



WHITWORTH COMMUNITY HIGH SCHOOL

Positive Mental Health & Wellbeing Policy

Date effective from:	Summer 2024
Prepared by:	Mrs J Cawley
Date of next review:	Summer Term 2026

Positive Mental Health & Well-being Policy 2022/23

1. Rationale

By developing and implementing practical, relevant and effective positive mental health policies and procedures we can promote a safe and stable environment for the many students affected both directly and indirectly by mental ill health.

2. Policy statement

At Whitworth Community High School, we are committed to supporting the mental health and wellbeing of our students and staff.

Our culture is supportive, caring, and respectful. We encourage students to be open and we want each student to have their voice heard.

At Whitworth Community High School, we know that everyone experiences different life challenges, and that each of us may need help to cope with them sometimes. We understand that anyone and everyone may need additional emotional support. At our school, positive mental health is everybody's responsibility. We all have a role to play.

3. Policy scope

This policy is to guide staff, including teachers, governors, and non-teaching staff. It outlines our approach to promoting positive mental health and wellbeing. It should be read and understood alongside other relevant school policies.

4. Policy aims

The aim of our policy is to demonstrate our commitment to the mental health of our staff and students.

At our school, we will always:

- Help students to understand their emotions and experiences better.
- Ensure our students feel comfortable sharing any concerns and worries.
- Help students to form and maintain relationships.
- Encourage students to be confident and help to promote their self-esteem.
- Help students to develop resilience and ways of coping with setbacks.

We will always promote a healthy environment by:

- Promoting positive mental health and emotional wellbeing in all students and staff.
- Celebrating both academic and non-academic achievements.
- Promoting our school values and encouraging a sense of worth and reflection.
- Promoting our students' voices and giving them the opportunity to participate in decision making.
- Celebrating each student for who they are and making every student feel valued and respected.
- Adopting a whole school approach to mental health and providing support to any student that needs it.
- Raising awareness amongst staff and students about mental health issues and their signs and symptoms.
- Enabling staff to respond to early warning signs of mental-ill health in students.
- Supporting staff who are struggling with their mental health

This policy has been ratified by the Governors, addressed to all members of staff and published on the school website.

5. Key staff members

All staff members have a responsibility to promote the mental health of students and each other. However, certain staff members have a specific role in the process. These are:

- Our Designated Safeguarding Leaders: A.Oliver, A.Kewin, J.Ashworth, Paul Bland
- Pastoral Staff: J.Bower, C. Lawrence, Bryony Shepherd
- School Counsellor: Emily Giles
- SENCO: S.Davies

If a member of staff is concerned about the mental health and wellbeing of a student, then in the first instance they should speak to J.Ashworth.

If a student presents a medical emergency then relevant procedures will be followed, including involving the emergency services.

6. Positive Mental Health in the curriculum

In PSHCE our main topic that looks at mental health is "Health and Wellbeing" and each year we build on the previous year's topic.

In year 7, we look at Managing Change where we discuss the difficulties with transitioning and the support students can receive. Throughout this topic, we embed discussions of handling mental health issues and signposting students to support.

In further years we discuss Body Confidence and issues such as self-esteem, dealing with grief, bullying, peer pressure, and media pressure. In KS4 we also look at common types of mental health conditions, promoting emotional wellbeing, etc.

In Science, DT and PE we also look at healthy eating and nutrition.

Signposting

We will ensure that all staff, students, parents and carers are aware of the support that's available in our school for mental health. This includes how to access further support. In order to support parents and carers we will:

- Ensure that all parents/carers are aware of who to talk to, and how to go about this, if they have concerns about their own child
- Make our Positive Mental Health Policy easily accessible to parents/carers.
- Keep parents/carers informed about the mental health topics that students are studying.

7. Identifying needs and warning signs

Any warning signs will always be taken seriously and staff who notice any of these signs will communicate their concerns with the Designated Safeguarding Leaders as appropriate.

Staff will be able to identify a range of behaviour and physical changes, Including:

- Physical signs of harm.
- Changes in eating habits.
- Increased isolation from friends and becoming socially isolated and withdrawn.
- Changes in mood.
- Talking and/or joking about self-harm and/or suicide.
- Drug and alcohol abuse.

