FOREST SCHOOL

# Mental Health Policy

Senior School

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| Approved (Date): | 21 September 2023 |
| Next review (Date): | September 2024 |
| Owner (Name, Title): | Deputy Head Safeguarding (DSL) |
| Classification: | |
| Comment: | |

# Contents

## Introduction

**'The safety and welfare of all our pupils at Forest School is our highest priority. Our business is to know everyone as an individual and to provide a secure and caring environment so that every pupil can learn in safety.**[1]

**'Schools have an important role to play in supporting the mental health and wellbeing of their pupils, by developing approaches tailored to the particular needs of their pupils. All schools are under a statutory duty to promote the welfare of their pupils, which includes preventing impairment of children's health or development and taking action to enable all children to have the best outcomes'.**[2]

At Forest School, we are deeply committed to safeguarding and promoting the welfare of children and young people including their mental health and emotional wellbeing. Working closely with parents, we play a central role in the personal development of every Forest School pupil. According to research, most children will, at some stage, experience challenges and may require additional emotional support. We believe that the promotion of positive mental health is everyone's responsibility.

**'Mental health problems start early in life. Half of all mental health problems have been established by the age of 14, rising to 75% by age 24'.** [3]

**Nationally, in an average class of 30 15-year-old pupils:**

- **three could have a mental disorder**
- **ten are likely to have witnessed their parents separate**
- **one could have experienced the death of a parent**
- **seven are likely to have been bullied**
- **six may be self-harming** [4]

**'One in eight (12.8%) 5 to 19-year olds have at least one mental disorder'.** [5]

The World Health Organisation defines health as:
**'A state of (complete) physical, mental and social wellbeing and merely the absence of disease or infirmity'**

WHO define Mental Health as:
**'Mental health is a state of well-being in which the individual realises their own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to their community'**

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[1] Forest School Safeguarding and Child Protection Policy http://webserver.forest.org.uk/policies
[2] https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2
[3] https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health
[4] https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing
[5] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017#key-facts

## 1. Policy Aims

- Outline how the school promotes positive mental health
- Increase awareness of common mental health issues
- Explain how the school supports pupils who are experiencing mental health issues
- Ensure that Forest School continues to respond to the fast-changing landscape of mental health locally and nationally.

- **This policy should be read in conjunction with the school's Safeguarding and Child Protection policy, the Behaviour policy, the Anti-Bullying policy, the Substance Education and Management Policy, the Wellbeing Education policy, the Bereavement policy and the Learning Support Policy**

## 2. Promoting Positive Mental Health and Providing Support

### 2.1 Lead Members of staff

Whilst all staff at Forest School are responsible for the welfare of children and young people, the following staff have specific remits in the senior school:

- Jeff Kayne, Deputy Head Safeguarding and Lead DSL**
- Natassja Milton, Deputy Head Pastoral (Senior School and Deputy DSL*)
- Jon Sloan, Head of Lower School and Deputy DSL*
- Louise Lechmere-Smith, Head of Middle School and Deputy DSL*
- Kate Spencer Ellis, Head of Sixth Form and Deputy DSL*
- Paul Faulkner, Head of Pre-Prep and Deputy DSL*
- Anna Manlangit, Deputy Head Pastoral (Prep) and Deputy DSL *
- Kim Wolstenhome, School Office Manager and Deputy DSL*
- Wayne Bishop, Health and Safety & Compliance Director and Deputy DSL*
- Dr Maggie Krakowian, Director of Medical Provision
- Emily Arthur, Deputy Head of Middle School (Safeguarding and Pastoral) and Head of RSHE*
- Amanda Gale, Place2Be School Project Manager*
- Louisa Parrales, School Chaplain
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*Members of the Safeguarding and Child Protection Team
**DSL = Designated Safeguarding Lead

In addition, day-to-day high impact pastoral care is provided by:

- Heads of House
- House Tutors
- Learning Support
- Medical Centre

### 2.2 Safeguarding and Child Protection

The team meet formally each week to discuss cases, share best practice and undertake professional development. In addition to this, the Lead DSL meets with the Warden formally each week. The Lead DSL meets with the Safeguarding Governor each term. Teaching staff receive training via safeguarding updates each term during staff meetings. In line with statutory guidance, we always act in the best interests of children.

**'This child centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families'.**[6]

**'Children have said that they need:**

- vigilance: to have adults notice when things are troubling them

- understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon

- stability: to be able to develop an ongoing stable relationship of trust with those helping them

- respect: to be treated with the expectation that they are competent rather than not

- information and engagement: to be informed about and involved in procedures, decisions, concerns and plans

- explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response

- support: to be provided with support in their own right as well as a member of their family

- advocacy: to be provided with advocacy to assist them in putting forward their views

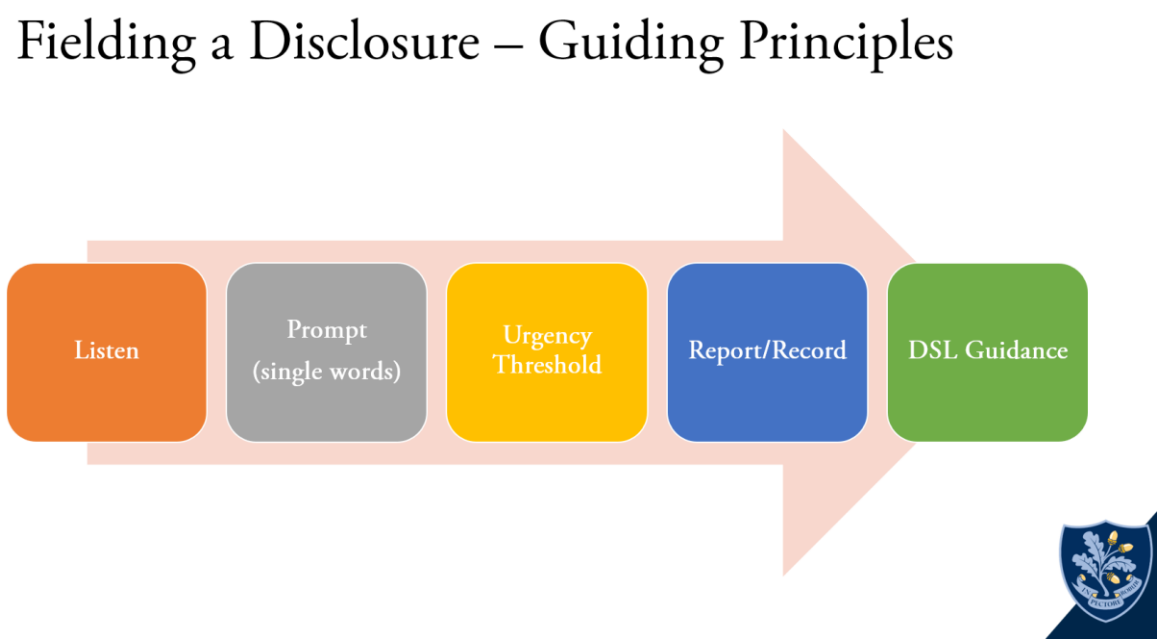
[6] https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

- protection: to be protected against all forms of abuse and discrimination' [7]

### 2.3 Information Sharing

All staff at Forest School are encouraged to listen to pupils and 'hear' what they say. We encourage staff to use coach-like language and prompt questions to help empower pupils to articulate what it is they would like to say. We want pupils to be able to disclose concerns about themselves or others to any member of staff. Therefore, specific guidance has been issued in relation to fielding disclosures:

- ✓ Listen carefully, reassure them that they were right to tell you
- ✓ Be calm, supportive and non-judgemental
- ✓ Don't try to investigate or ask leading questions
- ✓ Explain that you must tell someone else who can help. Be specific about who you will tell, i.e. DSL




[8]

**The Urgency Threshold:** Any member of staff fielding a disclosure must decide if the child is at risk of immediate harm. If so, the member of staff must bring the child to the relevant DSL immediately. If this is not the case, the member of staff should report/record the conversation via the school safeguarding software (CPOMS) as soon as is practically possible.

It is very common for pupils to raise concerns about others. This is a very important and effective mechanism for reporting. In such cases, Forest School will provide direct support to the pupil(s) raising the concern as well as the young person to which the concern refers to.

[7] https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
[8] Forest School Staff Safeguarding and Child Protection Training

## 2.4 PSHEE

**PSHEE promotes pupils' personal, social and emotional development, as well as their health and wellbeing, including economic wellbeing. It provides the knowledge, skills and attributes pupils need to lead healthy, safe, responsible and fulfilled lives. In the Senior School at Forest School we believe that this is therefore best served by putting pupil wellbeing at the forefront of this provision.**

## 2.5 National Accreditation, Staff Training and Mental Health First Aid

Forest School has been awarded the **Gold Schools Mental Health Award** by the Carnegie Centre of Excellence for Mental Health in Schools. In order to respond to the fast-changing mental health landscape, we are very committed to ensuring teachers receive appropriate training to be able to keep pupils safe and to help members of staff feel confident in providing support.

Staff with additional responsibilities for promoting mental health and wellbeing, including the Deputy Head Safeguarding, Heads of Section and Heads of House have completed the MHFA 1-day course: 'Become a MHFA Champion' which provides the following:

- **An understanding of common mental health issues and how they can affect young people**
- **Ability to spot signs of mental ill health in young people and guide them to a place of support**
- **Knowledge and confidence to advocate for mental health awareness**
- **Skills to support positive wellbeing** [9]

In addition to this, specific staff have also undertaken training in Suicide Prevention delivered by Papyrus.

