Emotional Health and Wellbeing Policy

The Purcell School promotes the emotional health and wellbeing of the school community. The school aims to recognise emotional concerns and intervene early to prevent a mental health disorder developing. The Purcell School has a school counsellor who attends the school on a Wednesday 8am-3pm. The school counsellor runs sessions for students with any emotional concerns to give this support early with the aim to avoid any disorder developing or recognise when further intervention is needed. Appointments can be made directly as a self-referral or through the school nurse, Tutor, Houseparent (HP), Designated Safeguarding Person (DSP) or any other member of staff.

This policy is intended as guidance for all staff. It will give guidance on the following mental health concerns:

- Bereavement
- Eating disorders
- Self-harm
- Suicide - threats or attempts on life
- Other Mental health disorders

This policy should be read in conjunction with the Schools' safeguarding policy.
The revised edition published 18 March 2016 of DfE advise Mental Health and Behaviour in schools can be found at:
http://cms.vwv.co.uk/Content/Resources/files/CTK-SI_Mental-health-and-behaviour_Apr16.pdf

1. Introduction

Children who are mentally healthy have the ability to:

- Develop psychologically, emotionally, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Resolve (face) problems, setbacks and learn from them- show resilience

Mental health problems can affect anyone and can be a temporary response to a painful or difficult event in their life or can develop into a debilitating and persistent disorder.

9.8% of children and young people aged 5 to 16 have a clinically diagnosed mental disorder. Within this group, 5.8% of all children have a conduct disorder (this is about twice as common among boys as girls), 3.7% have emotional disorders, 1.5% hyperkinetic disorders and a further 1.3% have other less common disorders including autistic spectrum disorder, tic disorders, eating disorders and mutism. 1.9% of all children (approximately one fifth of those with a clinically diagnosed mental disorder) are diagnosed with more than one of the main categories of mental disorder.

Beyond the 10% mentioned above, approximately a further 15% have less severe problems that put them at increased risk of developing mental health problems in the future.

Aims of the Policy

- To increase understanding of bereavement and emotional concerns, eating disorders, self-harm and suicide to all staff
- To alert staff to warning signs and risk factors
- To provide a protocol for staff to seek the correct support and management
- To provide support to students currently suffering or recovering from a mental health problem/disorder.

2. Bereavement

Definition of Bereavement

Bereavement, or grief, is defined as a set of reactions to a significant loss. While bereavement usually refers to the loss of a loved one, it may also refer to the loss of a physical ability, possessions, divorce or separation of parents or other events.

Bereavement is a complex process that is considered normal and may be accompanied by a variety of emotional reactions, behavioural responses, and thoughts, including sadness, depression, anxiety and anger.

Most children will be able to grieve and over time come to terms with their loss, supported by family and friends and will not need an expert to help them. The School can play a role in supporting the child. School can give a sense of normality for them to continue with their usual routine and give relief from the home atmosphere, which may well be overwhelming with grief.

However, others will find life in general hard to cope with, may become anxious about their own health or that of others, and can find it hard to move on. They may not realise themselves what is causing their worries and might find it hard to talk about. If the grief is prolonged then intervention may be required.

Supporting a Bereaved Student

It is often difficult to know what to say to a child or young person who has been bereaved. Child Bereavement UK has established brief guidelines on how to offer support:

- Ensure that you know the facts surrounding the loss and communicate with the family.
- Recognise the full tragedy and acknowledge to the student what has happened and don't be afraid to use the word death or talk about the specific loss.
- Children and young people need honesty and it is better to be truthful answering questions they may have.
- Be prepared to listen again and again.
- Allow them to express their emotions and feelings and do not be afraid to express your feelings of sadness.
- Do talk about the loss and share memories as the bereaved student may need to do this. To avoid talking about the loss and shared memories may be seen as a denial of that loss or of the loved one's very existence.
- It is common for children to blame themselves so reassure that they are not responsible.
- Give bereaved students time as it could be months before they can fully cope with the pressures of school.
- Do not assume that a lack of reaction to the loss means they do not care or are fine. It may be that it has not sunk in or they may feel that to show maturity is to be seen as coping and hide their true feelings.

- Do not judge. Grief is a very personal experience and everyone copes in their own way.
- Encourage them to ask for help if needed. Give information on outside agencies for child bereavement.

