

Bedales Mental Health and Wellbeing Policy

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Introduction

Bedales School aims to create a positive learning and living environment amongst the staff and student population in order to promote positive mental health and wellbeing. Through provision and promotion of social and emotional learning and life skills, we endeavour to increase the resilience of our students. By creating and maintaining a strong mental health awareness our goal is to achieve early identification and positive responses to mental health difficulties through an established network of support both within and external to the school.

This policy aims to:

- Give an overview of mental health issues in young people and factors that influence mental health outcomes
- Increase understanding and awareness of mental health issues
- Describe the Bedales approach to promoting positive mental health and the network of pastoral care available
- Provide support and guidance on identifying potential issues and how to support students who suffer from mental health issues

Background - Mental Health in Young People

Mental health is an essential part of holistic wellbeing and central to an adolescent's healthy development and optimal education. One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach university this figure is as high as 1 in 6 (ONS 2004). Around 75% of mental health disorders are diagnosed in adolescence stressing the need for early identification and intervention during the school years. Once a mental health issue is identified, schools are perfectly situated for support and maintenance of the situation and to help the young people adhere to recommendations made by mental health practitioners. Integrated working between students and their families, different disciplines of school staff and external health and welfare professionals is therefore essential.

Factors influencing mental health

Mental health in children and adolescents has become a growing concern and it is unclear if problems are actually increasing or if society and schools are just getting better at identifying mental health issues due to increased awareness. Society has changed with the onslaught of social media affecting peer pressures and expectations amongst young people. We also live in a world where children are primed to succeed rather than experiment to find out what they are good at or bad at, and in an environment that is politically correct, health and safety conscious and generally risk averse. In narrowing the margins for criticism and failure, young people are not getting the full experience that earlier generations have learned from. Perfection and positive praise has become more prominent for the younger generation and perhaps they are now less equipped for the roller coaster of real life as they take on more responsibility in adolescence.

Factors that have been strongly identified (ONS 2008), with the onset of persistent mental health disorders in children and young people include:

- Experiencing three or more stressful life events, such as family bereavement, divorce or serious illness
- Physical illness (linked strongly to the onset of emotional disorders)
- Family structure - with those living in single-parent households
- Poor mental health of the mother
- Household tenure - children who live in rented accommodation are more likely to have a persisting emotional disorder than those who do not.

Mental health issues can also arise as an acute reaction to a single adverse event such as parental separation and divorce, bullying, child abuse and neglect, bereavement or post-traumatic stress. Children and young people in the UK have identified bullying as the number one issue that affects their well-being, followed by disability, concerns about their appearance and conflict within their family (Children's Society 2016).

It is well known that some children maintain positive mental health despite traumatic experiences whilst others seem to have ideal circumstances for optimal emotional wellbeing and yet develop serious mental health issues. This is thought to be the consequence of risk factors versus protective factors which can promote resilience in a young person. Table 1 below, taken from the Department of Education guidance on Mental Health and Behaviour in Schools (2016), expands on these factors. Bedales aims to provide an ethos and environment that mitigates factors which may have a negative influence on student wellbeing and help the students to become more resilient in the face of challenges.

Table 1: Risk and protective factors for child and adolescent mental health
(Department of Education 2016, Mental Health and Behaviour in Schools)

	Risk Factors	Protective factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Being female (in younger children) • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Problem solving skills and a positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	<p>Overt parental conflict including domestic violence</p> <ul style="list-style-type: none"> • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child’s changing needs • Physical, sexual, neglect or emotional abuse • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
In the school	<ul style="list-style-type: none"> • Bullying • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Poor student to teacher relationships 	<ul style="list-style-type: none"> • 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
In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive 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

Promoting Positive Mental Health at Bedales

Bedales School are dedicated to keeping positive mental health and wellbeing in the forefront of the daily lives of our students. The aim is to mitigate the risk of mental health problems in students by supporting them to become more resilient, preventing problems before they arise and identifying potential mental health problems early in order to initiate timely treatment of developing issues.

The Department for Education (DFE, March 2016) outlines eight key areas where schools can actively promote positive mental health:

1. *A committed senior management team that sets a culture within the school that values all pupils; allows them to feel a sense of belonging; and makes it possible to talk about problems in a non-stigmatising way.*

At Bedales all students are treated as individuals. A system of informal first name terms is used between students and teachers to reduce barriers and encourage mutual respect. Students are encouraged to express themselves in an environment where questioning, divergent thinking and the freedom to learn from mistakes are all encouraged. Central to Bedales schools' success is the sense that each person is a member of the community whose voice is entitled to be heard and be treated with respect. Every student has a personal tutor and one-to-one time to express concerns. For those who still need encouragement to speak out there are anonymous posting boxes available for student feedback. Pastoral teams meet with the Senior Deputy each week to review the well-being of individual students and staff are made aware when they need to be particularly sensitive to a student's needs.

2. *An ethos of setting high expectations of attainment for all pupils with consistently applied support. This includes clear policies on behaviour and bullying that set out the responsibilities of everyone in the school and the range of acceptable and unacceptable behaviour for children. These should be available and understood clearly by all, and consistently applied by staff.*

The ethos of Bedales School is focused on ensuring that students have a strong sense of achievement and control over their lives. Individuality must flourish, but within a clear moral structure: there must be a good balance between the rights of the individual and the individual's responsibility to the community. Staff and students expect of each other the best kind of relationships - co-operative, authentic, trustful and tolerant ones. Self-discipline and caring for others are key factors and the behaviour and anti-bullying policies set out the responsibilities of students, staff and parents. The SEAL programme (Social and Emotional Aspects of Learning) that has been rolled out by the Department for Education (DFE) in England to promote social and emotional learning, uses a five-fold categorization of social and emotional aspects of learning to promote well-being of students: self-awareness, managing feelings, motivation, empathy and social skills. Promotion of these skills is integral to the Bedales approach and contributes to a positive school climate and community.

- 3. An effective strategic role for the qualified teacher who acts as the special educational needs co-ordinator (SENCO), ensuring all adults working in the school understand their responsibilities to children with special educational needs and disabilities (SEND). Specifically, the SENCO will ensure colleagues understand how the school identifies and meets pupils' needs, provide advice and support to colleagues as needed and liaise with external SEND professionals as necessary*

Bedales has an active learning support team for students with learning difficulties and for those who do not have English as their first language. Learning support documents are posted on the student files for all teachers to access and follow. These are supplemented by advice from staff review meetings. Bedales employs a flexible approach such as timetable modifications or planned time out and reasonable adjustment where benefit to learning can be gained.

