

Mental Health, Self-Harm, and Suicide Policy



King Henry VIII 3-19 School Ysgol 3-19 Brenin Harri'r VIII

We believe in the limitless capacity for everyone to achieve great things.

Effective from: March 2024

Approved by Governors: March 2024

Next Review Due: March 2025

Aims and Objectives

This policy aims to ensure all staff, parents and carers, and pupils understand mental health, self-harm and suicide, the support that can be accessed through the school and other agencies, and steps for staff to take if there are concerns about a young person. It aims to ensure all young people are appropriately safeguarded from harm.

Vision and Ethos

As school we are open and honest about mental health, and we ensure there are many ways through our formal, informal and non-formal curricula in which we raise awareness around mental health and consider how we can support our own and other people's mental health. We reduce stigma around mental health and as staff we model positive mental health practices. We are always empathetic and supportive to pupils who may have challenges with their mental health. We understand we cannot diagnose mental health disorders, and similarly most teachers do not have the medical qualifications to affirm that someone doesn't suffer with mental health challenges.

What is mental health?

"Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and wellbeing that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right." (World Health Organisation, 2024). Mental health is more than just the absence of mental health disorders; it can vary from one person to the next and exists on a complex continuum. We all have mental health. Our mental health affects how we feel, think and act. It refers to your emotional, psychological and social wellbeing. Our mental health can change on a daily basis and over time, and can be affected by a range of factors. (Anna Freud Mentally Healthy Schools, 2024).

The school believes in the 5 Ways to Wellbeing, and these underpin our provision and support around mental health and wellbeing.



The school has developed a Whole School Approach to Mental Health and Emotional Wellbeing, in line with statutory expectations of the Welsh Government. The school continuously evaluates its mental health and wellbeing provision and practices. Mental health conditions can include mental disorders and other mental states that are often associated with people suffering significant distress, which can impact and effect their daily lives and increase the risk of behaviours such as self-harm.

What support can pupils access for mental health?

In-school support (led by school staff)	Referrals to outside agencies (most of which work on site)
<p>Awareness raising through lessons, pastoral activities and the Health and Happiness Calendar: there is a comprehensive pastoral programme that is evidence-based and tailored to the contextual needs of our pupils across the through school</p> <p>Informal support: Classroom teachers, Form Tutors, WBLSOs, WBLs and other staff may offer informal support on a daily basis through meet and greets, check-ins and informal chats to support a young person's mental health. Pastoral staff are also available to offer advice and guidance to parents/carers around mental health and wellbeing issues.</p> <p>Peer mentoring and support: the school has a well-trained group of PALS and Wellbeing Ambassadors (across all phases) which can offer mentoring and peer support to pupils</p> <p>Mental Health First Aid: the school has a dedicated and trained team of staff mental health first aiders who offer regular wellbeing interventions for all year groups in the secondary phase at break and lunchtimes</p> <p>Wellbeing and Learning Support Officer Mentoring: 6-week programmes on anxiety, exam stress, healthy friendships which may be 1:1 or in groups</p> <p>The Flourish Programme: a programme led by trained Wellbeing Staff for pupils aged 10 and over.</p> <p>ELSA: The school has trained Emotional Learning Support Assistants who offer interventions around emotional wellbeing across both primary and secondary phases</p> <p>Social and Emotional Wellbeing Programmes: the primary phase offers programmes through a dedicated nurture team in the primary phase</p>	<p>SPACE Wellbeing (WB) Panel: Monmouthshire runs a weekly SPACE Wellbeing Panel on which various public and charity-sector services sit. School, GPs or parents/carers can refer to this panel to access mental health support. The panel will decide which service would best support the young person. More information can be found here alongside the referral form</p> <p>SPACE Neurodevelopmental (ND) Panel: the school can refer young people to the SPACE ND panel if there is agreement amongst professionals and parents/carers and the child, that a young person may have neurodiversity such as ADHD or autism. The CAMHS panel will assess the evidence submitted and make recommendations or assessments</p> <p>Inspire to Achieve: Year 10 and 11 pupils can access I2A wellbeing support through referrals from Wellbeing Leaders</p> <p>SHIFT: Monmouthshire Youth Service workers are trained to provide 'tier 1' 1:1 wellbeing support for pupils in Year 7 and above. This service can be accessed through the SPACE WB panel</p> <p>Emotional Logic: School works with a practitioner who provides pupils aged 11+ with the tools to support their own mental health and wellbeing. This is a 6-week programme and can be accessed through the SPACE WB panel.</p> <p>School Health Nurse: The School Health Nursing service holds weekly drop-in sessions and a text message mental health support service for 11-19-year olds</p> <p>CAMHS in-reach: A CAMHS in-reach practitioner offers advice and guidance to staff weekly around pupil concerns for all pupils across the through school. Group sessions on managing strong emotions and anxiety can be accessed through referrals from Wellbeing Leaders for secondary age pupils. The school also shares online group sessions focusing on</p>

