



KING WILLIAM'S COLLEGE

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# **King William's College & The Buchan School**

## **Mental Health and Emotional Wellbeing Policy**

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## Mental Health and Emotional Wellbeing Policy

### 1. Aims

- 1.1 At King William's College and The Buchan School (the 'School') we recognise that in order to help our students succeed, we have a role to play in supporting them to be resilient and mentally healthy, and we understand the importance of happiness and wellbeing for every member of the school community. We aim to create an environment where every student is happy and valued, and can realise their full potential.
- 1.2 We aim to promote positive mental health within the school community by educating our students, staff and parents, by increasing understanding and awareness of common mental health issues, and by alerting staff and parents to early warning signs of mental illness.
- 1.3 We aim to support those suffering from mental ill health as well as their teachers, parents and peers, and to promote a safe and caring environment for students affected either directly or indirectly by mental ill health.

Although it is not the School's role to diagnose and treat conditions, we do aim to be alert to the signs of a mental health concern, to intervene as soon as possible and to provide support while the student accesses professional help from the appropriate services. Where severe problems occur, we expect students to be supported by medical professionals working in specialist Child and Adolescent Mental Health Services (CAMHS), voluntary organisations and local GPs.

### 2. The School's Approach

- 2.1 The King William's College Pastoral Team consists of Heads of Year<sup>1</sup>, Boarding Housemaster/mistress, School Nurse (Frances Bland RN(child), Learning Support department (Helen Allan); it is supported by the team of Tutors and led by the Deputy Head and the Assistant Head. The School also has two Designated Safeguarding Leads – Stuart Corrie (Deputy Head and Designated Safeguarding Lead) and Susie Parry (Deputy DSL and Head of Boarding). Additionally, our Head of PSHE, David Dawson, plays a key role in promoting education about mental health as part of the school's Personal Development (PSHE) scheme of work. All teaching staff, through their regular safeguarding training, know how to access support when needed. The whole community is supported by Isle Listen (a local mental health charity) who provide a confidential listening service and are proactive in providing advice and resources for pupils, parents and staff.
- 2.2 The Buchan School Pastoral team consists of Deputy Head of Buchan (Rosie Ellwood) and the Head of Pre-prep (Melissa Hawley); it is supported by the team of Form Tutors and led by the Buchan Head. The Buchan has three Designated Safeguarding Leads: Janet Billingsley-Evans (Head) Rosie Ellwood (Deputy Designated person for Prep) and Melissa Hawley (Deputy Designated person for Pre-prep). Additionally the head of PSHE, Janet Billingsley-Evans, plays a key role in promoting health and wellbeing as part of the PSHE scheme of work. All Buchan teaching staff, through regular safeguarding training, know how to access support when needed.
- 2.3 Any member of staff who is concerned about the mental health or emotional wellbeing of a student should speak to one of the Pastoral Team. If there is a fear that the student is in danger of immediate harm, the

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<sup>1</sup> Head of Years 7 and 8 (Fourth Form) – Amy Beesley, Head of Year 9 (Lower Fifth) – Ed Jeffers, Head of Year 10 (Middle Fifth) – Colin Davidson; Head of Year 11 (Upper Fifth) – Lucy Titley-Brabban, Head of Sixth Form – Anya Morgans

School's Child Protection procedures should be followed with an immediate referral to a Designated Safeguarding Lead (or direct to Manx Care Social Care Children and Families in an emergency, as detailed in our Safeguarding Policy). If the student presents a medical emergency, the normal procedures for medical emergencies should be followed, by alerting a School Nurse, or a first aid trained colleague, or contacting the emergency services if appropriate.