- 4. Working with parents and carers as well as with the pupils themselves, ensuring their opinions and wishes are taken into account and that they are kept fully informed so they can participate in decisions taken about them*

Bedales operate an inclusive approach and students are kept at the centre of discussion about their welfare and progress and are involved in parents meetings, academic choices etc. Individual meetings with parents, staff and students, and with external practitioners when needed are highly valued as a means of supporting students. Students and parents are invited to external speaker sessions on subjects of interest to adolescents and their families, such as mental health awareness and positive relationships with young people. Parent Association meetings also provide opportunities for parents to review and improve supportive practices.

- 5. Continuous professional development for staff that makes it clear that promoting good mental health is the responsibility of all members of school staff and community, informs them about the early signs of mental health problems, what is and isn't a cause for concern, and what to do if they think they have spotted a developing problem*

The majority of Bedales' teachers have been trained in Mental Health First Aid (MHFA) and in ways to interact with students to safeguard their positive mental health. MHFA enables staff to recognise the symptoms of mental ill health, how to provide initial help (first aid) and how to guide a person towards appropriate professional help. Sessions on particular mental health disorders such as self-harm, eating disorders etc. and regular safeguarding updates and other topics related to the general wellbeing of adolescents are held. There is a drive for a whole school awareness of mental health to overcome prejudice and fear. Meetings, the intranet and bulletins are used to update staff on safeguarding, pastoral and mental health issues.

- 6. Clear systems and processes to help staff who identify children and young people with possible mental health problems; providing routes to escalate issues with clear referral and accountability systems. Schools should work closely with other professionals to have a range of support services that can be put in place depending on the identified needs (both within and beyond the school).*

Staff have guidance on how to follow concerns through with a student (Figures 1 and 2) plus clear guidelines in the Safeguarding and Child Protection policies. Most mental health concerns will filter through the school counsellor and the Health Centre as a central point for assessment to see what level of support is required. The Health Centre have links to external services such as Child and Adolescent Mental Health services (CAMHS), external counselling, psychotherapy or private

psychologists where deemed necessary by the school doctors. Concerns and advice on how to support are shared confidentially with staff at weekly meetings and via pastoral flags on the school's management information system, so that students can be supported.

- 7. Working with others to provide interventions for pupils with mental health problems that use a graduated approach to inform a clear cycle of support: an assessment to establish a clear analysis of the pupil's needs; a plan to set out how the pupil will be supported; action to provide that support; and regular reviews to assess the effectiveness of the provision and lead to changes where necessary*

A coordinated approach is taken between student/parents and Houseparent, safeguarding lead, academic tutors, counsellor and Health Centre with external support from mental health professionals where required. Each individual has a plan identified for them at school that comes from their Houseparent and cascades down through tutors and teaching staff. This plan is available on their pastoral care section of their file on Badger and School Base. The plan will also guide suitability for school trips if they are residential so that staff are fully aware of potential risks and optimal management of potential situations.

- 8. A healthy school approach to promoting the health and wellbeing of all pupils in the school, with priorities identified and a clear process of 'planning, doing and reviewing' to achieve the desired outcomes.*

Bedales have a school emphasis on collaboration and community, wellbeing and healthy activities including outdoor work and regular sport and exercise with all levels of ability encouraged. Students are informed and encouraged to make healthy lifestyle choices to aid their wellbeing. Bedtime routines are in place to aid quality sleep, such as changes to lighting and turning off Wi-Fi, with dorm bosses to help maintain these with younger students. A good range of healthy food is offered. There are weekly sessions of mindfulness available for both students and staff and students and students have many opportunities for open discussion through informal sessions on flat for boarders and during the PSHE curriculum. Matrons promote positive wellbeing in their surgeries using techniques they have learned through their own experiences including mental health first aid, mindfulness and aromatherapy. School nurses do well-student checks on all new admissions within their first year and talk to them individually about healthy lifestyle choices including diet, smoking, recreational substances, relationships, sleep hygiene and emotional wellbeing. Mental Health Week sees a student lead approach with students taking the initiative to become involved with the whole school approach. Dealing with serious mental health issues is a continuous learning curve and as a school we try to learn from best practice and keep an evolving approach to improve on student support, reassessing needs and responding to feedback from individual cases.

Bedales aims to de-stigmatise mental health disorders by educating students, staff and parents in the awareness of mental health issues (see Annex 1). This is done broadly through PSHE, 6.1 and 6.2 time, assemblies and JAW (a weekly forum for discussion and debate) and through staff Inset and parent forums. For students there is a strong network of pastoral care available as detailed below.

Network of Pastoral Care at Bedales

There are plenty of opportunities in place for students to access support within the school set-up.

Houseparents and matrons provide the daily face of support within the houses. The houses are set up to provide a homely and informal environment with minimal borders between staff and student. Houseparents are easily accessible to students on a daily basis and through informal gatherings, and matrons' surgeries provide a social gathering place where students can congregate for informal chats and advice. In this informal setting early signs of mood or behaviour change may be noted and the environment lends itself to disclosure if a student has any concerns.

For boarders, dormitories are mixed in year groups to encourage a big sister/brother approach and help integration of different age groups. This encourages peer support. Peer listeners are also available (these are other students who have received training to share their knowledge, experience, social or practical help with other students).

Day students have their own dedicated relaxation space in the Day common room in the middle of which is the office for the Day Houseparents who are easily accessible.

All boarders and day students have allocated tutors whom they see on a regular basis, including for one to one sessions, where they are able to form strong ties for support in all aspects of their school life and personal life if they choose.

Houseparents meet weekly with the Senior Deputy for supervision and to share confidential concerns and action plans to support students. The Senior Deputy has regular supervision sessions with the Deputy DSL team.

There are three school counsellors available; two counsellors based at Fairhaven on the Bedales site and one counsellor based at Dunhurst (see Annex 2 for their contact details). Their details are also available to students on the 'Where to go for help' leaflet which is available in the houses. Students can refer themselves directly via email or phone. Referrals can also be made via the Health Centre, Houseparents or other members of staff. The counsellors offer a confidential service. The only time the confidentiality may not be sustained (and these circumstances are made clear both at the first appointment and at the time of student disclosure) is when there is a perceived risk or danger to self or to others, or if there is a disclosure which comes under The Children's Act 1989, when the safeguarding lead in the school will be informed.

