



RUGBY SCHOOL THAILAND



WELLBEING POLICY

The health, safety and wellbeing of young people are of paramount importance to all the adults who work at Rugby School Thailand. Children have the right to protection, regardless of age, gender, race, culture, sexual orientation, or disability. They have a right to be safe in our school. Members of staff in the school have a legal and moral obligation to safeguard and promote the welfare of the students, taking all reasonable steps to protect them from harm whether from physical injury, abuse, neglect, emotional harm or from anything that interferes with their general development.

Version Control

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1. POLICY STATEMENT

- 1.1. Rugby School Thailand promotes the mental and physical health and emotional wellbeing of all its students. Wellbeing is at the forefront of the School's PSHE programme and promoting good mental health is a priority. The physical, mental and emotional health benefits of exercise are well documented and the School actively encourages sport for all.
- 1.2. Mental health issues can and should be de-stigmatised by educating students, staff and parents. This is done through tutorial sessions and PSHE and through staff INSET and day-to-day interaction within the School community. Positive mental health is also promoted through strong pastoral care, through relationships between staff and students, and the implementation of effective, positive student leadership.
- 1.3. This policy aims to:
 - Describe the School's approach to wellbeing and mental health issues
 - Increase understanding and awareness of mental health issues so as to facilitate early intervention of mental health problems
 - Alert staff to warning signs and risk factors
 - Provide support and guidance to all staff, including non-teaching staff and governors, dealing with students who experience mental health issues
 - Provide support to students who experience mental health issues, their peers and parents/carers
- 1.4. This policy can be made available in large print or other accessible formats if required. It applies wherever staff or volunteers are working with students even where this is away from the School, for example on an educational visit.

2. CHILD PROTECTION RESPONSIBILITIES

- 2.1 Rugby School Thailand is committed to safeguarding and promoting the welfare of children and young people, including their mental health and emotional wellbeing, and expects all staff, governors and volunteers to share this commitment. We recognise that children have a fundamental right to be protected from harm and that students cannot learn effectively unless they feel secure. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth and the knowledge that students' concerns will be listened to and acted upon. Every student should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve emotional wellbeing.
- 2.2 The Board of Governors takes seriously its responsibility to uphold the aims of the School and its duty in promoting an environment in which children can feel secure and safe from harm. A nominated Governor instigates a review of the School's safeguarding procedures and reports to the Board annually, making any recommendations for improvements.
- 2.3 The Deputy Heads Pastoral are responsible for ensuring that the procedures outlined in this policy are followed on a day-to-day basis.
- 2.4 The School has appointed a senior member of staff with the necessary status and authority to be responsible for matters relating to Child Protection and welfare. Parents are welcome to approach Tutors if they have any concerns about the welfare of any child in the School, whether these concerns relate to their child or any other. If preferred, parents may discuss

concerns in private with the child's Tutor/Class Teacher, Head of Year or Health Centre Nurses who will notify colleagues in accordance with School procedures.

- 2.5 In addition to the Child Protection measures outlined in the School's Child Protection Policy, the School has a duty of care to protect and promote a child or young person's mental and emotional wellbeing.

3. BACKGROUND

- 3.1 One in ten young people between the ages of 5 and 16 will have an identifiable mental health issue at any one time. By the time they reach 18, this figure is as high as 1 in 6. Around 75% of mental health disorders are diagnosed in adolescence (*source: www.youngminds.org.uk*).

Identifiable Mental Health Issues

- 3.2 It is important for staff to be alert to signs that a child might be suffering from mental health issues. Mental health issues come in many forms and manifest themselves in a wide range of ways including:
- Anxiety and Depression
 - Eating Disorders
 - Self-Harm
- 3.3 Two important elements enabling the School to identify mental health issues are the effective use of data (i.e. monitoring changes in students' patterns of attendance/academic achievement) and an effective pastoral system whereby staff know students well and can identify unusual behaviour.