Websites for help:
Childbereavement.org.uk
Winstonswish.org.uk

What to do if concerned that the above support is not enough:
If the grief is prolonged and the student is showing signs that they are not coming to terms with the loss then other help may be required. Follow guidelines below:

1. If concerned complete a "My Concern" on the My Concern website using your password. If you do not have a password contact the DSP directly. The DSP will immediately refer any case where we consider that the child may be defined as a child in need (Children Act 1989), to children's social care services. If, at any point, there is a risk of immediate serious harm to a child a referral will be made to children's social care immediately. It is important to note that any staff member can make a referral to children's social care directly themselves. It is not necessary to seek anyone's prior approval to safeguard children.
2. Parents should be contacted either through the HP or DSP/DDSP to gather more information about how they might be coping at home. It can be discussed at this time if a counsellor referral would be required. The student has to agree to attend a counsellor appointment.
3. Contact the school nurse to inform of the concerns, so that a referral can be made. A counsellor referral form has to be completed by the person with the concerns.
4. If all agree, an appointment will be made with the counsellors who come to the Health Centre.
5. Encourage the student to come to the Health Centre when times may be difficult where they can either just sit to have some time or can talk to one of the nurses.
6. If concerned that another Mental Health problem is manifesting itself (e.g. depression, eating disorder) then a referral would be made by the DSP or Health Centre staff to the Emotional Wellbeing and Mental Health Service (CAMHS in Hertfordshire)

It is important to report any concern, however small your concern might be.

3. Eating Disorders

Definition of Eating Disorders
The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person's life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and if female, their periods may stop. Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then binging. They vomit or take laxatives to control their weight. Both of these eating disorders affect girls and boys but are more common in girls.

It is very important to access treatment as early as possible, as earlier treatment means a greater chance of fully recovering from an eating disorder.

Risk Factors

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

Individual Factors

- Difficulty expressing feelings and emotions
- A tendency to comply with other's demands
- Very high expectations of achievement

Family Factors

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

Social Factors

- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness / low body weight for e.g. sport or dancing

Warning Signs

School staff may become aware of warning signs, which indicate a student is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the DSL and Health Centre Staff.

Physical Signs

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

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes s/he is fat when s/he is not
- Secretive behaviour
- Visits the toilet immediately after meals

Psychological Signs

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

Staff Roles

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs outlined above and to make the DSP and/or the Health Centre aware of any child causing concern. A Safeguarding & Child Protection "My Concern" should be completed even if the student denies any of the concerns. The DSP will immediately refer any case where we consider that the child may be defined as a child in need (Children Act 1989) to children's social care services. If, at any point, there is a risk of immediate serious harm to a child a referral will be made to children's social care immediately. It is important to note that any staff member can make a referral to children's social care directly themselves. It is not necessary to seek anyone's prior approval to safeguard children.

Following the report, the appropriate course of action will be decided. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves harm, then confidentiality cannot be kept**. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

Students Undergoing Treatment for / Recovering from Eating Disorders

The decision about how, or if, to proceed with a student's schooling while they are suffering from an eating disorder, should be made on a case by case basis. Input for this decision should come from discussion with the student, their parents, school staff and members of the multi-disciplinary team (DSP and Health Centre) treating the student.

The reintegration of a student into school following a period of absence should be handled sensitively and carefully and again, the student, their parents, school staff and members of the multi-disciplinary team treating the student should be consulted during both the planning and reintegration phase.

Further Considerations
Any meetings with a student, their parents or their peers regarding eating disorders should be recorded in writing including:

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

This information should be stored in the student's safeguarding and child protection file.

4. Self-Harm

We endeavour to keep all students out of harm's way and protect them from danger. Unfortunately, there are times when a student actually inflicts the damage to themselves. In these cases, most of the time, it is a coping mechanism, learnt by the individual, when life is difficult. It involves an individual who harms their 'physical self' to deal with emotional pain, or to break feelings of numbness by arousing a painful sensation.

Self-harm is considered to be any deliberate, non-suicidal behaviour that inflicts physical harm on any part of one's body and is usually aimed at relieving emotional distress.

Context
Physical pain can be thought to be easier to cope with than emotional pain, because it causes 'real' feelings. Self-harm injuries can prove to an individual that their emotional pain is valid. Self-harm can include but is not limited to, cutting, burning, banging and bruising, non-suicidal medication over-dose, eating disorders, alcohol misuse, or even intentional bone breaking. It can be very addictive and habitual. Chronic and repetitive self-harm may affect people for months and years.