	<p>wellbeing, anxiety and preparation for examinations that are held by CAMHS practitioners each half-term break.</p> <p>Platform: the charity Platform holds weekly group mental health sessions. This can be accessed through referrals from Wellbeing Leaders for pupils 14 years old and above</p> <p>Starfish: mentoring provided for secondary phase pupils delivered by trained volunteers from the Salvation Army</p> <p>School-Based Counselling: Pupils aged 11 and above can access support from school-based counsellors. Referrals can be made through SPACE WB panel, via self-referral by pupils, or online here. Appointments can be held in the community on request of young person</p> <p>The Baxter Project: pupils who have experienced significant trauma affecting mental health can access canine therapeutic input through referrals from Wellbeing Leaders / Assistant Headteachers across all year groups</p> <p>CAMHS: referrals to specialist CAMHS can be made through the SPACE WB panel for all young people</p>
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What is self-harm?

Self-harm is any act of intentional self-injury or self-poisoning. Examples include:

- Self-cutting
- Taking an overdose
- Swallowing objects or poisons
- Hitting or bruising
- Self-strangulation with ligatures
- Burning

Self-harm is increasingly common in young people: at least 10% report having self-harmed. It is more common in females than males, especially in early adolescence. Self-harm is much less frequent in younger children, but under the age of 11 self-harm is more common in boys than in girls. Self-harm may present somewhat differently in this age group; for example, scratching, picking scabs, head-banging, other forms of self-injury or reckless behaviour.

Signs of self-harm

Young people often hide their self-harm, but there are a number of signs that they may be self-harming. These include:

- Unexplained cuts, burns or bruises
- Keeping themselves covered; avoiding swimming or changing clothes around others
- Signs of low mood
- Changes in eating habits

Signs of self-harm may be similar to signs of physical or other abuse. For example, cigarette burns or bruises could be inflicted by the young person themselves or by someone else, so it may be hard to know the reason behind a given sign. Other non-specific signs of self-harm (which may also relate to other mental health problems) include:

- Becoming withdrawn or isolated
- Low mood; lack of interest in usual activities; lowering of academic grades
- Sudden changes in behaviour e.g. becoming irritable, angry or aggressive
- Excessive self-blame for problems, expressing feelings of failure, uselessness or hopelessness

Who is at risk from self-harm:

Anybody can self-harm; however, research suggests that the following factors are associated with risk of self-harm:

- Living in a residential children's home
- Substance misuse
- Alcohol misuse
- Suffering from bullying including online bullying
- Socio-economic deprivation
- High pressure at home or school
- ALN (here is evidence that young people with ALN may be at a greater risk of self-harm. However, people with moderate or severe additional needs and impaired communication may sometimes display what appears to be self-harming behaviour, for example hitting or biting themselves, for other reasons)
- Social isolation
- Self-harm in peers or friends
- Existing or emerging mental health problems, e.g. depression, attention deficit hyperactivity disorder (ADHD), eating disorders
- History of physical or sexual abuse
- Significant adverse life events, e.g. academic failure, bereavement, relationship breakup
- Family factors, e.g. mental health difficulties in parents/carers, parental conflict, drug and alcohol problems in parents/carers, family history of self-harm

Females are about four times more likely to self-harm than males. (Males are more likely however to use more violent methods of self-harm that can carry a greater risk of serious injury or death.)