Sign and symptoms of mental or emotional concerns

- 3.4 These are outlined in Appendices 1, 2 and 3

4. PROCEDURES

- 4.1 The most important role School staff play is to familiarise themselves with the risk factors and warning signs outlined in Appendices 1, 2 and 3. Figure 1 outlines the procedures that are followed if staff have a concern about a student, if another student raises concerns about one of their friends or, if an individual student speaks to a member of staff specifically about how they are feeling.
- 4.2 Responding to a concern:

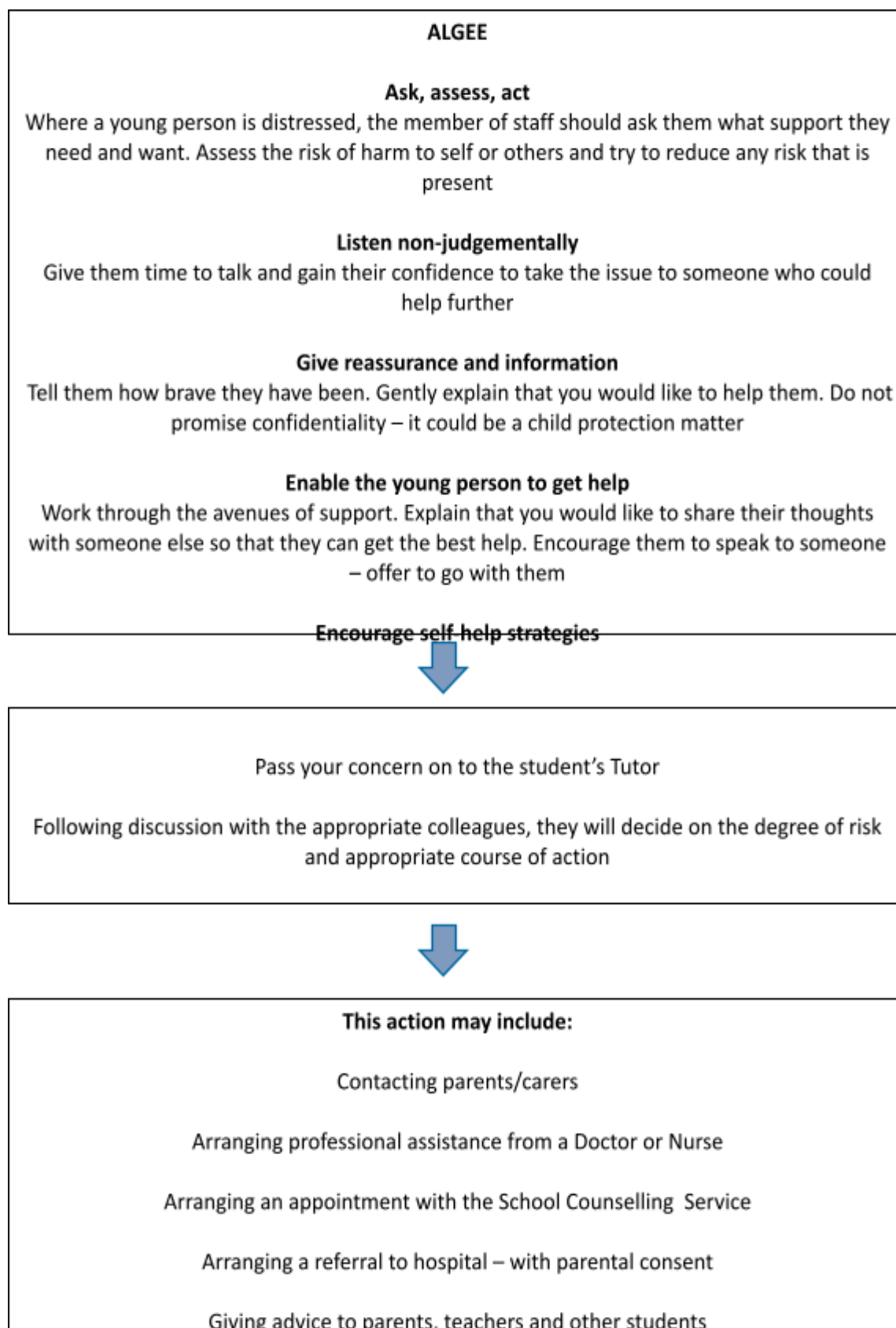


Figure 1 Procedures following a concern

4.3 The School aims to implement the following support structure:

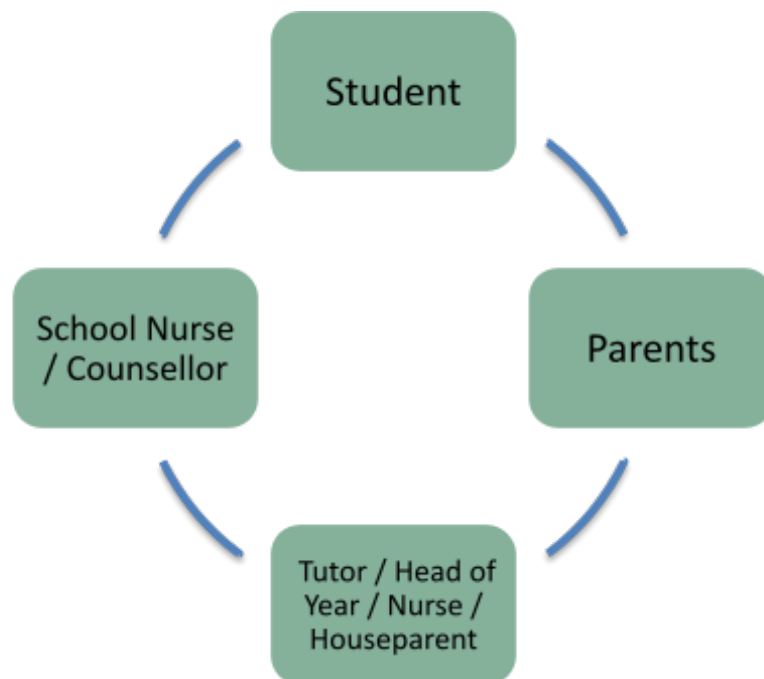


Figure 2 Wellbeing support structure

5. CONFIDENTIALITY AND INFORMATION SHARING

- 5.1 Members of the School may choose to confide in a member of School staff if they are concerned about their own welfare or that of a peer. Students should be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at serious risk of causing themselves harm or harm to another 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 a member of staff to do so.
- 5.2 Young people with mental health problems typically visit the Health Centre more than their peers, often presenting with a physical concern. This gives the Health Centre team a key role in identifying mental health issues early. If a student confides in a member of the School Health Centre Team then they should be encouraged to speak to their teacher, Tutor, Head of Year or Houseparent.
- 5.3 Parents must disclose to the School via the relevant Admissions and Registration Documentation, any known mental health problem or any concerns they may have about their child's mental health or emotional wellbeing. This includes any changes in family circumstances that may have an impact on the child / young person's wellbeing.

6. RECORDS AND REPORTING

- 6.1 All records of mental health concerns should be raised and reported on MyConcern.
- 6.2 Further guidance on procedures for specific mental health concerns is given in Appendices 1, 2 and 3.

7. SPECIFIC REFERENCE TO THE EARLY YEARS FOUNDATION STAGE

- 7.1 A child's key worker is the most likely adult in school who will be in a place to both notice and support a child's mental health within school. The close links between home and school will be vital and it is through strong communication, observations and dialogue that children will be supported. The link below provides some guidance for staff when dealing with mental health issues with students in the Early Years. The wellbeing task group is also at the heart of monitoring and supporting mental health amongst children at the Pre-Prep.