Who
There is no 'typical' person who self-harms. It can be anyone. An individual who self-harms cannot and should not be stereotyped; they can be of all ages, any sex, sexuality or ethnicity and of different family backgrounds. Each individual's relationship with self-harm is complex and will differ. There can be many reasons behind self-harm such as childhood abuse, sexual assault, bullying, stress, low self-esteem, family breakdown, dysfunctional relationships, mental ill health and financial worries, as well as pressure at home/in school to succeed or a desire for some particular attention in relation to others.

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

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding

- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors associated with self-harm

- Low self esteem
- Student high expectations/ perfectionism
- Mental health issues – such as depression & anxiety.
- Problems at home or school.
- Physical, emotional or sexual abuse.

It is important to recognise that none of these risk factors may appear to be present. Sometimes the individual is outwardly happy, high achieving person with a stable background who is suffering internally and hurting themselves in order to cope.

Warning Signs

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

Possible warning signs associated with self-harm

- Drug and or alcohol misuse or risk taking behaviour.
- Negativity and lack of self-esteem.
- Out of character behaviour.
- Bullying other students.
- A sudden change of friendship or withdrawal from group.
- Frequently absenting him/herself from lessons, withdrawing physically to be alone.

Physical signs of self-harm

- Obvious cuts scratches or burns that do not appear to be accidental.
- Frequent 'accidents' that cause physical injury.
- Regularly bandaged arms and /or wrists.
- Reluctance to take part in exercise or other activities that require a change of clothes.
- Wearing of long sleeves and trousers even in hot weather. However, it should be noted that in the majority of cases self-harm is a very private act and individuals can go to great lengths to hide scars and bruises and will often try to address physical injuries themselves rather than seek medical treatment.

Staff Roles in working with students who self-harm

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, or rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing considerable amount of courage and trust.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves harm, then confidentiality cannot be kept**. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

The most important role school staff can play is to familiarise themselves with the risk factors and warning signs. Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm must make the DSP and/or the Health Centre aware of any child causing concern. A "My Concern" should be completed even if the student denies any of the concerns.

Following the report, the appropriate course of action will be decided. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS – with parental consent
- Giving advice to parents, teachers and other students
- **In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times.**
- **If a student has self-harmed in school, the Health Centre and/or first aider should be called for immediate help**
- As Mental Health referrals can take weeks if the student is at immediate risk, take to A&E

All staff involved should consider the following guidelines:

- Provide practical and emotional help.
- Be non-judgemental and calm in approach to knowledge.
- Avoid dismissing a student's reasons for distress as invalid.
- Teach positive coping mechanisms.
- Praise good coping mechanisms.
- Endeavour to enable the student to feel in control, by asking what they would like to happen and what help they feel they need.
- Wounds, injuries and scars should not be openly displayed.
- Senior pastoral staff should discuss with the DSP whether any other students may have been affected by the incident of self-harm.

Threshold Considerations

In certain cases of self-harm, senior pastoral staff may meet with the DSP to discuss whether a student is fit to remain in school, and in particular whether they are fit to remain in boarding. This will be a 'threshold' discussion and will consider the following: whether the student is a danger to themselves or to others; whether the student needs a greater level of supervision than can reasonably be provided by the school, particularly in boarding/overnight; whether there is a risk of contagion, should the student remain in school; what the effects are on other students around them; where the student can access the best possible support. Guidance from medical professionals will be sought, but the decision will be one taken by the school in the student's best interests and in the interests of the wider school community.

Further Considerations
Any meetings with a student, their parents or their peers regarding self-harm should be recorded in writing, including:

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

This information should be stored in the student's safeguarding & child protection file.

It is important to encourage students to let you know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that, by seeking help and advice for a friend, they are taking responsible action and being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner.

The peer group of a young person who self-harms may value the opportunity to talk to a member of staff, either individually or in a small group. Any member of staff wishing further advice on this should contact the DSP.

When a young person is self-harming, it is important to be vigilant as close contacts to the individual may also be self-harming. Occasionally, schools discover that a number of students in the same peer group are harming themselves.

5. Suicide Attempts and Threats

In the UK many young people under the age of 35 take their own lives each year. Suicide is not just a tragic end to a person's life but has repercussions for all those that are left behind. Research has shown that one third of young people contemplate or attempt suicide. With the appropriate early intervention and support suicide may be prevented.