- 2.4 Usually the Head of Year will take responsibility for co-ordinating school support (managing the student's academic workload, adjusting co-curricular commitments, liaising with the Nurses and external health professionals etc.) All staff are encouraged to be proactive in reporting any concerns they have about a student, however minor they may be. Parents too are encouraged to share any concerns they have with the school.
- 2.5 Where a referral to CAMHS (the Child and Adolescent Mental Health Service) is appropriate, this will be led and managed by a School Nurse or the Deputy Head. Consent will always be sought from the pupil (and parents) before a referral is made, unless a Safeguarding concern is running alongside and it may not be appropriate to inform parents.
- 2.6 At King William's College, a level one listening service is available from Isle Listen. A student can be referred by any member of the pastoral team, or they may refer themselves. See <https://www.islelisten.im/in-schools/> for more information or to make a referral.
- 2.7 If a student has a long-term mental health condition, the School will ensure that he/she is supported by a co-ordinated approach from the Pastoral Team, working with their Tutor and other key staff in school, so that he/she feels that school is a safe place where they can be confident of support, and can access well-informed and sympathetic advice at all times.

### **3. Managing Disclosures**

- 3.1 A student may choose to disclose concerns about their own mental health or that of a friend to any member of staff, who should respond in a calm, supportive, non-judgemental way. Staff are encouraged to follow the ALGEE check-list used by YMHA:

- A**sk, assess, act
- L**isten non-judgementally
- G**ive reassurance and information
- E**nable the young person to get appropriate professional help
- E**ncourage self-help strategies.

- 3.2 All disclosures should be recorded in writing on the ISAMS Wellbeing Manager which will then be held on the student's confidential electronic file. This written record should include the date, the name of the member of staff to whom the disclosure was made, the main points from the conversation and the agreed next steps. This information should be shared with an appropriate member of the Pastoral Team, who will offer support and advice about what happens next.

### **4. Confidentiality**

4.1 In most cases the School believes that the welfare of a student is best served by working with the knowledge and support of their parents. However, sometimes a student will approach a member of staff for help before telling their parents and will particularly ask for their confidentiality to be respected. In accordance with our Safeguarding Policy, staff will make it clear that if they believe the student to be at risk of harm, they will need to pass the information on to the appropriate safeguarding authorities. If a student is deemed to be “Gillick competent” (sufficiently mature to make a sound judgement), the School will respect their request for confidentiality in the belief that it is important for the student to feel in control of their situation; however, the School will strongly encourage sharing of information with their parents and will work to find a way to do so which is acceptable to the student. In some situations, it may be appropriate to give the student 24 hours to talk to their parents, before the school contacts home. A student may be offered the option of the School informing their parents for them, or with them.

4.2 Staff will only share information about a student when they have told them that they need to do this. They should make it clear:

- who they are going to talk to
- what they are going to tell them
- why they need to tell them.

4.3 The School Nurse follows their professional ethical code of conduct which is more clearly defined than those of the School. Their codes of confidentiality prevent them from informing the School of issues unless they have the student’s direct permission, unless they deem the student to be in danger to themselves or others.

## 5. Warning Signs

5.1 School staff may become aware of warning signs which indicate that a student is experiencing mental health or emotional wellbeing issues. These signs should always be taken seriously and staff observing them should always communicate their concerns to one of the Pastoral Team.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Significant changes in eating/sleeping habits
- Increased isolation from friends or family
- Changes in mood (for the Buchan School it would be changes in mood or behaviour as indicative of a warning sign)
- Reduced academic achievement
- expressing dark thoughts (talking about self-harm or suicide)
- Abusing alcohol or drugs
- Expressing feelings of failure or loss of hope
- Secretive behaviour (including long-sleeved clothing, or leggings to cover themselves up)
- Absence from or lateness to school.

## 6. Depression

- 6.1 Feeling low at times is a normal part of life for everyone, but for some students a persistent feeling of sadness comes to affect how they think, feel and behave, causing emotional, cognitive or physical problems. Issues such as peer pressure, academic expectations and the physical changes of adolescence can bring about mood swings for all young people but for some the lows are a symptom of depression. Clinical depression affects approximately 18% of teenagers (NHS 2022), and is not a weakness or something to be overcome by will-power: it has serious consequences and requires long-term treatment.
- 6.2 Signs of depression in a young person will vary but include continuous low mood (lasting longer than two weeks), feelings of hopelessness and helplessness, self-reproach and feelings of worthlessness, lack of motivation or interest in things, difficulty making decisions, feeling irritable and intolerant of others, poor concentration, fatigue, disrupted eating and sleeping patterns, school-refusal, feeling anxious or worried, and thinking about self-harm or suicide.
- 6.3 When the School becomes aware that a student may be suffering from depression, steps will be taken to enable him/her to access professional help through their GP or, if the student is having suicidal thoughts, to access more immediate support from CAMHS. The student will also be encouraged to talk to the School Nurse or any member of staff that they trust, who can then work with parents to get help and treatment as soon as possible.

