessions and compulsions: Obsessions describe intrusive thoughts or feelings that are disturbing or upsetting; compulsions are the behaviours we carry 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. Obsessive compulsive disorder (OCD) can take many forms.

Suicidal feelings: 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 warning.

Eating problems: Food, weight and body shape disorders may be coping mechanisms to deal with, or communicate about, difficult thoughts, feelings and behaviours that a young person experiences in daily life. Some young people develop eating disorders such as anorexia (where food intake is restricted); binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food, including refusing to eat in certain situations, or with certain people. This can convey messages that the child cannot communicate verbally.

Some examples of other disorders may include:

- Conduct Disorder (aggression, destroying/losing property, theft, running away etc.);
- Attention Deficit Hyperactivity Disorder (ADHD);
- Soiling and Wetting;
- Autism (social deficits, communication difficulties, restrictive and repetitive behaviours);
- Substance Abuse;
- Depression and Bi-Polar Disorder;
- Schizophrenia (abnormal perceptions, delusional thinking) and
- Suicidal Thoughts (not a disorder but thoughts based, and equally as serious).

Prevention: The Cornwall Independent School has specific procedures in place to assist pupils. These procedures support staff in identifying and assisting pupils with mental health problems. This includes, but is not limited to pastoral support, policies, anti-bullying and safeguarding policies, behaviour management, peer mentors and liaison with external agencies.

Identification of Mental Health Difficulties: It can be very difficult to recognise a pupil with mental health difficulties. However, staff should be alert to changes in a pupil's behaviour, presentation and engagement and should raise any concerns to the DSL. **Any immediate concerns, such as a pupil at risk of harm to themselves or others, must be reported to the Headteacher and DSL immediately.**

Intervention: It is in the best interests of the pupil to offer support for mental health problems when they arise, as the longer a pupil struggles the more complex the problem becomes.

Supporting a distressed pupil can take up a lot of time and be challenging, so please follow the guidance below:

- think cautiously about how you can/or cannot help
- do you have the time and expertise to help them?
- is there a conflict with other roles you may have?
- clarify your role/limits to the pupil
- be ready to take a definite line about the degree of your involvement
- obtain support for your response whenever necessary.

If you are concerned about a pupil:

- be proactive, don't evade the problem
- collect more information from staff members to determine if your concern is shared

- discuss your concerns in private with the pupil and be willing to listen
- tell the pupil that you may not be able to maintain confidentiality, in line with your safeguarding duty, explaining you will communicate with them if information needed to be shared, and with whom it has been shared
- if you still have concerns that you are not the best person to deal with the pupil's problems, and there is no improvement, in spite of your minimal intervention, please notify the DSL or DDSL for guidance – they may have more information available to them and more skills in dealing with these types of problems
- IF UNSURE, ALWAYS REFER THE PUPIL ON so you are not left to deal with situations you may not be able to manage.

Next Steps: The concerned staff member would discuss the matter with the DSL or a DDSL. The aim of the meeting will be to decide:
- whether there are any child safeguarding concerns
- who, if anyone, the information should be referred to (other staff, parents, outside agencies);
- the next steps to be taken, including referral to outside agencies such as therapist, psychiatrist and/or emergency care
- the appropriate support and follow up within The Cornwall Independent School (and externally if required) will be arranged for the pupil and actions agreed.

Identification of Suicide Risk and action to be taken

The Cornwall Independent School is aware that suicide is the leading cause of death in young people and that we play a vital role in helping to prevent young suicide. We want to make sure that students at our school are as suicide-safe as possible and that our parents and carers, teaching staff, support staff, students and other key stakeholders are aware of our commitment to be a suicide-safer school.

Definitions:

Suicidal behaviour is any deliberate action that has potentially life-threatening consequences, such as taking an overdose. It can also include repeated risk taking which constitutes a risk of death.

Suicidal thoughts imply that someone is thinking about taking their own life. This differs from young people who, as part of normal growing up, might explore the meaning of life. Further conversations will usually establish whether someone is thinking about suicide.

Suicide is the act of deliberately ending one's own life. It is possible to die unintentionally as a result of a serious self-harm episode.

Self-harm is the term used when someone intentionally injures or harms themselves. It is a common pre-cursor to suicide and children and young people who self-harm may kill themselves by accident.

Suicide prevention is the process of identifying and reducing the impact of risk factors associated with suicidal behaviour and identifying and promoting factors that protect against engaging in suicidal behaviour.

Our beliefs about suicide and contributory factors: The Cornwall Independent School acknowledges that:
- Suicidal thoughts are common - we acknowledge that thoughts of suicide are common among young people;
- Suicide is complex;
- We believe that every suicide is tragic. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths;
- Stigma inhibits learning – stigma can kill;
- We recognise that the stigma surrounding suicide and mental illness can be both a barrier to seeking help and a barrier to offering help. The Cornwall Independent School is dedicated to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos;
- Suicide is everyone's business;
- We recognise students may seek out someone who they trust with their concerns and worries. We want to facilitate the reporting of any risks or concerns;
- Safety is important;
- We want to support our students, sometimes working in partnership with family, caregivers, external agencies and other professionals where this may enhance suicide-safety;
- Suicide is a difficult thing to talk about;
- We know that a student who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will provide trained adults who are able to identify when a pupil may be struggling with thoughts of suicide.

- Talking about suicide does not create or increase risk;
- We will provide our students with opportunities to speak openly about their worries with people who are ready, willing and able to support them.

Suicidal thoughts (ideation) and feelings

"Suicidal feelings can range from being preoccupied by abstract thoughts about ending your life, or feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take your own life." (MIND; 2017)

- hopeless, like there is no point in living;
- tearful and overwhelmed by negative thoughts;
- unbearable pain that you can't imagine ending;
- useless, unwanted or unneeded by others;
- desperate, as if you have no other choice;
- like everyone would be better off without you;
- cut off from your body or physically numb;
- poor sleep with early waking;
- change in appetite, weight gain or loss;
- no desire to take care of yourself, for example neglecting your physical appearance;
- wanting to avoid others;
- self-loathing and low self-esteem;
- urges to self-harm.

Any suggestion that a student may be considering suicide should always be taken seriously.
Students are instructed to inform a member of staff immediately if they are feeling suicidal, or if another pupil confides suicidal thoughts to them. Members of staff will respond in accordance with the following protocol:

1. Assess the immediate risk and take whatever urgent action is necessary, which may include immediately calling 999 in an emergency, if a suicide attempt has been made.
2. Report all incidents and disclosures immediately (by telephone and text) to the DSL and, if appropriate, escort thepupil to the Medical Centre.
3. A full risk assessment will be undertaken by the lead for Pastoral Care and Safeguarding team. An assessment will include a decision as to whether further medical and/or therapeutic intervention and/or a psychiatric referral is needed.
4. The pupil may be asked to undertake counselling, and to that end, professional advice concerning the management of, and support for, the pupil will be sought. This will include assessing the feasibility of the pupil's continued presence at the school. Consideration will be given as to whether or not the pupil may benefit from a period at home/away from school
5. Parents will be informed at the earliest opportunity/as appropriate.

Links between self-harm and suicide: In the majority of cases self-harm appears to be a way of coping rather than an attempt at ending life. It may be an attempt to communicate with others, to influence or to secure help or care from others, or a way of obtaining relief from a difficult or overwhelming situation or emotional state. In these circumstances, somewhat paradoxically, the purpose of the self-harming behaviour is to preserve life, although this can be a difficult concept for practitioners to understand.

