



BEACONSFIELD HIGH SCHOOL  
*A remarkable grammar school*

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**MENTAL HEALTH AND WELLBEING POLICY**

Date last reviewed: September 2023  
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For review by: FGB



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## **Introduction**

Mental Health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community. (World Health Organisation).

In addition to promoting mental fitness and psychological flexibility helping to maintain good mental health and well-being (MHWB), we aim to recognise and respond to mental ill health. An NHS Digital survey 2022 suggests that percentage of children and young people, aged 7- 16 years, with a probable mental health disorder currently stands at 18% (BBC News). By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

At Beaconsfield High School, we are committed to supporting the mental health and well-being of students, parents/carers, staff and other stakeholders. This policy focuses on students' mental health and well-being. It aims to:

- Set out our schools' approach to promoting positive mental health and well-being for all students across our school.
- Provide guidance to staff on their role in supporting students' mental health and well-being, including how they can foster and maintain an inclusive culture in which students feel able to talk about and reflect on their experiences of mental health.
- Support staff to identify and respond to early warning signs of mental health issues.
- Inform students and their parents/carers about the support they can expect from our school in respect of students' mental health and well-being and provide them with access to resources.

## **1. Scope**

This document describes the school's approach to promoting mental fitness and psychological flexibility helping with positive mental health and well-being. This policy is intended as guidance for all staff including non-teaching staff and governors.

This policy should be read in conjunction with the following policies, which are all available on our website:

- Accessibility Plan
- Child Protection
- Equality Act Statement
- Equality Information and Objectives
- Relationships Education, Relationships and Sex Education (RSE) and Health Education Policy
- Special Educational Needs
- Anti-bullying
- Supporting Students with Medical Conditions

## **2. Lead members of staff**

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- Tina Bond – Head Teacher, DSL
- Tom Griffiths – Deputy Head Teacher, Designated Safeguarding Lead (DSL), Senior Mental Health Lead (SMHL), Attendance Lead
- Emma Pritchard and Juliette Ganachaud – Pastoral Leads, DSLs
- Zahara Sattar, Sian Allen- DSLs
- Karen Harle – Student Counsellor
- Liz Ball – Well-being Mentor
- Penny Chapple & Kate Vaughan – Student Welfare Officers, DSLs
- John O'Rourke – Safeguarding Governor
- Anna Lyczba - SENDCo
- Joanne Holdsworth – Deputy Head Teacher and Continuous Professional Development (CPD) Lead
- Charlotte Lewis, Amy Brown, Phoebe Humphreys, Izzy John, Lucy Barker, Lorene Farrugia and Sian Allen - Heads of Learning and teachers of PSHE

- Kate Cook – Safeguarding and Welfare Officer

Identification of students with declining mental health may come from self-reporting, staff concerns, referrals to the school counsellor and well-being mentor, peers, questionnaires, parent/carers and external agencies.