Step-by-step guidance for managing self-harm in young people

Please note: some of the questions below would be classed as closed questions, which in safeguarding cases is seen as bad practice. In instances of self-harm and suicide, it is sometimes important to ask closed questions to ascertain key information.

If you are aware or know that a young person had recently self-harmed, follow this guidance:

1. Stay calm. Take the young person somewhere safe and quiet, with privacy. Be calm, non-confrontational, non-judgemental, and patient. Try to avoid making the young person feel ashamed, attacked, or 'in trouble'.
2. Try to find out the motives behind the self-harm. Most people who self-harm are not trying to die.
3. Find out what methods the young person uses to self-harm, and if it was impulsive or planned. Discuss any triggers for self-harm, and whether they can be avoided or minimised.
4. Find out if anybody else is aware of the young person's self-harm.
5. If parents/carers are not aware of the self-harm, then try to encourage and support the young person to disclose this to them. **In consultation with the DSL (Designated Safeguarding Lead)**, it may be appropriate to allow the young person to disclose to their parents / carers themselves after speaking with you, and then you may follow up at an agreed time.
6. Always ensure the DSL is informed of any instances of self-harm and follow this up by recording on MyConcern.
7. Signpost support to pupil and parent/carer, sharing safety planning advice as necessary. Explore whether a risk assessment is needed with DSL.

If young person has current injury

If you know or suspect that a young person has self-harmed and has a new or untreated injury, and/or you know or suspect that a young person has self-poisoned/taken an overdose the following steps will help you deal with the situation.

1. Stay calm. Take the young person somewhere safe and quiet, with privacy.
2. If the young person has an injury, then assess it if competent to do so. If in doubt, seek help from a First Aider who will assess and dress the injury. Parents / carers will need to be informed as soon as possible. Stay with the learner until medical needs are met, situation is safe, or until parent/carer is able to be with the learner.
3. If the young person has a serious or life-threatening injury, ring 999 or call parents / carers to take them to the nearest A&E department if advised to do so by 999 call handler. School staff are able to transport pupils in this situation if there is no alternative and only in consultation with DSL
4. Make sure that the young person is safe and stay with them until an appropriate person is with them
5. Inform the DSL and ensure information is recorded on MyConcern.
6. When the person returns to school, they will meet with the Wellbeing Team who will explore support needs, signpost help and information and may develop a risk assessment. Think about the young person's peer group; they may need support too. Speak to the DSL for resources to share with parents / carers around safety management at home.

7. If a young person has self-harmed in school, a clear risk assessment must be developed. Further safeguarding and health and safety steps may have to be taken if a dangerous item has been bought onto school site.
8. If a young person further discloses an imminent risk of suicide, call the CAMHS Duty Desk. If the young person discloses abuse or abuse is indicated, follow the school safeguarding procedures.

What are suicidal thoughts and behaviours?

By definition, a suicide is a death caused by self-directed, harmful behaviour with the intent to die. A suicide attempt is a non-fatal, self-directed, potentially harmful behaviour with intent to die. Suicidal ideation refers to thinking about, considering or planning suicide.

Although the prevalence of mental health disorders and rates of suicide increase as children grow older, even young children express thoughts of suicide and have taken their own lives.

There are well established differences between boys and girls in suicide rates. Girls are two to three times more likely to express thoughts of suicide and attempt suicide. However, boys are four times more likely to die by suicide than girls. This is because boys tend to use more lethal suicide attempt methods and act more impulsively.

Suicide is rare in children before twelve years of age but can occur. Family and school problems are notable risk factors for suicide in young children. Warning signs should always be taken seriously. Because young children can move from thoughts of suicide to an attempt quickly and without planning, universal precautions should be taken around lethal means.

Warning signs that a young person may be suicidal

It can be extremely difficult to tell if a person is suicidal unless they disclose it. Disclosure is the single most important warning sign for suicidal intent. If a young person tells you that they are suicidal, always take it seriously. You may or may not also notice the following.