A small minority of young people who repeatedly self-harm may go on to attempt suicide, although this may not be what they intend to do, and death can occur accidentally. The difference between self-harm and suicide is not always clear, however. Self-harm is a common precursor to suicide for the relatively small numbers of young people who make deliberate attempts to end their lives and so repeated incidents of self-harm should be considered a risk factor when assessing the risk of suicide.

In their separate forms, self-harm and suicide generally differ in terms of the intent that lies behind the behaviours. Practitioners should feel able to communicate with young people about their self-harming behaviours. It is important to gather information about self-harm and the young person's thought processes associated with the behaviours in order to start to understand the risks; either of serious risk to the young person's health or well-being, of the risk of death by misadventure, or the risk of intentional suicide.

Why Mental Health and Well-Being is important: We aim to promote positive mental health and well-being for our The

Cornwall Independent School community: pupils, staff, parents, and carers. We recognise that children's mental health is a crucial factor in their overall well-being and can affect their learning and achievement. Persistent mental health problems may lead to pupils having greater difficulty in learning than the majority of pupils in their age specific cohort.

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. All children go through mood changes through their school career, and some face significant life events. About 10% of children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement. The Department for Education (DfE) recognises that: *"in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".*

Schools should be a place where children and young people experience a nurturing and supportive environment, offering strategies to raise self-esteem, overcome adversity and build resilience. For some, school will be a place of respite from difficult home lives, providing positive role models and relationships, which are critical in promoting pupil well-being and engendering a sense of belonging and community. Our role at The Cornwall Independent School is to support pupils to manage change and stress, develop resilience, achieve their potential, and access help when they need it. We also have a role in educating pupils about how to maintain positive mental health and how to identify factors affecting their mental health. In addition, we should encourage them to reduce the stigma surrounding mental health issues and direct them to appropriate help and support. We recognise the equal importance of promoting staff mental health and well-being.

Mental health is not just the absence of mental illness but rather it is the presence of emotional well-being.
We want all of our children and 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.

Factors, triggers and risks impacting on young people's emotional wellbeing: All staff have a responsibility to promote positive mental health, and to understand risk factors for mental illness. Some children will require additional help, and all staff should have the skills to identify any early warning signs of mental health problems, thereby ensuring that pupils with mental health issues receive the early intervention and support they need. All staff understand possible risk factors (as exemplified in Table 1 below) that might make some children more likely to experience problems.

Factors impacting on young people's emotional wellbeing:
Fear of failure: Children and young people are expressing fear of failure at increasingly younger ages. High expectations are often internally driven by pupils themselves in addition to external pressure from parents or school. As well as worrying about academic pressures, young people often voice concerns about their job prospects when they finish school.
Bullying: Bullying is a key trigger for mental health and emotional wellbeing issues, as well as a key maintaining factor (i.e. young people find it far harder to overcome difficulties in a context of teasing and bullying). Bullying can take place both face-to-face or online (and in many cases, both). It is important that pupils understand that what is sometimes meant in good humour is easily misinterpreted or can escalate rapidly, causing distress and emotional pain.

Body image: Body image is a real concern amongst all young people — not just girls and young women (as is often believed). Low self-esteem and poor body image are leading causes of pupils opting out of extracurricular activities or failing to engage in class. The pressure to look a certain way or weigh a certain amount is felt keenly by many, and these pressures can contribute to the development of disordered eating behaviour and other emotionally and physically harmful responses.

The online environment: Young people see little or no division between the online and offline world. They may have friends who they know purely online and do not see this as problematic or unusual. However, PSHEE education teaching does not always fully reflect this. Much of what is taught in an offline context with regard to healthy relationships and staying safe can be readily adapted to address the online context too. Potential dangers to pupils online include online abuse and grooming, cyberbullying and becoming involved in dangerous communities which advocate harmful behaviours (for example 'pro-ana'

communities which advocate anorexia as a lifestyle choice and provide advice and support to maintain this 'lifestyle' as opposed to promoting support to change harmful behaviours).

Sexual pressures: Ready access to pornography has led to an increase in sexual pressures felt by children and young people. For example, pressure to look and behave a certain way when in a relationship. Access to pornography that often portrays relationships where consent is neither given nor sought may also be one factor contributing to an increase in abuse in teenage relationships.

Change, loss and grief (including bereavement): Losses might include the death of a pet or family member, parental separation, moving or having someone close to them move away, rejection from university of college. Pupils are also subjected to more explicit depictions of death via media reporting of disasters, wars and atrocities, as well as on social media. The Covid-19 pandemic has also brought change, loss and death to the fore. It is important that pupils recognise how change, loss (including bereavement) and grief affect people, the different responses people can have when grieving and strategies to help manage grief, as well as support services available.

Common triggers for unhealthy responses in school-aged children and young people include:

- **Family relationship difficulties:** Stable family relationships are a crucial source of emotional support for young people, so it is important to think about what extra support might be needed when things are difficult at home.
- **Peer relationship difficulties:** Difficult relationships at school can leave young people feeling desperate, with no one to turn to. In these instances, they are more likely to turn to unhealthy coping mechanisms such as self-harm, disordered eating or substance abuse.
- **Trauma:** Experiencing trauma (e.g. a bereavement, an accident, or suffering abuse) will leave a young person vulnerable and in need of support. Bear in mind that this is about the pupil's perception of the trauma, so difficulties may be triggere d by something seemingly insignificant, but which has had a deep impact on the pupil concerned.
- **Being exposed to unhealthy coping mechanisms in other pupils or the media:** When young people are exposed to self-harm, eating disorders or other unhealthy coping mechanisms, either by witnessing them first-hand, via TV or online, they may be more likely to replicate such behaviours. Be especially vigilant and respond proactively if high-profile programmes run stories involving eating disorders or self-harm.
- **Difficult times of year, such as anniversaries:** The anniversary of a significant event such as the death of a parent is often a very difficult time for a young person. It is not uncommon for problems to arise many years after the trauma, on a milestone anniversary or when there are other difficulties (e.g. exam stress). Good communication between class teachers'/form tutors, mental health, pastoral and PSHEE Leads is really important to ensure all are aware and have a common response.
- **Trouble in school or with the police:** If a young person gets into trouble at school or with the police, this can be hugely stressful and lead to them using coping mechanisms such as alcohol, drugs or self-harm.
- **Exam pressure:** The pressure of exams can be keenly felt by pupils and is a common trigger for mental health problems. Teachers should keep a close eye on pupils as they enter exam periods and other times when academic pressure increases significantly. PSHEE education lessons offer an ideal context for pupils to learn healthy habits and strategies for coping with academic pressures.
- **Transition to a new school:** The transition to a new school can be difficult for pupils, whether they are making the natural progression from primary to secondary — accompanied by some of their friends — or changing schools part way through the school year. PSHEE education should include learning to support pupils' resilience and coping strategies for transition at all relevant points.
- **Illness in the family:** If a parent or sibling falls seriously ill, this can put huge pressure on a young person. They may be taking on some form of caring role and may be receiving less time and attention from loved ones, due to the focus on the family member who is unwell. They may have deep worries about their relative but feel unable to voice worries for fear of being a burden and may instead turn to other coping mechanisms such as alcohol, drugs or self-harm.
- **Groups at greater risk of vulnerabilities:** Some young people are more vulnerable to experiencing mental health or emotional wellbeing issues than their peers. These include: • looked after children and young people • children and young people who have been adopted • LGBT+ children and young people • children and young people whose family have a history of mental health issues • young carers • young offenders

All staff should recognise **risk factors** for pupils such as:

- physical long-term illness
- having a parent who has a mental health problem
- death and loss, including loss of friendships
- family breakdown
- bullying.