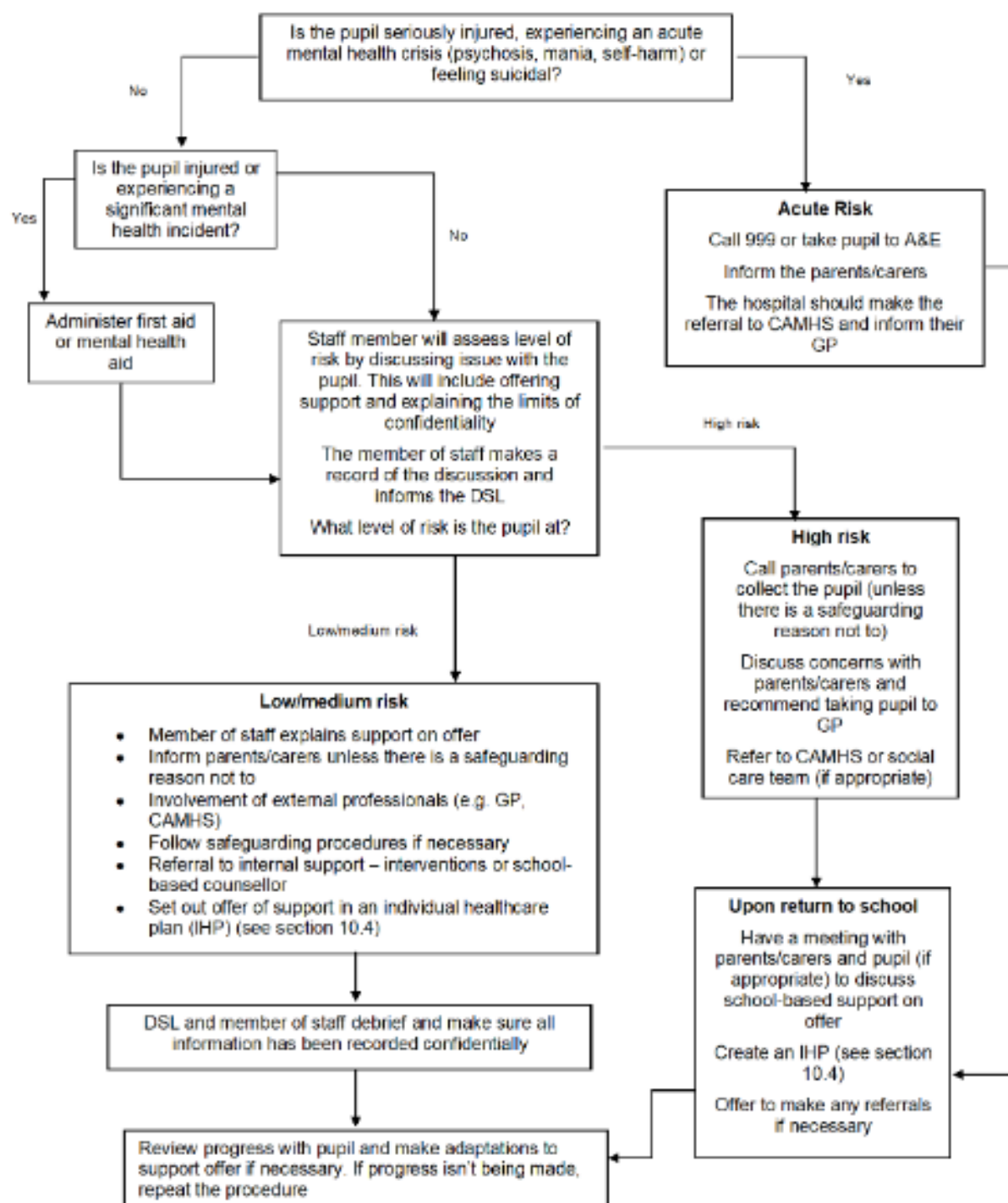
### **3. Identification of students with Social, Emotional and Mental Health (SEMH)**

All staff will be on the lookout for signs that a student's mental health is deteriorating. Some warning signs include, this list is not exhaustive:

Changes in:

- Mood or energy level
- Eating or sleeping patterns
- Attitude in lessons or academic attainment
- Level of personal hygiene
- Social isolation
- Poor attendance or punctuality
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Abuse of drugs or alcohol
- Rapid weight loss or gain
- Secretive behaviour
- Covering parts of the body that they wouldn't have previously
- Refusing to participate in P.E. or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted
- Talking or joking about self-harm or suicide

Any member of staff who is concerned about the mental health or well-being of a child or young person will either speak to our Senior Mental Health Lead (SMHL), a member of the pastoral team or log their concern on CPOMS. If there is a fear that the child or young person is in danger of immediate harm then the normal child protection procedures will be followed with an immediate referral to our Designated Safeguarding Lead, Headteacher or the relevant local authority Multi-Agency Safeguarding Hub (MASH). If the student presents a medical emergency, then the normal procedures for medical emergencies will be followed, including alerting Student Welfare and contacting the emergency services if necessary.



#### 4. Well-Being Support Pyramid



Our BHS Well-being Framework gives further detail about the schools' overview of MHWB whole school approach found [here](#). This framework and associated curriculum and resources have been designed and planned with support from a consultant counsellor and Buckinghamshire County Council's Lead Educational Psychologist.

As part of our school's commitment to promoting positive mental health and wellbeing for all pupils, our school offers support to all pupils by:

- Raising awareness of mental health during assemblies, tutor time, PSHE and mental health awareness week
- Signposting all pupils to sources of online support on our school website
- Having open discussions about mental health during lessons
- Providing pupils with avenues to provide feedback on any elements of our school that is negatively impacting their mental health e.g. Student Council and MHWB annual survey.

### **Level 1 Universal Support**

All students have access to and support from all that BHS does to promote mental fitness and psychological flexibility. [ACT Brief Introduction](#).

