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Positive Mental Health & Wellbeing at Bethany School Policy

BETHANY SCHOOL

CURTISDEN GREEN

GOUDHURST

KENT

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Document Approved	September 2021
Date of Revision (if applicable)	August 2023
Date for Review	September 2024

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1.1 Statement

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 her or his community. (World Health Organization)

At Bethany School, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable pupils. In the definition above from the WHO we would remove the word normal from the second line because it is not possible to have a definition for normal stresses with such broad differences in what causes stress in our community.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health practices and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health.

1.2 Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This guidance is intended as just that, guidance for all staff including non-teaching staff, governors and parents.

This document should be read in conjunction with other school policies and links with the provision of the PSHCE programme. Key policies would be the Safeguarding and Child Protection Policy which also highlights the school approach to self-harm and eating disorders as well as clearly identifying the need for all concerns to be shared with the appropriate member of staff.

1.3 The Aims:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health in themselves and in the school community.
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers

1.4 Lead Members of Staff

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

- Alan Sturrock – Deputy Head Pastoral, Designated Safeguarding Lead
- Jane Bolton - Senior Counsellor
- Sister Rhiannon and Sister Sam - Wellness Centre Team
- Verena Boot – Pupil Welfare Officer
- Heads of Year & Housemaster - pastoral leads
- Katie Harper - Head of Learning Support
- Anne-Marie Sturrock - Head of PSHCE

- Simon Duff – Head of Sixth Form
- Jules Wareham – Counselling qualification
- Claire Mills – Mental Aid First Aid trained
- Nicola Clough – Mental Aid First Aid trained

Any member of staff who is concerned about the mental health or wellbeing of a pupil must speak to the most appropriate member of staff listed above in the first instance, remembering if it is a safeguarding or child protection issue this must always be reported to the designated safeguarding lead using the Green Form. If the student presents a medical emergency then the Medical Centre should be contacted immediately.

Where a referral to CAMHS, Early Help or other outside agencies is appropriate, this will be led and managed by Alan Sturrock, mental health lead in conjunction with the appropriate outside agencies, such as the GP.

1.5 Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

1.6 Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum and are supported in whole school assemblies, house assemblies, tutor time, the curriculum of certain departments and through supportive day to day interactions. The school also invites outside speakers to address issues of student wellbeing, resilience and mental health issues.

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

We will follow the [PSHE Association Guidance](#)¹ to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

¹ [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)

1.7 Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix D.

We will display relevant sources of support in communal areas such as common rooms and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of member of our community help-seeking by ensuring they understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

1.8 Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs must **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the most appropriate member of staff identified in this document.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- 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. 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

1.9 Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure as outlined in the Safeguarding and Child Protection Policy.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix E.

All disclosures should be recorded on a Green Form if safeguarding is a concern or recorded on iSAMS on the Wellbeing Manager module to ensure a record is kept including:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

1.10 Confidentiality

We should be honest with regards to the issue of confidentiality. If we it is necessary for us to pass our concerns about a student on then we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a student without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent.

It is always advisable to share disclosures with a colleague, usually Alan Sturrock or the Medical Centre team as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who it would be most appropriate and helpful to share this information with.

Pupils should be encouraged to tell their parents themselves or be present when an identified adult from the school informs the parent. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them. In the case of overseas pupils parents may be contacted by staff by phone with the pupil present. Email should only be used if other forms of communication have failed.

If a child gives us reason to believe that there may be underlying safeguarding or child protection issues at home that may cause matters to escalate, parents should not be informed, but the designated safeguarding lead must be informed immediately and further decisions will be made in the child's best interests and possibly with the advice of outside agencies.

1.11 Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face?
- Where should the meeting happen?

- Who should be present?
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

1.12 Working with All Parents

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on the Parent Portal
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make this document easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through identified outside agencies and inviting them in to hear outside speakers.

1.13 Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but 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 keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how 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

1.14 Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training in order to enable them to keep pupils safe.

We will host relevant information on the Staff Team in MS Teams for staff who wish to learn more about mental health. The [MindEd learning portal](https://www.minded.org.uk)² provides free online training suitable for staff wishing to know more about a specific issue.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more pupils.

Where the need to do so becomes evident, we will carry out staff INSET for staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Alan Sturrock, who can also highlight sources of relevant training and support for individuals as needed.