Staff should also recognise **positive factors** that protect children from adversity, such as:
- self-esteem
- communication
- problem-solving skills
- a sense of self-worth and belonging
- emotional literacy.

The Cornwall Independent School Mental Health Lead works, with other staff, to coordinate school activities to promote positive mental health by:
- providing advice and support to staff
- keeping staff up to date with information about what support is available
- liaising with the PSHEE Leader on Mental Health teaching
- being the first point of contact and communicating with the Mental Health service
- leading on and making referrals to services.

We recognise that many behaviours and emotional problems can be supported within The Cornwall Independent School environment, or with advice from external professionals. Some children will need support that is more intensive, and there are a range of mental health professionals and organisations that provide support to pupils with mental health needs, and their families. This support includes:
- Safeguarding/Child Protection Team
- SENCO who helps staff to understand their responsibilities to children with special educational needs and disabilities (SEND), including pupils whose mental health problems mean they need special educational provision (SEMH)

Factors that put children at risk: Research shows that particular groups and individuals are at increased risk of having mental health problems. Table 1 demonstrates these risk factors for the child, family, school and local community, and also highlights some protective factors that are thought to make developing a mental health problem less likely.

Table 1: Mental Health and Behaviour in Schools: Departmental Advice for School Staff, DfE, (November 2018)

	Risk Factors	***Protective Factors***
In the child	Genetic influences Low IQ learning and disabilities Specific development delay or neurodiversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	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 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 or rejecting relationships Failure to adapt to a child's changing needs Physical, sexual neglect or abuse 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 a severe discord
In the school	Bullying Discrimination Breakdown of a lack of positive relationships Deviant 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 Disaster, accidents, war or other overwhelming events Discrimination Other significant life events	Wider support network Good housing High standard of living High morale school with positive policies for behaviour, attitudes and anti-bullying Opportunities for valued social roles Range of sport/leisure activities

The Cornwall Independent School is committed to providing a supportive environment, but it is important to recognise that we are not a mental health facility and there are limits to the extent of support we can provide; in some cases, we will need pupils to seek outside support from the NHS and from other support services.

Longitudinal studies propose that the more risk factors a child has, the more likely they are to develop a mental health or behavioural problem. In particular, there is a correlation between socio-economic disadvantage, family breakdown and a child having cognitive or attention problems, increasing the likelihood of these children developing behavioural problems. Mentally healthy pupils are able to progress emotionally within the normal scope. Pupils acquiring behavioural difficulties beyond this normal scale are defined as experiencing mental health problems or disorders. These disorders can critically damage academic performance.

Warning Signs: The Cornwall Independent School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional well-being issues. These warning signs should always be taken seriously and staff observing these signs should communicate their concerns with our Mental Health and Emotional Well-being Lead.

Possible warning signs include:

- physical signs of harm that are repeated or appear non-accidental
- changes in behaviour
- reduced concentration
- changes in eating/sleeping habits
- increasing isolation from friends or family, becoming socially withdrawn
- changes in activity and mood
- 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. long sleeves in warm weather
- secretive behaviour
- skipping PE or getting changed secretively
- being late to, or absent from, school
- repeated physical pain or nausea with no evident cause
- discontinuing hobbies or interests
- failing to take care of personal appearance/hygiene
- seeming euphoric, after a bout of depression
- often feeling anxious or worried

- frequently expressing anger or being intensely irritable much of the time
- having frequent stomach aches or headaches, with no physical explanation
- being in constant motion or unable to sit quietly for any length of time
- having trouble sleeping, including frequent nightmares
- losing interest in activities which were enjoyable
- avoiding spending time with friends
- having trouble doing well in school, or having declining academic grades
- obsessing about weight gain, exercising or dieting excessively
- having low or little energy
- exhibiting spells of intense, frenetic activity
- self-harming, such as cutting or burning his/her skin
- engaging in risky, destructive behaviour
- smoking, drinking, using drugs
- having suicidal thoughts
- researching suicide on websites, or social network sites
- thinking his/her mind is controlled, or out of control, hearing voices

At The Cornwall Independent School, we understand our responsibilities and ensure that pupils with mental health difficulties are not discriminated against, making sure that we provide reasonable adjustments to support their learning in accordance with the Equality Act (2010). We aim to offer an empathetic environment which will support and aid pupils with mental health issues to accomplish their true academic potential. We do this by:

- providing a range of support services such as peer mentors, as well as a pastoral support team that oversees the health and well-being of all students;
- encouraging young people's voice and authentic involvement in learning/decision making through the school council;
- genuine participation with parents/carers/families, particularly those of young people in difficulty;
- having an 'open door' policy to encourage pupils with mental health difficulties to seek support;
- signposting pupils to resource and tools such as https://www.nhs.uk/every-mind-matters/mental-health-issues/ *https://reading-well.org.uk/books/books-on-prescription/mental-health;*
- encouraging staff to use MHFA ALGEE framework: a step-by-step action plan to use when providing support (Appendix 11)
- having effective procedures in place to deal with disclosures and confidentiality (and guidance on when information will be passed onto other people/parents if immediate health and safety concerns are raised)
- having an effective Child Safeguarding Policy functioning alongside this policy.

Self-care and signposting support: We will ensure that staff, students and parents are aware of sources of support within The Cornwall Independent School and in the local community. We will display relevant sources of support in communal areas and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand what help is available; who it is aimed at; how to access it; why access it; what is likely to happen next.

Sources of support at school

School Based Support

- Form teachers and form tutors
- Mental Health Leads – Mrs Clare Hawkins and Miss Jayne Chapman who run twice weekly drop in sessions
- SLT

Local Support

In Cornwall, there are a range of organisations and groups offering support, including CAMHS, a group of providers specialising in children and young people's mental health wellbeing. These partners deliver accessible support to children, young people and their families, whilst working with professionals to reduce the range of mental health issues through prevention, intervention, training and participation.

Self-Care and support

Self-care is defined as ''The actions that individuals take for themselves, on behalf of and with others in order to develop, protect, maintain and improve their health, wellbeing or wellness''. Self-care techniques and general lifestyle changes can help manage the symptoms of many mental health problems. They may also help prevent some problems from developing or getting worse.

Individual Care Plans: It is helpful to draw up an individual care plan for students causing concern, or who receive a diagnosis

pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- details of a pupil's situation/condition/diagnosis;
- special requirements or strategies and precautions;
- medication and any side effects;
- who to contact in an emergency and immediate measures to be taken;
- the role that the school and specific staff can play.

Teaching about Mental Health: The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our PSHEE Curriculum. The specific content of lessons will be determined by the individual needs of the cohort being taught, but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will follow the PSHEE Association Guidance (currently in force) to ensure that we teach Mental Health and Emotional Well-being issues in a safe and sensitive manner, which helps rather than harms.
https://pshe-association.org.uk/guidance/ks1-4/mental-health-guidance

Pupil-led activities:

- Campaigns and assemblies to raise awareness of mental health;
- Student Ambassadors and
- Peer mentoring.

Class activities:

- Positive mental health promotion in classes, specifically: Well-being, PE and RSE;
- Mindfulness sessions for students;
- Mental Health teaching programmes;
- Worry boxes;
- Kindness/Compliment Boards;
- Mindfulness and breathing/meditation in class;
- Classroom scripts and signposting.