<http://www.mentalhealthpromotion.net/resources/promoting-childrens-mental-health-with-early-years-and-school-settings.pdf>

8. INCLUSION

- 8.1 All students should have equal access to all aspects of school life, including the curriculum, subject choices and extra-curricular activities. It may be necessary for students to receive different treatment in order to ensure equality of opportunity and the school will pursue strategies to ensure that all students are able to develop their full potential. Approaches are promoted and monitored to provide equality of opportunity including:
- awareness of the possibility of gender bias in teaching and learning materials and styles;
 - ensuring teacher time, attention and all resources are given equally to all children, regardless of gender;
 - encouraging students to work and play freely with others;
 - teaching and other groupings are organised on the basis of criteria other than gender, for example age, ability, friendship;
 - equality between the sexes is recognised when giving / delegating responsibility and noting the achievement of both staff and children;
 - discipline procedures – notably rewards and sanctions – are the same for all genders.
- 8.2 The number of children and adults who identify as trans or pan-gender or are gender fluid has risen over recent years. At RST we respect the right of all students and members of staff to feel comfortable with their own gender identity and are committed to offering equal opportunities to all. Where possible, adjustments may be made to acknowledge particular needs. At all times the welfare of the individual and of the whole community will remain at the centre of any decision-making.

9. RISK PROTOCOLS

- 9.1 See appendices to this policy.

10. WORKING WITH PARENTS / CARERS

10.1 Before disclosing to parents/carers staff will consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen?
- Who should be present? Consider parents/carers, students, and other members of staff.
- What are the aims of the meeting?
- What are the staff safety concerns

10.2 It can be difficult for parents/carers to learn of their child's difficulties and many may respond with anger or fear, or become upset during the first conversation. Staff will be accepting of this and give the parent/carer time to reflect. Staff will highlight further sources of information; sharing sources of further support aimed specifically at parents/carers can also be helpful too e.g. helplines and forums. Staff will provide clear means of contacting the School with further questions, and consider booking in a follow up meeting or phone call as parents/carers often have many questions as they process information.

APPENDIX 1: Anxiety and Depression

School staff can play an important role in supporting students, peers and parents of students currently suffering from or recovering from anxiety and depression. Anxiety and depression are issues addressed at an age and stage appropriate level in the School's PSHE programme.

Aims

- To increase understanding and awareness of anxiety disorders & depression
- To alert staff to warning signs and risk factors
- To provide support to students currently experiencing or recovering from either of these disorders and provide support to their peers/ parents/carers
- To provide support to staff dealing with students experiencing anxiety and /or depression

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time.

It can vary in severity from mild uneasiness through to a terrifying panic attack.

It can vary in how long it lasts, from a very short time to many years.

Children and young people may feel anxious for a number of reasons- worries about things happening at school or home or because of a traumatic event.

Anxiety disorders include:

- Generalised anxiety disorder
- Panic disorder and agoraphobia
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder
- Specific phobias

Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable tearful or having difficulty sleeping.

If they become persistent or exaggerated then specialist help may be required.

Panic Attacks

How to help a student having a panic attack

- If you are at all unsure whether the student is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away. Contact the Health Centre.
- If you are sure that the student is having a panic attack, move them to a quiet safe place if possible. Contact the Health Centre.
- Help to calm the student by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Stay with the student, keep them safe and reassure them until the attack stops.

Depression

Feeling low or sad is a common feeling and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness.

Risk Factors

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long term physical illness
- Death of someone close
- Break up of a relationship
- Some people will develop depression in a distressing situation, whereas others in the same situation will not.

Symptoms

- **Effects on emotion:** sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness
- **Effects on thinking:** frequent self-criticism, self-blame, worry, pessimism, indecisiveness and confusion, tendency to feel others see you in a negative light, thoughts of death or suicide
- **Effects on behaviour:** crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation. Engaging in risk taking behaviours such as self-harm, misuse of alcohol and other substances, risk-taking sexual behaviour.
- **Physical effects:** chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, unexplained aches and pains.