- Feelings of failure, uselessness, and loss of hope.
- Secretive behaviour.
- Clothing unsuitable for the time of year, e.g. a large winter coat in summer.
- Negative behaviour patterns, e.g. disruption.
- Paranoia.

Staff will also be able to identify a range of issues, including:

- Attendance and absenteeism.
- Punctuality and lateness.
- Changes in educational attainment, progress and attitude towards education.
- Family and relationship problems.

8. **Loss and Bereavement** students who experience a loss will require early intervention and support. The pastoral team will refer them, in the first instance to A.White.

Finally, staff will be well placed to identify any additional needs arising from difficulties that may impact on a student's mental health and wellbeing, such as bereavement and health difficulties.

7. Managing disclosures and confidentiality

If a student discloses concerns about themselves or another student to any member of staff, then all staff will respond in a calm, supportive, and non-judgemental manner.

Students may choose to confide in a member of staff if they are concerned about their own welfare or that of a peer. Students should be made aware that it will not be possible for staff to offer confidentiality as all disclosures will be recorded confidentially to Designated Safeguarding Leads and appropriate staff members in line with our school Safeguarding Policy.

8. Referral

Students requiring internal support from the school counsellor can be referred onto the Pastoral team, in particular J.Ashworth, Progress leaders or SENCO by concerned staff or parents/carers. From this the relevant parent/carer will be spoken with and a follow up meeting arranged. Teachers and Associate staff will be made aware of how the student is feeling. When necessary a referral to CAMHS (Rochdale) or ELCAS (Lancashire) will be made. In some cases, the student will self-refer to the Progress leader, the Pastoral team or SENCO.

Staff are referred by G.Mellor.

9. Legal

9.1 Under The Equality Act (2010) a person with a mental health difficulty is covered if their condition leads to an adverse impact on their ability to carry out their normal day-to-day activities. This will include students with conditions such as depression, bipolar disorder, self-harm and disordered eating.

9.2 The Act also covers those who have had a mental illness or difficulty in the past, even if they have recovered, and those whose condition meets the definition but is successfully controlled by treatment (for example psychiatric medication such as anti-depressants) or therapy.

9.3 Under The Equality Act, it is unlawful to discriminate against students with a diagnosed mental health condition, and 'reasonable adjustments' may need to be made to ensure they can access education. The general principle of 'reasonable adjustments' is that wherever possible, schools should make practical adjustments to enable a student to continue their education. Mental health problems are often variable and students may only need adjustments for a limited period of time whilst they receive treatment or until they are better able to function.

9.4 Under the Data Protection Act (DPA), all information regarding students with mental health difficulties is regarded as sensitive and personal information. Any and all information about student mental health is shared on a 'need to know' basis, and is aligned with defined procedures on sharing of information about students.

9.5 Duty of Care - All staff need to be aware of the concept of the 'Duty of Care'. This is a legal obligation that requires us to take reasonable steps to ensure the safety and well-being of all our students, staff and visitors. If a school knows (or should know) that a student is experiencing mental health difficulties, the student should be advised to seek appropriate help and reasonable measures to support them need to be in place. This is particularly important in regard to passing on personal information where mental health difficulties occur.

10. Policy Review

This policy will be reviewed every year so it remains up to date, useful and relevant. We will also regularly review it in accordance with local and national policy changes.

Appendix 1- Anxiety and Depression

Appendix 2- Eating Disorders

Appendix 3- Self Harm

Appendix 1- Anxiety and Depression

Anxiety disorders

Anxiety is a natural, normal feeling we all 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, we all have different levels of stress we can cope with - some people are just 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 child'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.

Anxiety disorders include:

Generalised anxiety disorder
Panic disorder and agoraphobia
Acute stress disorder
Separation anxiety
Post-traumatic stress disorder
Obsessive-compulsive disorder
Phobic disorders (including social phobia)

Symptoms of an anxiety disorder

These can include:

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)

How to help a student having a panic attack

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 will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.