Whole School:

- Throughout the year positive mental health is discussed and promoted through our tutors;
- Displays and information about positive mental health and where to go for help and support, within the school and outside the school;
- Well-being focus;
- Social & Emotional Aspects of Learning;
- Anna Freud *Colleges in Mind* resources

Small group activities:

- Individual support or support groups;
- Small group withdrawals e.g. aspirations group, small friendship, social skills groups;
- A quiet space for those children who are finding the classroom overwhelming.

https://www.nhs.uk/every-mind-matters/mental-wellbeing-tips/youth-mental-health/
https://www.annafreud.org/on-my-mind/self-care/
Mind Self-care resources

Working with parents, specialist services and supporting Peers: When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how to do so. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider, on a case by case basis, which friends may need additional support. Support will be provided either in one to one, or group settings, and will be guided by conversations with the student who is experiencing the difficulty and their parents, with whom we will discuss what it is helpful for friends to know - and what they should not be told.

How friends can best support

- Things friends should avoid doing / saying, which may inadvertently cause upset;
- Warning signs that their friend needs help (e.g. signs of relapse);
- Where and how to access support for themselves;
- Safe sources of further information about their friend's condition;
- Healthy ways of coping with the difficult emotions they may be feeling.

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves;
- Safe sources of further information about their friend's condition;
- Healthy ways of coping with the difficult emotions they may be feeling.

Working with Parents:

Parents often welcome assistance and information from the school about supporting their children's emotional and mental health. In order to support parents, we will:

- highlight sources of information and support about common mental health issues on our school website;
- ensure all parents are aware of whom to talk to, if they have concerns about their own child, or a friend of their child;
- make our Mental Health Policy easily accessible to parents;
- share ideas about how parents can support positive mental health in their children;
- keep parents informed about the mental health topics their children are learning about in PSHEE and share ideas for extending and exploring this learning at School.
- Publish the termly PSHEE topics in the Newsletter which includes mental health topics

We are mindful that for a parent, hearing about their child's health issues can be upsetting and distressing and signposting parents to other sources of information and support can be helpful in these instances. They may therefore respond in various ways which we should be prepared for and allow time for the parent to reflect and come to terms with the situation. Where staff have met with parents to discuss concerns, lines of communication will be kept open should the parents have further questions or concerns. Booking a follow-up meeting or phone call might be beneficial at this stage. A record of any meeting and points discussed/agree will be added to the pupil's record and an Individual Care Plan created if appropriate.

If it is deemed appropriate to inform parents, there are questions to consider first:

- Can we meet with the parents/carers face-to-face?
- Where should the meeting take place – some parents are uncomfortable in school premises so consider a neutral venue
- Who should be present – students, staff, parents etc.?
- What are the aims of the meeting and expected outcomes?

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

In some case a student's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders. We have access to a range of specialist services, and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the student's Individual Care Plan. School referrals to a specialist service will be made by the Mental Health Lead/DSL, following the assessment process and all such referrals will be recorded. Referrals to specialist services will only go ahead with the consent of the student and parent/carer and when it is the most appropriate support for the student's specific needs.

Specialist Service	**Referral process**
Child and Adolescent Mental Health Service (CAMHS)	Accessed through The Cornwall Independent School referral, GP or self-referral
Place2be	Accessed through The Cornwall Independent School signposting
Educational Psychologist	Accessed via the SENDCo

Targeted support

We recognise some children, and young people are at greater risk of experiencing poorer mental health. For example, those who are in care, young carers, those who have had previous access to CAMHS, those living with parents/carers with a mental illness and those living in households experiencing domestic violence.

At The Cornwall Independent School we aim to support the emotional and mental health needs of students. We ensure timely and effective identification of students who would benefit from targeted support and ensure appropriate referral to support services by:

- Providing specific help for children most at risk (or already showing signs) of social, emotional, and behavioural problems
- Working closely with Children's Services, CAMHS and other agencies services to follow various protocols including assessment and referral;
- Discussing options for tackling these problems with the child and their parents/carers.
- Ensure young people have access to pastoral care and support, as well as specialist services, including CAMHS, so that emotional, social and behavioural problems can be dealt with as soon as they occur;
- Provide young people with clear and consistent information about the opportunities available for them to discuss personal issues and emotional concerns. Any support offered should take account of local community and education policies and protocols regarding confidentiality;
- Provide young people with opportunities to build relationships, particularly those who may find it difficult to seek support when they need it; and
- The identification, assessment, and support of young carers under the statutory duties outlined in the Children & Families Act 2014.

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training, in order to enable them to keep students safe. Training opportunities for staff who require more in-depth knowledge will be reviewed as part of our performance development process and training will be enhanced throughout the year as a result of developing situations with one, or more, students. 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.

Confidentiality

Pupils will be encouraged to tell their parents about their problems or give permission for a member of staff to do so. If it is felt they are at risk to themselves, confidence will be broken and the parents informed. We realise that a pupil with mental health problems might not have the ability to recognise that they need help, if the need arises, we will break confidentiality in order to get them the support they need.

If a student chooses to disclose concerns about themselves, or a friend, to any member of staff, the response will be calm, supportive and non-judgemental. All disclosures should be recorded confidentially on CPOMS and the DSL informed. including:

- Date
- Staff Member to whom the disclosure was made
- Nature of the disclosure, main points from conversation and agreed next steps

This information will be shared with the Designated Safeguarding Lead and appropriate professionals.

If a member of staff feels it is necessary to pass on concerns about a student to either someone within or outside of the school, then this will be first discussed with the student. 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're going to tell them

Ideally, consent should be gained from the student first, however, there may be instances when information must be shared, such as students up to the age of 16 who are in danger of harm.

It is important to also safeguard staff emotional wellbeing. By sharing disclosures with a colleague this ensures one single member of staff isn't solely responsible for the student. This also ensures continuity of care should staff absence occur and provides opportunities for ideas and support. Parents must always be informed following a disclosure, but students may choose to tell their parents themselves. If a pupil gives us reason to believe that they are at risk, or there are child protection issues, parents should not be informed, but the child protection procedures should be followed.

References:

- Guide to investing in your relationships: mentalhealth.org.uk/relationship
- Mental health and well-being provision in schools: DfE: referencenRR837, ISBN:m978-1-78105-940-1
- Make it count, Pupils-guide: mentalhealth.org.uk
- Make it count: Teachers-guide: mentalhealth.org.uk
- Making the case for young people's mental health: MHFA England
- Every mind matters: Sleep, year 6 and Social Media, year 6
- Every mind matters: What to do about worry
- Mental health and behaviour in school: DfE-00327-2018 https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2
- Promoting and supporting mental health and wellbeing in schools and colleges (DfE: June 2021)
- Anxiety UK www.anxietyuk.org.uk OCD UK www.ocduk.org Depression Alliance https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/
- Eating Disorders www.b-eat.co.uk and National Self-Harm Network www.nshn.co.uk
- Self-Harm www.selfharm.co.uk
- Suicidal thoughts Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
- www.youngminds.org.uk champions young people's mental health and well-being www.mind.org.uk advice and support on mental health problems www.minded.org.uk (e-learning)
- www.rethink.org challenges attitudes towards mental health

APPENDIX 1: Additional information and Procedures for Specific Disorders

a) Anxiety

https://www.nhs.uk/every-mind-matters/mental-health-issues/anxiety/

Anxiety is a feeling of unease, like a worry or fear, that can be mild or severe. Everyone feels anxious from time to time, and it usually passes once the situation is over. It can make a pupil's heart race, they might feel sweaty, shaky or short of breath. Anxiety can also cause changes in behaviour, such as becoming overly careful or avoiding things that trigger anxiety. When anxiety becomes a problem, worries can be out of proportion with relatively harmless situations. It can feel more intense or overwhelming and interfere with everyday lives and relationships.