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 relevant staff aware of any child causing concern. Following the report, staff will alert the Health Centre and liaise with relevant colleagues. Appropriate courses of action may include:

- Contacting parents/carers
- Arranging professional assistance from trained Rugby School Thailand staff
- Arranging professional assistance e.g. Doctor, Nurse
- Arranging an appointment with the Counsellor
- Arranging a referral to hospital – with parental consent
- Giving advice to parents, teachers and other students

Members of the School 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 reminded that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves, or another, harm then confidentiality must not 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.

Useful Links: Cool2talk- www.cool2talk.org – an interactive website for young people. Its aim is to provide health information & raise awareness of local services.

APPENDIX 2: Eating Disorder Protocols

School staff can play an important role in preventing eating disorders and also in supporting students.

This document describes the School's approach to eating disorders.

Aims

- To increase understanding and awareness of eating disorders
- To provide support to staff dealing with students suffering eating disorders
- To alert staff to warning signs and risk factors
- To provide support to students currently experiencing or recovering from eating disorders and their peers and parents/carers.

Definition of Eating Disorders

Anyone can get an eating disorder regardless of their age, sex or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. Anorexia nervosa and bulimia nervosa are the major eating disorders. People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over exercising. In contrast, people with bulimia have intense cravings for food, secretly overeat and then purge to prevent weight gain (by vomiting or use of laxatives for example).

Risk Factors

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

Individual Factors:

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

Family Factors:

- A home environment where food, eating, weight or appearance have a disproportionate significance.
- An 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 child or young person 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 relevant House Dean, Health Centre Nursing Staff or the Child Protection 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 clothing
- Wearing several layers of clothing
- Excessive chewing of gum/drinking water
- Increasing isolation/loss of friends
- Believes he/she is fat when he/she is not
- Secretive behaviour
- Visits to the toilet immediately after meals

Physical 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 outlines above and to and to make the relevant staff aware of any child causing concern.

Following the report, staff will:

- Alert the Health Centre
- Liaise with relevant colleagues

Appropriate courses of action may include:

Contacting parents/carers

- Arranging professional assistance from trained Rugby School Thailand staff
- Arranging professional assistance eg Doctor, Nurse
- Arranging an appointment with the Counsellor
- Arranging a referral to hospital – with parental consent
- Giving advice to parents, teachers and other students

Members of the School 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 reminded that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves, or another, harm then confidentiality must not 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 Disorder

The decision about how, or if, to proceed with a student's schooling and, where relevant, Boarding placement, 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 treating the child or young person.

The reintegration of a young person 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. Regular reviews should take place following reintegration.

Further Considerations

Any meetings with a student, their parent or their peers regarding eating disorders should be recorded appropriately on MyConcern & include:

- Dates and times, an action plan, concerns raised, details of anyone else who has been informed

Useful Links

- **Blog address;** <http://www.eatingdisordersadvice.co.uk> which is regularly updated with advice and support for parents and teachers of children with eating disorders.
- **BEAT** www.b-eat.co.uk

APPENDIX 3: Self-harm Protocols

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

Aims

- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To provide support to students who self-harm and their peers and parents/carers
- To provide support to staff dealing with students who self-harm

Definition of Self-Harm

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

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs
- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

Risk Factors

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

Individual Factors:

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family

Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers

Warning Signs

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

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. child or young person may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. always covering arms even in hot weather
- Unwillingness to participate in certain sports activities e.g. swimming

Staff Roles in working with students who self-harm

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

The most important role School staff can play is to familiarise themselves with the risk factors and warning signs outlines above and to and to make the relevant staff aware of any child causing concern.

Following the report, staff will alert the Health Centre and liaise with relevant colleagues

Appropriate courses of action may include:

Contacting parents/carers

- Arranging professional assistance from trained Rugby School Thailand staff
- Arranging professional assistance e.g. Doctor, Nurse
- Arranging an appointment with a Counsellor
- Arranging a referral to hospital – with parental consent
- Giving advice to parents, teachers and other students

Members of the School 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 reminded that it may not be possible for staff to offer complete confidentiality. **If you consider a student is at serious risk of causing themselves, or another, harm then confidentiality must not 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.