² www.minded.org.uk

Appendix A: Further information and sources of support about common mental health issues

Self-Harm

Online Support;

<https://www.selfharm.co.uk> – Self-harm information and support [The NSHN](#)

[Forum](#) – National Self-Harm Network

[Harmless](#) – Self-Harm charity, information and support

Youngminds textline – text YM to 85258 for free 24/7 support. Text will always be answered by a trained member of staff

Youngminds parents helpline 0808 802 5544 from 9:30am - 4pm, Monday - Friday.

Useful Apps; [Calm](#)

[Harm MeTwo](#)

Attention Deficit Disorder and Attention Deficit and Hyperactivity Disorder

[Nip it in The Bud ADHD](#)

[Foundation](#)

[ADHD Information service \(adiss\)](#)

[Living with ADHD for parents, teenagers and teachers](#)

Depression

Childline 0800 1111 – Always a counsellor on the end of the phone 24/7 365 days a year

[Childline](#)

[Anna Freud](#) – mental health charity

[Kooth](#) – online community to support people and the 4ir mental health Apps

[Move mood](#)

Anxiety

[Childline – managing your anxiety](#)

[Young minds - anxiety](#)

[No panic](#) – anxiety charity offering support and helpline

Call 01952 680835 for a recorded breathing exercise to help you through a panic attack (available 24/7).

Opening times:

10am - 10pm, 365 days a year 0300 772

9844

0330 606 1174 (Youth helpline)

sarah@nopanic.org.uk

[Anxiety UK](#) – Anxiety charity which charges to join but provides online therapy (charges apply)

[Anxiety Care](#)

Apps [Sanvello](#)

[Thrive Books](#)

Starving the Anxiety Gremlin: A cognitive behavioural therapy workbook on anxiety management for young people Kate Collins-Donnelly
Obsessions and Compulsions [OCD UK](#)
[OCD in Children \(Anxiety Care\)](#) [OCD action](#)
[Young minds - OCD](#)
Suicidal Feelings
[Papyrus – Hopelink \(prevention of young suicide, safety plan\)](#)

Its helpline service - HOPELINEUK - is available to anybody under the age of 35 experiencing suicidal thoughts, or anybody concerned that a young person could be thinking of suicide.

Opening times: 9am – midnight, 365 days a year [0800 068 4141](tel:08000684141)

[07860039967 pat@papyrus-uk.org](mailto:pat@papyrus-uk.org) [NHS Urgent Mental Health](#)

[Helpline](#)

Young Minds textline Text YM to 85258 Provides free, 24/7 text support for young people across the UK experiencing a mental health crisis.

Samaritans 24/7 Call: [116123](tel:116123) jo@samaritans.org

Childline 0800 1111 - [Support](#) for children and young people with suicidal thoughts Apps

[Stay Alive App](#)

Eating problems or disordered eating

[Beat](#) – Eating Disorders charity

[Anorexia and Bulimia Care](#) – Charity to support people with anorexia and bulimia [My Identity](#)

[The Proud Trust](#) – Home of LGBTQ+ Youth

[Gender Intelligence](#) - resource for young people and their parents/guardians who are questioning their gender

[Mermaids](#) – Charity supporting transgender young people and their families [LGBT Foundation](#)

Other useful resources and charities

[National Autistic Society](#)

[Pathological Demand Avoidance \(PDA\)](#)

Sleep

<https://www.sleepfoundation.org/> advise on how to get better sleep

<https://andrewjohnson.co.uk/#freedownloads> Guided meditation for deep sleep for teens

Growing up: The ‘Blame my brain’ book. Helps young people and adults understand the developmental experiences of changing and becoming an amazing teenager.

Separation

Divorce Aid: Advice for children and families going through divorce
www.divorceaid.co.uk
It's not your fault: Advice for children whose parents are splitting up
www.itsnotyourfault.org

Anxiety

'Hey Sigmund' website helps young people and parents understand and practically manage anxiety and depression
www.heyigmund.com/anxiety-in-children-anxiety-in-teens/

Free guided relaxation for young people can be found at
<https://andrewjohnson.co.uk/#freedownloads>

NHS Choices provides a useful resource including an information hub offering young people advice and help on mental health problems including depression, anxiety and stress.
<http://www.nhs.uk/Livewell/youth-mental-health/Pages/Youth-mental-health-help.aspx>

Positive Relationships

Relate.org.uk give young people good advice about healthy relationships
<https://www.relate.org.uk/relationship-help/help-children-and-young-people/children-and-young-peoples-counselling>