- Giving things away, including things that they were reluctant to part with in the past
- Voicing morbid thoughts
- A fixation with death
- Hopelessness
- A lack of planning or concern for the future
- Hints that they will soon be gone, e.g. 'I won't cause you trouble for much longer'
- Disclosure of suicidal thoughts/intention/plans
- Evidence of planning, e.g. collecting medication, buying rope, writing letters or notes
- Low mood
- Changes to sleep/appetite
- Increased alcohol or substance use

Higher levels of concern

Some things, as noted below, may indicate higher levels of concern.

Having suicidal thoughts or feelings such as 'I want to die', 'I don't want to be here anymore', 'I don't care if I live or die'. It is ok to ask directly about suicide. This does not put the idea into people's heads.

- Communication of having a plan with regards to the means in which they will attempt suicide
- Previous episodes of self-harm – always ask about this in a sensitive non-judgmental way
- Low mood or any change in mood
- Hopelessness such as not seeing a way forward or a future for themselves
- Changes in behaviour such as withdrawing or becoming disruptive
- Self-loathing or low self-worth such as saying they are useless or everybody hates them
- Lack of family support – it is always worth asking about who is at home
- Previous abuse or exploitation
- Bullying including online bullying
- Issues around gender or sexual identity
- Alcohol or substance abuse
- Self-harm or suicide in close family or friends
- Bereavement

Listen to your 'gut' feelings, if in doubt speak to someone about your concerns – the DSL can give advice and support and the CAMHS in-reach worker attends school for consultation with staff once a week. The CAMHS professional advice line is available 9am – 5pm each day. Let the young person know you are contacting a professional and that it is because you are concerned for them and gain parental consent if you are to speak about the young person directly to a CAMHS practitioner.

Step-by-step guidance for managing suicidal thoughts and behaviours in young people

Please note: as above, some of these questions are closed questions. This type of question is appropriate in this context.

Immediate assistance – suicidal thoughts If a young person discloses suicidal thoughts the following will help you deal with the situation.

1. Remain calm. Take any disclosure seriously. Reassure the young person that they have done the right thing in telling you.
2. Take the young person somewhere safe and quiet, with privacy.
3. Ask questions to try to assess the risk of the young person acting on any suicidal thoughts. Do not interrogate them, but be patient and give them time to talk. Important questions to ask include the following:
 - a. Are they saying that they have a desire to end their life?
 - b. How often do they feel like this? Is it constant, frequent, occasional or rare?
 - c. Are they talking about wanting to end their life now?
 - d. Have they thought about how they intend to attempt suicide?
 - e. Have they made definite plans? If so, have they already started preparing (e.g. writing a note, gathering medication, etc.)?
 - f. Have they made any attempts in the past? Was there something that helped to keep them safe?

- g. Are there any protective factors which can help to keep the young person safe? (Protective factors are very varied and specific to the individual, but could include family, friends, pets, a sense of responsibility, religious/spiritual beliefs, etc.)
4. If a young person does not disclose a plan for imminent suicidal actions, speak with the DSL and plan how parents and carers can be informed with the young person. Ensuring their safety is the immediate concern. They may need to stay in a safe space, that is closely monitored by staff. Parent / carer may feel that their child needs to be collected from school.
 5. If a pupil has expressed a clear plan to end their life, the person receiving this information should ensure that the young person is safe and supervised and inform the DSL immediately. They will then need to call the CAMHS Duty Line to ascertain next steps.
 6. If the person has already taken an overdose or tried to end their life you must:
 - a. Remain calm. Talk to the young person if they are conscious and try to calm them down.
 - b. If they are unconscious then ring 999 immediately for an ambulance. Shout / make a SIMS alert / call on the radio for help, and perform first aid in line with your level of training until the ambulance arrives. Ensure another member of staff informs parents / carers immediately. Ensure another member of staff informs the DSL.
 - c. If the young person has taken an overdose then ring 999 immediately for an ambulance. Try to find out what they have taken, when it was taken and how much. If they still have the substance on their person, then remove it. Ensure another member of staff informs parents / carers immediately. In some cases, it may be quicker for a parent/carer to collect to take the person to A&E. In consultation with the DSL, it may be appropriate for school staff to transport to A&E. Gain advice from 999 call handlers and the DSL to help make this decision
 - d. If the person is seriously injured or in a life-threatening condition as a result of a suicide attempt, then ring 999 immediately for an ambulance. Get help, and perform first aid in line with your level of training until the ambulance arrives. Ensure another member of staff informs parents / carers immediately. Ensure another member of staff informs the DSL
 - e. If the young person requires urgent medical assistance but refuses to be taken to hospital, then try to calmly persuade them. If you cannot persuade them, and the young person is at risk of immediate harm (i.e. if they abscond after disclosure), then contact the police for assistance on 999.
 - f. If there is no immediate risk to the young person, do not leave them alone. Make sure they are in a safe place, and keep talking to them. Once the young person is receiving qualified medical help, or is otherwise safe, then contact the DSL to make them aware.
 7. Once the situation has been dealt with, all information, actions taken and decisions made must be recorded on MyConcern.
 8. When the person returns to school, they will meet with the Wellbeing Team who will explore support needs, signpost help and information and may develop a risk assessment. Think about the young person's peer group; they may need support too. Speak to the DSL for resources to share with parents / carers around safety management at home. Signpost the family to support through www.melo.cymru. Liaise with other agencies to support as necessary.