Facts

- Young men are three times more likely to kill themselves than young women
- Although suicide is often perceived as an impulsive act, most suicides have been planned beforehand
- Many do not appear to have a mental health problem
- The majority of people taking their own lives have suffered from depression
- Following a suicide those who knew the individual could be vulnerable too
- Suicidal people are not always socially isolated and can appear to be the 'life and soul of the party'

Risk Factors
The following risk factors can be seen in many mental health illnesses and similarities are seen in the self-harm risk factors. If a young person self-harms, it does not necessarily follow that they will attempt suicide. Those who self–harm do so as an outlet for suppressed emotion and do not necessarily want to take their lives.

Individual Factors

- Depression/anxiety, other mental health problem
- Previous history of self-harm
- Previous trauma such as physical, sexual or mental abuse
- A profound sense of shame to an event in their lives
- Poor communication skills
- Personality traits that include perfectionism, impulsivity, low self-esteem, setting themselves unrealistic targets, feelings of worthlessness and hopelessness, low resilience and the inability to handle disappointment.
- Underachievement or academic failure resulting in personal (and/or parental) disappointment
- Poor problem-solving skills
- Drug or alcohol abuse which may impair judgement

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family
- Bereavement
- International students may feel isolated away from home and there may be high expectations from their families.

Social Factors

- Difficulty in making relationships/loneliness. Not always the case.
- Being bullied or rejected by peers.
- Suicide of friend or peer
- Breaking up with a boy or girlfriend
- Pressure of study/exams at school
- More vulnerable during times of transition during the academic year particularly towards the end or near the beginning of term when there can be less peer support
- International students can feel culturally isolated.

Warning Signs

School staff may become aware of warning signs, which may indicate a student is experiencing difficulties that may lead to thoughts of suicide. These warning signs should always be taken seriously and should be acted on immediately. Staff observing these signs should not leave the student unattended and should immediately take the student to the Health Centre, where they can be supervised whilst a report is immediately made to the DSP.

Possible warning signs include:

- Warning signs of a serious mental health problem
- Changes in behaviour- not taking care of themselves, changes in eating and sleeping habits - wanting to spend all day in bed. Lack of interest in daily routine.
- Lowering of academic achievement- missing deadlines
- Changes in activity and mood, e.g. more aggressive or introverted than usual
- Signs of acute anxiety and an overwhelming feeling of not being able to cope
- Expressing feelings of failure, uselessness or loss of hope, dread of the future
- Self- harm
- Talking or joking about suicide – maybe in a covert manner by the way that they try to give clues as to how they feel
- Speaking or acting in terms of settling their affairs – e.g. giving possessions away
- Beware of the calm after the storm: after a period of mental distress the young person may

appear to be better, calmer – at peace with the world. This can be a precursor to a suicide attempt.

Staff roles in Managing Suicide Threats and Attempts
The most important role school staff can play is to familiarise themselves with the risk factors and warning signs.

If you are concerned about a student, follow your instinct and encourage them to talk to you. Talking about self- destructive feelings does not make it more likely to happen. Listen to what they are saying, take it seriously, don't make light of it, criticise or be judgemental. Reassure them.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves harm, then confidentiality cannot be kept**. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

All threats and talk of suicide should be taken seriously. **Do not leave a student alone if they are at risk to themselves.**

If unsure of how high a risk, do not leave alone.

If a student discloses suicidal thoughts or intentions, this must be reported immediately.

- The student should be taken by a designated member of staff to the Health Centre and the concerns reported immediately to the DSP.
- A "My Concern" must be completed and passed onto the DSP.
- After assessment by the Health Centre staff the student should be referred to their GP or Hospital. They should be seen that day and not left unattended.
- The parents will be contacted to either take to the Doctor or to meet the Health Centre staff or escort at the hospital.
- If the student is not admitted to hospital they will be under close supervision by Health Centre staff until a parent can collect.
- If the student is a boarder, the student will be supervised in the Health Centre if considered to be a serious risk to themselves, until a parent or guardian can take over their care.
- The student should also be referred urgently to the CAMHS. This should be done by the Doctor or hospital after the emergency appointment.

It is recommended that all students who attempt suicide or are threatening to do so and are therefore are at serious risk to themselves should take a period of absence from the school whilst they undergo further evaluation, support and treatment. The school will follow up that specialist appointments have been made and been attended.

Students will return when there is an agreement by both the school and medical professionals that this would be in the student's best interests and all reasonable adjustments have been agreed. This could be in the form of a phased return. Boarding students may be advised to return as day students in the first instance as a part of this phased return to school. The students and parents will be kept informed and supported throughout this process.