This includes but may not be limited to:-

- Tutor time activities
- Assemblies
- Student Council
- Tutors, HOLs, Student Welfare, Safeguarding and Welfare Officer
- Curriculum lessons
- Behaviour for Learning
- Achievement celebration events
- EDI events

### **Level 2 Pastoral Support**

Students can self-refer to Level 2. Level 2 is a self-help guided booklet that allows students to engage in reviewing their values and thinking through actions they can take to understand their own concerns and take positive action towards mental fitness and psychological flexibility. A child may self-refer for a range of different reasons including but not limited to low-level anxiety, friendship related concerns, emotional well-being issues, exam stress. A target and evaluation MS form is completed to allow for recording and monitoring purposes. If further support is needed (Guardian Angels Becky Mind, Co-curricular clubs signposting, Well-being mentor, School Counsellor), then the child is part of the decision-making.

### **Level 3 Targeted Support**

A child may be referred to our Well-being Mentor for 6 weeks bespoke targeted provision. Again, records and monitoring are kept once the referral has been processed.

### **Level 4 High-Level Targeted Support**

A child may be referred to the School Counsellor for 6 weeks bespoke counselling. Again, records and monitoring are kept once the referral has been processed.

Where appropriate, a student will be offered support that is tailored to their needs as part of the graduated approach detailed above. The support offered at our school includes but is not limited to:

- Nurture groups
- Modified timetable
- Modified seating arrangements
- Ear defenders or other support devices
- Time-out pass
- Counselling

It may be deemed necessary to work to undertake an individual healthcare plan (IHP). IHPs are written in collaboration with the pupil (if appropriate), their parent/carer, and any other relevant professionals.

The pupil's IHP will contain the following details:

- The mental health issue (and its triggers, signs, symptoms and treatments)
- The pupil's needs resulting from the condition
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed
- Who will provide the support
- Who in our school needs to be aware of the child's condition

BHS will work with appropriate and relevant outside agencies as necessary eg. CAMHS, Family Support Services, Educational Psychologists, Aspire etc.

If a student's needs cannot be met by the internal offer our school provides, our school will make, or encourage parents/carers to make, a referral for external support.

A student could be referred to:

- Their GP or a pediatrician
- CAMHS
- CAMHS Mental health charities (e.g. Samaritans, Mind, Young Minds, Kooth)
- Local counselling services

Guidance about referring into CAMHS (as of October 2018) is provided below. Students cannot and will not be dual counselled. If they are under CAMHS, counselling in school must cease for the duration.

Our local CAMHS is Oxford Health Trust.



## Single Point of Access

The centralised SPA number is **01865 902515** or you can email the team using:

General use: [oxoncamhsspa@oxfordhealth.nhs.uk](mailto:oxoncamhsspa@oxfordhealth.nhs.uk)

Or secure email for GP access: [oxfordhealth.oxoncamhsspa@nhs.net](mailto:oxfordhealth.oxoncamhsspa@nhs.net)

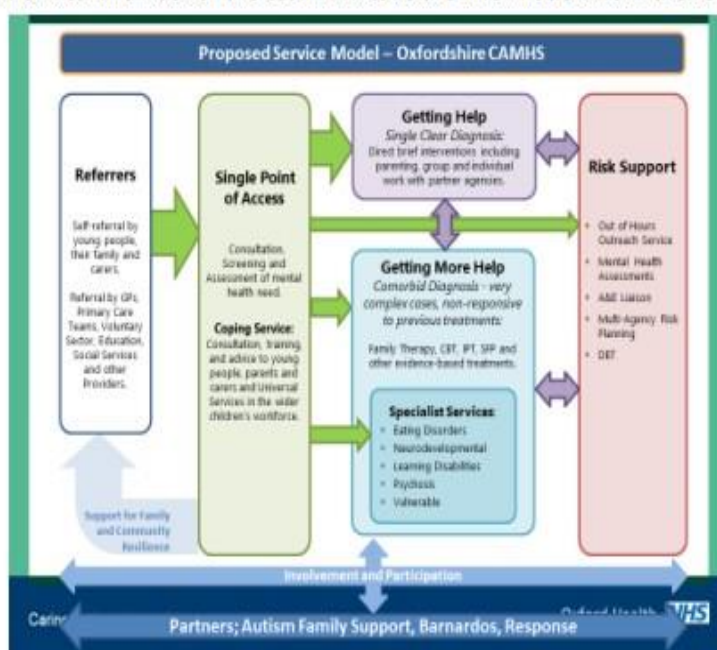
It is now also possible to complete an online referral form in to CAMHS which is available to patients, carers and professionals alike, and can be found on our new website:

[www.oxfordhealth.nhs.uk/camhs](http://www.oxfordhealth.nhs.uk/camhs)

### Process:

Under the new model, all referrals made into CAMHS will be initially handled by the SPA Team.