## **7. Anxiety**

- 7.1 Feeling anxious at times is a normal part of life for everyone, but for some students, manageable levels of anxiety build to become a more serious and long-term anxiety disorder. Anxiety disorders can be caused by a variety of factors; signs include panic attacks, OCD, separation anxiety, phobias, problems with sleep patterns, poor concentration and school-refusal.
- 7.2 When the School becomes aware that a student is suffering from an anxiety disorder steps will be taken to enable him/her to access professional help through their GP or CAMHS. The student will also be encouraged to talk to the School Nurse or any member of staff that they trust, who can then work with parents and teachers to support them.

## **8. Suicidal Thoughts**

- 8.1 A student suffering from depression (sometimes compounded by an anxiety disorder) may experience suicidal thoughts. Suicidal behaviour ranges from thinking about killing oneself, to forming a plan about how to do so, to non-fatal suicidal behaviour or ending one's life. A range of contributory factors and individual vulnerabilities may lead to a young person attempting to or taking their own life. The School recognises, therefore, that it is important to detect mental health problems as early as possible and to work with the student and their family to access appropriate professional support and help a potentially vulnerable student. An understanding of how to achieve good mental health, and the promotion of mental and emotional resilience, is recognised as a priority within the School's PSHE programme and in school life more generally.
- 8.2 If a student is known to be thinking about suicide, the School will act within Youth Mental Health First Aid guidelines and an appropriate member of staff will ask him/her direct questions to gauge the level of intent so that they can act accordingly. If it is felt that the student must not be left alone, the School Nurse or a member of the Pastoral Team will make sure that the student is supervised until help can be sought. If the student is felt to be in immediate danger, staff will contact the emergency services with a 999 call, or take the student to A&E at the nearest hospital, or the Crisis team 642860.

## **9. Eating Disorders**

9.1 Eating disorders are a range of conditions that can affect a person physically, psychologically and socially. They are serious mental illnesses and include Anorexia Nervosa (limiting the amount of food eaten by skipping meals and rigidly controlling what is eaten), Bulimia Nervosa (constantly thinking about food, eating large amounts, then making themselves sick) and binge-eating disorder (eating large amounts of food and putting on weight). Some students may ask for help because they are worried about their relationship with food, while others will not see that there is a problem and will not ask for help. Usually family or friends will be aware of the problem before the school. The school will advise the student and their family to go to their GP for help, and will then aim to provide on-going help and monitoring once the student is receiving professional medical support. The School will work with and follow any advice given by professionals.

9.2 Any pupils who are stressed, unhappy or lacking in confidence may be at risk of developing an eating disorder. Triggers may include stress due to examinations, problems at home or school. There may be past traumas that manifest themselves in the form of an eating disorder. In some cases, an eating disorder may be triggered in a vulnerable personality by a period of illness which is accompanied by a period of not eating.

9.3 Warning Signs:

Physical Signs:

- Weight loss/weight gain
- Dizziness, tiredness or fainting
- Feeling cold
- Dull, lifeless hair; hair loss
- Swollen cheeks
- Calluses on the knuckles of the dominant hand
- Headaches
- Menstrual disturbances
- Sore throat, mouth ulcer and tooth decay; bad breath
- Stomach pains
- Growth of soft, fine hair over body
- Dry or poor skin
- Fainting
- Dehydration

Behavioural Signs

- Restricted eating – i.e. volume of food and low calorie content
- Difficulty sleeping
- Obsession with food, weight and dieting
- Preference for eating alone
- Irritability, distress, and arguments around mealtimes
- Strange behaviour around food
- Hiding, collecting or storing food