Anger

Book: 'The kid's guide to staying awesome and in control' by Lauren Brukner – helps children negotiate their emotions and senses for children up to 14

Grief:

Winston's Wish - giving hope to grieving children winstonswish.org

LifeSIGNS is a charity that helps young people who self-harm. www.lifesigns.org.uk

Mental health apps that promote general well-being MindShift: helps teens and young adults cope with anxiety In Hand: helps tackle stress and low mood

Live Happy: Goal setting app based on positive psychology Sleep Diary: records sleeping patterns

Headspace: free ten-minute meditations

Daylio: mood tracker, select activities and set goals 4+

Appendix B: Talking to pupils when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns.

This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

1.14.1 Focus on listening

“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”

If a student has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

1.14.2 Don’t talk too much

“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”

The student should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

1.14.3 Don’t pretend to understand

“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what

they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

1.14.4 Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

1.14.5 Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

1.14.6 Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

1.14.7 Don't assume that an apparently negative response is actually a negative response

“The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn’t say it out loud or else I’d have to punish myself.”

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn’t mean they’ll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don’t be offended or upset if your offers of help are met with anger, indifference or insolence, it’s the illness talking, not the student.

1.14.8 Never break your promises

“Whatever you say you’ll do you have to do or else the trust we’ve built in you will be smashed to smithereens. And never lie. Just be honest. If you’re going to tell someone just be upfront about it, we can handle that, what we can’t handle is having our trust broken.”

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can’t then you must be honest. Explain that, whilst you can’t keep it a secret, you can ensure that it is handled within the school’s policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don’t have all the answers or aren’t exactly sure what will happen next. Consider yourself the student’s ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Useful websites

<https://www.nice.org.uk/guidance/ng69> - Eating disorders: recognition & treatment

<https://www.beateatingdisorders.org.uk/> - Beat eating Disorders

Overview – Eating disorders - NHS (www.nhs.uk) - NHS Eating Disorders information [Eating disorders in young people - for parents and carers](#) | [Royal College of Psychiatrists \(rcpsych.ac.uk\)](http://RoyalCollegeofPsychiatrists.rcpsych.ac.uk)

[Home | Anorexia & Bulimia Care \(anorexiabulimiare.org.uk\)](http://Home|Anorexia&BulimiaCare.anorexiabulimiare.org.uk)

Helplines for Young People and Parents Beat

Beat	Youthline	(Under 18)	9am-8pm	0808	801	0711	Email
fyp@beateatingdisorders.org.uk							

Beat Student 9am-8pm 0808 801 0811 Email studentline@beateatingdisorders.org.uk

Beat	Helpline	(for parents/guardians)	9am- 8pm	0808	801	0677
help@beateatingdisorders.org.uk						

Beat also offer one-to-one chat on this link [Helplines -](#)

[Beat \(beateatingdisorders.org.uk\) Anorexia and](http://Beat(beateatingdisorders.org.uk)Anorexiaand)

Bulimia Care

[Help For You | Anorexia & Bulimia Care \(anorexiabulimiare.org.uk\)](http://HelpForYou|Anorexia&BulimiaCare(anorexiabulimiare.org.uk))

Offers support to anyone affected by eating disorders, and to their parents or carers. Hosts an [online community](#) for anybody supporting someone with an eating disorder. If calling the helpline, you can select option two to get support and advice as a parent.

Opening times:

9:30am - 5pm, Tuesday - Friday

[03000 11 12 13](tel:03000111213) (9am - 1pm; 2pm - 5pm, Wednesday - Friday)

support@anorexiabulimiare.org.uk

familyandfriends@anorexiabulimiare.org.uk

The Mix

Offers support to anyone under 25 about anything that's troubling them. Email support

available via their [online contact form](#).

Free [1-2-1 webchat service](#) available.

Free short-term [counselling service](#) available. Opening times:

4pm - 11pm, seven days a week 0808 808 4994

Childline

If you're under 19 you can confidentially call, chat online or email about any problem big or small.

[Sign up](#) for a free Childline locker (real name or email address not needed) to use their [free 1-2-1 counsellor chat](#) and email support service.

[Can provide a BSL interpreter](#) if you are deaf or hearing-impaired.

Hosts [online message boards](#) where you can share your experiences, have fun and get support from other young people in similar situations.

Opening times:

9am - midnight, 365 days a year [0800 11 11](tel:08001111)