A non-clinical member of the team will take the information from the referrer or service user, which



is then passed on to a clinician to assess and determine how we will proceed.

Depending on the outcome of this triage process, the referrer/service user will either be contacted by the team member who took the initial call, or if clinical intervention is necessary or more clinical discussion is indicated, then they will be contacted by a clinician

from the SPA team who will discuss their needs and formulate an appropriate plan.

## 5. Recording incidents and monitoring students

Using a range of sources and information, the school will identify and record students about whom we have SEMH concerns. CPOMS (safeguarding and child protection software) will be used to record incidents, behaviours and observations of emotions to build up a picture of the student's SEMH needs. CPOMS will also be used to log diagnosed conditions such as eating disorders, self-harm, suicidal ideation and so on when these have been received from external professionals such as CAMHS; **non-clinical school staff will not offer any forms of diagnosis as they have not had the appropriate level of training and do not hold a qualification**, but may signpost towards applying for an assessment or referral. **New categories on CPOMS have been created to include Emotional Wellbeing and Mental Health Referral, though this will be reviewed and expanded upon as deemed necessary.** Students referring to Level 2 Pastoral Support will be logged, and a target and evaluation MS Form completed at the beginning and end of the cycle.

## 6. Teaching about mental health

The skills and knowledge needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum, assembly schedule, and as part of our whole school approach. Our PSHE curriculum can be found [here](#) and our whole school Well-being Framework can be found [here](#).

The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We follow the PSHE Association Guidance to ensure that we teach mental health and emotional well-being issues in a safe and sensitive manner which helps rather than harms. We will plan for and deliver statutory mental health education as set out by Government Regulations effective from 2020. Our SEMH lessons have been co-designed with a consultant and qualified counsellor.

Students will be informed in advance of any topics which may cause concern; teaching staff will view the lesson plans, resources and videos in advance so they can provide appropriate warnings and support in class. Support will be available to students or staff who may disclose concerns after PSHE lessons. For students this may be with Student Welfare, their Head of Learning or form tutor. Teaching staff may approach either their line manager or members of the mental health, pastoral or safeguarding teams.

## 7. Warning signs

There are often warning signs which indicate a child or young person is experiencing mental health or emotional well-being issues. These warning signs are taken seriously and staff observing any of them should communicate their concerns using the procedures outlined in the *Recording incidents and monitoring students'* section. While not exhaustive, the list below details possible warning signs as follows:

Secondary students

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Becoming socially withdrawn and tearful
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather

- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Becoming disruptive or angry

## **8. Managing disclosures**

If a student makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring. Staff will focus on the student's emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice. Staff will always follow our school's safeguarding policy and pass on all concerns to the DSL. All disclosures are recorded and stored in the student's confidential child protection file.

All disclosures will be recorded in writing and held on the child or young person's confidential file in CPOMS. This written record will include:

- Date of disclosure
- The name of the member of staff to whom the disclosure was made
- Details of the full conversation with the child and adult, where relevant
- Agreed next steps

This information will be shared with the appropriate head of Learning and members of the mental health team, who will store the record appropriately and offer support and advice about next steps.

## **9. Confidentiality**

Staff will not promise a student that they will keep a disclosure secret – instead they will be upfront about the limits of confidentiality

A disclosure cannot be kept secret because:

- Being the sole person responsible for a student's mental health could have a negative impact on the member of staff's own mental health and wellbeing
- The support put in place for the student will be dependent on the member of staff being at school
- Other staff members can share ideas on how to best support the student in question
- Staff should always share disclosures with at least 1 appropriate colleague. This will usually be the DSL/mental health lead [delete as appropriate]. If information needs to be shared with other members of staff or external professionals, it will be done on a need-to-know basis.