**Suicide Prevention (Explore, Ask, Keep-safe) (3.5 hours)**

**Aims to teach skills to people who have pastoral care or responsibility for young people. The key objectives are**

- **To consider our attitudes around suicide**
- **To consider 'signs' that may indicate someone is having thoughts of suicide – and how we ask about those**
- **To understand how to listen to someone talking about suicide – and why that's important**

[9] https://mhfaengland.org/individuals/youth/1-day/

- **To discuss your experiences of supporting people with thoughts of suicide – and the importance of debriefing and self-care** [10]

Key pastoral staff have also received training in mental health [11], eating disorders [12], managing sexualised behaviour and keeping children safe online. [13]

Forest School is committed to a programme of ongoing, pro-active professional development for teachers to promote best outcomes for pupils in relation to mental health and wellbeing. We appreciate the importance of working with other schools to share best practice. We are pleased to work in partnership with the Wellbeing Hub, the benefits of which are:

- **Expert-led Support** – for staff, parents and pupils
- **Pupil Wellbeing** – pupils gain tools to manage their own mental health and wellbeing
- **CPD Training** – pupils benefit from staff trained to understand and meet their social and emotional needs

### 2.6 Pupil Training and Pupil Voice

We have Mental Health Ambassadors in the Sixth Form, and their role is to assist with early intervention and be an important source for Pupil Voice. The Wellbeing Ambassadors also have a role to play in capturing pupil voice via Forums and to share ideas with the Deputy Head Safeguarding.

### 2.7 Houses, Assemblies, Chaplaincy and Wellbeing Week

Mental Health and Wellbeing are frequently referred to and promoted during different types of gatherings at Forest School. We want conversations around mental health and wellbeing to be frequent, open and normalised. The vertical structure of the Houses enables positive peer influence to exist across the full range of ages, i.e. Year 7 – Year 13 inclusive.

The Chaplain is an important member of the team who strongly promotes mental health and wellbeing and is more than happy to provide direct support to individual pupils, as and when required. She also includes frequent references to mental health and wellbeing in Chapel services.

[10] https://papyrus-uk.org/upcoming-training-courses/
[11] https://www.selfesteemteam.org/
[12] http://www.hopevirgo.com/
[13] https://learning.nspcc.org.uk/

## 2.8 Working with parents

At Forest School, we firmly believe in the importance of establishing and fostering strong and trusting relationships with parents in order to deliver high impact pastoral care and promote mental health and wellbeing. It is important to state that the school is not a specialist physical or mental health service. Therefore, in the face of acute or persistent concerns, the school will refer/signpost families to external services.

**'School staff cannot act as mental health experts and should not try to diagnose conditions. However, they should ensure they have clear systems and processes in place for identifying possible mental health problems, including routes to escalation and clear referral and accountability systems. There are things that schools can do for all pupils, as well as those at risk of developing mental health problems, to intervene early to create a safe and calm educational environment and strengthen resilience before serious mental health problems occur'.**[14]

We run a series of regular parent events focusing on relevant issues common in young children and adolescents, e.g. online safety, stress and anxiety, trends and patterns in mental health.

## 2.9 The Medical Centre

**The care of our pupils is paramount. With adequate information we endeavour to help our pupils to remain healthy, enabling them to continue to access their education without stigma or exclusion. In order for this to occur parents, pupils and staff need to work closely together. The school employs two full time RGNs (Registered General Nurses) to cover the medical/health needs of the members of the school.**[15]

In terms of mental health and wellbeing, our Director of Mediacl Provision and Nurses work alongside the DSL and team of DDSLs as part of the Safeguarding Team. The Director of Medical Provision full access to digital safeguarding and child protection files.

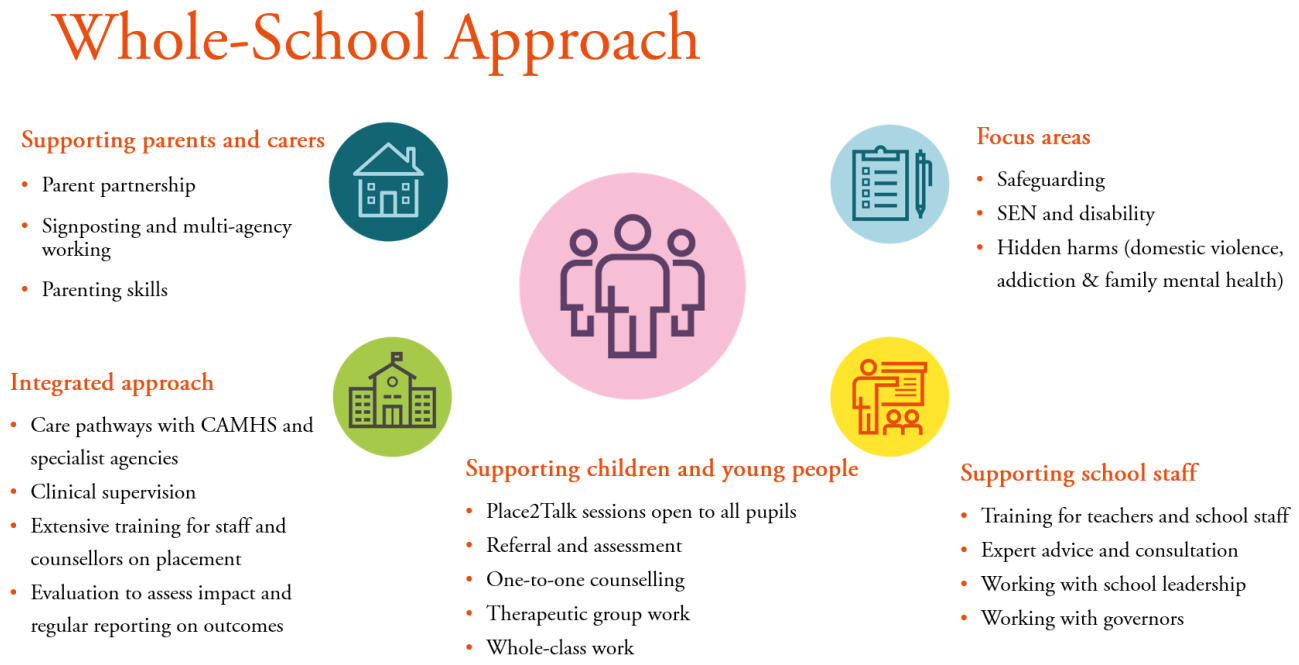
## 2.10 Counselling Provision (Place2Be)

We are delighted to work in partnership with Place2Be [16] in order to provide counselling provision, on a 5-day per week basis, at Forest School. Amanda Gale, our Place2Be School Project Manager

[14] https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2
[15] Forest School Medical Policy

[16] https://www.place2be.org.uk/

works closely with school staff to deliver the service which is available to children from Year 3 to year 13, inclusive.

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The services Place2Be offer include advice and support for families and consultations and training for school staff. This builds resilience and raises awareness of the importance of good mental health across the whole school community. More specifically, the services Place2Be offer include:

- One-to-one counselling for pupils who are struggling
- Short appointments to talk about worries, booked by pupils
- Group work about friendship, self-esteem and other issues
- Training for school leaders and staff to make schools more mentally healthy
- Consultations for school staff about behaviour and wellbeing
- Advice and support for parents to help them look after their child
- Group programme using art and discussion to build pupils' self-esteem.[18]

**Place2Talk** is an opportunity for pupils to request an appointment to see our school Project Manager. Appointments normally last for 15-20 minutes and the sessions are normally 'solution-focused'. Pupils self-refer into Place2Talk by using the direct e-mail place2talk@forest.org.uk

[17] Place2Be Presentation
[18] https://www.place2be.org.uk/about-us/our-work/our-approach/

**1:1 Counselling** is available on a weekly basis after a full assessment of the case has been made. In the first instance, the Heads of Section will make a referral with the pupil often working closely with the relevant Head of House and/or Tutor. Once a referral has been made, the school project manager will commence the assessment to decide if the pupil's case meets the threshold for 1:1 counselling. In most cases, parents will be directly involved in the assessment as we believe it is in the best interests of the pupil. On rare occasions, there may be exceptional circumstances evident in relation to safeguarding, when parents will not be informed that a pupil is receiving counselling at Forest School.

Place2Think is designed to provide guidance and advice to Forest staff to help support pupils in their care who may be experiencing difficulties in relation to their mental health and wellbeing. Staff can book a Place2Think consultation via the e-mail address: place2think@forest.org.uk

### 3.11 Digital Partners

In order to ensure Forest pupils can self-advocate, access different types of support, seek peer-to-peer support and/or attain support in the evenings, weekend and during holidays, we have added a suite of digital partners to our -provision.


***after downloading the MeeTwo app, in the directory, Forest Pupils should click 'add portal' and add the Forest School portal to be able access additional; support, if necessary.**

## 3. Mental Health

**'Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion,**

**protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world'.**[19]

### 3.1 Relationship between adolescent development and mental health problems

- It can be difficult to distinguish the symptoms of mental health problems from normal adolescent behaviour
- The changes that occur during adolescence can create additional risk factors for developing mental health problems
- Mental Health problems can interfere with adolescent development. [20]

### 3.2 Some risk factors during adolescence

- **Adverse Childhood Experiences (see 5.4)**
- **Hormonal Changes**
- **Concerns about appearance**
- **Risk-taking, including experimenting with alcohol and drugs**
- **Increased autonomy and independence**
- **Wanting acceptance from peers**
- **Limited knowledge of how to manage emotions**
- **Pressure, perceived or otherwise, internal and/or external**
- **Sexual and/or gender identity**
- **SEND**

The most recent NHS Digital Survey assessing mental health in children states that:
**'A third (34.9%) of the young people aged 14 to 19-years-old who identified as lesbian, gay, bisexual or with another sexual identity had a mental health condition, as opposed to 13.2% of those who identified as heterosexual'.**
[21]

According to Stonewall's School Report:
**'More than four in five trans young people have self-harmed, as have three in five lesbian, gay and bi young people who do not identify as trans. More than two in five trans young people have attempted to take their own life, and one in five lesbian, gay and bi students who aren't trans have done the same'.** [22]

## 4. Common mental health issues and support provided by the school

[19] World Health Organisation
[20] MHFA Youth (2-day) Booklet, Page 24-25
[21] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017#key-facts
[22] https://www.stonewall.org.uk/school-report-2017

### 4.1 The School's Responsibilities in relation to mental health and wellbeing

The role of the school in supporting and promoting mental health and wellbeing is clearly explained in the non-statutory DfE advice contained within the Mental Health and Behaviour in schools 2018 document and can be summarised as:

- **Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school actives and ethos;**
- **Identification: recognising emerging issues as early and accurately as possible;**
- **Early support: helping pupils to access evidence based early support and interventions;**
- **Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.** [23]