- Secretive eating; lying about how much they have eaten
- Inability to tolerate unplanned events involving food
- Extreme irritability when meals earlier or later than usual
- Using a lot of salt, vinegar or spicy substances
- Drinking lots of water or fizzy drinks
- Frequent weighing
- Excessive exercising
- Wearing baggy clothes
- Increase in activity including homework
- Increased conscientiousness
- Insisting on being fat when not
- Increased isolation and loss of friends
- Ritualistic behaviour and obsessions
- Disappearing to the toilet immediately after meals
- Secretive behaviour

Psychological signs:

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Fear of gaining weight
- Self-dislike
- Moodiness
- Excessive perfectionism

9.4 Procedure to follow where there is suspicion or confirmation that a pupil has an eating disorder:

Boarding Pupil

- 9.4.1 Where there are concerns that a pupil may have an eating disorder, staff should contact the Deputy Head, Houseparent, Deputy Houseparent, Medical Centre or any other member of staff.
- 9.4.2 The member of staff contacted will encourage the pupil to attend the Medical Centre for assessment. If the pupil does not want to attend, pastoral staff will continue to monitor the pupil closely, and liaise closely with the nurses. If there are serious concerns regarding a pupil's health and he/she still refuses to attend the Medical Centre, then the Deputy Head must be consulted and a course of action decided upon.
- 9.4.3 Medical Centre staff will liaise with house staff, senior staff and parents regarding a pupil's condition. Ideally this should be with the pupil's consent. Medical staff need to respect the confidentiality of pupils, although where there is serious concern for that pupil's safety, confidentiality may have to be breached. The normal rules of medical confidentiality and Gillick competency apply but where a pupil, who is very unwell and has not given permission for

information disclosure, is deemed no longer fit to remain within the school community, his/her parents will be contacted to come and take him/her out of school. The pupil should be encouraged to see that it is in his/her interests to allow information to be shared.

- 9.4.4 When a pupil with a suspected or identified eating disorder attends the Medical centre he/she will be assessed by a nurse and referred to the GP. If a pupil is displaying physical signs or symptoms of an eating disorder he/she will be referred to the GP. If a pupil is or is reported to have been displaying behavioural signs and symptoms of an eating disorder he/she will be referred to the GP.
- 9.4.5 When a pupil has been assessed by the GP and there is a diagnosis made of an eating disorder, or there is a strong suspicion of one, then further action will be taken. This may include further medical tests and investigations. It may include referral to a counsellor, a psychiatrist, or a specialist eating disorder clinic. All of this should happen in collaboration with the pupil, his/her family, other Medical Centre staff, house staff, and senior staff.
- 9.4.6 If a pupil is physically and emotionally well enough to stay in school, then he/she should do so. House and Medical Centre staff will monitor his/her condition and progress closely to ensure he/she is responding to treatment. If he/she is not physically or emotionally well enough to stay at school, he/she should be taken home by her parents to receive treatment and only return to school when well enough to do so, when he/she will continue to be monitored closely by House and nursing staff.
- 9.4.7 A pupil who has a diagnosis of an eating disorder who remains at school may need to be excluded from certain activities during the period of her recovery. Teaching staff involved will need to be informed of this, and will be expected to handle any information they are given in a discreet and sensitive manner.
- 9.4.8 All staff should be aware of the impact this illness may have on other members of the school community, and be willing to offer support where able or to refer them on where appropriate, for example to house staff, the school counsellor, the Medical Centre line managers, senior staff or outside organisations such as b-eat (<https://www.beateatingdisorders.org.uk/>).

#### Day Pupil

- 9.4.9 All staff should be aware of the signs of an eating disorder as outlined above, recognising that the non-residential status of day pupils will inevitably make it harder to recognise some of the signs.
- 9.4.10 If a pupil is showing signs of illness, he/she should be encouraged to attend the Medical Centre for assessment by a nurse. If the pupil is displaying signs of physical ill health, or if there is strong suspicion of an eating disorder, then the pupil's parents should be contacted and informed of the nurse's concerns. The same rules of medical confidentiality apply, so an older pupil, or one who is considered Gillick competent may refuse to allow disclosure to her parents. However, it should be

pointed out to the pupil that if he/she is deemed not medically fit to be in school, then his/her parents will be asked to come and take him/her out of school, so it is in his/her best interests to allow disclosure.

