ST ANSELM'S CATHOLIC PRIMARY SCHOOL

POSITIVE MENTAL HEALTH AND WELLBEING POLICY

Learning and growing together through prayer, belief and love

Approved by the Governing Body on 12th February 2020

POLICY STATEMENT

'Mental health is a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.' (World Health Organisation)

At St Anselm's, we aim to promote positive mental health for every member of our staff and all pupils. We pursue this aim using both whole school approaches and more specialised, targeted approaches aimed at vulnerable pupils.

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

SCOPE

This policy should be read in conjunction with our:

- Healthy and Safety Policy
- Confidentiality Policy
- Safeguarding and Child Protection Policy
- Medical Needs Policy (where the pupil's mental health overlaps with or is linked to a medical issue)
- SEND Policy (where the pupil has an identified special educational need)

This policy document describes St Anselm's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff including non-teaching staff and governors.

The policy aims to:

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

LEAD MEMBERS OF STAFF

Whilst **all staff** have a responsibility to promote the mental health of pupils, staff with a specific, responsibility include:

- Maria O'Connell - Designated Safeguarding Lead (DSL)
- Alison Kelly-Keegan and Irene Marotta - Deputy DSL's
- Caroline Jackson - SENCO
- Roisin Millar – Mental Health and Wellbeing Lead (MHWL)

- Roisin Millar and Laura Collins- PSHE and RHE Subject Leads
- Ivani Dent and Lorraine Patterson – Welfare Assistants
- Jennifer Molyneaux – Wellbeing and Behaviour Mentor
- Irene Marotta, Roisin Millar, Caroline Jackson, Karen Thorogood, Lisa Redmond - Mental Health First Aiders

RESPONSIBILITY FOR CHILDREN'S MENTAL HEALTH

All staff should take care of all children's mental health and wellbeing, including physical health above all other considerations at all times.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should report it to the **Mental Health and Wellbeing Lead**. However, if there is a fear that the pupil is **in danger of immediate harm** then the normal safeguarding procedures should be followed with an **immediate referral to the Designated Safeguarding Lead**, or her deputy. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the **Welfare staff who will inform the DSL** and contact the emergency services if necessary.

The Mental Health and Well-being Lead will follow up concerns. Information will be sought from the teacher, child and parents as deemed appropriate. Support and provision will be considered such as:

- Provision of additional support from the class teacher and TA
- Support from the Wellbeing and Behaviour Mentor
- Support from CCS Drama Therapist
- Referral to Harrow Horizons
- Referral to CAMHS tier 2 or tier 3 service - for guidance about referring to CAMHS see **Appendix 3**.

The Senior Leadership Team has a responsibility to:

- Promote and encourage an environment that actively promotes positive mental health and well-being for children.

All school staff are encouraged to:

- Understand this policy and seek clarification from lead members of staff where required
- Consider this policy while completing work-related duties and at any time while representing St Anselm's
- Support fellow staff in their awareness of this policy
- Support and contribute to St Anselm's aim of providing a mentally healthy and supportive environment for all children and staff.

All school staff have a responsibility to:

- Take reasonable care of their own mental health and wellbeing, including physical health
- Take reasonable care that their actions do not affect the health and safety of other people in the workplace
- Raise concerns with their line manager if they feel there are work issues that are causing them stress and having a negative impact on their well-being

Senior Leadership have a responsibility to:

- Ensure that all school staff are made aware of this policy
- Actively support and contribute to the implementation of this policy
- Manage the implementation and review of this policy

- Promote and encourage initiatives and events that promote health and well-being for children and staff
- Ensure there are arrangements in place to support individuals experiencing stress, referring them to the school's Occupational Health advisers where appropriate.
- Seek the views of employees on the effectiveness of the School's Emotional Wellbeing and Mental Health Policy and stress management arrangements using children's, parents and staff surveys and other appropriate questionnaires.

PUPIL SUPPORT PLAN

Where it is identified that a child has a mental health or well-being need which requires support beyond that which is to be provided by teachers, teaching assistants or parents, the child will be placed on the SEN register (K) and a pupil support plan will be drawn up. This should happen for any child who is causing significant concern or who receives a diagnosis pertaining to their mental health.

If the child needs and/or is receiving a lower level of support such as additional support for their mental health, in class or from parents, they may be placed on monitoring (M) and a support plan may be drawn up if deemed appropriate.

The support plan should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

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

TEACHING ABOUT MENTAL HEALTH

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE and RHE curriculum.

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

The school adopts PSHE Association Guidance[1] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

SIGNPOSTING

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. The support that is available within our school and local community, who it is aimed at and how to access it is outlined in **Appendix 1**.

We will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

Further information and sources of support about common mental health issues are listed in **Appendix 4**.

WARNING SIGNS

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the MHWL

Possible warning signs include:

- Parents reporting school related anxiety or unwillingness of child to attend school
- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively
- An increase or pattern of lateness to or absence from school
- Repeated physical pain or nausea with no evident cause

MANAGING DISCLOSURES

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure. (See **Appendix 2** for advice on talking to pupils when they make a mental health disclosure.)

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

Staff should listen rather than offer advice and the response should take account of the pupil's emotional and physical safety rather than of exploring 'Why?

All disclosures should be recorded in writing and uploaded to CPOMs and held on the pupil's confidential file. This written record should include:

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

This information should be shared with the MHWL who will store the record appropriately and offer support and advice about next steps. (See **Appendix 3** for guidance about making a referral to CAMHS)

CONFIDENTIALITY

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

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

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

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

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL, must be informed immediately.