For boarding students, there is also a local independent listener, appointed with the input of previous head boys and girls from Bedales. She is available for students to contact should they want an external person to talk to (see Annex 2 for her contact details). Her details are also available too to students on the 'Where to go for help' leaflet which is available in the houses.

The school has two dedicated NHS GP's, Dr Kate Bush (MB BS BSc DFFP MRCGP) and Dr Thomas Cattell (MBBS MRCGP), who hold weekly surgeries at Bedales Health Centre, and a team of dedicated school nurses. The Health Centre offers a drop in service for any urgent needs. It is open from 8am -10pm (shorter hours at weekends) for any medical emergencies or if students are feeling unable to cope in school. There is a nurse on call 24hrs a day throughout term time.

The nurses can advise on many issues or be available simply to listen. In the Health Centre students have a quiet space to talk and the nurses can link them to self-help options, the school doctors, external counselling and referral to local Child and Adolescent Mental Health services (CAMHS) or private psychotherapy services. The nurses work closely with the school doctors and are bound by professional confidentiality.

Mental Health First Aid

The five basic steps of mental health first aid can be followed by staff for any mental health crisis.

Ask, assess and act

Listen non-judgementally

Give reassurance and information

Enable the young person to get appropriate professional help

Encourage self-help strategies

Known as the ALGEE principles this should be the initial response offered by staff in an acute mental health situation. As in any first aid action plan, the initial task is to assess the risk of harm to the affected person or others and reduce that risk. The young person should be kept at the heart of the first aid support process and involved in any actions or decisions taken.

Reality Check

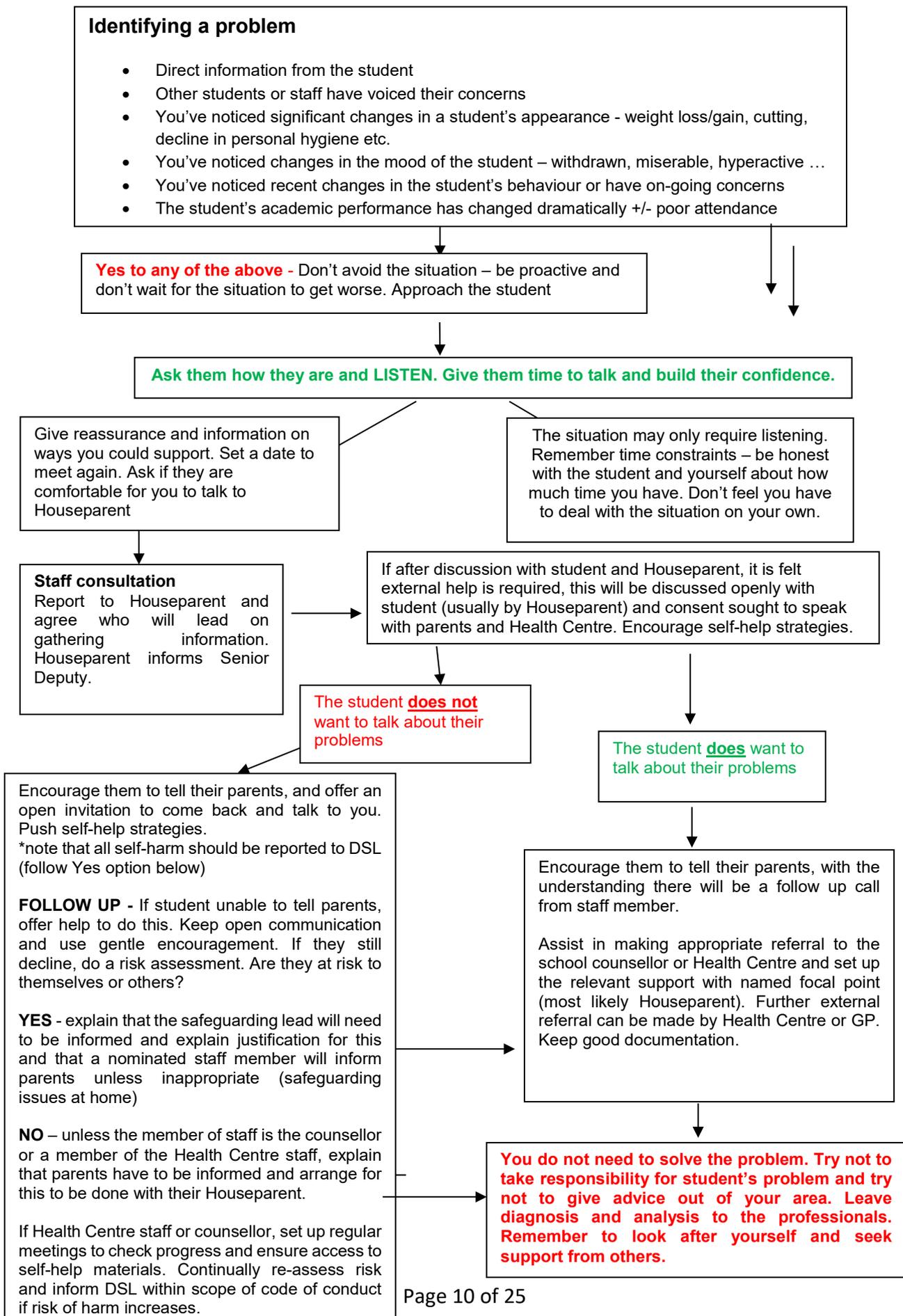
Supporting a distressed student can be extremely time consuming and stressful to the member of staff.

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

If you have concerns for a student:

- Don't avoid the situation, be proactive not reactive and don't allow the situation to get worse.
- Gather more information from colleagues to see if your concern is shared.
- Express your concerns in private to the student and be prepared to listen.
- Explain to the student that it may not be possible to keep any information given confidential, but that you would discuss with them if you felt that you needed to share any of the information.
- If you have a suspicion at all that the problem goes deeper than you have the skills to deal with e.g. a sympathetic ear or some extra help with work, or if there is no improvement in the student despite your basic intervention, speak to the school nurses.
- Remember the involvement of parents in helping to identify problems and reach solutions is often essential; houseparents will usually be the ones to make this contact.
- Use guidance documents available - essential documents for staff supporting students include the Safeguarding Policy and Anti-bullying policy. These can be found on the intranet.
- Library – 'Shelf help'
'Shelf Help' books for young people are now available in the library and the online book list can also be used for suggesting resources to parents and carers. All these books have been chosen by mental health professionals, in partnership with young people. They are regularly 'prescribed' to patients by doctors so can be recommended to young people with confidence. Self-help reading is endorsed by NICE as an effective intervention for a range of common mental health problems.