- 9.4.11 If a pupil refuses to attend the Medical Centre for assessment, then senior staff should liaise and agree on a course of action, which will involve contacting parents and informing them of their concerns, and requesting that the pupil be medically assessed. Parents should be contacted ideally with the pupil's full understanding and consent, but where staff concerns are very serious this may have to be done without his/her consent. If a pupil is considered to be physically too unwell to be in school, and he/she refuses to attend the Medical centre his/her parents should be asked to take him/her home.
- 9.4.12 Pupils with a suspected eating disorder and their parents should be advised where they can get help, including GP, CAHMS, b-eat, private counselling. This information can be obtained via the Medical Centre. Pupils with a diagnosed eating disorder who are deemed well enough by the involved health professionals to be at school may do so. Staff will closely liaise with parents to ensure that his/her health and behaviour is monitored closely whilst at school, and if there are any concerns, the parents will be contacted.
- 9.4.13 A pupil who has a diagnosis of an eating disorder who remains at school may need to be excluded from certain activities during the period of his or her recovery. Teaching staff involved will need to be informed of this, and will be expected to handle any information they are given in a discreet and sensitive manner.
- 9.4.14 All staff should be aware of the impact this illness may have on other members of the school community, and be willing to offer support where able or to refer them on where appropriate, for example to house staff, the school counsellor, the Health Centre, line managers, or outside organisations such as b-eat.