Depression

A clinical depression is one that lasts for at least 2 weeks, affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent. Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

Risk Factors

Experiencing other mental or emotional problems

Divorce of parents

Perceived poor achievement at school

Bullying

Developing a long term physical illness

Death of someone close

Break up of a relationship

Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

Effects on emotion: sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness.

Effects on thinking: 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.

Effects on behaviour: 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 anxiety disorders and depression

Follow the procedures in Appendix 1

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the Pastoral Team in the first instance aware of any child causing concern.

Following this, the Assistant Headteacher BAPD will decide on the appropriate course of action. This may include; Contacting parents/carers, arranging professional assistance e.g. doctor, nurse, arranging an appointment with a counsellor, arranging a referral to CAMHS/ELCAS or private referral – with parental consent.

Giving advice to parents/carers, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students should be made aware that it will not be possible for staff to offer confidentiality as all disclosures will be recorded confidentially to Designated Safeguarding Leads and appropriate staff members in line with our school Safeguarding Policy.

Appendix 2- Eating Disorders

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. In contrast, people with bulimia have intense cravings for food, secretively overeat and then purge to prevent weight gain (by vomiting or use of laxatives, for example).

Risk Factors

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

Individual Factors

Difficulty expressing feelings and emotions
A tendency to comply with others demands
Very high expectations of achievement

Family Factors

A home environment where food, eating, weight or appearance have a disproportionate significance
An overprotective or over-controlling home environment
Poor parental relationships and arguments
Neglect or physical, sexual or emotional abuse
Overly high family expectations of achievement

Social Factors

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

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should report to the Pastoral Team.

Physical Signs

Weight loss
Dizziness, tiredness, fainting
Feeling Cold
Hair becomes dull or lifeless
Swollen cheeks
Callused knuckles
Tension headaches
Sore throats / mouth ulcers

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Tooth decay

Behavioural Signs

Restricted eating
Skipping meals
Scheduling activities during lunch
Strange behaviour around food
Wearing baggy clothes
Wearing several layers of clothing
Excessive chewing of gum/drinking of water
Increased conscientiousness
Increasing isolation / loss of friends
Believes she is fat when she 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 and to make the Pastoral Team aware of any child causing concern. Following the report, the Assistant Headteacher BAPD will decide on the appropriate course of action. This may include; Contacting parents/carers, arranging professional assistance e.g. doctor, nurse, arranging an appointment with a counsellor, arranging a referral to CAMHS/ELCAS or private referral – with parental consent.

Giving advice to parents/carers, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students should be made aware that it will not be possible for staff to offer confidentiality as all disclosures will be recorded confidentially to Designated Safeguarding Leads and appropriate staff members in line with our school Safeguarding Policy.

Management of eating disorders in school

Taking part in sports, games and activities is an essential part of school life for all students. Excessive exercise, however, can be a behavioural sign of an eating disorder. If the Assistant Headteacher BAPD deems it appropriate they may liaise with PE staff to monitor the amount of exercise a student is doing in school. They may also request that the PE staff

advise parents/carers of a sensible exercise programme for out of school hours. All PE teachers at the School will be made aware of which students have a known eating disorder. The School will not discriminate against students with an eating disorder and will enable them whenever appropriate, to be involved in sports. Advice will be taken from medical professionals, however, and the amount and type of exercise will be closely monitored.

When a student is falling behind in lessons

If a student is missing a lot of time at school or is always tired because their eating disorder is disturbing their sleep at night, the Progress Leader will initially talk to the parents/carers to work out how to prevent their child from falling behind. This information will be shared with the relevant pastoral/ teaching staff on a need to know basis.

Students undergoing Treatment for/Recovering from Eating Disorders

The decision about how, or if, 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 professionals treating the student. The reintegration of a student into school following a period of absence should be handled sensitively and carefully.

Further Considerations

Any meetings with a student, their parents or their peers regarding eating disorders should be recorded on CPOMS.

Appendix 3- Self Harming

Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents/carers of students currently engaging in self-harm.