Signs of anxiety:

Anxiety can show in a variety of ways: changes in the body, being constantly worried, changes in behaviour

A pupil may:

- Feel tired, on edge, restless, irritable;
- Feel a sense of dread;
- Be unable to concentrate or make decisions;
- Have trouble sleeping;
- Feel sick, dizzy, sweaty or short of breath;
- Be shaky or trembly;
- Get headaches or tummy aches;
- Avoid situations or put off doing things they are worried about;
- Have difficulty falling or staying asleep;
- Experience a noticeably strong, fast or irregular heartbeat;
- Have pins and needles;
- Have a dry mouth;
- Sweat excessively and
- Repeatedly check things or seek assurance from others.

Anxiety affects everyone differently and can be brought on by different situations or experiences. It is the body's natural reaction to perceived danger, focusing our attention and giving us a rush of adrenaline to react, sometimes called the "fight or flight" response. Sometimes it can be difficult to know what is making a pupil anxious, which can be upsetting or stressful in itself. That's why learning to recognise what is making them anxious can help so they can deal with the uncertainty better. There are lots of things that can influence mental health, such as upbringing, childhood environment, things that happen and even temperament.

b) Eating disorders include anorexia, bulimia, and binge eating disorder.

It's also common for people to be diagnosed with "other specified feeding or eating disorder" (OSFED), where symptoms do not match one particular eating disorder.

Some specific examples of OSFED include:

- **Atypical anorexia** – where someone has all the symptoms a doctor looks for to diagnose anorexia, except their weight remains within a "normal" range;
- **Bulimia nervosa (of low frequency and/or limited duration)** – where someone has all of the symptoms of bulimia, except the binge/purge cycles don't happen as often or over as long a period of time as doctors would expect;
- **Binge eating disorder (of low frequency and/or limited duration)** – where someone has all of the symptoms of binge eating disorder, except the binges don't happen as often or over as long a period of time as doctors would expect;
- **Purging disorder** – where someone purges, for example by being sick or using laxatives, to affect their weight or shape, but this is not as part of binge/purge cycles;
- **Night eating syndrome** – where someone repeatedly eats at night, either after waking up from sleep, or by eating a lot of food after their evening meal;

- **Orthorexia -** refers to an unhealthy obsession with eating "pure" food. Food considered "pure" or "impure" can vary from person to person. This doesn't mean that anyone who subscribes to a healthy eating plan or diet is suffering from orthorexia. As with other eating disorders, the eating behaviour involved – "healthy" or "clean" eating in this case – is used to cope with negative thoughts and feelings, or to feel in control. Someone using food in this way might feel extremely anxious or guilty if they eat food they feel is unhealthy.

It's also possible for someone to move between diagnoses if their symptoms change – there is often overlap between different eating disorders. An Eating Disorder in a child is a mental health and safeguarding concern**.**

Risk Factors

The following risk factors, particularly in combination, may make a young person more vulnerable to developing an eating disorder:

- difficulty expressing feelings and emotions;
- a tendency to comply with others' demands;
- very high expectations of achievement;
- 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;
- being bullied, teased or ridiculed due to weight or appearance;
- pressure to maintain a high level of fitness/low body weight e.g. for sport or dancing.

Warning Signs

School staff may become aware of warning signs, which indicate a student 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 follow the School's Safeguarding Procedures.

Physical Signs

- weight loss/weight gain;
- dizziness, tiredness, fainting;
- feeling cold;
- hair becoming dull or lifeless;
- swollen cheeks;
- callused knuckles;
- tension headaches;
- sore throats/mouth ulcers;
- tooth decay;
- restricted eating/over-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 s/he is fat when s/he is not;
- secretive behaviour;
- excessive exercise;
- control around food: removal of food groups, quantities and avoidance of social events.

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
- excessive perfectionism.

Management of an Eating Disorder

Where there is found to be indicators of concern for disordered eating and/or potential ED diagnosis, the DSL must be informe d and will refer the pupil for help. The decision about how, or if, to proceed with a pupil's schooling while they are suffering from an eating disorder (ED) will be made on a case-by-case basis by the SLT. Input for this decision will be managed by the DSL and will include the pupil, parents and members of the multi-disciplinary therapeutic team treating the child.

Provision for the education of pupils with an ED are outlined in the Equality Act 2010. The Head will need to balance the wis hes of a pupil with an ED to remain in school with the statutory requirement placed on all schools to consider the welfare of all children in its care. It may be necessary to make temporary arrangements for a pupil with an ED, until full re-integration to the school environment is deemed in the best welfare interests of all pupils.

The reintegration of a pupil with an ED into school following a period of absence should be handled sensitively. The pupil, parents and members of the multi-disciplinary therapeutic team treating the pupil will be consulted during both the planning and reintegration phase. Any meetings with a pupil and/or their parents and School Safeguarding team should be recorded in writing and include:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed

APPENDIX 2: Additional information and Procedures for Specific Disorders

Self-harm (Please see our Self-Harm Policy)

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body by:

- 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;
- abusing drugs and alcohol;
- eating disorders.

***Risk Factors**: The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:*

- 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;
- encouragement to self-harm (including suicide) on social media.

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

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should follow the School's Safeguarding and Welfare procedures and consult the DSL.

Any meetings with a self-harming pupil and/or their parents and Safeguarding Team should be recorded on CPOMS by the DSL and include:

- Dates and times;
- An action plan;
- Concerns raised and
- Details of anyone else who has been informed.

This information is stored in the pupil's safeguarding file held on CPOMS by the DSL. It is important to encourage pupils to tell an adult if they know/suspect one of their peers is showing signs of self-harming. Peers of the self-harming pupil will be supported by the Safeguarding Team, who will reinforce that pupils are not responsible for the care of pupils who self-harm. They will be given a clear course of action to follow if they become aware of continued self-harm, including notifying the DSL.

If a pupil has self-harmed or is at risk from doing so, the following short term welfare strategies are put in place:

- Immediate alert process if a pupil is absent from a lesson (staff have access to updated welfare list);
- Reduced access to tools for self-harming in lessons

Our welfare strategies will be closely monitored to assess progress; the pupil who self-harms will be expected to show a clear attempt to use relevant strategies to reduce self-harm. If progress is not made, or if the pupil does not co-operate within an agreed period of time, a meeting with parents/guardians will be set up to discuss future management. This may include a break from school and/or further professional referral. Incidents of self-harm, which lead to hospitalisation or significant medical intervention will lead to an enforced time at home. Return to school may be dependent on medical/psychiatric advice.

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 seeking further advice on this should consult the DSL.

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 schools discover that a number of students in the same peer group are harming themselves.

APPENDIX 3: HOW TO HELP FLOW CHART

Assessing if a pupil has a problem?

- Did the pupil tell you?
- Have other staff/pupils informed you of their concerns?
- Have you noticed an alteration in the pupil's appearance (weight increase/decrease, deterioration in personal hygiene)?
- Have you observed a variation in the pupil's mood (solitary, sad, depressed)?
- Has the pupil's behaviour recently declined?
- Has the pupil's academic accomplishment altered considerably?
- Has the pupil had these issues for a considerable time?