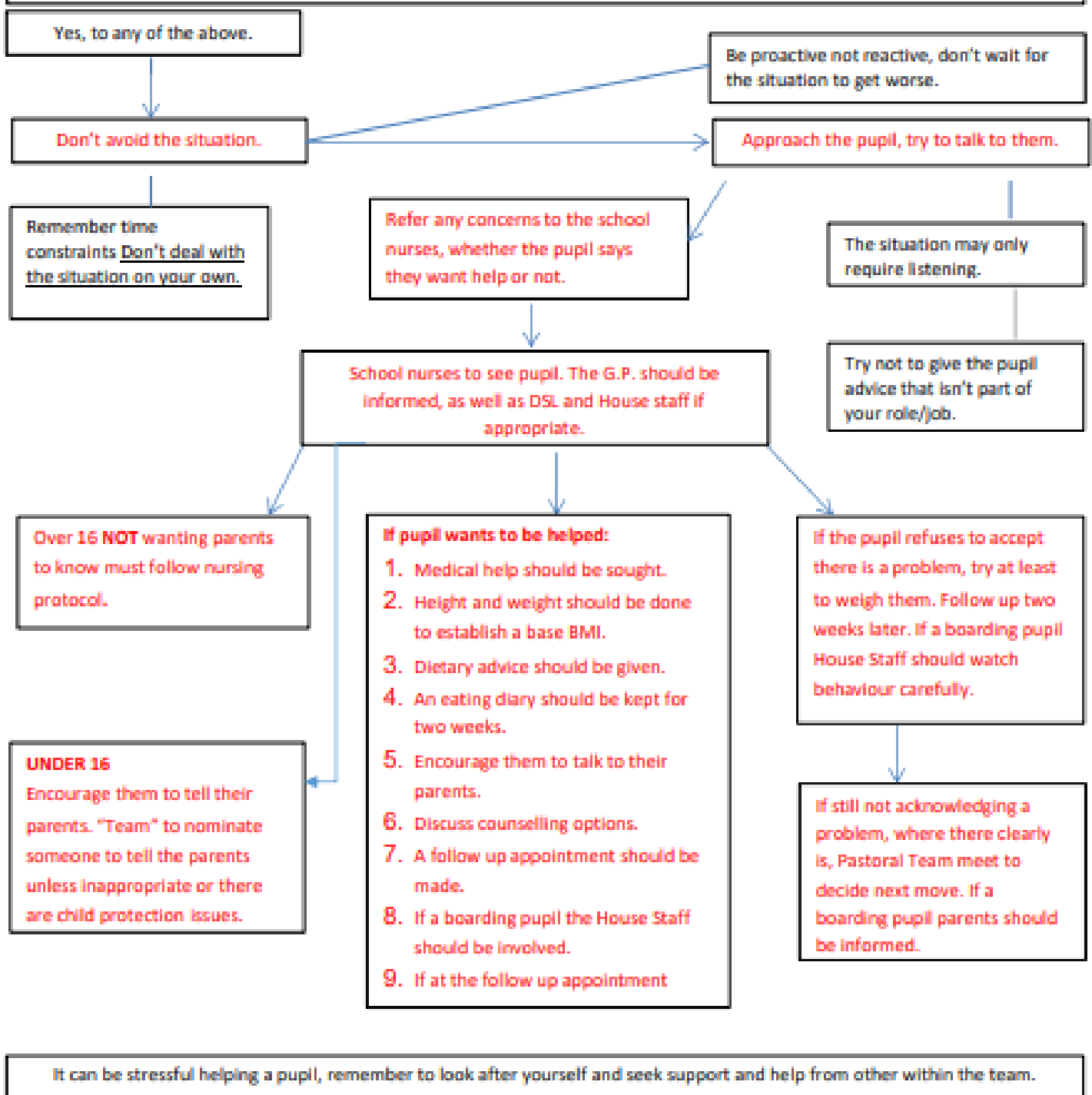
#### Follow Up

- 9.4.15 Any meetings with a pupil, their parents or their peers regarding eating disorders should be recorded in writing including:

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

### How do you know there is a problem?

- The pupil told you?
- Other pupils or staff has voiced their concerns?
- You've noticed significant changes in a pupil's appearance – weight loss/gain? Wearing baggy clothes / A pre-occupation with food and calories / An obsession with clothing sizes, mirrors and scales
- You've noticed changes in the mood of the pupil? – withdrawn, miserable, hyperactive, sad.
- You've noticed recent changes in the pupils eating behaviour – change in appetite, Leaving the table immediately after eating, avoiding meals, taking excessive exercise.



## 10. Self-Harm

### 10.1 Definition of Self-Harm and Risk Factors Associated with Self-Harm

Self-harm is when somebody intentionally damages or injures themselves or injures their body. It is a way of coping with or expressing overwhelming emotional distress. The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

- Worries about academic work and progress
- Difficulty in forming or maintaining relationships
- Low self-esteem/self-image
- Loneliness
- Peer pressure/misuse of social media
- Rejection by peers/bullying
- Unreasonable expectations from parents
- Poor relationships with parents/arguments at home
- Depression, self-harm or suicide in the family
- Copying similar observed behaviour
- Teenage 'angst'
- Neglect
- Physical, sexual or emotional abuse

### 10.2 Types of Self-Harm

There are many ways that students may self-harm but these can include:

- Cutting, scratching, scraping, picking, scalding or burning skin
- Scouring or scrubbing the body excessively
- Banging or hitting the head or other parts of the body
- Swallowing hazardous materials or substances
- Taking an overdose of prescription or non-prescription drugs
- Drinking alcohol to excess
- Deliberately starving themselves (anorexia nervosa) or binge eating (bulimia nervosa)
- Hair-pulling

### 10.3 Signs of Self-Harm

Most young people who self-harm will usually try to keep it a secret from their friends and family and often injure themselves in places that can easily be hidden by clothing. The following signs may, however, indicate that a student is self-harming:

- Unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest.
- Keeping themselves fully covered at all times, even in hot weather.
- Changes in activity and mood e.g. more aggressive or introverted than usual; tearful
- Increased isolation from friends or family, becoming socially withdrawn.
- Changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain.
- Expressing feelings of failure, uselessness or loss of hope.
- Hair pulling.
- Misuse of alcohol or drugs.
- Changes in sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Lowering of academic achievement
- Changes in clothing or hair-style