Figure 1: FLOW CHART FOR SUPPORTING A STUDENT WITH A MENTAL HEALTH CONCERN



It is important to stress that staff are not obliged to take on medical care roles and should be provided with the support and training they feel necessary to be comfortable to deal with students with physical or psychological conditions in their care. This is particularly relevant if staff are running a residential trip with affected students participating. However, with whole school awareness on mental health promotion, all staff have a duty of care to respond accordingly to initial situations with essential listening skills and responsible referral if a student in need presents themselves.

Whilst school should be a safe and flexible place for students with mental health issues, if the presence of a student in school is having a detrimental effect on the wellbeing and safety of other members of the community or if it is considered that a student's mental health concern cannot be managed effectively and safely within the school, it may be suggested that the student goes home temporarily until appropriate reassurances have been met. If a student requires absence from school full support will be given for work at home if appropriate followed by gradual transition and reintegration into school life.

Support for others

Support is not always limited to the student in need, but extends to their peers and family who may not understand or be able to cope with what they are seeing. Students often come forward if one of their group is in trouble, upset or showing signs of possible mental health issues. Friends can worry about betraying confidences so they need to know that by seeking help and advice for a friend they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner. Parents too need confirmation that school will be supportive and that mental health issues are not perceived in a negative manner. Young Minds website have a particular web area for parents of teenagers with mental health disorders.

Parent Helpline 0808 802 5544

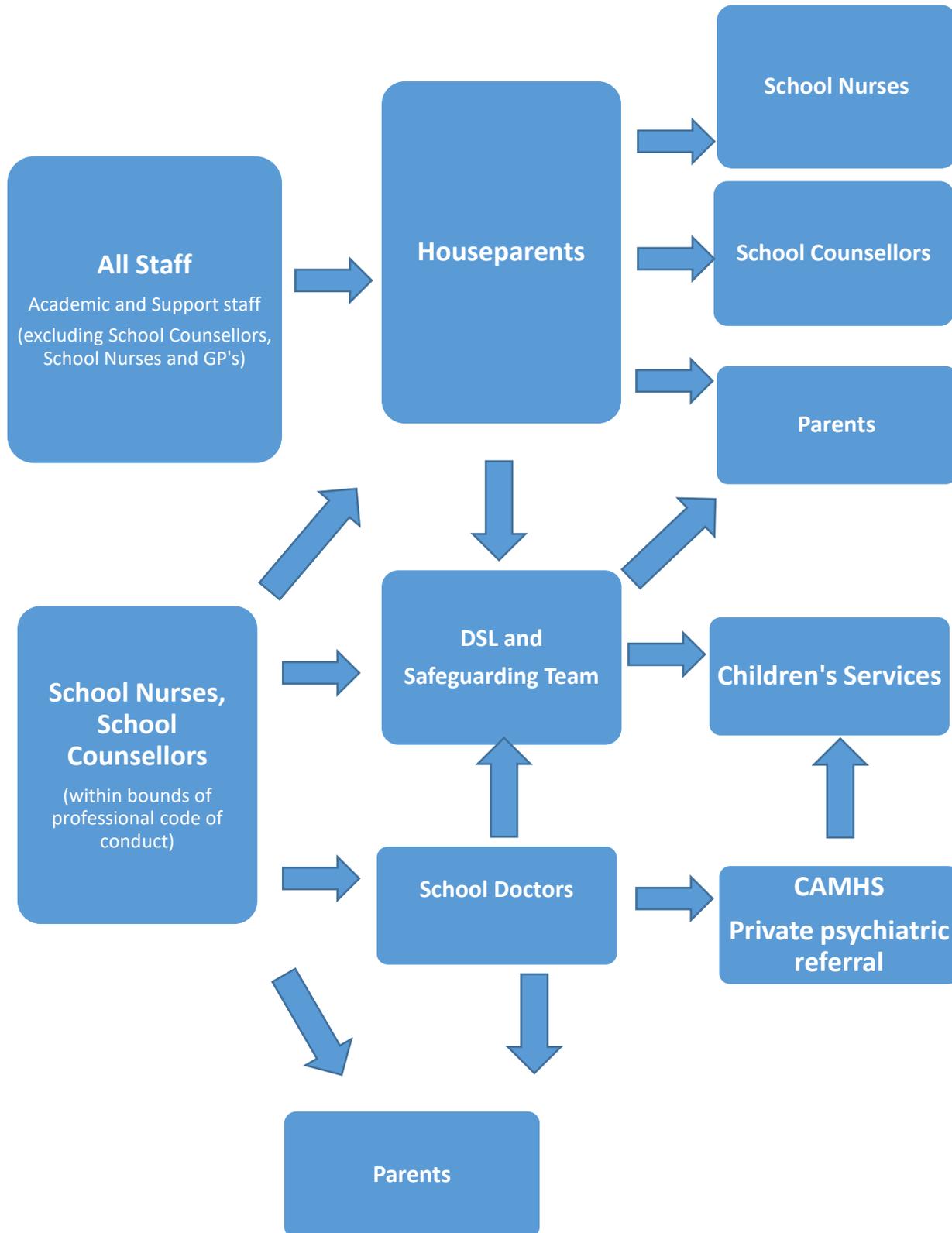
Parents email forum www.youngminds.org.uk/parents

Safeguarding and confidentiality

Safeguarding is often an important consideration for students suffering with mental health conditions, usually because there is either a concern that they are at risk of harm or considered a risk to others. The school has Safeguarding and Child Protection Policies for staff to follow. If staff feel their concerns may fall into the safeguarding remit and the designated safeguarding lead (DSL) will need to be involved. Where a referral to the safeguarding lead needs to be done, the student should be informed and an explanation given why this is important. All self-harm must be reported to the DSL and parents informed, with the exception of where the student has gone directly to the school counsellor or Health Centre staff (see below).