↓

Deal with the situation.
Be ready to listen.
Speak confidentially.

↓

After discussion with the pupil, if you still have concerns or further intervention is required,
speak to the DSL or DDSL.
Ask the pupil for consent to share the information and tell the pupil with whom and what is being shared.

↓

The DSL and DDSL meet to determine:

- if there are any child safeguarding concerns;
- who, if anyone the information should be referred to (other staff, parents, outside agencies);
- the next steps to be taken, which may include referral to outside agencies such as therapist, psychiatrists and/or emergency care;
- the appropriate support and follow up within The Cornwall Independent (and externally if required) will be arranged for the pupil and actions agreed.

↓

Encourage them to tell parents.
Team to nominate someone to tell parents unless inappropriate/child safeguarding issues.

FOLLOW UP

APPENDIX 4: *Diagram 2* – Social Media and Mental Health

The following information supplements the main section of this policy and should be taken into consideration when supporting student mental and health and wellbeing.

1. Background
Social media has revolutionised the way we connect with each other. Platforms such as Facebook, Twitter and Instagram are now used by one in four people worldwide. Many young people have never known a world without instant access to social networking platforms, and this has transformed the way in which this generation interact and communicate with each other.

2. Why does it matter?
Adolescence and early adulthood is a critical time for social and emotional development, and so understanding the effects of social media on health at this stage is of particular importance. Whilst social media can be a hugely positive influence, It also has the potential for being a negative and destructive influence on mental well-being, particularly for children and young people.

3. Why does it matter?
Research suggests a typical teenager will check their phone on average 150 times per day and will take an average of 12 selfies before sharing 1, with Just under 50% of young people also adding a filter to 'improve' their appearance. Posts on Social Media will therefore often present an 'idealised' view which creates unrealistic expectations.

7. Further Information
Please refer to our Mental Health and Wellbeing Policy along with our E-Safety Policy and Self-Harm policies that identify appropriate links.

4. Key statistics
91% of 18-24 year olds use the Internet for social networking: Rates of anxiety and depression In young people have risen 70% in the past 25 years: Social media use is linked with increased rates of anxiety, depression and poor sleep: Cyber bullying is a growing problem with 7 in 10 young people saying they have experienced it.

6. How to respond
Professionals need to be aware of both the positive and negative influences of social media. Do not be distracted by the technology, mental health concerns are a safeguarding Issue.
Questions for professionals:
- *Do you routinely ask about social media use when assessing a child/family?*
- *Do you talk to children about safe social media use and their broader online behaviour?*

5. Positive experiences
Social networking offers young people an opportunity to understand, the health experiences of others. Sharing problems or Issues with friends, peers and broader social networks can be met with positive reaction. Nearly seven in 10 teens report receiving support on social media during tough or challenging times. Social media can act as an effective platform for accurate and positive self- expression, letting young people put forward their best self.

APPENDIX 5: Diagram 3 – Adverse Childhood Experiences

The following information supplements the main section of this policy and should be taken into consideration when supporting student mental and health and wellbeing.

1. What is it?
Adverse childhood experiences (ACEs) refer to stressful or traumatic events that children and young people can be exposed to as they are growing up. ACEs range from experiences that directly harm a child, such as physical, verbal or sexual abuse, and physical or emotional neglect, to those that affect the environments in which children grow up, such as parental separation, domestic violence, mental illness, alcohol abuse, drug use or imprisonment.

2. What is it?
There is a distinction between 'normal' stressful life events, such as parental divorce or illness of a loved one, and adverse childhood experiences, very traumatic life events, such as being or seeing someone else physically or sexually abused. These are experiences that will often be associated with post-traumatic stress disorder.

3. Why does it matter?
The first UK study in Blackburn with Darwin (Bwd; Bells et a 20141) found that increasing ACEs were strongly associated with adverse behavioural, health and social outcomes across the life course. Further studies found that almost half of the general population reported at least one ACE and over 8% reported four or more.

7. What should we do?
- *Think about how those experiences will have an impact on the child's healthy development and on their behaviours.*
- *Recognise the signs, and see beyond a child just 'acting out'.*
- *Try to help them become more grounded, give them choices and allow them to feel more in control.*
- *Understand that it is likely this will have an impact on any attachment for that child and there will be mistrust. We need to try and build a relationship with the child that is different to ones they have experienced previously.*
- *Finally, it is important to remember that ACEs tend to be passed from generation to generation.*

4. Why does it matter?
When exposed to stressful situations, the "fight, flight or freeze" response floods our brain with corticotrophin-releasing hormones (CRH), which usually forms part of a normal and protective response that subsides once the stressful situation passes. However, when repeatedly exposed to ACEs, CRH is continually produced by the brain, which results in the child remaining in this heightened state of alert and unable to return to their natural relaxed and recovered state.

5. What is the impact?
Children and young people who are exposed to ACEs have increased - and sustained - levels of stress. In this heightened neurological state a young person is unable to think rationally and is physiologically impossible for them to learn or develop in the same way a child not having these experiences will.

6. What is the impact?
ACEs research shows that there is a strong dose-response relationship between ACEs and poor physical and mental health, chronic disease (such as type II diabetes, chronic obstructive pulmonary disease; heart disease; cancer), increased levels of violence, and lower academic success both in childhood and adulthood.

APPENDIX *6: Diagram 4* – professional disagreement and escalation

The following information supplements the main section of this policy and should be taken into consideration when supporting student mental and health and wellbeing.

1. What is an escalation?

If you feel that a practitioner or an agency is not acting in the best interests of the child, young person or family, you have a responsibility to respectfully challenge the practitioner or agency, and escalate your concerns.

2. When would you escalate?

When working with practitioners from other agencies there will at times be differences of opinion or concerns about professional practice in relation to a child, young person or family.

Local authority procedure outlines the escalation process including time scales and principles for resolution. There are 4 key stages to resolving multi-agency escalations.

3. Stage 1

- *Initial attempts should be made between workers to resolve the issue.*
- *If resolution cannot be achieved professionals must escalate to their safeguarding lead and/or team manager.*
- *Take action within 24 hours of concern.*
- *Record the escalation.*
- *Notify the local authority.*

7. Record Keeping

- *Agencies should record their use of the Escalation Procedure (Stages 1-3) and be able to report outcomes of escalations to the local authority.*
- *The child's record should be updated.*
- *The local authority will keep a record of all escalations and outcomes at Stage 4, and may request information about the outcomes of escalations at Staaes 2 and 3.*

4. Stage 2

- *The Line Manager/Safeguarding Lead should discuss the concerns/response with their opposite manager in the other agency.*
- *If resolution cannot be achieved professionals must notify their senior managers (or in the case of schools the chair of governors alongside the Head)*
- *WSCB to be notified if resolved.*

6. Stage 4

- *The local authority will seek written representation and may request a meeting with those involved.*
- *The local authority will make a recommendation on the most appropriate way to proceed and communicate this within 5 days of notification.*

5. Stage 3

- *The Senior Manager will escalate to the local authority who will arrange a meeting to seek resolution.*
- *If agreement cannot be achieved, the matter should be brought to the attention of the local authority who will refer the matter to the authority.*