Further Considerations

Any meetings with a student, their parent or their peers regarding eating disorders should be recorded appropriately on MyConcern & include:

- Dates and times, an action plan, concerns raised, details of anyone else who has been informed

It is important to encourage students to let staff know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be dangerous and that by seeking help and advice for a friend they are taking responsible action & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner. These issues are directly addressed in the School's PSHE programme. 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 consult the Deputy Head Pastoral. When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves.

Distraction Techniques for students who self-harm

Feelings

Possible distractions

Anger and
frustration

Express it physically:
- Exercise in a way that feels helpful rather than harmful
-Hit cushions
-Shout
-Dance
-Tear something up into hundreds of pieces

Sadness and
Fear

-Wrap a blanket around you
-Spend time with an animal
-Walk in nature
- Let yourself cry or sleep
-Listen to soothing music
-Tell someone how you feel
-Massage your hands
-Lie in a comfortable position and breathe in deeply-then breathe out slowly, making your out breath longer than your in breath. Repeat until you feel more relaxed.

Need to control

-Write lists
-Tidy up
-Have a clear out
-Clench then relax all your muscles

Numb and
Disconnected

-Flick elastic bands on wrists
-Hold ice cubes
-Have a cold shower

Useful Links:

SAMH – www.samh.org.uk Understanding self-harm for young people and parents, carers.

The Mix – www.themix.org.uk Support for people aged 16-25 years.

YoungMinds – www.youngminds.org.uk Information for parents and young people about mental health and wellbeing.

APPENDIX 4: Self Harm Safety Plan

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|---|
| What I need to do to reduce the risk of me acting on harmful and suicidal thoughts: |
| A: What warning signs or triggers are there that make me feel more out of control? B: What I will do to help calm and soothe myself: |
| What I will tell myself (as alternatives to the dark thoughts): |
| What would I say to a close friend who was feeling this way? |
| What could others do that would help? |
| Who can I call: Friend or relative: Health professional: Other? Telephone helpline: Other? |
| A safe place I can go to: |
| If I still feel like harming myself and out of control: I will go to the A& E department If I can't get there safely, I will call... |
| Completed by Date Signed: (Student) Signed: (Responsible Adult) Signed: (DSL) |

Self Harm Safety Guide for RST staff (A three step conversation that can save a life)

Step 1 - Recognise and Ask

- Be aware of possible signs - what to look out for and to listen for.
- Tell the person what you have noticed - your reasons for being concerned
- Ask if they are thinking of or about suicide
- If they are, reassure them; "I'm really glad that you told me"

Safety Check - ASK YOURSELF

1. Are we both safe right now ?
2. Is the person able to continue this conversation?

Yes ? Continue

No ? Go and get help

Here is one way that we could ask: **'Sometimes when people are(Sad, Lonely, Unhappy) they are thinking of suicide. Are you thinking of suicide?'**

If the person says 'YES', how could we respond helpfully and reassuringly? **'I'm really glad that you told me. You sound overwhelmed..'**

To encourage them to continue talking you could say... **'This is important. Let's see who could help support you further..'**