Self-care and supervision

Working with a young person who is self-harming and/or having suicidal thoughts can be difficult, exhausting and distressing. It is important to look after yourself. Speak to your line manager for support if you need it. Monitor your own emotional and mental well-being. Be aware of any distress, and seek help when and if you need to. Be honest with yourself about your emotions. Other things that some people find helpful when managing stress include:

- getting regular exercise
- trying yoga, meditation, mindfulness (see the MindEd for Families session on mindfulness available online at <https://mindedforfamilies.org.uk/Content/mindfulness/#/id/5a54ca222467748f64fe5c12>) or other relaxation techniques
- talking to someone you trust while maintaining confidentiality and anonymity – a partner or a friend – about how you're feeling but do not share any person-identifiable details
- accessing external support such as counselling. The school has access to free counselling through Wellbeing Solutions and staff wellbeing support through Education Support.

Helpful Resources

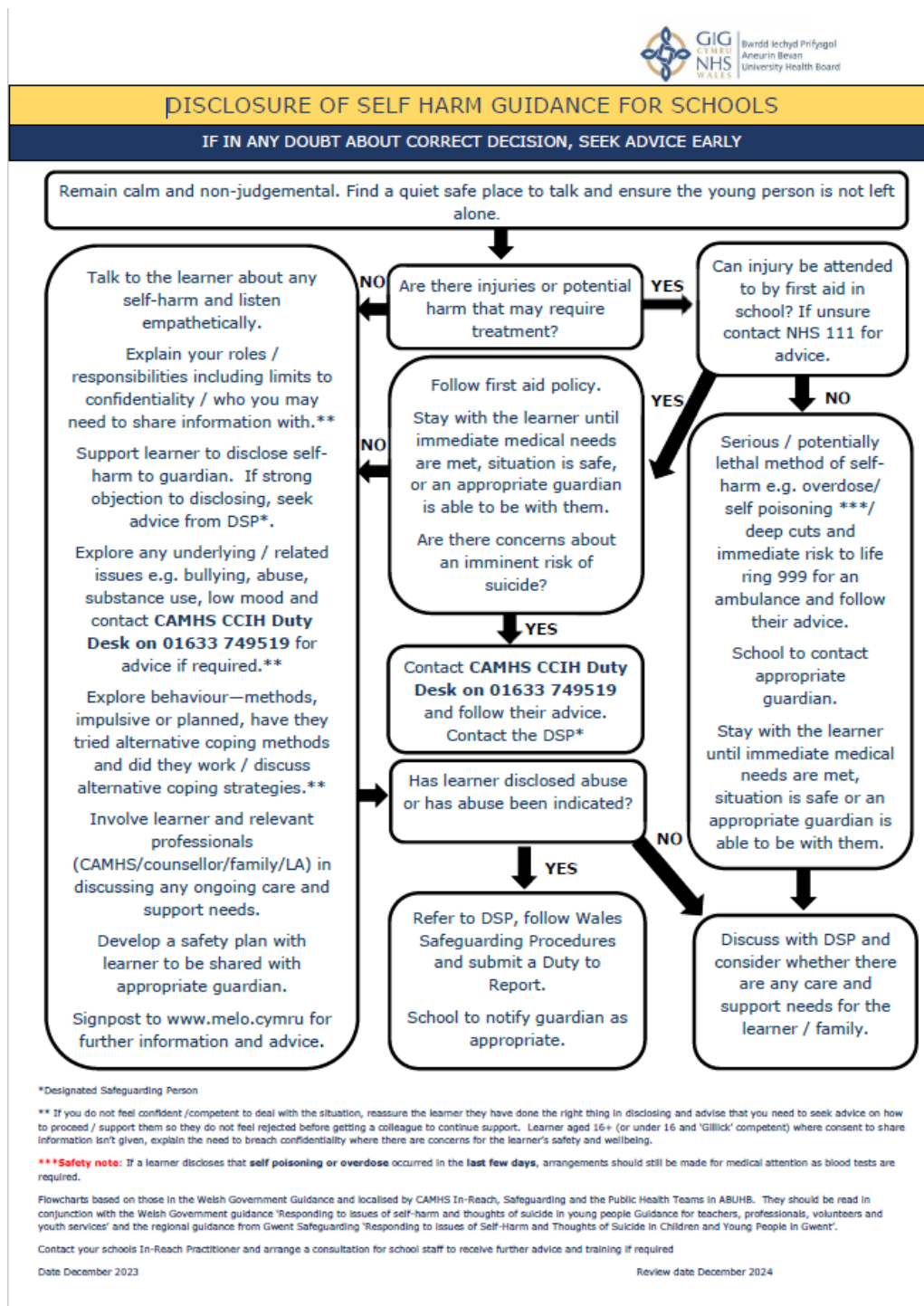
https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/wave-1-resources/young-people-who-self-harm-a-guide-for-school-staff.pdf?sfvrsn=e6ebf7ca_2