Before sharing information disclosed by a student with a third party, the member of staff will discuss it with the student and explain:

- Who they will share the information with
- What information they will share
- Why they need to share that information

Staff will attempt to receive consent from the student to share their information, but the safety of the student comes first. Parents/carers will be informed unless there is a child protection concern. In this case the Safeguarding Policy will be followed.

## **10. Working with Parents/Carers**

We will work with parents/carers to support pupils' mental health by:

- Asking parents/carers to inform us of any mental health needs their child is experiencing, so we can offer the right support

- Informing parents/carers of mental health concerns that we have about their child
- Engaging with parents/carers to understand their mental health and wellbeing issues, as well as that of their child, and support them accordingly to make sure there is holistic support for them and their child
- Highlighting sources of information and support about mental health and wellbeing on our school website, including the mental health and wellbeing policy
- Liaising with parents/carers to discuss strategies that can help promote positive mental health in their child
- Providing guidance to parents/carers on navigating and accessing relevant local mental health services or other sources of support (e.g. parent/carer forums)
- Keeping parents/carers informed about the mental health topics their child is learning about in PSHE, and share ideas for extending and exploring this learning at home

When informing parents/carers about any mental health concerns we have about their child, we will endeavour to do this face-to-face. These meetings can be difficult, so our school will ensure that parents/carers are given time to reflect on what has been discussed, and that lines of communication are kept open at the end of the meeting. A record of what was discussed, and action plans agreed upon in the meeting will be recorded and added to the pupil's confidential record.

If appropriate, an individual healthcare plan (IHP) will be created in collaboration with parents/carers.

## **11. Supporting Peers**

Watching a friend experience poor mental health can be very challenging for pupils. Pupils may also be at risk of learning and developing unhealthy coping mechanisms from each other.

We will offer support to all pupils impacted by mental health directly and indirectly. We will review the support offered on a case-by-case basis. Support might include:

- Strategies they can use to support their friends
- Things they should avoid doing/saying
- Warning signs to look out for
- Signposting to sources of external support

## **12. Training**

As a minimum, all staff will receive annual training about recognising and responding to mental health issues to enable them to keep child or young person safe. Relevant staff, such as members of the Pastoral team, receive Mental Health first Aid training; the senior lead has undertaken a national qualification in the role.

Training opportunities for staff requiring more in-depth knowledge will be considered as part of a whole school approach to emotional wellbeing and the school's performance management process. Additional CPD is supported throughout the year where it becomes appropriate and is delivered in Pastoral & Safeguarding Briefings, staff meetings and INSET.

Internal CPD is also supported by the school's access to webinars with the National College.

## **13. Signposting**

Sources of support are displayed around our school and linked on our school website, so students and parents/carers are aware of how they can get help. PSHE lessons all end with a signposting slide for further sources of information and support. Our Student Support SharePoint also signposts sources of information and support as well as display boards around school.

Further sources of information

- The Buckinghamshire Safeguarding Children Partnership <https://www.buckssafeguarding.org.uk/childrenpartnership/>
- Buckinghamshire Family Information Service <https://familyinfo.buckinghamshire.gov.uk/>
- Buckinghamshire Mind <https://www.bucksmind.org.uk/>
- Buckinghamshire CAMHS <https://www.oxfordhealth.nhs.uk/camhs/bucks/>

## **Appendix 1 - Types of Mental Health**

### **Self-Harm**

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support includes:

- [www.selfharm.co.uk/National](http://www.selfharm.co.uk/National) [www.nshn.co.uk/](http://www.nshn.co.uk/)

Books:

- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

### **Depression**

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

Online support includes:

- [www.mind.org.uk/about-us/what-we-do/depression-alliance/](http://www.mind.org.uk/about-us/what-we-do/depression-alliance/)

Books:

- Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

### **Anxiety, Panic Attacks and Phobias**

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

Online support include:

- [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk)

Books:

- Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

### **Obsessions and Compulsions**

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support includes:

- [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

Books:

- Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers
- Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents, carers and guardians and teachers*. San Francisco: Jossey-Bass

### **Suicidal Feelings**

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue. Please find our Suicide post-vention plan in Appendix 2.

Online support include:

- [www.papyrus-uk.org](http://www.papyrus-uk.org)
- [www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/)

Books:

- Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers
- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

### **Eating Problems**

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support includes:

- [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

Books:

- Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks Social, Emotional

## **Appendix 2 - Suicide Safety/Prevention Policy**

### **1. Statement of Purpose**

Beaconsfield High School (BHS) is aware that suicide is the leading cause of death in young people and that we play a vital role in helping to prevent young suicide. When someone takes their own life, the effect on both family and friends is devastating. Suicide in a school community is also devastating and often a time of great sadness and confusion for staff, students and families. As a school, we have an ethical responsibility to take a proactive approach to prevent young suicide.