## 10.4 Guidance for Staff

- 10.4.1 Students may worry about betraying confidences, and Staff can help by maintaining an atmosphere where students feel prepared to share information. 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. There is a tendency for self-harming to spread through ‘copy-cat’ behaviour.
- 10.4.2 A student who has self-harmed should, where possible, be accompanied to a place of safety, and medical help summoned. If a student self-harms in the presence of a member of staff, they must immediately be taken to the Accident and Emergency Department of Nobles Hospital.
- 10.4.3 Staff may experience a range of feelings in response to self-harm, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However it is important to try to maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust. Students must be made aware that it is not possible for staff to offer confidentiality. A member of staff aware of or suspecting self-harm:
- must listen carefully to the child, be supportive and keep an open mind.
  - must respond in a calm and non-judgemental way.
  - must not ask leading questions, that is, a question which suggests its own answer. Use words: ‘Tell’, ‘Explain’, ‘Describe’, never ‘Why’. If at all possible the questions asked should be recorded.
  - must reassure the child, but never give a guarantee of absolute confidentiality. The member of staff should explain that they need to pass the information to the Designated Safeguarding Lead who will ensure that the correct action is taken.
  - must keep a sufficient written record of the conversation. This should be done immediately. The record should include the date, time and place of the conversation and the essence of what was said and done by whom and in whose presence. Include any observations on noticeable non-verbal behaviour and actual words used by the child. The record should be signed by the person making it and should use names, not initials.
  - must hand the record immediately to a Designated Safeguarding Lead, the Principal or one of the Deputy Heads.

## 10.5 Role of the Designated Safeguarding Lead

The Designated Safeguarding Lead will:

- liaise with local services about the help available for people who self-harm.
- contact parent(s) or guardian(s) at the appropriate time(s), wherever possible involving the student in the process and monitor a student’s progress following an incident.
- liaise with the Principal.
- consider arranging an appointment with the Isle Listen or the independent listener
- consider arranging an appointment with an external counsellor.
- inform the parent(s) or guardian(s) about appropriate help and support available for their child.
- keep records of self-harm incidents and concerns, including dates/times, which should be stored on ISAMS Wellbeing Manager

- know when people, other than parents (e.g. social workers or educational psychologists) need to be informed.
- keep up to date with information about self-harm.

## 10.6 Further Considerations

It may be necessary for a student to stay at home following a self-harm incident in order to protect the student and other students around them. This is likely to be the course of action if the student has shown other students their injuries or has sent other students images of their injuries via social media.

## 11. Working with Parents

11.1 The School believes that the welfare of its students is almost always best served by working with the full knowledge and support of the student's parents. Sometimes the student will choose to tell their parents themselves, and will be given 24 hours to do so before the School contacts home. If the student gives the School reason to believe that there may be underlying child protection issues, parents will not always be informed but the DSL will take advice from the Isle of Man Manx Care Social Care Children and Families.

11.2 When the School needs to disclose sensitive information to parents about their child's mental health, thought will be given to how best to handle this with sensitivity. It can be shocking and upsetting for parents to learn that their child is suffering from poor mental health, and the School recognises that they may need time to process what they have been told and reflect on how to respond. Wherever possible, the School will highlight further sources of information and support, and will make it clear that parents are welcome to ask for further meetings and follow-up. Meetings and conversations with parents will always conclude with an agreed next step, and a brief record of the meeting will be kept with the student's confidential record.

11.3 The School works with parents to support their child's mental health and emotional wellbeing by:

- Making the school's Wellbeing Policy easily accessible to parents (on the KWC Website)
- Highlighting sources of information about common mental health issues on the school website
- Sharing ideas about how parents can support positive mental health in their children (e.g. by inviting guest speakers to the school to talk to parents)
- Keeping parents informed about the mental health topics covered in their children's Personal Development programme, so that they can share and extend this learning at home.

## 12. Supporting Peers

12.1 When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends will want to help but often do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to protect peers, the School will consider on a case-by-case basis which friends may need additional support and will decide how best to do so. Advice will be given about:

- what it is helpful for friends to know and what they should not be told
- how they can best support their friend who is suffering from mental health problems

- things friends should avoid saying/doing which may cause upset
- warning signs that their friend needs help (e.g. signs of a relapse)
- where and when to access support for themselves
- safe sources of further information about their friend's condition
- healthy ways of coping with the difficult emotions they may be feeling.