Definition of Self-Harm

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

Cutting, scratching, scraping or picking skin

Swallowing inedible objects

Taking an overdose of prescription or non-prescription drugs

Swallowing hazardous materials or substances

Burning or scalding

Hair-pulling

Banging or hitting the head or other parts of the body

Scouring or scrubbing the body excessively

Risk Factors

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

Individual Factors:

Depression/anxiety

Poor communication skills

Low self-esteem

Poor problem-solving skills

Hopelessness

Impulsivity

Drug or alcohol abuse

Family Factors

Unreasonable expectations

Neglect or physical, sexual or emotional abuse

Poor parental relationships and arguments

Depression, self-harm or suicide in the family

Social Factors

Difficulty in making relationships/loneliness

Being bullied or rejected by peers

Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Pastoral Team.

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

Staff Roles in working with students who self-harm

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust, and rejection. However, in order to offer the best possible help to students, it is important to 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. Students should be made aware that it will not be possible for staff to offer confidentiality as all disclosures will be recorded confidentially to Designated Safeguarding Leads and appropriate staff members in line with our school Safeguarding Policy. Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the Pastoral Team. Following this, the Assistant Headteacher BAPD will decide on the appropriate course of action. This may include; Contacting parents/carers, arranging professional assistance e.g. doctor, nurse, arranging an appointment with a counsellor, arranging a referral to CAMHS/ELCAS or private referral – with parental consent.

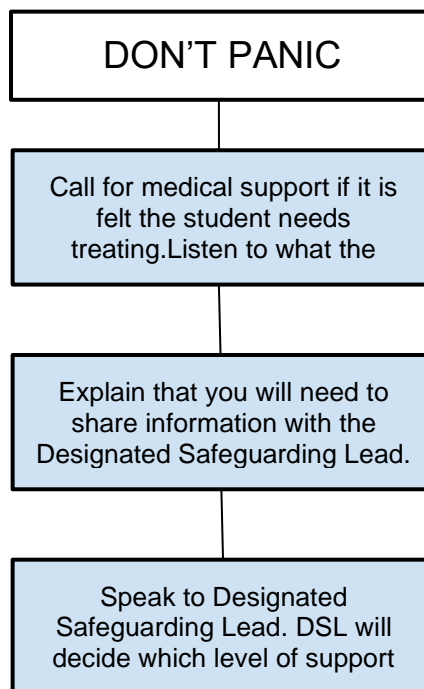
Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers. In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times. If a student has self-harmed in school a first aider should be called for immediate help.

Further Considerations

Any meetings with a student, their parents or their peers regarding eating disorders should be recorded on CPOMS.
It is important to encourage students to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and 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.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. When a young person is self-harming it is important to be vigilant in case close contact with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.

Responding to a self harm incident:



<p style="text-align: center;">Level 1- First Step</p> <p style="text-align: center;">It seems as if this student has thoughts of self-harm but has not actually acted upon them. Provide basic information about self harming and the dangers. Search the student with a colleague. Speak to the relevant parent/carer. Arrange a follow-up meeting.</p>
<p style="text-align: center;">Level 2- Support</p> <p style="text-align: center;">It seems as if this student has harmed themselves but is not actively planning to end their life. Provide basic information about self harming and the dangers. Search student. Speak to the relevant parent/carer. Arrange a follow-up meeting. Make teachers aware of how the student is feeling.</p>
<p style="text-align: center;">Level 3- CAMHS & ELCAS referral</p> <p style="text-align: center;">It seems as if this student is regularly harming themselves but does not have any active plans to end their life. Provide basic information about self harming and the dangers. Search student. Speak to the relevant parent/carer. Arrange a follow up meeting. Make teachers aware of how the student is feeling. Complete a referral to CAMHS (Rochdale) or ELCAS (Lancashire)</p>
<p style="text-align: center;">Level 4- CAMHS & ELCAS emergency referral</p> <p style="text-align: center;">It seems as if this student is actively planning to end their life or has made a past serious suicide attempt. Provide basic information about self harming and the dangers. Search the student with a colleague. Speak to the relevant parent/carer. Arrange a follow up meeting. Make teachers aware of how the student is feeling. Complete an EMERGENCY referral to CAMHS (Rochdale) or ELCAS (Lancashire) Ask parents/carers to take the student to Accident and Emergency or GP.</p>

Support plans

Level 1 First step plan

Student name:

Authority:

Date:

- I will let your **parent/carer** know how you are feeling

If you are worried about yourself, you could talk with;

- Friend:
- Adult:

If you are feeling that you might hurt yourself, these things might **help you** to ride out this feeling:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. talk to friends)
- Other activities (e.g. playing with pets, hobbies, cooking)

1.