- If you require urgent advice, you should contact **CAMHS CCIH Duty Desk on 01633 749519**
- Each school in Gwent has a **CAMHS In-Reach to Schools Practitioner** who are available for **non-urgent** consultation, advice and training.
- **PAPYRUS** also provide free training for schools and you can contact cymru@papyrus-uk.org for further information on this or see their website which also has useful resources.
- **HOPELINE 247** is a helpline by PAPYRUS For children and young people under the age of 35 who are experiencing thoughts of suicide or for anyone concerned that a young person could be thinking about suicide. They also offer a de-brief service for any professional who has had an experience with suicide and would like to talk it through with a trained professional.
- **Samaritans** have developed [DEAL: Developing Emotional Awareness and Listening | Samaritans](#) a free resource for teachers and other educational professionals designed to help develop resilience in young people.
- [Step by Step | Samaritans](#) is a **Samaritans** service that provides practical support to help schools prepare for and recover from a suspected or attempted suicide.
- [Melo](#) is a website full of free self-help information, advice and courses, some of which are specific to young people, that can help people look after and improve their emotional wellbeing. The website includes pages on suicidal feelings and self-harm and lists local and national **helplines** that can be shared with your learners.

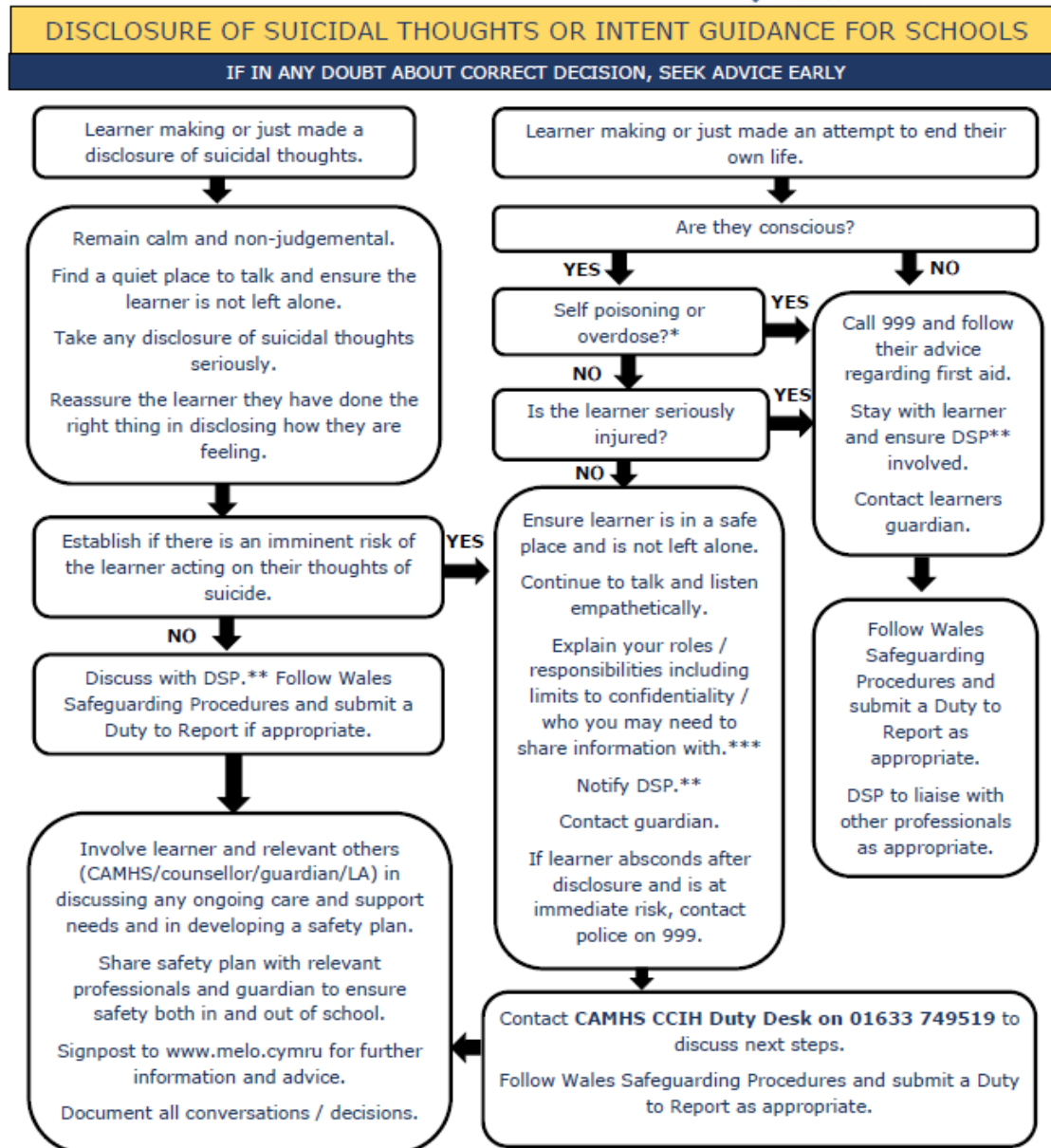
For more information or non-urgent advice, please contact your CAMHS In-Reach to Schools Practitioner.