On a student's return to the school, the Health Centre will be the key point of contact for staff, parents, the student and external agencies. The Health Centre will create an Individual Care Plan. The School nurse will have frequent and regular contact with the student as part of the agreement for their return to school. The School nurse will be able to access immediate help in a crisis and be aware of any medication and on-going support the student is receiving.

If an attempt of suicide has been made:

- **Assess student and give first aid, if unconscious put in recovery position or if not breathing commence CPR**
- **Call for help**
- **Dial 999**
- **Inform DSP, Principal and parents**

6. Other Mental Health Illnesses / Disorders

There are too many mental health illnesses and disorders to mention individually. The most important role school staff can play is to familiarise themselves with the risk factors and warning signs already mentioned. If there are any changes in a student's behaviour that causes concern, whether mentioned in this policy or not, it is important to mention to the DSP, as others may have noticed these changes too. A "My Concern" should be completed and the Health Centre informed.

Following the report, the appropriate course of action will be decided. This may include:

- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse
- Arranging an appointment with a counsellor
- Arranging a referral to CAMHS
- Giving advice to parents, teachers and other students
- Taking to A&E

It is recommended that all students with any mental health concern who are at serious risk to themselves or others should take a period of absence from the school whilst they undergo further evaluation, support and treatment. The school will follow up that specialist appointments have been made and been attended.

Students will return when there is an agreement by both the school and medical professionals that this would be in the student's best interests and all reasonable adjustments have been agreed. This could be in the form of a phased return. Boarding students may be advised to return as day students in the first instance, as a part of this phased return to school.

The students and parents will be kept informed and supported throughout this process.
On a student's return to the school, the Health Centre will be the key point of contact for staff, parents, the student and external agencies. The Health Centre will create an individual Care Plan. The School nurse will have frequent and regular contact with the student as part of the agreement for their return to school. The Health Centre staff will be able to access immediate help in a crisis and be aware of any medication and on-going support the student is receiving.

Confidentiality and consent
The School respects students' rights to confidentiality and, where possible, the School will seek a student's consent to share confidential information arising from a mental health problem with others before doing so.

The School also recognises that it is good practice to involve parents in a student's treatment, wherever possible, however the School balances this against the rights of students who are Gillick competent to consent to, or withhold their consent in relation to treatment, without the involvement of their parents.

However, staff should never provide students with an absolute assurance of confidentiality to students and should explain to students at the outset the importance of sharing information about any mental health difficulties and treatment with others, on a "need to know basis".

The School will balance the students right of confidentiality against the School's overarching duties to safeguard students' health, safety and welfare and to protect students from suffering significant harm and where a student withholds consent and / or in any other circumstances where the School considers it necessary and proportionate to the need and level of risk, confidential information may still be shared with staff, parents, medical professionals and external agencies (such as the Local Safeguarding Children Board, LSCB).

If a boarder is required to attend a medical appointment during school time, he / she will be normally be accompanied by an appropriate member of School staff, who will be fully briefed in respect of his or her mental health issues and medical history before attending the appointment. Following the appointment, that member of staff will prepare a written report for the Health Centre/Doctor who will ensure that appropriate information is then shared with HP/DSP and / or parents (where necessary) and that arrangements are made to act upon the medical practitioner's advice and to facilitate any required treatment or follow up.1]

Monitoring and review
Where there are concerns relating to specific individuals, these will be discussed with appropriate staff on a "need to know" basis and a plan to support and monitor that student implemented, as set out in this policy.

Monitoring of individual assessments and students' progress will be coordinated by the HP/DSP, together with the Health Centre / Doctor.

In addition, the HP/DSP will regularly monitor and review mental health and well-being issues at the School in order to support affected individuals and to identify trends, issues of concern and the operation of this policy, so that these can be addressed at a whole School level.

Whatever the mental health concern, staff should not shoulder the burden of responsibility alone.

Further guidance

Sources of further guidance and support are listed in Appendix **Error! Reference source not found.**

Status	Complies with the requirements of the Equality Act 2010, the Equality and Human Rights Commission guidance *What equality law means for you as an education provider: schools* and DfE guidance Mental Health and Behaviour in Schools March 2016.

Policy author / reviewer:	***Policy date / review date:***	***Next review due:***
Libby Searle	January 2020	January 2021