### 4.2 Delivery of Mental Health Services

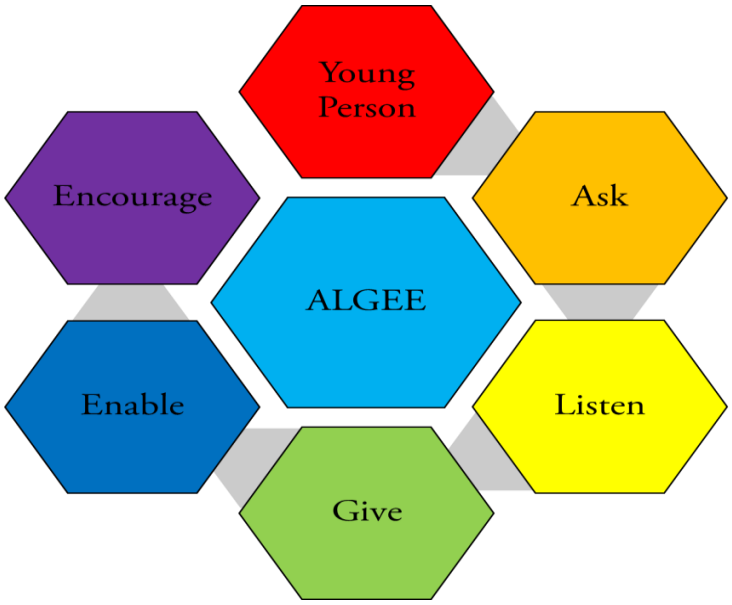
| Tier | Definition | Professionals Providing the service |
|---|---|---|
| 1 | A primary level of care | • Teachers<br>• GPs, Health Visitors, School Nurses<br>• Social Workers |
| 2 | Provided by professionals relating to workers in primary care | • Clinical child psychologists and Paediatricians<br>• Educational Psychologists<br>• Child and Adolescent Psychotherapists<br>• Family Therapists |
| 3 | A specialised service for more severe, complex or persistent disorders | • Child and Adolescent Psychiatrists<br>• Clinical child Psychologists<br>• Occupational Therapists<br>• Speech and Language Therapists |
| 4 | Tertiary level services for children and young people with the most serious problems | Care and support is provided by teams of specialist CAMHS professionals working in day centres, highly specialised outpatient teams and/or in-patient units, for example, Secure forensic adolescent units and Eating Disorder Units |

[24]

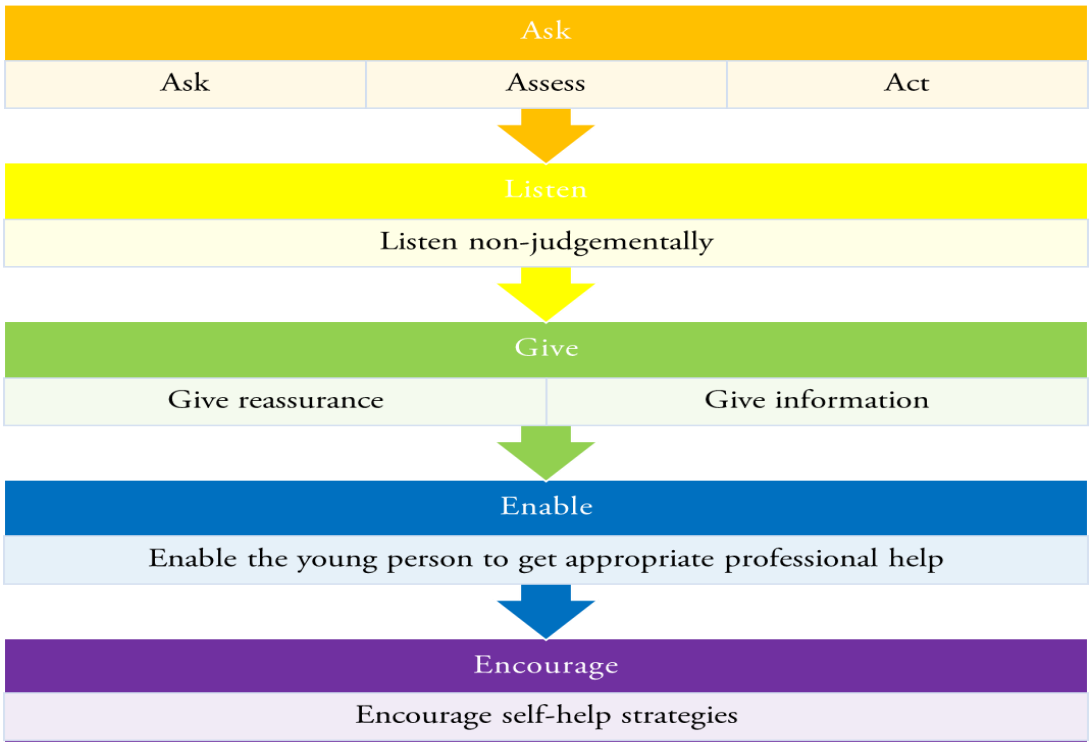
### 4.3 The ALGEE Principle

[23] https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2
[24] MHFA Youth (2-day) Booklet, Page 34 (adapted)

This is the principle – as promoted by MHFA England - that is used by Forest School staff to support a child or young person who presents with a mental health issue:




[25]




## 4.4 Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are traditionally understood as a set of 10 traumatic

[25] MHFA Youth (2-day) Booklet, Page 89

events or circumstances occurring before the age of 18 that have been shown through research to increase the risk of adult mental health problems and debilitating diseases.

Five ACE categories are forms of child abuse and neglect, which are known to harm children and are punishable by law, and five represent forms of family dysfunction that increase children's exposure to trauma.

What are the 10 ACEs?

The 10 original ACEs are:
- physical abuse
- sexual abuse
- psychological abuse
- physical neglect
- psychological neglect
- witnessing domestic abuse
- having a close family member who misused drugs or alcohol
- having a close family member with mental health problems
- having a close family member who served time in prison
- parental separation or divorce on account of relationship breakdown

**Supporting Pupils with ACE at Forest School**

The following guiding principles apply:

a) prevention - creating environments in which all children can thrive, benefiting from the positive, enriching aspects of school life, in which their social-emotional development is nurtured in a way which is sensitive to their individual needs alongside their cognitive capabilities

b) early intervention - understanding how trauma may lie behind challenges that a child is experiencing in school perhaps related to schoolwork, behaviour and/or relationships, and then having the appropriate tools to address these challenges

c) staff resilience – recognising the challenges faced by many adults, whether teachers, assistants, school meal staff or others, working with children and young people who have experienced trauma [26]

As well as applying the ALGEE principle, Forest School will apply the following with dealing with ACE:

[26] iTIPS - a pilot to embed trauma informed practices in inner London schools

The three E's and the four R's of trauma

| The three E's of trauma |
| --- |
| **Events:** Circumstances and events may include the actual or extreme threat of physical or psychological harm (for example, natural disasters or violence) or severe, life-threatening neglect that imperils healthy development. These events and circumstances may occur as a single event or repeatedly over time. This element of SAMHSA's concept of trauma is represented in the fifth version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which requires all conditions classified as 'trauma and stressor-related disorders' to include exposure to a traumatic or stressful event as a diagnostic criterion. |
| **Experience:** An individual's experience of these events or circumstances helps to determine whether it is a traumatic event. A particular event may be experienced as traumatic for one individual and not for another. How the individual labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic. |
| **Effects:** The long-lasting adverse effects of the event are a critical component of trauma. These adverse effects may occur immediately or may have a delayed onset. In some situations, the individual may not recognise the connection between the traumatic events and the effects. |
| **The four R's of a trauma-informed approach** |
| **Realisation:** In a trauma-informed approach, all people at all levels of the organisation or system have a basic realisation about trauma and understand how trauma can affect families, groups, organisations and communities as well as individuals. People's experience and behaviour are understood in the context of coping strategies designed to survive adversity and overwhelming circumstances, whether these occurred in the past, are currently manifesting, or are related to the emotional distress that results in hearing about the first-hand experiences of another. |
| **Recognition:** People in the organisation or system are able to recognise the signs of trauma. These signs may be gender, age or setting-specific and may be manifested by individuals seeking or providing services in these settings. Trauma screening and assessment assist in the recognition of trauma, as do workforce development, employee assistance and supervision practices. |
| **Resist the retraumatisation**: A trauma-informed approach seeks to resist the retraumatisation of clients as well as staff. Organisations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the wellbeing of staff and the fulfilment of the organisational mission. Staff who work within a trauma-informed environment are taught to recognise how organisational practices may trigger painful memories and retraumatise clients with trauma histories. |

[27]

## 4.5 Anxiety Disorders

'Anxiety is a normal, human feeling of fear or panic. When we face stressful situations, it can set off our brain's in-built alarm bell system, which tells us something isn't right and that we need to deal with it. Our brain wants the difficult situation to go away, so it makes us feel more alert, stops us thinking about other things, and even pumps more blood to our legs to help us run away. Most of us worry sometimes – about things like friendships or money – and feel anxious when we're under stress, like at exam time. But afterwards we usually calm down and feel better.
But when you're not in a stressful situation, and you still feel worried or panicky, that's when anxiety can become a problem'.

[27] Early Intervention Foundation: ACE: What we know, what we don't know and what should happen next, February 2020

**Symptoms of generalised anxiety can include:**

- feeling nervous, on edge, or panicky all the time
- feeling overwhelmed or full of dread
- feeling out of control
- having trouble sleeping
- low appetite
- finding it difficult to concentrate
- feeling tired and grumpy
- heart beating really fast or thinking you're having a heart attack
- having a dry mouth
- trembling
- feeling faint
- stomach cramps and/or diarrhoea/needing to go the toilet more than usual
- sweating more than usual
- wobbly legs
- getting very hot [28]

**Panic disorder**

A young person with a panic disorder experiences acute levels of anxiety and is afraid that a panic attack may occur which us a sudden onset intense apprehension, fear or terror. Panic attacks can begin very suddenly and develop quickly.

**Signs and Symptoms of a Panic Attack**

- increased heartrate
- sweating
- trembling or shaking
- feeling of choking or shortness of breath
- feeling dizzy or light-headed
- numbness
- chills or hot flushes
- fear of dying

[28] https://youngminds.org.uk/find-help/conditions/anxiety/#what-is-anxiety?