Step 2 - Listen and Explore

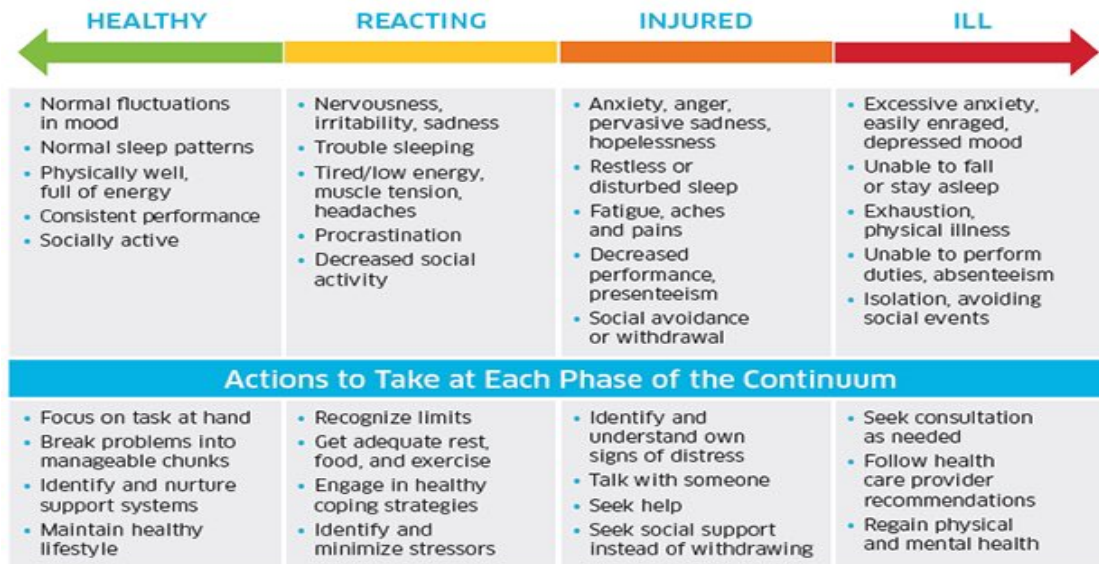
- Show that you care by taking the time to listen and learn about what is causing their pain.
- Give the student a chance to talk things through, including their reasons for wanting to die.
- Resist the urge to give solutions - instead, let them know you've heard them.
- Help them to understand that now may not be the best time for a major decision.

Step 3 - Signposting and Support

- Keep the conversation flowing while you discuss what they need to stay safe now - please consider all six elements of the coping plan: **ALONENESS, PAIN, SUICIDE PLAN, PRIOR SUICIDE BEHAVIOUR, ALCOHOL AND OTHER DRUGS, MENTAL HEALTH.**
- Ask them to repeat back and write down what you have agreed.
- Help them to make connections with others who can support them.

“Suicide Behaviour is a complex phenomenon that usually occurs along a continuum, progressing from suicidal thoughts, to planning, to attemptig suicide and finally dying by suicide.”

MENTAL HEALTH CONTINUUM MODEL



Personal Coping Plan

Immediate Safety

To Stay Safe from Suicide, what actions need to be done now? And with what priority?

| | |
|----|-------------------------|
| 1. | 24 hour contacts |
| 2. | Emergency Doctor Number |
| 3. | Other Numbers |

Future Safety

How would I recognise if I am ever vulnerable to suicidal thoughts in the future?

If I notice these signs in myself.....

| | |
|------------------------------------|---|
| I will talk to: | I will go to these places I feel safe: |
| I will seek help from: | I will remember these things and people who have helped me in the past: |
| I will calm and comfort myself by: | My safe alcohol/drug limits are: |
| I will distract myself by: | I will keep myself within these limits by: |

| | |
|--|--|
| Three ways that I will make my community or organisation safer as a result of this training: | By what date can I realistically plan to achieve this? |
| | |
| | |
| | |

APPENDIX 7: Further Reading And Useful Links

- PSHE Association: Preparing to Teach about Mental Health and Emotional Wellbeing – PSHE Association teacher guidance funded by the Department for Education (March 2015)
- Mental health and behaviour in schools - Advice for school staff. Department for Education (2014)
- Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015).
- Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)
- Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2022)
- Supporting students at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)
- The Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)
- Future in mind – promoting, protecting, and improving our children and young people’s mental health and wellbeing - a report produced by the Children and Young People’s Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)
- NICE guidance on social and emotional wellbeing in primary and secondary education
- What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework documents written by Professor Katherine Weare. National Children’s Bureau (2015)
- CAMHS - Self-harm in children and young people handbook (National Workforce Programme) - designed to provide basic knowledge and awareness of the facts and difficulties behind self-harm in children and young people, with advice about ways staff in children’s services can respond.
- How to Thrive – Specialists in practical resilience training in schools
- Academic Resilience Resources and Auditing Tool – Young Minds