Appendix 1

This flowchart provides summary guidance on responding to disclosure of self-harm.



This flowchart provides summary guidance on responding to disclosure of suicidal thoughts and behaviour



***Safety note:** If a learner discloses that self-poisoning or overdose occurred in the last few days, arrangements should still be made for medical attention as blood tests are required.

** Designated Safeguarding Person

*** If you do not feel confident / competent to deal with the situation, reassure the learner they have done the right thing in disclosing and advise that you need to seek advice on how to proceed / support them so they do not feel rejected. Learner aged 16+ (or under 16 and 'Gillick' competent) where consent to share information isn't given, explain the need to breach confidentiality where there are concerns for the learner's safety and wellbeing.

Flowcharts based on those in the Welsh Government Guidance and localised by CAMHS In-Reach, Safeguarding and the Public Health Teams in ABUHB. They should be read in conjunction with the Welsh Government guidance 'Responding to Issues of self-harm and thoughts of suicide in young people Guidance for teachers, professionals, volunteers and youth services' and the regional guidance from Gwent Safeguarding 'Responding to Issues of Self-Harm and Thoughts of Suicide in Children and Young People in Gwent'.

Contact your schools In-Reach Practitioner and arrange a consultation for school staff to receive further advice and training if required

Date December 2023

Date for review December 2024