2.

3.

If you want more information, these links might be helpful:

www.kooth.com

www.barnardos.org.uk

www.childline.org.uk

Talkzone-Text 07786511111

-Online lancashire.gov.uk/youthzone

-Telephone 0800511111

We will meet again to review how you are feeling on:

Staff name:

Copy for student and CPOMS

Level 2 Support plan

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Student name:

Authority:

Date:

- I will let your **parent/carer** know how you are feeling
- I will let your **Form tutor and teachers** know how you are feeling
- Basic **information given** regarding about self-harming and the dangers

If you are worried about yourself, you could talk with;

- Friend:
- Adult:

If you are feeling that you might hurt yourself, these things might **help you** to ride out this feeling:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. talk to friends)
- Other activities (e.g. playing with pets, hobbies, cooking)

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If you want more information, these links might be helpful:

www.kooth.com

www.barnardos.org.uk

www.childline.org.uk

Talkzone-Text 07786511111

-Online lancashire.gov.uk/youthzone

-Telephone 08005111111

We will meet again to review how you are feeling on:

Staff name:

Copy for student and CPOMS

Level 3 Healthy Young Minds & ELCAS referral Plan

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Student name:

Authority:

Date:

- I will let your **parent/carer** know how you are feeling
- I will let your **Form tutor and teachers** know how you are feeling
- Basic **information given** regarding about self-harming and the dangers
- I will **complete a referral** to Healthy Young Minds (Rochdale) or ELCAS (Lancashire)

If you are worried about yourself, you could talk with;

- Friend:
- Adult:
- Professional:

If you were very worried about your safety or had hurt yourself:

- Talk with your GP
- Telephone 111
- Go to the Accident & Emergency Department
- Contact Childline (0800 1111 or www.childline.org.uk)

If you are feeling that you might hurt yourself, these things might **help you** to ride out this feeling:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. talk to friends)
- Other activities (e.g. playing with pets, hobbies, cooking)

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If you want more information, these links might be helpful:

www.kooth.com

www.barnardos.org.uk

www.childline.org.uk

Talkzone-Text 07786511111

-Online lancashire.gov.uk/youthzone

-Telephone 0800511111

We will meet again to review how you are feeling on:

Staff name:

Copy for student and CPOMS

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Level 4 Healthy Young Minds & ELCAS EMERGENCY referral Plan

Student name:

Authority:

Date:

- Ask **parent/carer** to take student to the Accident and Emergency Department of GP
- I will let your **Form tutor and teachers** know how you are feeling
- Basic **information given** regarding about self-harming and the dangers
- I will **complete an EMERGENCY referral** to Healthy Young Minds (Rochdale) or ELCAS (Lancashire)

These are some things that could keep you safe:

If you are worried about yourself, you could talk with;

- Friend:
- Adult:
- Professional:

If you were very worried about your safety or had hurt yourself:

- Talk with your GP
- Telephone 111
- Go to the Accident & Emergency Department
- Contact Childline (0800 1111 or www.childline.org.uk)

If you are feeling that you might hurt yourself, these things might **help you** to ride out this feeling:

- Distracting activities (e.g. music, gaming, reading)
- Mood lifting activities (e.g. watch comedy, play instrument)
- Physical activities (e.g. walking, running, cycling, dance)
- Social activities (e.g. talk to friends)
- Other activities (e.g. playing with pets, hobbies, cooking)

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If you want more information, these links might be helpful:

www.kooth.com

www.barnardos.org.uk

www.childline.org.uk

Talkzone-Text 07786511111

-Online lancashire.gov.uk/youthzone

-Telephone 0800511111

We will meet again to review how you are feeling on:

Staff name:

Copy for student and CPOMS

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Appendix B

Student Risk Assessment

Student name:

Assessor:

Date:

Possible harmful behaviour(s)

- 1.
- 2.

Behaviour	Frequency	Impact on environment	Effective strategies/Controls needed