The school staff work closely as a team to support all the students and information is often shared in the interest of a wider support network for students who come forward for help. This is explained to students with the rationale of enabling more support to be available to them. The school nurses, doctors and the school counsellor however, are bound by their professional confidentiality. This means that concerns shared directly by the student with those professionals on an individual basis will only be passed on with the student's permission or if the health professional has child protection concerns in which case this will be discussed with the student and explained first. The health professionals must be able to fully justify this decision if called upon to later in accordance to their professional codes of conduct. Equally they must be able to justify that an adequate risk assessment was done and measures put in place if they chose not to disclose a student at risk to the DSL who is later brought to the DSL attention.

Figure 2: Chain of referral for mental health concerns



Identifying potential mental health disorders in children and adolescents

The range of mental health disorders that may be seen in young people include:

- Deliberate self-harm including suicide
- Eating disorders (e.g. anorexia, bulimia and obesity)
- Obsessive-compulsive disorder (obsessions, compulsions and personality characteristics verging on the panic threshold)
- Anxiety disorders (e.g. anxiety, phobias, panic, and school-phobia)
- Conduct disorders (e.g. aggression, destructive behaviour, theft, truanting etc.)
- ADHD (attention deficit and hyperactivity disorders)
- Soiling and wetting
- Autism Spectrum Disorders (including Asperger's syndrome, social deficits, communication difficulties, restrictive and repetitive behaviours)
- Substance abuse (abuse and dependence)
- Depression and bi polar disorder
- Schizophrenia (abnormal perceptions, delusional thinking, thought disorders)
- Psychosis

The size and intimacy of the Bedales population means that all students are well known to their tutors and Houseparents enabling staff to be in a good position to pick up on behaviour changes or personality shifts that may alert them to an underlying issue. Through discussion with students and encouragement from their peers, students can usually be encouraged to come forward for help and parents or carers will be involved at the earliest opportunity, guided by the student and supporting staff.

An overview of some of the more common mental health disorders and how to recognize them is given below.

Anxiety

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

All children and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, people have different levels of stress that they can cope with; some people are naturally more anxious than others, and are quicker to get stressed or worried. Concerns are raised when anxiety is getting in the way of a young person's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Symptoms:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological effects

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects

- Avoidance of situations
- Repetitive compulsive behaviour e.g. excessive checking
- Distress in social situations
- Urges to escape situations that cause discomfort (phobic behaviour)

First Aid for anxiety and panic attacks

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

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period may lead to depression or obsessive compulsive actions, these in turn can increase the symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Obsessive Compulsive Disorder (OCD)

This is an anxiety disorder but worth a separate mention as it often identified at very late stages. OCD rituals are those that interfere with socialisation and the growth of independence. It is a very under-diagnosed condition and should be suspected with students who show poor adherence to timetables, lateness or inability to deal with change. Other clues can be frequent/prolonged visits to the toilet, excessive questioning in class and messy work due to constant erasing and re-writing. Normal childhood 'habits' start to decline from around 10 years of age and it is after this that persistent rituals would start to raise concern.

OCD is most commonly treated with cognitive behavioural therapy (CBT) in conjunction with medication. CBT for children with OCD may involve keeping a diary, with the child drawing up a hierarchy of compulsions, and, starting with the easiest to tackle, being encouraged to try to avoid carrying out the compulsion.

Depression

Childhood and adolescent depression can impact on cognitive development, socialisation, family relationships and behaviour. Children who are depressed often present with non-specific symptoms which may include refusal or reluctance to attend school, irritability, poor sleep pattern, abdominal pain and headache. There is often loss of concentration and loss of interest in previously enjoyed activities with a marked decline in educational performance and a persistent feeling of low mood, and unhappiness. Depression is a disorder that must be distinguished from the understandable melancholy arising from common life experiences.

Depression may develop over days or weeks. The duration of each episode can last weeks or months and most cases will self-resolve. 20-30% will have a residual low-level depressive state continuing for months or years. 5-10% will have full symptoms lasting 2 years or more. Treatment considerably shortens the duration of the depressive phase which means that diagnosis is essential. The schools role is to foster a balanced, supportive, non-judgemental, helpful, confidential safe environment for the student. This involves acceptance of the situation the student is in and pathways of support offered within the school environment. Professional help will be needed externally consisting of therapy, plus or minus medication.

Symptoms

Emotional: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness

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

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

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

First Aid for depression

- Be familiar with signs and symptoms of depression and approach any young person you have concerns about and give them room to talk.
- Listen to what they have to say
- Assess risk of suicide or self-harm – if yes stay with them or accompany them to a health professional or someone they feel comfortable to sit and talk with, perhaps a parent.
- Give reassurance about help available
- Suggest avenues of support such as referral to the Health Centre or school counsellor
- Direct them to self-help resources.

First Aid in a suicidal crisis

- If the person is unconscious, put in recovery position, call 999 and keep them warm
- If the person is conscious, but known to be harmed, phone or take to the nearest A&E for advice. We would normally recommend waiting for an ambulance in case the person deteriorates on the way to A&E and needs medical assistance whilst traveling
- Do not give any food or fluids unless advised by a medical person
- Reassure the person and stay with them until you have medical assistance
- Try to find out if any substances have been ingested
- Keep the person warm
- Administer first aid for any injury or bleeding

If the person is thinking about suicide:

- Try to ensure the person does not have access to some means to take their life
- Listen without judgement
- Be polite and respectful
- Do not deny the persons feelings
- Try not to give advice
- Try not to act shocked as this creates distance
- Do not minimise or brush off their feelings
- Do not try to analyse their motives
- Don't argue or lecture
- Don't use guilt to prevent suicide
- Do not be sworn to secrecy – confidentiality never applies to suicide
- Stay with them or organise a person to be with them (parent) until the immediate crisis is over
- Ensure professional referral is in place
- Encourage self-help strategies like recognising signs of despair and early action plan, minimising stress positively, healthy lifestyle etc.