### Acute stress disorder and post-traumatic stress disorder (PTSD)

Acute stress disorder and post-traumatic stress disorder can develop after a distressing or catastrophic event. The child or young person may have been directly involved, e.g. abuse (sexual, physical, emotional) or witnessed a traumatic event. In other cases, a child or young person may have learnt that such an event happened to a member of their family or a friend.

In Acute stress disorder, the symptoms/reaction will begin to fade in approximately one month whereas PTSD will continue for much longer. 'Approximately 25-30% of children and young people who direct or indirect experience of a traumatic event develop PTSD' [29]

### Signs and Symptoms of Acute stress disorder and PTSD

- Flashbacks and/or intrusive memories
- Avoidance behaviour
- Emotional numbing
- Reduced interest in others and the outside world
- Persistent increased arousal (hypervigilance) which may manifest in many ways, including irritability, 'jumpiness', outbursts of rage and/or insomnia

### Obsessive-Compulsive Disorder (OCD)

This is the least common of the anxiety disorders but it is extremely debilitating. Obsessional thoughts and compulsive behaviours accompany the feelings of anxiety.

(i) **Obsessional thoughts** are recurrent thoughts, impulses or images that the person cannot dispel. These thoughts are unwanted and inappropriate and cause significant anxiety in the person

**(ii)** **Compulsive Behaviours** are repetitive behaviours or mental activity, e.g. opening and closing or locking/unlocking doors, counting to oneself or internally repeating certain words or phrases. It may not be obvious that someone is engaging in compulsive behaviour just by appearance

The child or young person feels driven to behave in this way in order to reduce this behaviour 'OCD usually begins in adolescence'. [30]

[29] https://www.nice.org.uk/guidance/ng116/chapter/Context
[30] http://teenmentalhealth.org/mental-disorders/obsessive-compulsive-disorder-ocd/

**Supporting Pupils with Anxiety disorders at Forest School**

**(The ALGEE principle)**

**Step 1: Ask, Assess, Act**

Assessing risk is vital. Young people with anxiety disorders are at an increased risk of completing suicide, particularly if depression is present. Therefore, safeguarding procedures must be followed, and the child's safety is paramount (see 3.3)

If the pupil is presenting as a medical emergency, e.g. it is not clear if this child or young person is having a panic attack, a heart attack or asthma attach, an ambulance should be called immediately. If this is not the case, dependent upon how the child or young person is presenting, it might be necessary – if they feel able – to take them to the Medical Centre to be assessed by our nurse (or to call the nurse to attend, if necessary: **Ext. 6515**)

**Step 2: Listen non-judgementally**

- Make sure they are safe
- Seek immediate support, if necessary
- Just listen, use simple prompts, e.g. 'what' and 'how' not 'why'
- Do not express negative emotions, e.g. frustration, exasperation, anger, minimising etc
- Use silence effectively
- Don't be tempted to try and solve the problems

**Step 3: Give reassurance and information**

- Support is available
- Anxiety disorders are increasingly common
- Help and effective treatment is available

**Step 4: Enable the young person to get appropriate professional help**

- Step 4 will be co-ordinated by the Designated Safeguarding Lead or a Deputy Designated Safeguarding Lead
- In accordance with 3.8, Forest School will want to inform parents as soon as possible.
- Earliest intervention (at Tier 1/Tier2) might involve a Place2Be referral, contact with the Medical Centre, advice to attend GP (https://www.docready.org/#/advice) and signposting to digital partners, including Kooth, MeeTwo and Papyrus
- In more serious cases, external referrals to MASH or CAMHS will be made to access Tier 2 – Tier 4 support, as necessary

**Step 5: Encourage self-help strategies**

- Try to plan for difficult situations (identify triggers)
- Reduce caffeine
- Engage in leisure time and exercise
- Practise daily relaxation techniques, e.g the ThinkNinja App or https://www.calm.com/
- Prioritise sleep
- Regular check-ins with key staff to ensure open communication
- Access Forest School Digital Partners
- Identify restorative activities

### 4.6 Depression

We all feel low or down at times, but if negative emotions last a long time or feel very severe, children and/or young people may have depression. Depression is a mood disorder where you feel very down all the time. Depression can happen as a reaction to something like abuse, bullying or family breakdown, but it can also run in families. Equally, a depressive episode may occur without a specific reason. Depression often develops alongside anxiety. It is not the same as manic depression, which is another term for bipolar disorder. Depression is one of the most common types of mental illness. Although it's hard to feel optimistic when you're depressed, there is lots of support available to help you feel better.

According to the Royal College of Psychiatrists:

**'Depression is thought to occur in about 1-3% of children and young people. Anybody can suffer from depression and it affects people of all ages, ethnicities, and social backgrounds. It is more common in older adolescents, particularly teenage girls, but can affect children of any age'.**[31]

**The symptoms of depression**

- not wanting to do things that you previously enjoyed
- avoiding friends or social situations
- sleeping more or less than normal
- eating more or less than normal
- feeling irritable, upset, miserable or lonely
- being self-critical
- feeling hopeless
- maybe wanting to self-harm

[31] https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/young-people/depression-in-children-and-young-people-for-young-people

- feeling tired and not having any energy [32]

- The NHS identify the following things as possible risk factors for the onset of depression in children and young people

- family difficulties
- bullying
- physical, emotional or sexual abuse
- a family history of depression or other mental health problems

Sometimes depression is triggered by one difficult event, such as parents separating, a bereavement or problems with school or other children. Often, it's caused by a mixture of things. For example, the child or young person may have inherited a tendency to get depression and also experienced some difficult life events.[33]

**Supporting Pupils with Depression at Forest School**

**(The ALGEE principle)**

**Step 1: Ask, Assess, Act**

Assessing risk is vital. Depression is a major risk factor for suicide (although, of course, not everyone who attempts suicide is depressed). A young person may feel overwhelmed and helpless that they find it very difficult to see positives for the future.

**Step 2: Listen non-judgementally**

- Make sure they are safe
- Seek immediate support, if necessary
- Just listen, use simple prompts, e.g. 'what' and 'how' not 'why'
- Do not express negative emotions, e.g. frustration, exasperation, anger, minimising etc
- Use silence effectively
- Don't be tempted to try and solve the problems

**Step 3: Give reassurance and information**

- Depression is increasingly common and is a medical condition
- Depression is not a weakness or character flaw. It is an illness
- Effective treatment and help are available from professionals
- Depression takes a while to develop and can take time to resolve but things are most likely to improve with the right help.

[32] https://youngminds.org.uk/find-help/conditions/depression/

[33] https://www.nhs.uk/conditions/stress-anxiety-depression/children-depressed-signs/

**Step 4: Enable the young person to get appropriate professional help**

- Step 4 will be co-ordinated by the Designated Safeguarding Lead or a Deputy Designated Safeguarding Lead
- In accordance with 3.8, Forest School will want to inform parents as soon as possible.
- Earliest intervention (at Tier 1/Tier2) might involve a Place2Be referral, contact with the Medical Centre, advice to attend GP (https://www.docready.org/#/advice) and signposting to digital partners, including Kooth, MeeTwo and Papyrus
- In more serious cases, external referrals to MASH or CAMHS will be made to access Tier 2 – Tier 4 support, as necessary

**Step 5: Encourage self-help strategies**

- Spend time with family and friends
- Regular check-ins with key staff
- Take some exercise
- Avoid alcohol or other harmful substances, e.g. drugs
- Maintain a healthy, balanced diet and prioritise sleep
- Access Forest School Digital Partners

### 4.7 Eating Disorders

Eating disorders are complex mental illnesses. Anyone, no matter what their age, gender, or background, can develop one. Some examples of eating disorders include bulimia, binge eating disorder, and anorexia. There's no single cause and people might not have all symptoms for any one eating disorder. Many people are diagnosed with "other specified feeding or eating disorder" (OSFED), which means that their symptoms don't exactly match what doctors check for to diagnose binge eating disorder, anorexia, or bulimia, but doesn't mean that it's not still very serious. It's also possible for someone's symptoms, and therefore their diagnosis, to change over time. For example, someone could have anorexia, but their symptoms could later change so that a diagnosis of bulimia would be more appropriate'. [34]

**Types of eating disorders include:**

- anorexia
- ARFID
- binge eating disorder

[34] https://www.beateatingdisorders.org.uk/types/do-i-have-an-eating-disorder

- bulimia
- OSFED

[35]

Forest School strongly recommends Beat (https://www.beateatingdisorders.org.uk/) as an excellent source of information on eating disorders for pupils, parents and carers and staff. The graphic above is taken from one of the factsheets available on the website. There is an excellent guide for parents and carers which can be accessed here

**Risk factors associated with Eating Disorders**

| Environmental | Family | Individual |
|---|---|---|
| **Difficulties at school** | Physical and mental illness of a close family member | Perfectionist tendencies |
| **Critical comments about eating, weight or body shape** | Bereavement | Low self-esteem |
| **Context specific pressure, e.g. climber, gymnast, dancer, bodybuilder, aspiring model** | Conflict at home | Mental health problems |

[35] https://www.beateatingdisorders.org.uk/support-services/downloads-resources

| | | |
|---|---|---|
| **Difficult relationships, e.g. family, friends etc.** | High parental expectation | Adverse sexual experiences and/or abuse [36] |

**Supporting Pupils with Eating Disorders at Forest School**

**(The ALGEE principle)**

**Step 1: Ask, Assess, Act**

Eating disorders can pose serious health risks for young people, especially so in cases of Anorexia Nervosa and Bulimia, therefore, if you think the young person is at immediate risk, safeguarding procedures must be followed (see 3.3). We must be mindful that people with eating disorders have an increased risk of suicide and self-harm.