WhatsApp is one of the most popular messaging apps in the world, with more than 1.5 billion people in more than 180 countries using it to send and receive text, photos, videos and documents, as well as make voice and video calls through an Internet or Wi-Fi connection. The free app offers end-to-end encryption, which means that messages can only be read by the sender and the recipient in one-to-one chats, or all members if it is a group chat. Not even WhatsApp can read them.
AGE RESTRICTION
16+
What parents need to know about
WhatsApp
AGE LIMIT CHANGE
Since May 2018, the minimum age for using WhatsApp is 16 years old if you live in the European Union, including the UK. Prior to this, the minimum age was 13, which still applies for the rest of the world. WhatsApp has not yet stated whether it will take action against anyone aged between 13 and 16 who already hold accounts under the old terms and conditions, such as closing their account or seeking parental permission.
SCAM MESSAGES
Occasionally on WhatsApp, people receive spam messages from unauthorised third parties or from fraudsters pretending to offer prizes to 'lucky people,' encouraging recipients to click on a link to win a prize. A common scam involves messages warning recipients that their WhatsApp subscription has run out with the hope that people are duped into providing their payment details. Other scam messages include instructions to forward the message in return for a reward or gift from WhatsApp or another person.
FAKE NEWS AND HOAXES
WhatsApp has been linked to enabling the spread of dangerous viral rumours. In India, for example, a number of attacks appear to have been sparked by false rumours shared on WhatsApp.
THE 'ONLY ADMIN' FEATURE AND CYBERBULLYING
Cyberbullying is the act of sending threatening or taunting text messages, voice messages, pictures and videos, with the aim to hurt and humiliate the receiver. The group chat and group video call features are great for multiple people to chat simultaneously, but there is the potential for people to hurt others with their comments or jokes. The 'only admin' feature gives the admin of a group chat greater control over who can send messages. Whilst this can be good for one-way announcements, the group admin has the power to block somebody from responding to an offensive message in a chat, which could result in a child being upset and unable to reply.
CONNECTING WITH STRANGERS
To start a chat in WhatsApp, you need to know the mobile number of the contact you want to speak to and they also need to have the app downloaded. WhatsApp can find contacts by accessing the address book of a device and recognising which of those contacts are using WhatsApp. If your child has shared their mobile number with some- body they don't know, they can use it to get in touch via WhatsApp.
LIVE LOCATION SHARING
WhatsApp's 'Live Location' feature enables users to share their current location in real time to their contacts in a chat, allowing friends to show their movements. The feature, which can be found by pressing the 'attach' button, is described by WhatsApp as a "simple and secure way to let people know where you are." Location-sharing is already a common feature on other social apps, including Snapchat's Snap Map and Facebook Messenger and can be a useful way for a child to let loved ones know they are safe. However, if your child is in a group chat with people they do not know, they will be exposing their location.
NOS
National Online Safety
Top Tips for Parents
CREATE A SAFE PROFILE
Even though somebody would need your child's phone number to add them as a contact, as an extra security measure we suggest altering their profile settings to control who can see their profile photo and status. The options to choose from are 'Everyone,' 'My Contacts' and 'Nobody.' We suggest selecting 'My Contacts' or 'Nobody' to ensure their profile is protected.
EXPLAIN HOW TO BLOCK PEOPLE
If your child has received spam or offensive messages, calls or attachments from a contact, they should block them. Messages and status updates sent by a blocked contact will not show up on the phone and will stay undelivered. Blocking someone will not remove this contact from the contact list – they will need to be removed from the phone's address book. To block a contact, your child needs to open the person's chat stream and tap on the settings.
REPORT SCAM MESSAGES
Advise your child not to tap, share or forward any message that looks suspicious or sounds too good to be true. When your child receives a message from an unknown number for the first time, they will be given the option to report the number as spam directly inside the chat. They can also report a contact or a group as spam using the following steps: 1) Open the chat. 2)Tap on the contact or group name to open their profile information. 3) Scroll to the bottom and tap 'Report Spam.'
LEAVE A GROUP
If your child is part of a group chat that makes them feel uncomfortable or has been added to a group they don't want to be part of, use the group's settings to show them how to leave. If someone exits a group, the admin can add them back in once, If they leave again, they cannot be added again.
USING LIVE LOCATION SAFELY
If your child needs to use the 'Live Location' feature to share with you or a friend, advise them to only share it for the amount of time they need to. WhatsApp gives the options of either 15 minutes, one hour or eight hours. However, your child can choose to stop sharing at any time.
DELETE ACCIDENTAL MESSAGES
If your child has sent a message to the wrong chat or if a message they sent has contained a mistake, they can delete it. To do this, simply tap and hold on the message, choose 'Delete' and then 'Delete for everyone.' The app allows seven minutes to delete the message after it has been sent, but it is important to remember that recipients may have seen and screenshot a message before it was deleted.
SET TIME LIMITS
A 2017 study found that by the age of 14 the average child will have sent more than 35,000 texts, 30,000 WhatsApp messages and racked up more than three solid weeks of video chat. Although it is inevitable that your child will use technology, you can still set boundaries. This is not easy, especially since teens use their devices for both schoolwork and free time, often simultaneously.
SOURCES: https://www.theguardian.com/commentisfree/2018/apr/26/whatsapp-plans-to-ban-under-16s-the-mystery-is-how; https://whatsappbrand.com/; https://www.independent.co.uk/life-style/gadgets-and-tech/news/whatsapp-update-latest-india-hoaxes-forward-messages-app-download-a8456011.html
© National Online Safety Ltd
This is not a definitive guide. Please always check with the app's support information to see if your security and privacy concerns are addressed.
www.nationalonlinesafety.com

Appendix 8: What Parents Need to Know About YouTube

Appendix 9: Anna Freud C.A.R.E Approach

This approach forms part of our staff INSET training

Practical ways to implement the CARE principle in your setting:

Be CURIOUS

- Curiosity is non-threatening and opens up conversations, as you show an interest in hearing that pupil's perspective.
- Notice changes in behaviour, attitude or mood. No change is too small.
- You don't need to be a mental health expert to listen and you don't need to know all the answers.
- If you need to ask questions keep them open-ended.

Be APPROACHABLE

- Be open and honest, particularly about confidentiality. Explain that you may need to speak to someone else if you're worried about them.
- Ensure that when a conversation with the child or young person happens, it's in a safe and quiet space.
- Dr Rina Bajaj on Creating a safe environment in schools video.

REFER...when you need to

- Some matters may not need a formal referral, but do speak to a relevant staff member if you have any concerns about a pupil.
- Ensure that you are clear on your schools referral process, and in the first instance speak to your line manager.
- There will be certain members of staff who are responsible for making referrals to Mental health professionals, i.e. a Mental Health Lead.

Show EMPATHY

- Have the confidence to offer non-judgemental listening and to be alongside the pupil in their journey.
- Empathy is not just about being kind or agreeing, it is also about allowing discrepancies to emerge and to be explored;
  - Between your view and their view
  - Between their different feelings and reality
- Empathy, therefore, opens up opportunities for things to be different.

APPENDIX 10: THRIVE Framework

https://www.annafreud.org/mental-health-professionals/thrive-framework/

The THRIVE Framework provides a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families. It aims to talk about mental health and mental health wellbeing help and support in a common language that everyone understands. The Framework is needs-led which means that mental health needs are defined by the children, young people and their families, alongside professionals, through shared decision making. Needs are not based on severity, diagnosis or care pathways.

The THRIVE Framework thinks about the mental health and wellbeing needs of children, young people and families through five different needs-based groupings: Getting Advice and Signposting, Getting Help, Getting More Help, and Getting Risk Support. Emphasis is placed on the prevention and promotion of mental health and wellbeing across the whole population. Children, young people and their families are empowered through active involvement in decisions about their care, which is fundamental to the approach.