The purpose of this policy is to protect the health and well-being of all young people in BHS by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. BHS recognises that physical, behavioural and emotional health is an integral component of a student's educational outcomes. BHS therefore acknowledges its role in ensuring a school ethos and environment that is sensitive to individual and societal factors that place young people at greater risk of suicide and one which helps to foster positive youth development.

To this end, this policy is meant to be paired with other policies such as our Bullying policy, Behaviour for Learning Policy, Mental Health Policy, supporting the emotional and behavioural health of students more broadly. Specifically, this policy is meant to be applied in accordance with the government's suicide prevention strategy. <sup>[06]</sup>This document was used in its creation [https://proceduresonline.com/trixcms/media/4397/bucks-prevention-and-postvention-protocol-for-schools\\_mar-19.pdf](https://proceduresonline.com/trixcms/media/4397/bucks-prevention-and-postvention-protocol-for-schools_mar-19.pdf)

### **2. Beliefs about suicide and its antecedents**

BHS acknowledges that suicidal thoughts are common among young people and whilst each suicide is a tragedy, it is also complex with verifying contributing factors that are individual to that person.

BHS recognises that stigma around mental health and suicide can be a barrier to young people accessing help and/or help being offered. BHS is committed to tackling suicide stigma in the language we use, promoting open, sensitive talks that do not stigmatise. This will include avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful or selfish<sup>1</sup>. We know that unhelpful myths and misconceptions surrounding suicide can inhibit young people from seeking and finding appropriate help when it is most needed. Here at BHS, we recognise that pupils may seek out someone whom they trust with their concerns and worries. We want to play our part in supporting any pupil who may have thoughts of suicide.

Suicide is a difficult thing to talk about and we have trained adults who can identify when a student may be struggling with thoughts of suicide. We want to support our students and enhance our suicide safety, sometimes working in partnership with family, caregivers, external agencies and other professionals.

### **3. Helping to ensure an active person-centered suicide prevention and intervention policy**

At BHS we have a Safeguarding Team who have clear roles and responsibilities and who are all trained DSLs. There is always a DSL on site. The Safeguarding Team will be the main point of contact for any concerns about a student.

We will be clear about how we enhance the physical safety of our environment for our students. This includes but is not limited to securing strong, harmful substances and removal of potential ligature points.

Our CPOMS system ensures that all staff who have any concerns about a student can log their concern with specific data being included and necessary steps taken to ensure the safety of the students.

When a student is identified to be at risk of suicide and a decision is taken to engage external services such as an ambulance to go to A&E, we have explicit guidelines on the pathways that apply. These guidelines are:

1. An ambulance is called, and reception are informed that it is on its way. The headteacher is informed.
2. Parents/Carers will be informed immediately and asked to make their way immediately to either school if time permits or to the A&E to meet their child. A member of staff will stay with the child at all times until the child enters the ambulance. These guidelines are applicable to all students in our school, regardless of age.
3. If the parent/carer does not get to school and goes to the hospital, a member of staff will accompany the child in the ambulance to the hospital and will leave as soon as a parent/carer arrives.
4. Parents/Carers will inform the school on how the child is and steps to be taken.
5. Following a suicide attempt in or out of school, a meeting will be arranged with the school Safeguarding Team and parents/carers to discuss a clear and detailed re-integration plan which will include the Safeguarding Team carrying out a risk assessment in a timely fashion which will be agreed by the student and parent/carers.

#### 4. How we ensure a sensitive and safe suicide postvention provision

BHS has a Suicide Postvention plan to respond in the event of a suicide. Each member of our team will have a responsibility within our plan including leadership, family liaison and any communication with external agencies, including the media. We have a dedicated team who are trained in suicide awareness and prevention. This includes Mental Health First Aid training for members of the team.

We have a clear policy about how staff should work together where thoughts of suicide or suicide behaviours are known among young people (see Appendix 4.1 A and B below). We will manage the sharing of information in a way that enhances safety.