**Step 2: Listen non-judgementally**

- Stay calm, try to see the young person's behaviour as due to an illness rather than due to wilfulness or self-indulgence
- Listen carefully to what they are saying
- Appreciate that other conditions such as anxiety disorders and/or depression may also be present
- Speak to the young person in an appropriate space, e.g. an office and ensure there is sufficient time allocated to offer support

**Step 3: Give reassurance and information**

- Ensure the young person feels supported
- Explain that the DSL or DDSL will co-ordinate support and professional help

**Step 4: Enable the young person to get appropriate professional help**

- Step 4 will be led and co-ordinated by the Designated Safeguarding Lead or a Deputy Designated Safeguarding Lead
- Consideration of external referral to be made. Physical symptoms which may indicate a referral is necessary include:

(i) Very low bodyweight (as reported by the young person or their family. Please note that we do not weigh pupils at Forest School unless directed to do so by medical professionals who are responsible for the care of individual cases
(ii) Delayed or cessation of menstruation (Amenorrhea)
(iii) Evidence of self-harm, anxiety disorders, depression and/or suicidal ideation
(iv) Regular bouts of ill-health or absence, for example, fainting, low energy and/or repeated infections

[36] MHFA Youth (2-day) Booklet, Page 100

- It is possible that a young person may exhibit (or self-report) none of the above, however, the school may still have concerns. In such cases, the DSL/DDSL will enlist the support the Nurse to attain more advice. If a referral to CAMHS is not made, the pupil and their family will be signposted to their GP (https://www.docready.org/#/advice), BEAT and our digital partners
- In accordance with 3.8, Forest School will want to inform parents as soon as possible.

**Step 5: Encourage self-help strategies**

- Avoidance of alcohol and other drugs
- Exercise should be monitored by medical professionals
- Keep connected to network of support, friends, family, school etc,
- Try to do enjoyable and positive activities and hobbies
- Access Forest School Digital Partners

## 4.8 Self-harm

**What is self-harm?**

Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. Some people have described self-harm as a way to:

- express something that is hard to put into words
- turn invisible thoughts or feelings into something visible
- change emotional pain into physical pain
- reduce overwhelming emotional feelings or thoughts
- have a sense of being in control
- escape traumatic memories
- have something in life that they can rely on
- punish themselves for their feelings and experiences
- stop feeling numb, disconnected or dissociated (see dissocation and dissociative disorders)
- create a reason to physically care for themselves
- express suicidal feelings and thoughts without taking their own life.

After self-harming the child or young person, may feel a short-term sense of release, but the cause of the distress is unlikely to have gone away. Self-harm can also bring up very difficult emotions and could make a child or young person feel worse.

Even though there are always reasons underneath someone hurting themselves, it is important to know that self-harm does carry risks. Once you have started to depend on self-harm, it can take a long time to stop.

**Why do people harm themselves?**

There are no fixed rules about why people self-harm. It really can be very different for everyone. For some people, self-harm is linked to specific experiences and is a way of dealing with something that's either happening at the moment or which happened in the past. For others, the reasons are less clear and can be harder to make sense of. Sometimes a child or young person might not know why they hurt themselves.

Any difficult experience can cause someone to self-harm. Common reasons include:

- pressures at school or work
- bullying
- money worries
- sexual, physical or emotional abuse
- bereavement
- homophobia, biphobia and transphobia (see LGBTIQ+ mental health)
- breakdown of a relationship
- loss of a job
- an illness or health problem
- low self-esteem
- an increase in stress
- difficult feelings, such as depression, anxiety, anger or numbness.

Some people self-harm particular areas of their body that are linked to an earlier trauma. For more information, see our information on trauma. Some people find that certain actions, such as drinking alcohol or taking drugs, increase the likelihood of self-harm, or that self-harm is more likely to happen at certain times (at night, for example). Sometimes people talk about self-harm as attention-seeking. If people make comments like this, it can leave young people feel judged and alone. In reality, a lot of people keep their self-harm private, and it can be painful to have their behaviour misunderstood in this way. However, if a young person self-harms as a way of bringing attention to themself, there is nothing wrong with wanting to be noticed and to have distress

[37] https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/about-self-harm/

acknowledged and taken seriously. All young people deserve a sympathetic response from those around them, including medical professionals, whatever their circumstances

**Ways people self-harm can include:**

- cutting yourself
- poisoning yourself
- over-eating or under-eating
- exercising excessively
- biting yourself
- picking or scratching at your skin
- burning your skin
- inserting objects into your body
- hitting yourself or walls
- misusing alcohol, prescription and recreational drugs
- pulling your hair
- having unsafe sex
- getting into fights where you know you will get hurt [38]

**Who self-harms?**

People of all ages and backgrounds self-harm. There is no one typical person who hurts themselves. While self-harm can affect anyone, difficult experiences that can result in self-harm relate more to some people than others. Exam stress, classroom bullying and peer pressure is something that affects young people, for example. Experiencing stigma and discrimination based on your sexual orientation or gender identity is more common for members of the LGBTIQ+ community. Money worries can create greater stress for those on a lower income. These specific pressures can lead to increased tension which may in turn make self-harm more likely.[39]

**Possible underlying causes of self-harm**

- To relive distress and/or tension
- To distract from emotional pain
- As a form of 'self-punishment'
- As a way of feeling more 'in control' of one's feelings/emotions
- To counter a feeling of numbness
- Low self-esteem
- Depression, Anxiety Disorders, Eating Disorders

[38] https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/about-self-harm/#collapsecefe7
[39] https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/why-people-self-harm/

- Difficulties coping with anger
- Increased likelihood of self-harm within LGBTQ+ community (please see footnote 25)

**Supporting Pupils who self-harm**

**(The ALGEE principle)**

**Cases of self-harm will always be led and co-ordinated by the DSL or one of the DDSLs, therefore, upon fielding a disclosure, members of staff must refer the matter immediately.**

**Step 1: Ask, Assess, Act**

- Forest School staff will not 'minimise' incidents of self-harm.
- Language such as 'attention seeking' will not be used and is never helpful
- We appreciate that the following misconceptions pertaining to what self-harem is can prevent a young person coming forward to seek help:

(i) Manipulative
(ii) Attention seeking
(iii) A selfish act
(iv) Done for 'pleasure'
(v) A group activity
(vi) A copy-cat response
(vii) A suicide attempt

- There are a few cases of self-harm that can be linked to a contagion effect which requires a swift response from the school.

**Step 2: Listen non-judgementally**

- Self-harm can be difficult for a person to discuss. Please consider venue, timing and nature of any such conversation carefully. The young person should not have to 'wait' to be spoken to and must always be spoken to with compassion.
- Do not blame or judge
- Do not investigate
- Don't show panic or shock
- Be patient
- Avoid unhelpful responses, e.g. 'why are you doing this'.

**Step 3: Give reassurance and information**

- There are usually emotional issues that underlie self-harm
- There is effective support and treatment for these underlying problems
- New and alternative coping strategies will help, in time

**Step 4: Enable the young person to get appropriate professional help**

- Step 4 will be led and co-ordinated by the Designated Safeguarding Lead or a Deputy Designated Safeguarding Lead
- Consideration of route to treatment, if appropriate, for example, internal referral to Place2Be or external referral to GP (https://www.docready.org/#/advice) or CAMHS. Most serious cases should be taken to A&E without delay
- The DSL or DDSL who is leading the case will want to meet with the young person (with the member of staff who fielded the disclosure, if possible)
- The DSL or DDSL will fact-check the disclosure ensuring that the young person does not feel they have to repeat the disclosure. Follow-up questions will be necessary to consider if any additional safeguarding and/or child protection matters exist
- If this is a 'live' case, i.e. the young person has sustained a recent injury, the Nurse will be asked to treat the injury
- In almost all cases, the DSL/DDSL will contact parents. The young person will be given the opportunity to sit-in on the call to hear exactly what is being said. The DSL/DDSL will arrange to check-in with both the young person and their family on the next school day following the disclosure
- In order to offer support, the school may decide to create a safety plan working in close collaboration with the young person and their family which will be reviewed at set dates, as necessary. At reviews, the plan can be amended or de-escalated dependent upon the changing circumstances. The Safety Plan can be viewed in Appendix 2.

Only very high-level safeguarding and child protection matters – with close collaboration with external agencies – might mean that the school does not inform parents. Any such decision will not be made by the school alone and would only be made upon advice from external agencies, such as the Police and/or the Multi-Agency Safeguarding Hub (MASH). 'Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe'. [40]**Step 5: Encourage self-help strategies**

- Recovery is achievable
- Support network is very important, e.g. family, friends, school etc.

[40] https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines

- Regular DSL check-ins
- Exercise
- Reduce caffeine and avoid alcohol/drugs
- Mindfulness
- Breathing techniques
- Seek positive relationships and avoid unhealthy relationships

## 4.9 Suicidal Ideation

**What are thoughts of suicide?**

Suicide means to end your life intentionally. Experiencing thoughts of suicide can be frightening. Thoughts of suicide can seemingly come from nowhere or begin as fleeting thoughts of wanting to disappear or escape. They may progress into feelings of hopelessness and worthlessness and planning or taking steps to end your life. Young people may feel alone in experiencing thoughts of suicidal ideation, but in fact, it is estimated that 1 in 4 young people experience thoughts of suicide at some point in their lives.

**Why do people feel suicidal?**

Anyone can experience thoughts of suicide and everyone is different; what makes suicide feel like an option to one person might be experienced very differently by someone else. Many people who contact HOPELINEUK say they feel suicidal because they feel isolated and alone, because something has happened which feels too overwhelming, because being alive feels too hard or maybe because they feel trapped and unable to escape from a situation. Suicidal thoughts can occur even if life feels like it's going well. This can lead to feelings of guilt; especially if you compare yourself to others who you imagine have it worse than you. Some people feel suicidal if they're dying or if someone they know is dying. Others may feel suicidal if they struggle with chronic pain, physical health problems, mental health problems or spiritual problems. Life experiences can also lead to feeling suicidal. Abuse, assault, an addiction, bullying, bereavement and sexuality worries might be struggles which lead someone to think about suicide. Struggling with mental health can also make it more difficult to cope with everyday things too, which can leave a young person feeling even more trapped or hopeless. [41]

Papyrus, a leading charity in suicide prevention with whom Forest School has worked closely have published this excellent FAQs document on their website.