***Tip – please read Bedales' separate Suicide Prevention Policy**

Eating Disorders

Eating disorders are a very serious and potentially life-threatening mental illness. For this reason, any sign of disordered eating must be addressed quickly and flagged to parents, Houseparents, the Health Centre and the student's GP as a matter of great importance. The majority of eating disorders manifest themselves from feelings of low self-esteem, difficult thoughts, emotions and experiences. They will therefore usually be seen in conjunction with other mental health disorders. There are three main types of eating disorder:

- **Anorexia Nervosa:** People with anorexia limit the amount of food they eat by skipping meals and rigidly controlling what they will and will not eat. In addition they may find ways to lose more calories such as excessive exercise or misuse of laxatives. Lies and secrecy are a common approach to try and hide their condition. Their concern about food, weight and calories can start to control them isolating them from their social group. Anorexia Nervosa is the most high risk eating disorder with a 10% fatality.
- **Bulimia Nervosa:** People with bulimia will also constantly think about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick ("purging"), in order to try and lose the calories they have eaten. Bulimia is around five times more common than anorexia nervosa.
- **Binge Eating Disorder:** People with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.

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 other's 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 for e.g. sport or dancing

Physical Signs: Weight loss, dizziness, tiredness, fainting, feeling cold, hair becomes dull or lifeless, swollen cheeks, callused knuckles, tension headaches, sore throats, mouth ulcers, tooth decay, bad breath, menstrual disturbances

Behavioural Signs: restricted eating, skipping meals, scheduling activities during lunch, strange behaviour around food, eating alone, wearing baggy clothes, wearing several layers of clothing, excessive chewing of gum/drinking of water, increased conscientiousness, increasing isolation / loss of friends, believes they are fat when they are is not, secretive behaviour, visits the toilet immediately after meals, excessive exercise

Psychological Signs: preoccupation with food, sensitivity about eating, denial of hunger despite lack of food, feeling distressed or guilty after eating, self-dislike, fear of gaining weight, moodiness, excessive perfectionism

Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above. Prevention should be a strong focus and if staff members note any signs of disordered eating, Houseparents and the Health Centre should be informed without delay.

The Health Centre will do a physical assessment and monitor or make a referral as necessary. As with most mental health disorders, until a student accepts that they have a problem it is difficult to refer them for help as they need to accept there is a problem to engage in the treatment. This is with the exception of severe clinical symptoms where referral will be made without cooperation due to safeguarding concerns. If a boarding student refuses specialist treatment as recommended by the GP they will no longer be permitted to board as the school cannot guarantee their safety. The Health Centre, pastoral staff and DSL must also be kept fully informed about the care of Day students with eating disorders. If the school is not fully informed, or has concerns about the treatment or welfare of a student, the student may not be able to attend school. The school will always follow safeguarding procedures.

If a student is not ready to accept they have a problem, regular monitoring is essential by Health Centre staff or the student's GP in the case of Day students. Health Centre will monitor clinical signs and keep up the discussion with the student to try and get them to a position of trust where they can engage in support. During this time, if there is clinical deterioration safeguarding measures will be discussed and referral made. If staff suspect a student has an eating disorder based on physical signs, it is important that the Health Centre team see the student to rule out other potential medical causes.

As long as the student is engaging with appropriate specialist support and neither the school nor the health professionals have significant concerns, they may attend school as normal. Attempts are made to keep school as a safe environment; weight is only monitored in school if the professional supporting team is not regularly monitoring it externally and meals will not be supervised in school. If supervised mealtimes are required then the suggestion will be made to facilitate mealtimes outside of school with parental support where families are local, or for the student to stay at home for the duration of this requirement. Whilst in school students are permitted to follow normal activities unless otherwise advised by the medical team. Where a student's eating disorder or habits in relation to food are impacting on the safety of others, or on pastoral staff and the smooth running of the school, risk reduction interventions may be considered such as change from boarding to day status, reducing their time in school, or moving to a single dorm.

In extreme cases students may not be allowed to participate in sport or may require a temporary period at home if the level of care required is unable to be provided in the school setting. The decision about how to proceed with a student's schooling while they are suffering from an eating disorder should be made on a case by case basis. Input for this decision should come from discussion with the student, their parents, school staff and members of the multi-disciplinary team treating the student. Flexible arrangements regarding school attendance can be agreed.

First Aid for Crisis with a student with an eating disorder

- Never make reference to their looks when trying to placate them if upset
- Try to distract student from going to the toilet directly after eating, e.g. ask them to help with something pleasurable or fun
- Don't force feed them
- Talk about how they are feeling
- Listen
- Ensure a referral is in place to health professionals
- Provide external resources for support such as Beat <https://www.beateatingdisorders.org.uk>

Self-Harm (Please also see Bedales separate self-harm response policy)

Self-harm is an expression of personal distress and can be a symptom of any underlying mental health disorder. Actions of self-harm can include cutting, overdosing on medications or other deliberate poisoning, asphyxiation, burning, punching oneself, pulling out hair/eyelashes, picking at skin or any other self-inflicted injuries. Self-harm usually takes place in secret and it is important to be aware of the difficulties a student may have in discussing issues surrounding self-harm.

The vast majority of children and young people who self-harm are not trying to kill themselves; it is a method of distraction from painful feelings. They are trying to cope with these feelings by engaging in behaviour which temporarily relieves stress and anxiety, but it is behaviour which can become very addictive. However, many people who commit suicide have self-harmed in the past, and for that reason each episode needs to be taken seriously. Self-harm should always be channelled through the school nurses or the school counsellor. Self-harm noted by school staff should always be reported to the designated safeguarding lead.

Possible warning signs include:

- Changes in eating/sleeping habits (e.g. student 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

First Aid for Self-harm:

- Try not to appear shocked or to show other negative feelings
- Acknowledge their distress and express genuine concern for their well-being
- Try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust
- Try to encourage them to think of other ways of expressing their feelings, such as punching or kicking a cushion, holding an ice cube really tightly in their hand to feel the anger melting away etc.
- Suggest something relaxing, have a bath, yoga, listen to music or use aromatherapy oils.
- Encourage deep breathing - Imagine you are breathing out all your anxiety and breathing in peace
- Ask them to see matron or Health Centre to do a wound/physical check depending on the method of self-harm used
- Ensure a referral is in place to health professionals (counsellor, school nurses, GPs in the first instance)

Hearing voices, Delusions and Hallucinations

These symptoms can occur at times of transition or following adverse life events; they can also be associated with smoking, drug or alcohol use. The symptoms are very real to those experiencing them and can be very frightening. Whilst these can be explainable behaviours in young people and adolescents, they should still be seen as an indicator of problems that need to be resolved. Referral to the school counsellor or Health Centre staff is essential to assist this support and to rule out early signs of psychosis.

Hyperkinetic disorders - disturbance of activity and attention, (DFE 2016)

Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning and with progress at school, they become a matter for professional concern.