Table 1 showing roles and responsibilities of BHS suicide intervention team

Team Member	Role	Responsibility
DHT Pastoral	Team Lead	Regular communication with SLT Oversight for all actions of the response team Assign all roles and responsibilities
SLT Pastoral/AHT Student Mental Health Lead	Safety and signposting	Outside of school hours students and families will be signposted to support services via student bulletin and HU. In the event of a suicide parents/carers will be contacted directly and signposted to support.
SLT Pastoral	Operations (postvention support)	Identifying vulnerable students Coordinate crisis counselling/ safe space (staffed) Coordinate other external support (Liaison with Education Psychology Service, Educations Safeguarding Advisory Service, Samaritans, CAMHS)
DHT Pastoral and Academic and HT	School liaison	Notifying students and staff
HT/ DHT Pastoral	Family/Community liaison	Liaison with family, police, coroner
HT	Funeral	Responsible for coordinating school representation in line with family wishes.
HT	External communications	Parents/carers Media Social media

BHS will be clear on how we deal with an inquest after someone has died suicide in our school. We will support the authorities in their work but will be mindful of the distress an inquest causes to bereaved people. We will also be mindful of the impact supporting an inquest can have on staff and will support our staff accordingly.



We will record and monitor deaths by suicide and the impact on the community. This will include on-going monitoring of student death by suicide, suspected suicide and, if possible, self-harm.

### **Ongoing Support and Development of Policy and Practice**

Our Governors and Leadership Team will keep our practice up to date by maintaining contact with best practice and that ongoing training is undertaken when necessary.

Where possible we will include or consult with members of our community who have personal experience of suicidal ideation, either their own or as a concerned other, in the design, development and continuous refinement of this policy.

### **Our Team and its Responsibilities**

Our governors and leadership team will be clear about how we will respond in the event of a suicide. Each member of our named response team (Table 1) will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media.

We will have a clear picture of who has received general suicide awareness education and commit to this being renewed every 3 years. Training includes courses on The National College and DSL Training.

We have a clear way of working for staff where thoughts of suicide or suicide behaviours are disclosed or noticed. We will manage the sharing of information in a way that enhances safety.

### **Supporting students with thoughts of suicide**

- What to do if you have concerns about a student – report concerns to a DSL. Use the following link from Papyrus to help you open a dialogue and offer support in an appropriate and sensitive manner - <https://www.papyrus-uk.org/disclosure-of-suicidal-thoughts/>
- Things to look out for such as warning signs. Use the following link from Youth risk prevention to help you notice possible warning signs that a young person is struggling. - <https://www.youthriskpreventionspecialists.com/warning-signs-suicide/>
- Asking and talking about suicide safety. This can include but is not limited to doing a safety plan with the young person. Seek advice and guidance from the Social, Emotional Mental Health Team in school.
- What to do if there is imminent risk of death or harm - Call 999. Alert DSL. Alert members of staff.

### **Working with a young person who has engaged in suicidal behaviour**

- Supporting a student to return to school – a re-integration plan will be agreed with staff/parent/carer/student. A risk assessment will be carried out by the DSL team in a timely fashion as part of a re-integration plan.
- Suicide safety plan – this can be carried out as part of the re-integration plan. An example of a suicide safety plan can be found at: <https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/supporting-someone-suicidal-thoughts/creating-safety-plan/>
- Confidentiality and sharing information with other professionals/parents/carer - this will be discussed with student and agreed upon. BHS reserves the right to inform parents/carers regardless of student age if there is a disclosure that the young person has/is engaging with suicidal behaviour.

**Relevant government policies and guidance:**

Public Health England (2016) The mental health of children and young people in England. Available online at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/575632/Mental\\_health\\_of\\_children\\_in\\_England.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf)

Department for Education (2015) Keeping children safe in education. Statutory guidance for schools and colleges on safeguarding children and safer recruitment. Available online at:

<https://www.google.com/search?q=Keeping+children+safe+in+education'&ie=utf-8&oe=utf-8>

Department for Education (2014) SEND code of practice: 0 to 25 years

Guidance on the special educational needs and disability (SEND) system for children and young people aged 0 to 25, from 1 September 2014. Available online at: <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Department for Education (2018) Relationships Education, Relationships and Sex Education (RSE) and Health Education Guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers. Draft for consultation.

Available online at: [https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/supporting\\_documents/20170718\\_%20Draft%20guidance%20for%20consultation.pdf](https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/supporting_documents/20170718_%20Draft%20guidance%20for%20consultation.pdf)