[41] https://papyrus-uk.org/what-are-suicidal-thoughts/

**Who is at risk?**

- Anyone, however most vulnerable include young people who are:
- Misusing drugs or alcohol
- A Looked-After Child
- Male
- Have mental health problems
- Have attempted suicide before
- Have a relative/friend who have attempted/completed suicide
- Have been recently bereaved

**Supporting Pupils who experience suicidal ideation**

**(The ALGEE principle)**

**Cases of suicidal ideation will always be led and co-ordinated by the DSL or one of the DDSLs, therefore, upon fielding a disclosure, members of staff must refer the matter immediately.**

The Forest School response to suicidal ideation is fully informed by training delivered by Papyrus (see Staff Training)

**Step 1: Ask, Assess, Act**

- **Suicidal Ideation – in any form – will always be taken very seriously.**
- Once a concern has been raised, the DSL or one of the DDSLs will speak to the pupil in question on the same day. It is important that the pupil is asked directly whether or not they are thinking about suicide. By using the word suicide, we are telling them that it is fine to talk openly about their thoughts. Asking directly about suicidal feelings does not give people ideas that they do not have already.

Some questions that could be asked include:

- It sounds like you're thinking about suicide, this that right?
- Are you telling me you want to kill yourself/end of your life/die by suicide?
- It sounds like life feels too hard for you right now and you want to kill yourself, is that right?
- Sometimes, when people are feeling the way you are, they think about suicide. Is that what you're thinking about?

Some younger pupils may not be familiar with the word suicide, but this does not mean that they do not understand what it means. In these cases, the following questions could be used:

- When you say you don't want to be here anymore, do you mean that you want to be dead forever?

- Suicide means hurting ourselves on purpose, so we die and are dead forever, is that what you are thinking about?

In talking to the pupil in question, the staff member is not attempting to formally risk assess but should explore whether or not they believe there is an imminent risk of death or harm. Mental Health First Aid England and Papyrus suggest the following questions could help determine this:

- Are you thinking about killing yourself?
- Have you thought about how?
- Have you thought about when and where? [42]

[43]

## Step 2: Listen non-judgementally

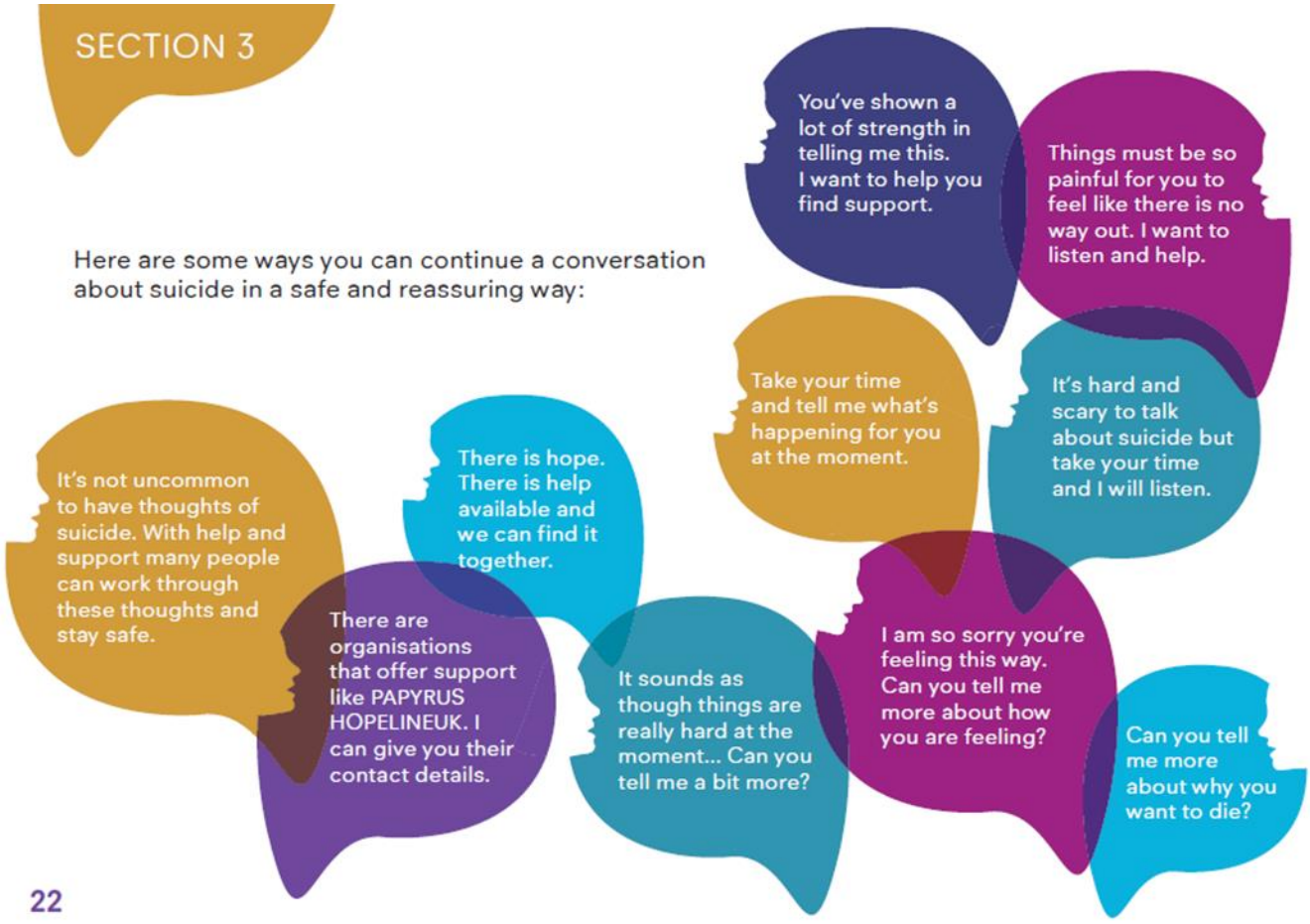
- Encourage the young person the talk about their thoughts and feelings
- Ensure the young person is clear about the limits of confidentiality
- Don't say unhelpful clichés, such as 'look on the bright side' or 'you haven't got anything to feel suicidal about' or 'it could be worse'. Poorly judged attempts involving 'false' reassurance must be avoided
- Give the young person your full attention

[42] MHFA England, Instructors Manual, Page 67

[43] **https://papyrus-uk.org/schools-guide-downloadable-resource/ Page 20**

**Step 3: Give reassurance and information**

- Issue Forest School Mental Health and Wellbeing Signposting, drawing particular attention to Papyrus as the specialists in suicide prevention
- The following slide offers some helpful suggestions of things to say to conduct a conversation about suicide in a safe and reassuring way



[44]

**Step 4: Enable the young person to get appropriate professional help**

- Step 4 will be led and co-ordinated by the Designated Safeguarding Lead or a Deputy Designated Safeguarding Lead
- Consideration of route to treatment, if appropriate, for example, internal referral to Place2Be or external referral to GP or CAMHS. Most serious cases should be taken to A&E without delay
- The DSL or DDSL who is leading the case will meet with the young person urgently (with the member of staff who fielded the disclosure, if possible)

[44] **https://papyrus-uk.org/schools-guide-downloadable-resource/ Page 22**

- The DSL or DDSL will fact-check the disclosure ensuring that the young person does not feel they have to repeat the disclosure. Follow-up questions will be necessary to consider if any additional safeguarding and/or child protection matters exist
- In all cases of suicidal ideation, the DSL/DDSL will contact parents. The young person will be given the opportunity to sit-in on the call to hear exactly what is being said. The DSL/DDSL will arrange to check-in with both the young person and their family on the next school day following the disclosure
- In order to offer support, the school may decide to create a safety plan working in close collaboration with the young person and their family which will be reviewed at set dates, as necessary. At reviews, the plan can be amended or de-escalated dependent upon the changing circumstances. The Forest School Safety Plan can be viewed in Appendix 2.
- With respect to suicidal ideation, Forest School may recommend that the young person contact HOPLINE UK to complete a specific suicide safety plan with one of Papyrus' trained advisers. Details are available here and their Suicide Safety Plan template can be viewed in Appendix 3

**Step 5: Encourage self-help strategies**

- Access to network of support, for example, Parents , GP, members of school staff, a counsellor, Friends or other family members, Support services and helplines such as HOPELINEUK
- Try to minimise stress positively
- Avoid alcohol and drugs
- Try to recognise early signs

## Appendix 1 – Forest School Safeguarding Team

FOREST SCHOOL

# Safeguarding Team

## OUR LEAD

Mr Jeff Kayne

Deputy Head
Safeguarding (DSL)

Mrs Natassja Milton
Deputy Head Pastoral
Deputy DSL

Mr Paul Faulkner
Head of Pre-Prep
Deputy DSL

Mrs Anna Manlangit
Deputy Head Pastoral
(Prep School)
Deputy DSL

Mr Jonathan Sloan
Head of Lower School
Deputy DSL

Ms Louise Lechmere-Smith
Head of Middle School
Deputy DSL

Ms Kate Spencer Ellis
Head of Sixth Form
Deputy DSL

**Safeguarding children is the action all of us should take to promote the welfare of Forest Pupils and protect them from harm.**

All our staff have been trained in child protection and our Designated Safeguarding Lead at the school is the Director of Pupil Welfare, Mr. Jeff Kayne (jhk@forest.org.uk) 0208 520 1744.

Designated Safeguarding Lead - Jeff Kayne jhk@forest.org.uk

Deputy Designated Safeguarding Lead (DHP) – Natassja Milton nsm@forest.org.uk

Deputy Designated Safeguarding Lead (Sixth Form) – Kate Spencer Ellis kse@forest.org.uk

Deputy Designated Safeguarding Lead (Middle School) – Louise Lechmere Smith (lel@forest.org.uk)

Deputy Designated Safeguarding Lead (Lower School) – Jon Sloan JTS@forest.org.uk

Deputy Designated Safeguarding Lead (Prep School) – Anna Manlangit aam@forest.org.uk

Deputy Designated Safeguarding Lead (Pre-Prep) – Paul Faulkner pmf@forest.org.uk

## Appendix 2 – Forest School Safety Plan

**Safety Plan for:**

**Completed with pupil by:**

**Date:**

**Scheduled Date for Review:**

**What are the reasons that you want to stay safe?**

| |
|---|
| |

**What might make it harder to stay safe?**

Am I experiencing any mental health concerns or symptoms that make it harder to stay safe?

| |
|---|
| |

**What are the warning signs?**

These are the changes that you feel and the way you act that you can watch out for, to know that you might be at risk of a crisis.

| |
|---|
| |

**What do you look like at your best?**

These are all the things that make you, you. Sometimes when people are in a crisis, it can be hard to remember the positives. If you write down everything, big and small, that you care about and your best qualities, it can help to remind you when they're hard to remember.