Attention Deficit Hyperactivity Disorder (ADHD) is a diagnosis used by clinicians. It involves three characteristic types of behaviour – inattention, hyperactivity and impulsivity. Whereas some children show signs of all three types of behaviour (this is called 'combined type' ADHD), other children diagnosed show signs only of inattention or hyperactivity/ impulsiveness.

Hyperkinetic disorder is another diagnosis used by clinicians. It is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. These core symptoms must also have been present before the age of seven, and must be evident in two or more settings.

The strongest evidence supports:

- Use of medication, where ADHD is diagnosed and other reasons for the behaviour have been excluded. These treatments have few side-effects and are effective in 75% of cases when there is no depression or anxiety accompanying ADHD. High doses can be avoided if behavioural treatments accompany medication
- Introduction of parent education programmes and individual behavioural therapy where there is insufficient response to medication. These need to be provided in the school as well as home, as they do not appear to generalise across settings
- For children also experiencing anxiety, behavioural interventions may be considered alongside medication
- For children also presenting with behavioural problems (e.g. conduct disorder, Tourette's Syndrome, social communication disorders), appropriate psycho-social treatments may also be considered by medical professionals.

Evidence also supports:

- Making advice about how to teach children with ADHD-like behaviour in their first two years of schooling widely available to teachers, and encouraging them to use this advice.

Conduct Disorders

Children with conduct disorders are often rejected and unpopular with their peers due to poor social skills. This is likely to lead to emotional problems and isolation at school. A number of children with conduct disorders have additional problems such as hyperactivity or depression and can benefit from input from mental health professionals. One third of children assessed as having a conduct disorder have specific reading difficulties which because of their behaviour can often go undetected.

Many disruptive children lack social skills and have difficulties reading the behaviour of other children and adults around them. They often believe that others are behaving in a hostile or negative manner when they are not, and respond accordingly. Helping students examine those situations involving conflict or frustration, and to understand how to read the signals of people around them and respond in a more positive manner has been shown to have long-term preventive effects.

Approaches that can be used at a classroom level include: proactive classroom management methods; use of learning support; short, achievable targets and give immediate praise/rewards when completed; giving the student special responsibilities so that they and other students can see them in a positive light; helping young people to control their impulsive behaviour by generating alternative solutions.

Some students (for example those with ADHD) may be prescribed stimulant medication. This medication must be kept under strict conditions by the school nurses or house matrons.

Providing continuing support in school

It is not the responsibility of the school to replace professional mental health services in the community, but to support the student in their school life in conjunction with professional recommendations. As a part of promoting general social and educational development the goal is to keep school as a school environment and a constant of 'normal' life. When the student is in school, they should feel a part of the school community. The objective is to incorporate the individual needs into school life rather than fitting school around the focus of medical needs and hence provide a secure and safe environment for students to feel 'normal' rather than being seen as a 'patient' in school.

External treatment can have several arms of support including different types of therapy, such as counselling, psychotherapy, cognitive behavioural therapy, medication or alternative therapy such as hypnotherapy etc. The school Health Centre will work closely with external practitioners and perform checks that are required where necessary. If a student or their family does not consent to these checks being carried out by the Health Centre then the student will be asked to remain at home until those checks are no longer required by the leading health professional such as psychiatrist or CAMHS team. This is to ensure the safety and best care of the student with optimal recovery.

Many medications will have side effects especially in the early days of use. These may affect mood, focus and ability to sleep; all of which impact on student performance in school. It is important that staff closely involved with the student are aware of this challenging time in case adjustments are required.

The reintegration of a student into school following a period of absence should be handled sensitively and carefully with the student, their parents, school staff and members of the multi-disciplinary team treating the student all consulted during both the planning and reintegration phase. Flexibility is essential to ease the transition back to school life. Flexi-boarding or switch form Day student to boarding or vice versa can be considered.

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Acknowledgements

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Annex 1: Bedales Approach to Positive Mental Health – At a Glance

- **In order to help our students succeed, we have a role to play in supporting them to be resilient and mentally healthy.** Bedales offers a supportive and caring environment to build self-worth and a sense of community. We aim to create an environment where questioning, divergent thinking and the freedom to learn from mistakes are all encouraged.
- **Bedales promotes the mental and physical health and emotional wellbeing of its students by fostering individuality and encouraging initiative, creativity and the appreciation of the beautiful.** Each student is valued as an individual and encouraged to be themselves. We seek opportunities to develop the connection between the moral, spiritual and aesthetic capacities of our students through contributing to the community via such events as music, drama, Outdoor Work and student-led enterprises. Wellbeing is at the forefront of the school's PSHE programme and is prominent in activities offered such as mindfulness, outdoor work and sport and exercise. Bedales encourage all student talents through doing and making.
- **At Bedales we aim to ensure that students and their families participate as fully as possible in decisions concerning their wellbeing.** Students and families are provided with information and support to promote positive mental health. The views, wishes and feelings of the student and their parents are always be considered.
- **Bedales aim to provide resources to help staff and students to support good mental health and emotional wellbeing,** utilising national organisations offering materials, help and advice to help our community to promote mental health and offer early intervention to support students experiencing difficulties.
- **Where problems occur we will help and assist our students to get support.** We offer an integrated approach mediating with peers and family plus support from our school nurses and doctors, our school counsellor, from specialist Child and Adolescent Mental Health Services (CAMHS), and other external voluntary organisations.
- **We recognise and promote key qualities that are fundamental to good mental health and wellbeing:**
 1. Quality sleep
 2. Regular exercise
 3. Healthy eating
 4. Time for relaxation and social activity
 5. Valuing the individual and building emotional resilience
 6. Keeping a sense of humour
 7. Community values and helping each other
 8. Random acts of kindness
 9. Appreciating the nature around us
 10. A sense of perspective and equilibrium

Annex 2: Student Self-help Leaflet

Where to go for help or to talk with someone in confidence

Your housemistress or housemaster

The best person to help you at school is normally your housemistress or housemaster. They can normally speak with you in confidence and will always tell you if they think they need to speak to someone-else and ask you how you think this should be done. If you would prefer to speak to another member of staff, please approach them. Everyone working at Bedales has the interests of the students as their primary concern.