WORKING WITH PARENTS

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

- Can the meeting happen face to face? This is preferable and two members of staff should usually attend.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, and other members of staff.
- What are the aims of the meeting?

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

We should always highlight further sources of information and offer support whilst coming to terms with the news being shared. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

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

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

- Highlight sources of information and support about common mental health issues on our school website (see **Appendix 4**)
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings and workshops
- Keep parents informed about the mental health topics their children are learning about in PSHE through our curriculum maps and share ideas for extending and exploring this learning at home (See **Appendix 1** for sources of support in school and in the local community)

SUPPORTING PEERS

When a pupil is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the pupil who is suffering and their parents with whom we will discuss:

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

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

TRAINING

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular safeguarding and child protection training to enable them to keep pupils safe.
In line with school improvement priorities, we host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Training opportunities for staff who require more in depth knowledge will be considered as part of our targeted provision for mental health and performance management objectives. CPD will be considered throughout the year where it becomes appropriate due developing situations with one or more pupils. Currently there are 4 Mental Health first aiders who have received a 2 day training on pupil mental health and wellbeing.

The CPD lead and the SENCO can also signpost relevant training and support for individuals as needed.

POLICY REVIEW

This policy will be reviewed every 3 years as a minimum. It is next due for review in January 2023.
This policy will always be immediately updated to reflect staff changes.

Appendix 1

SOURCES OF SUPPORT AT SCHOOL AND IN THE LOCAL COMMUNITY

School Based Support

- **The Head teacher** is available to support pupils experiencing short term issues. However, the head teacher is not a trained counsellor and may need to sign post to other staff and agencies for more, long term support. Staff can support with managing behaviour and developing behaviour that fully supports learning. For more challenging issues with regards to mental health, there are key staff trained to offer support to those children suffering some kind of loss.
- **The Educational Psychologist** who can support with issues related to learning.
- **The Wellbeing and Behaviour Mentor** can offer support to children with emotional issues or anxiety concerns.
- The school provides a **Drama Therapist/School Counsellor** who supports children and families with more complex mental health issues.
- **The School Nurse.** HT/DHT/SENCO talk together and discuss concerns with school nurse. With consent from the parents, the pupil is able to speak with the school nurse with/without parents present – depending on the needs of the child and request of the parents. This is suitable for dealing with any health issues and managing emotions arising from medical conditions of the pupil.
- **Referral to the Early Help Team.** A Referral form is completed. This can be carried out by the HT, DHT or SENCO in consultation and with parental consent. Meetings can take place on the school site with parents fully involved. Several meetings take place with a review session to discuss the next steps. This is available to pupils in primary schools and can include support on Transition, managing change and issues around anxiety associated with bereavement and separation.
- **Referral to Harrow Horizons and CAMHS (Child and Mental Health Service).** Suitable for all pupils in primary and secondary schools. Access is via a referral from the school or family's GP with permission and consent from the parents. The HT/DHT/SENCO is able to make a referral and discuss the process with the pupil and parents. Meetings and support can be organised in school time, having access to a room and review meetings planned as appropriate. This is suitable for a range of family experiences and can include family therapy and play therapy together with counselling support.
- **The School's SEND Information Report** is on the website and provides links to the Local Offer in Harrow.

Appendix 2

TALKING TO CHILDREN WHEN THEY MAKE MENTAL HEALTH DISCLOSURES

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

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

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

Don't talk too much

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

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

Don't pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

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

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

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

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

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

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

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

Never break your promises

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

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

MAKING A CAMHS REFERRAL

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CMHS been discussed with a parent / carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent / carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parent/carer responsibility?
- surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family.
- Will an interpreter be needed?
- Are there other agencies involved?

Below are some bullet points West London Mental Health Trust CAMHS Team send to GP's where the referral information is poor:

- Emotional and mental wellbeing state/presentation – e.g. current presentation's impact upon: emotional wellbeing, socialising, behaviour, academia and general functioning
- How long the worry/concern has been present and when was it first noticed
- Child's current mental state; mood, appetite, sleep and concentration
- Interventions and support already tried or in place already (e.g. school pastoral support to include behavioural support, other agencies/services involved to include Children's Services and Early Help)
- Detailed risks to self or others

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?

- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

If the pupil does not meet the threshold for CAHMS then it is possible for the pupil to be referred to 'The Child Well Being Practitioner' programme - November, 2019.

This service is offered by CAHMS but is primarily for pupils who do not meet the level 3 threshold required for CAHMS. Example referrals would include:

- Child Anxiety
- Behavioural Issues
- Depression

Referral is made in the same way that you make a referral for CAHMS.

Appendix 4

FURTHER INFORMATION AND SOURCES OF SUPPORT FOR COMMON MENTAL HEALTH ISSUES

Prevalence of Mental Health and Emotional Wellbeing Issues[2]

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Support on many mental health issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support can be found at: Anxiety UK: www.anxietyuk.org.uk

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support can be found at: Depression Alliance:www.depressionalliance.org/information/what-depression

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support can be found at: Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children Young Minds

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support can be found at OCD UK: www.ocduk.org/ocd

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support can be found at thewishcentre.org.uk: SelfHarm.co.uk: www.selfharm.co.uk National Self-Harm Network: www.nshn.co.uk

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support can be found at: Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/ https://mollyrosefoundation.org/