**What are your coping strategies?**

These are the activities or ideas that you can use if and when you find difficult thoughts hard to ignore. How will you make your environment safer? What can I do to keep me safe?

**What can you do to make yourself safe in School and at home?**

Things that you can do or change, if you think that you're at risk of a crisis or feel vulnerable, to make your environment and surroundings less of a risk.

| At School | At Home |
|---|---|
| | |
| | |
| | |
| | |
| | |

## Who are the people that will support you?

These are the people in your support network who will be there to listen and offer support

| |
|---|
| |

## Parent contribution to safety plan

An opportunity for parents to add to the safety plan from their perspective

| |
|---|
| |

## Access to External Support

We would like to signpost the following specialist services

- **Your GP** (https://www.docready.org/#/advice)
- **A&E**
- **Place2Be: Text P2B to 85258 (24 hours, 7 days)**
- **Kooth - https://www.kooth.com/**
- **Papyrus Hopeline: 0800 068 4141 (9am – 10pm weekdays, 2pm – 10pm weekends, 2pm – 10pm bank holidays)**
- **Childline: 0800 1111**

**Appendix 3 – Papyrus Suicide Safety Plan (to be completed by calling HOPELINEUK)**

# Suicide Safety Plan

When thoughts of suicide are overwhelming, staying safe for even 5-10 minutes takes a great deal of strength. This plan is to use during those times. It isn't a plan for how to rid yourself of thoughts of suicide, it looks at staying safe **right now** so that you still have the chance to fight another day and access support for whatever is impacting on those thoughts of overall. These thoughts and feelings can change, it doesn't mean you will feel like this forever. Let's concentrate on what you can do **right now.**

**Why do I want to stay safe?**

What are the reasons I don't want to die today? Are there people or animals that make me want to stay safe? Do I have hope that things might change? Am I afraid of dying? Do I want to stay alive just for now?

**Making my environment safer:**

Whilst I am focusing on safety, how can I make it harder to act on any plans I might have for suicide? Where can I put things I could use to harm myself so they are harder to get to if I feel overwhelmed?

Type here…

This doesn't mean having to get rid of them forever. It is because I am looking at staying safe right now. If these things make it harder for me to do this, I want to make it harder to use them. This will give me time to connect to that part of me that doesn't want to die.

**What might make it harder for me to stay safe right now and what can I do about this?**

Do I use any drugs, alcohol or medication to cope? These can make it harder to stay safe if they make me more impulsive or lower my mood. What can I do to make these safe?

Type here...

If I have acted on thoughts of suicide before, what makes it harder to stay safe that I might need to consider while staying safe today?

Type here...

Do I have any mental health concerns or symptoms that make it harder to stay safe? How can I help with these?

Type here...

**What can I do right now to keep me safe?**

What coping strategies can I use? What has worked in the past? Is there anywhere I can go that will feel safe?

Type here…

**What strengths do I have that I can use to keep myself safe?**

What strengths do I have as a person and how might this keep me safe? What do people who are about me say about this? Am I creative? Determined? Caring? Do I have faith or any positive statement I use for inspiration? How can I use this in my plan to stay safe right now?

Type here…

**Who can I reach out to for help?**

If I can't stay safe, who is available to help me? Who has helped me in the past? What helplines or emergency contacts can I use?

- 101 or 999 for emergency support
- NHS 111 for medical advice
- HOPELINEUK 0800 068 4141 for confidential support and advice

**Long-term support plan:**

After staying safe-for-now from suicide, what longer term support do I want? How might I access this? What do I need to change for my thoughts of suicide to change? Where might I start to get help with this?

- Talk to my GP

# Appendix 4 – Forest School Mental Health and Wellbeing Signposting

## Mental Health and Wellbeing Signposting

FOREST SCHOOL

Place2Be ~ Text P2B to 85258 for free, confidential support via text. Available 24/7. In partnership with Shout and Crisis Text Line.
www.place2be.org.uk/text

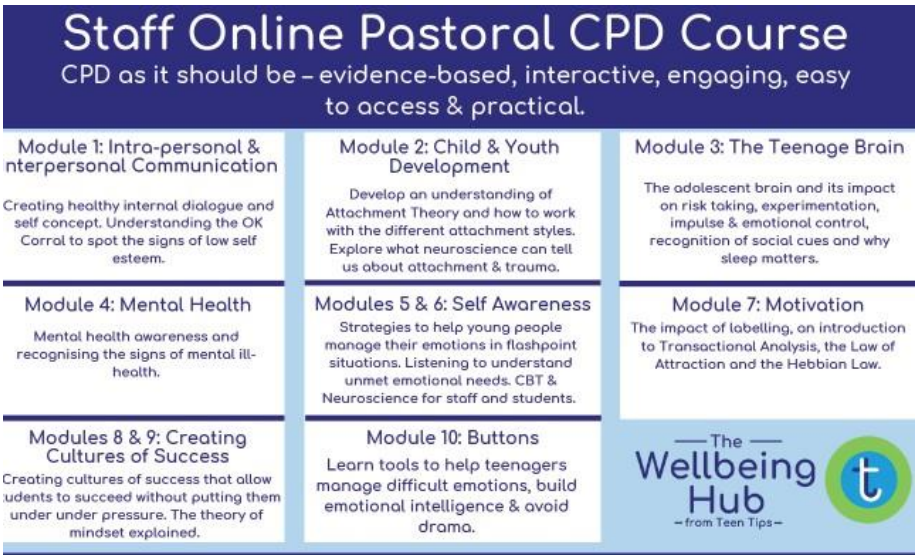
Kooth ~ Free online counselling through instant chat messaging. 12pm-10pm weekdays, 6pm-10pm at weekends.
www.kooth.com

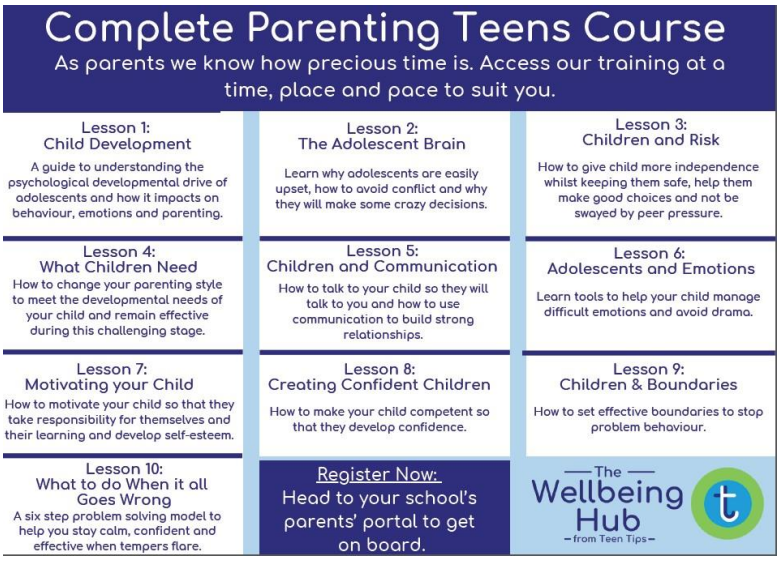
MeeToo ~ Fully moderated app for young people, providing peer support, expert help and links to UK charities and helplines.
https://www.meetoo.help/

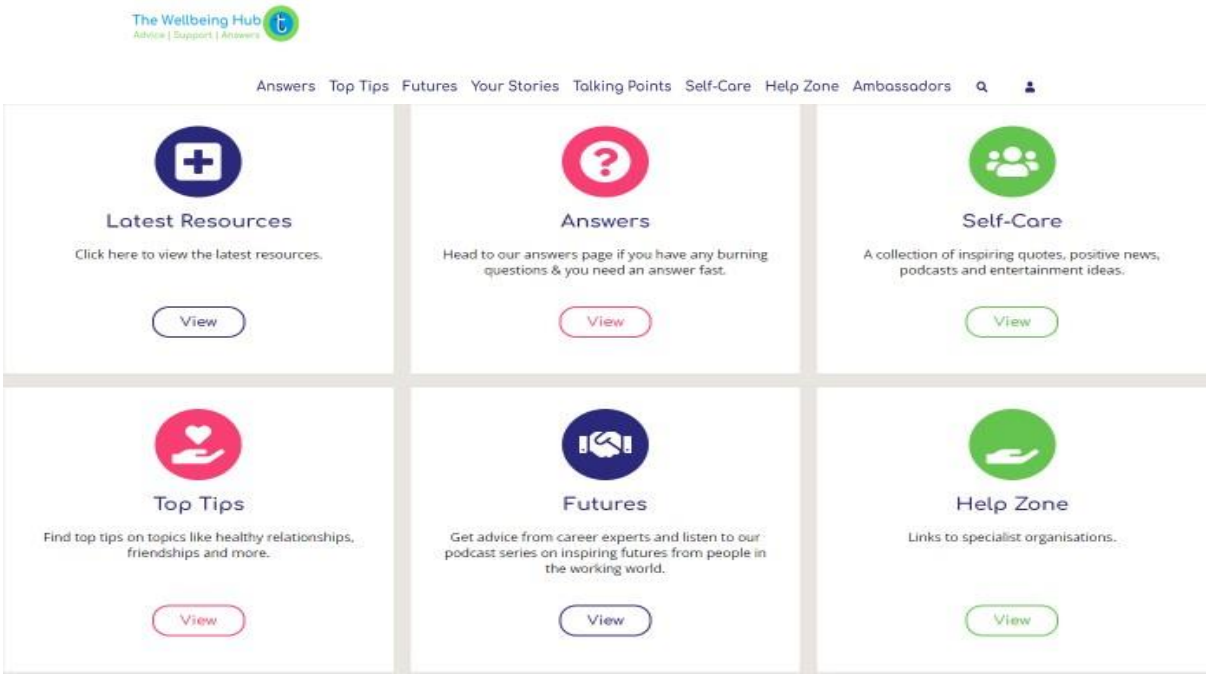
Papyrus Hopeline ~ Confidential support to young people with thoughts of suicide and anyone worried about a young person.
call 0800 068 4141