The school counsellors



Katy Wilson

Susannah Monk

If you think it would be helpful to speak with a trained expert in counselling, you can email the school counsellors, **Katy Wilson** or **Susannah Monk**. **Katy** is a BACP accredited counsellor with her own practice. She is employed by the school and is available for consultation on Monday, Tuesday Wednesday and Thursday afternoons, and at other times by arrangement. **Susannah** has been in private practice as a Counsellor/ Psychotherapist for nearly ten years and is a Registered Member of BACP. She is available for consultation on Tuesday mornings at Fairhaven. To make an appointment, email **Katy** at kwilson@bedales.org.uk or **Susannah** at smonk@bedales.org.uk, text, or leave a voicemail message, on 07810 063141 (Katy). The Counsellors offer a confidential service. The only time the confidentiality may not be sustained (and these circumstances are made clear at the time to clients) is when there is a perceived risk or danger to self or to

others, when the proper authorities in the school will be informed. Katy and Susannah work in a quiet room in Fairhaven (the building just past Boys' Flat, in front of the astroturf pitch).

Peer listeners

These are students who have received training to provide knowledge, experience, emotional, social or practical help to other students. Their names and faces are displayed on Firefly. They can be contacted in person or via their personal school email address. They provide an opportunity for you to talk things through to a sympathetic ear and may be able to guide you to additional support, if needed. As with all these systems, this is a confidential service but they would need to speak to an adult in the school if they were concerned for your safety.

The Health Centre

The nurses and doctors at the Health Centre are bound by confidentiality; they won't share anything you tell them, unless they are concerned for your safety. The doctors can refer you confidentially to specialists if necessary too.

Independent listener



If you are a boarder, you can call the school's independent listener, Joanna Farrell. You call or email her. She is not employed by the school but lives locally and knows it well. You can speak with her in confidence about anything that is bothering you about school life that you would prefer not to speak with a member of the school or your parents about. Head boys and girls were involved in her appointment. Joanna can be contacted by phone 01730 828450 (home), 07776 235530 (mobile) and joanna@hfc.myzen.co.uk. The Reverend Joanna Farrell lives locally with her husband, two dogs and a cat. She is a mother and a grandmother, enjoys gardening and spending time with her family. Her previous occupations include being a university tutor in law and a hospital chaplain.

Helplines

Childline is an anonymous helpline. You can chat online or access the [website](#) which has lots of useful advice for young people and children. Freephone 0800 1111. The office of the children's commissioner can be called Freephone on 0800 528 0731 or contact online via <https://www.childrenscommissioner.gov.uk/about-us/contact/>. **Children of Addicted Parents** – contact online via <http://www.nacoa.org.uk>. **Winston's Wish** (the charity for bereaved children) – call their freephone national helpline on 08088 020 021 or contact online via <http://www.winstonswish.org.uk>.

ANNEX 3: National Helplines and Self-help Resources**ANXIETY BC** (excellent resources and self –help tools)Website www.anxietybc.com**BEAT** (specifically for help with eating disorders)

Helpline 0845 634 1414

Email help@b-eat.co.ukWebsite www.b-eat.co.uk**BULLYING ONLINE**Website www.bullyingonline.co.uk**CAMHS (Hampshire)**

Mind Your Head App

<https://itunes.apple.com/gb/app/mind-your-head/id1041911494?mt=8>**CHILDLINE** (confidential telephone counselling service)

Helpline 0800 1111

Website www.childline.org.uk**First Steps to freedom** (for eating disorders, phobias, OCD, anxiety and panic attacks)

Helpline 0845 1202 916

Email first-steps@btconnect.comWebsite www.first-steps.org**FRANK** (confidential advice and information for individuals or anyone concerned about others drug or solvent misuse)

Helpline 0800 77 66 00 24

Email frank@talktofrank.comWebsite www.talktofrank.com**MDF The Bipolar Organisation** (supports families of people with Manic Depression)

Helpline 0808 802 1983

Website www.mdf.org.uk**MIND** (support for individuals and families affected by mental health issues)

Helpline 0845 766 0163

Email contact@mind.org.ukWebsite www.mind.org.uk**NATIONAL SELF HARM NETWORK**Website www.nshn.co.uk**NSPCC** (child protection helpline for children and adults concerned about child abuse)

Helpline for young people 0800 1111

Helpline for adults 0800 800 5000

Email help@nspcc.org.ukWebsite www.nspcc.org.uk**NSPCC Whistleblowing Advice Line**

If you are worried about how a child protection issue is being handled

0800 028 0285

OCD ACTION (services for people affected by OCD)

Helpline 0845 390 6232
Email support@acdaction.org.uk
Website www.ocdaction.org.uk

PAPYRUS (For children and young people <35yrs of age at risk of suicide or for people worried about a young person or child at risk of suicide)

Helpline: 0800 068 41 41 / Text: 07786 209 697
Email: pat@papyrus-uk.org
Open 10am-10pm weekdays, 2pm-10pm weekends and 2pm-5pm bank holidays

RETHINK (support for families, friends and relatives of those affected by mental health issues)

Helpline 020 7840 3188
Email advice@rethink.org.uk
Website www.rethink.org.uk

ROYAL COLLEGE OF PSYCHIATRISTS

Website <http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers.aspx>

SAMARITANS (emotional support for anyone in crisis)

Helpline 08457 90 90 90
Email jo@samaritans.org
Website www.samaritans.org.uk

SELF HARM PROJECT (dedicated to supporting young people affected by self-harm)

Website www.selfharm.co.uk

STEM4 (stemming teenage mental illness and supporting teenage mental health)

Website www.stem4.org.uk/

YOUNG MINDS (support for young people and also parent helpline and email forum)

General Telephone 020 7089 5050
Email ymentquiries@youngminds.org.uk
Parent Helpline 0808 802 5544
Parents email forum www.youngminds.org.uk/parents
Website www.youngminds.org.uk

YOUTH2YOUTH (for people under 19years, confidential and anonymous telephone support run by young volunteers)

Helpline 020 8896 3675
Email and online chat via website Mon and Thurs 6:30pm-9:30pm www.youth2youth.co.uk

YOUTHNET (WWW.THESITE.ORG)- guides and supports youngsters to make informed choices, participate in society and achieve ambitions)

Telephone 020 7250 5700
Website www.youthnet.org

NB: All School Policies such as 'Self Harm' and 'Suicide Prevention' are available to staff and can be found here:

[T:\ThreeSchools\Policies_Handbooks_Key_Documentation\Staff_viewable](#)