### 13. Staff Training

13.1 As a minimum, all teaching staff receive regular training about recognising and responding to mental health issues as part of their annual safeguarding training, so that they can keep students safe. Training opportunities for staff who require further in-depth knowledge are encouraged as an important and valued area of CPD. In-house training sessions are arranged to promote understanding about specific areas of mental health where a need to do so has been identified. The School Nurse and listeners are available to provide guidance and learning resources for staff who wish to find out more about particular mental health issues relating to a student.

### 14. Policy Review

14.1 This policy will be reviewed regularly. Additionally, it will be updated immediately to reflect personnel changes, and may be reviewed during the course of the year if the need or opportunity arises to improve its content.

### 15. Sources of Information

- <https://www.gov.im/categories/caring-and-support/mental-health-service/child-and-adolescent-mental-health-service/> (Isle of Man Child and Adolescent Mental Health Service)
- <https://www.gov.im/categories/health-and-wellbeing/mental-health-and-wellbeing/understanding-mental-health-problems/> (Isle of Man Government – Understanding Mental Health)
- <http://www.youngminds.org.uk/> (Young Minds – The voice for young people's mental health and well-being)
- <http://www.rcpsych.ac.uk/healthadvice/parentsandyouthinfo.aspx> (Royal College of Psychiatrists Youth Mental Health information)
- <http://www.mymind.org.uk/> (Cheshire and Wirral Mental Health information)
- <https://www.islelisten.im/>
- <https://www.kooth.com/>
- <https://manxeatingdisordersupport.com/>
- <https://switchboard.lgbt/>
- <https://www.beateatingdisorders.org.uk/>

16. Provisional Risk Assessments and Possible Actions

Risk Indication	Example Prompts for Discussion	Low Risk	Medium Risk	High Risk
Actions and Interventions		Contact home Observation in school Offer referral to Isle Listen	Contact home Request a parent meeting in school with pastoral and medical staff Advise a GP appointment Recommend a CAMHS referral Observation in school.	Consider if the student needs to attend A & E or Crisis team. Arrange a core group meeting in school to discuss strategy for the future. Consider fitness to be in school and any adaptations that can be made. Consider completing a MARF.
Eating Difficulties	Have you experienced any difficulties around food? Have you been eating more or less than usual? How would you describe your relationship with food?	Missing meals, comfort eating.	Weight changes evident	Severe weight loss or gain, food refusal
Substance Use	Have you used drugs or alcohol? Tell me a little more about your drug or alcohol use. What happened as a result of your drug or alcohol use.	Experimented with soft drugs / alcohol, but no adverse effects.	Irregular use of substances, substance use has caused adverse effects	Regular use of substances, or substance use has increased risk of harm or exploitation.
Self mutilation, burning, hitting and self poisoning	Have you ever purposely hurt yourself? In what ways have you done this? What happened after you hurt yourself?	Scratching or picking skin, hitting self without causing marks, thinking of self-poisoning or burning	Breaking skin, causing bruising, superficial sores, cuts or burns. Threats to self-poison.	Cuts need suture, deep burns, poison ingested, injury requires medical attention.
Frequency of self harming behaviours	How often do you struggle with food / use drugs or alcohol / hurt yourself?	Less than once a month	Less than once a week	Once a week or more
Wish to be dead	Have you wished you were dead, or that you could go to sleep and not wake up? How often do you have these kind of thoughts?	Infrequent thoughts of wishing to be dead	Occasional thoughts of wishing to be dead	Frequent thoughts of wishing to be dead

Suicidal Ideation and Intent	Have you had any thoughts of taking your own life? Have you thought about how you might do this?	General or no- specific thoughts of wanting to end one's life, by suicide without methods or intent	Thoughts of suicide and method, without a specific plan or method details worked out	Active suicidal thought with specific method, plan or some intent to act on the thoughts.
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