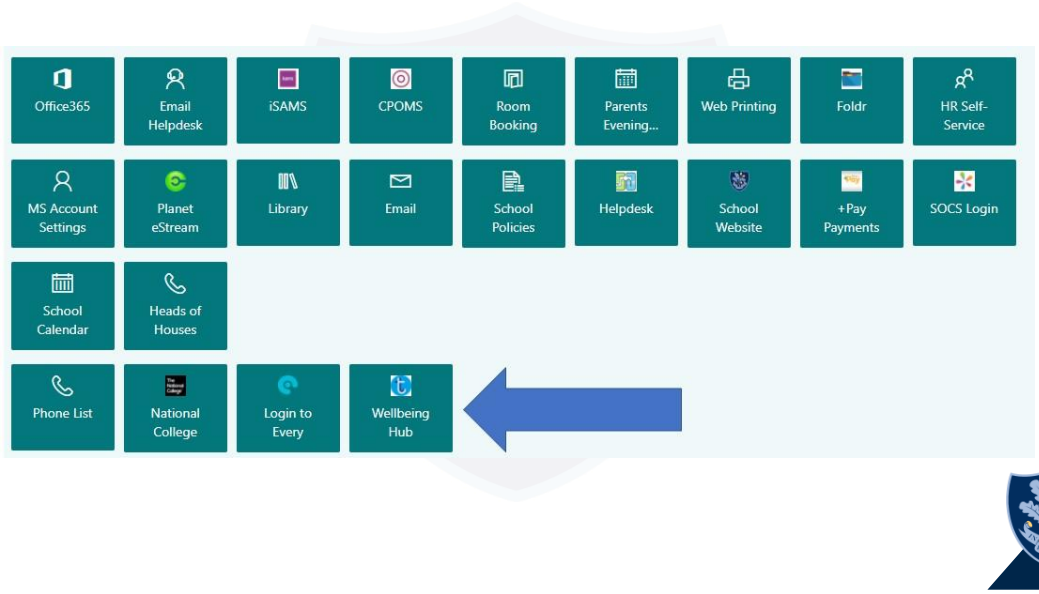
## The Wellbeing Hub – Staff Access

- Mental Health & Wellbeing Training
- Complete Parenting Teens and Parenting 2-12's Courses
- Resources - a weekly updated bank of resources, including podcasts and articles on topics including
- PSHEE Modules & Lesson Plans - appropriate for different year groups
- Access to 'Self-Care', an area of the Pupil Hubs in which they can find positivity, inspiration and good news.
- Weekly Live Q&A with a Child & Adolescent Psychotherapist
- Library of FAQs


Staff Online Pastoral CPD Course
CPD as it should be – evidence-based, interactive, engaging, easy to access & practical.
Module 1: Intra-personal & nterpersonal Communication
Creating healthy internal dialogue and self concept. Understanding the OK Corral to spot the signs of low self esteem.
Module 2: Child & Youth Development
Develop an understanding of Attachment Theory and how to work with the different attachment styles. Explore what neuroscience can tell us about attachment & trauma.
Module 3: The Teenage Brain
The adolescent brain and its impact on risk taking, experimentation, impulse & emotional control, recognition of social cues and why sleep matters.
Module 4: Mental Health
Mental health awareness and recognising the signs of mental ill-health.
Modules 5 & 6: Self Awareness
Strategies to help young people manage their emotions in flashpoint situations. Listening to understand unmet emotional needs. CBT & Neuroscience for staff and students.
Module 7: Motivation
The impact of labelling, an introduction to Transactional Analysis, the Law of Attraction and the Hebbian Law.
Modules 8 & 9: Creating Cultures of Success
Creating cultures of success that allow udents to succeed without putting them under under pressure. The theory of mindset explained.
Module 10: Buttons
Learn tools to help teenagers manage difficult emotions, build emotional intelligence & avoid drama.
The Wellbeing Hub
from Teen Tips


Complete Parenting Teens Course
As parents we know how precious time is. Access our training at a time, place and pace to suit you.
Lesson 1: Child Development
A guide to understanding the psychological developmental drive of adolescents and how it impacts on behaviour, emotions and parenting.
Lesson 2: The Adolescent Brain
Learn why adolescents are easily upset, how to avoid conflict and why they will make some crazy decisions.
Lesson 3: Children and Risk
How to give child more independence whilst keeping them safe, help them make good choices and not be swayed by peer pressure.
Lesson 4: What Children Need
How to change your parenting style to meet the developmental needs of your child and remain effective during this challenging stage.
Lesson 5: Children and Communication
How to talk to your child so they will talk to you and how to use communication to build strong relationships.
Lesson 6: Adolescents and Emotions
Learn tools to help your child manage difficult emotions and avoid drama.
Lesson 7: Motivating your Child
How to motivate your child so that they take responsibility for themselves and their learning and develop self-esteem.
Lesson 8: Creating Confident Children
How to make your child competent so that they develop confidence.
Lesson 9: Children & Boundaries
How to set effective boundaries to stop problem behaviour.
Lesson 10: What to do When it all Goes Wrong
A six step problem solving model to help you stay calm, confident and effective when tempers flare.
Register Now:
Head to your school's parents' portal to get on board.
The Wellbeing Hub
from Teen Tips


The Wellbeing Hub
Advice | Support | Answers
Answers Top Tips Futures Your Stories Talking Points Self-Care Help Zone Ambassadors
Latest Resources
Click here to view the latest resources.
View
Answers
Head to our answers page if you have any burning questions & you need an answer fast.
View
Self-Care
A collection of inspiring quotes, positive news, podcasts and entertainment ideas.
View
Top Tips
Find top tips on topics like healthy relationships, friendships and more.
View
Futures
Get advice from career experts and listen to our podcast series on inspiring futures from people in the working world.
View
Help Zone
Links to specialist organisations.
View


Office365
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CPOMS
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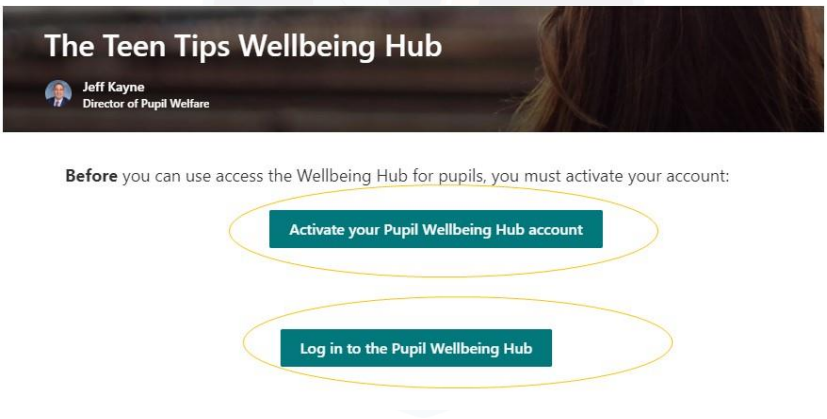
Web Printing
Foldr
HR Self-Service
MS Account Settings
Planet eStream
Library
Email
School Policies
Helpdesk
School Website
+Pay Payments
SOCS Login
School Calendar
Heads of Houses
Phone List
National College
Login to Every
Wellbeing Hub


The Teen Tips Wellbeing Hub
Jeff Kayne
Director of Pupil Welfare
Before you can use access the Wellbeing Hub for pupils, you must activate your account:
Activate your Pupil Wellbeing Hub account
Log in to the Pupil Wellbeing Hub

## Appendix 5 – The Directory

### 1. Anxiety Disorders and mental health support

- **Childline – www.childline.org.uk**
  Childline is a counselling service for parents, children and young people. Help and advice is free and confidential. 0800 1111 (24 hours)

- **Heads Together - https://www.headstogether.org.uk/**
  Heads Together is a mental health initiative which combines a campaign to tackle stigma and change the conversation on mental health with fundraising for a series of innovative new mental health services.

- **YoungMinds – www.youngminds.org.uk**
  YoungMinds is the UK's leading charity committed to improving emotional wellbeing and mental health of children and young people and empowering their parents and carers. Helpline for parents and resources via this link

### 2. Bereavement

- **Child Bereavement UK - https://www.childbereavementuk.org/**
  Help to children and young people (up to age 25), parents, and families, to rebuild their lives when a child grieves or when a child dies

- **Grief Encounter - https://www.griefencounter.org.uk/**
  Free support top bereaved children and their families to help alleviate the pain caused by the death of someone close

### 3. Counselling

- **Kooth - https://www.kooth.com/**
  Free online counselling

- **Place2Be Text Support – Text P2B to 85258**
  Confidential support via text

### 4. Drugs

- **Talk to Frank - https://www.talktofrank.com/**
  Excellent information about drugs. Help and advice available via helpline, e-mail and/or text

**5. Depression**

- **Charlie Waller Memorial Trust - https://www.cwmt.org.uk/**
  Leading charity helping people to recognise the signs of depression in themselves and others, so they know when to seek help

- **Mind – www.mind.org.uk**
  National mental health charity which offers an excellent range of materials on all aspects of depression and manic depression

**6. Eating Disorders**

- **BEAT Eating Disorders** - https://www.beateatingdisorders.org.uk/
  The UK's leading eating disorder charity. Helplines and 1:1 Webchat available via this link

**7. Peer-to-Peer Support**

- **MeeTwo** - https://www.meetwo.co.uk/
  Fully moderated peer-to-peer support app

**8. Self-Harm**

- **YoungMinds – www.youngminds.org.uk**
  YoungMinds is the UK's leading charity committed to improving emotional wellbeing and mental health of children and young people and empowering their parents and carers. Helpline for parents and resources via this link. Support and information relating to self-harm is here

- **The Samaritans - https://www.samaritans.org/**
  Helpline support – 116 123

**9. Suicide Prevention**

- **CALM – www.thecalmzone.net**
  Targeted at young men aged 15-35. Helpline and website with focus on suicide prevention. 0800 585858 (Sat-Tues, 5pm-12am)

- **Papyrus – https://papyrus-uk.org/**
  Leading charity dedicated to the provision of young suicide.
  HOPELINEUK – 0800 0684141