The THRIVE Framework is for:

- all children and young people aged 0–25 within a specified locality;
- all families and carers of children and young people aged 0–25 within a specified locality, and;
- any professionals who seek to promote mental health awareness and help or support children and young people with mental health and wellbeing needs, including those at risk of mental health difficulties (whether staff in educational settings, social care, voluntary or health sectors or others).

APPENDIX 11: ALGEE Action Plan

The MHFA Action Plan (ALGEE) is a step-by-step action plan to use when providing support to someone who may be experiencing a distressing situation, just as you would if you were administering first aid for a fall.
The MHFA Action Plan has five steps, which can be used in any order.

- **A – Approach, assess for risk of suicide or harm**. Try to find a suitable time or place to start the conversation with the person, keeping their privacy and confidentiality in mind. If the person does not want to confide in you, encourage them to talk to someone they trust.
- **L – Listen non-judgmentally**. Many people experiencing a challenge or distress want to be heard first, so let the person share without interrupting them. Try to have empathy for their situation. You can get the conversation started by saying something like, "I noticed that …" Try to be accepting, even if you don't agree with what they are saying.
- **G – Give reassurance and information**. After someone has shared their experiences and emotions with you, be ready to provide hope and useful facts.
- **E – Encourage appropriate professional help**. The earlier someone gets help, the better their chances of recovery. So, it's important to offer to help this person learn more about the options available to them.
- **E – Encourage self-help and other support strategies**. This includes helping them identify their support network, programs within the community, and creating a personalized emotional and physical self-care plan.

It is important to remember that there is no one-size-fits-all approach to executing the MHFA Action Plan — you don't even have to use every single step to provide support — and every situation will be different. If you are ever in a crisis situation where the person you are supporting is thinking about harming themselves or others, or is acting erratically, call 999 immediately, and tell the dispatcher that responders with specific training in mental health or crisis de-escalation are needed. In non-crisis situations, you can go through the MHFA Action Plan and offer support to the person in need.

Regardless of the nature of the situation, staying calm is crucial as you offer support. Remember that your role is not to diagnose someone or solve the problem, but instead to provide support and information.

APPENDIX 12: Top Tips to Cope with Anxiety

Top tips to cope with anxiety (https://www.nhs.uk/every-mind-matters/mental-health-issues/anxiety/)

Top tips to cope with anxiety

Shift your focus

Some people find relaxation, mindfulness or breathing exercises helpful. They reduce tension and focus our awareness on the present moment.

Try NHS-recommended relaxation exercises

Understand your anxiety

Try keeping a diary of what you are doing and how you feel at different times to help identify what's affecting you and what you need to take action on.

Challenge your anxious thoughts

Tackling unhelpful thoughts is one of the best things we can do to feel less anxious. Watch the video to find out more.

Video: Reframing unhelpful thoughts

Make time for worries

If your worry feels overwhelming and takes over your day, setting specific "worry time" to go through your concerns each day can help you to focus on other things. Watch the video for more advice.

Video: Tackle your worries

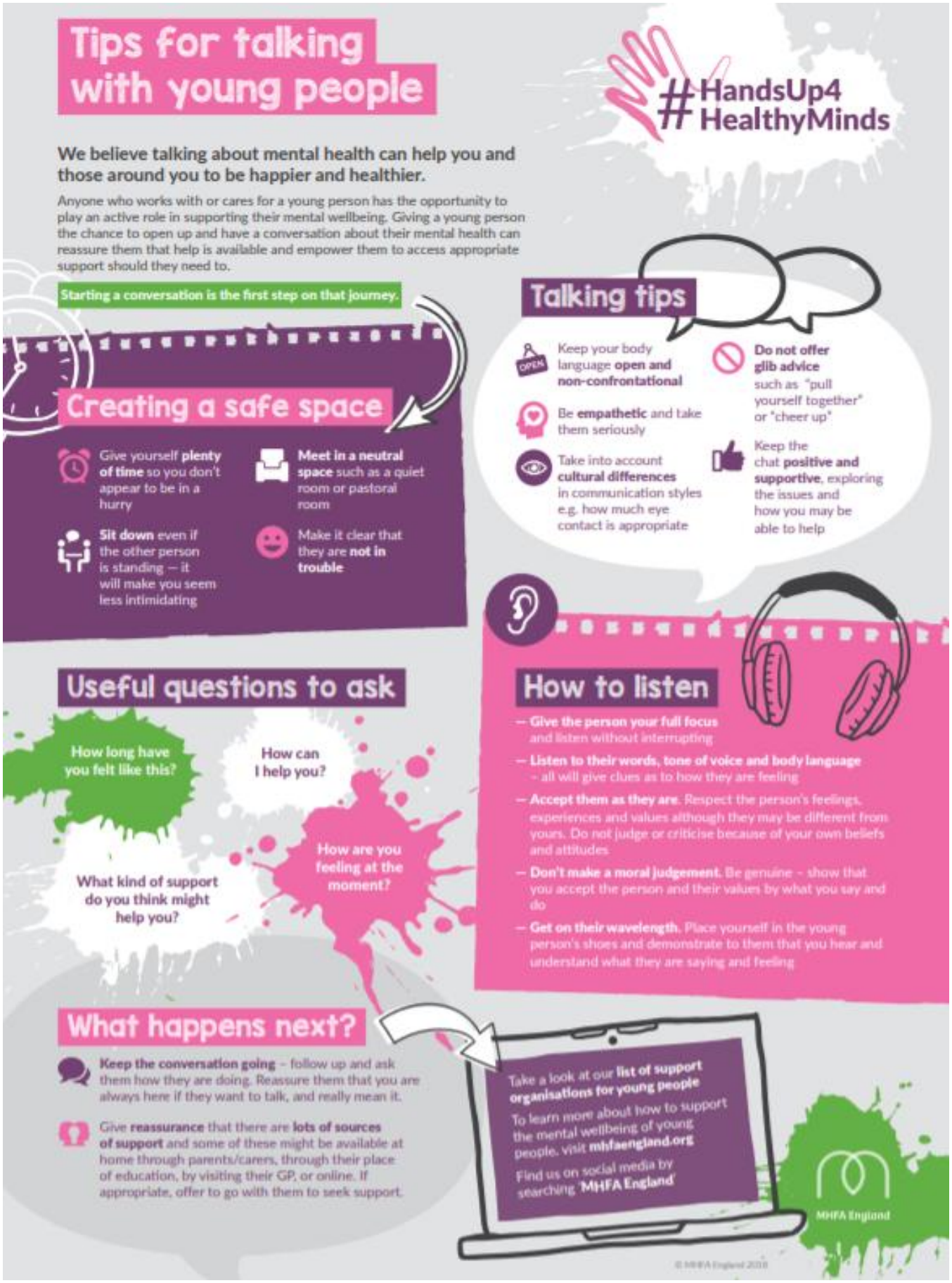
Face the things you want to avoid

It's easy to avoid situations, or rely on habits that make us feel safer, but these can keep anxiety going. By slowly building up time in worrying situations, anxious feelings will gradually reduce and you will see these situations are OK.

Look at the bigger picture

If we feel anxious about a situation, we might get stuck on the details and stop seeing things rationally. Thinking about your problem or situation from someone else's view can make it easier to come up with a plan. What advice would you give to a friend or family member?

APPENDIX 13: Hands Up 4 Healthy Minds - Tips for talking with young people



APPENDIX 14: Care and support for young people

[MHFA Self-Care Infographic]