

MENTAL HEALTH & WELLBEING POLICY

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. 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.¹ (World Health Organisation)



¹ World Health Organisation. Mental health: strengthening our response. 2018. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

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1. Policy Statement

At South Thames College Group, we are committed to the protection and promotion of positive mental health for all students and staff. We will continuously endeavour to improve the mental health of the college community by utilising a whole College approach to mental health and wellbeing, and via the identification and implementation of positive processes and practices which promote good mental health and wellbeing.

This includes:

- Governors, Senior Leadership Team, Group Leadership Team, DSL/DDSLs/Wellbeing Advisers, counsellors, pastoral tutors, All Teaching staff, Mental Health Trailblazer colleagues, all non-teaching staff, security staff, catering staff, students and parents, carers and external professionals.

In addition to promoting positive mental health, South Thames College Group recognises that mental ill health is a significant issue for many of our students. Across the Group a considerable number of students access College resourced Mental Health and Wellbeing support each year.

This reflects a wider national picture for all students who have had their education impacted heavily by a pandemic and its associated lockdowns; experienced a cost-of-living crisis, rise in serious youth violence combined with a quickly evolving social media landscape. The Group recognises that 'depression' and 'anxiety' are considered the two most common aspects of mental ill-health people will experience, wherein it is accepted that 1 in 4 adults will experience these conditions at least once within their adult lifetime.

2. Policy Aims

By developing and implementing practical, effective and positive policies and procedures relevant to our College and developed in conjunction with staff, students and their parents and carers, we can promote a safe and supportive environment and ethos which is conducive to the mental health and wellbeing of the whole College community.

We aim to:

- identify and provide timely and appropriate support for all members of the college community affected both directly and indirectly by mental health problems.
- promote positive mental health and mental resilience to support students to know how to keep themselves physically and mentally healthy.
- de-stigmatise mental health difficulties by recognising that they are common and understandable experiences for adolescents and adults. We know that many people also experience 'suicidal ideation' and that this is a very 'normal' symptom, particularly if struggling with low mood.
- promote a safe and stable environment for students affected both directly and indirectly by mental ill health and consequently help to prevent young suicide
- provide an environment where talking about feelings is the norm, where it is acceptable to acknowledge difficulties and ask for help. We want to ensure that all students are confident that any concern or problem is responded to quickly and referred to appropriate support so that their learning experience enables academic success, progression and promotes long-term good mental health and wellbeing.
- provide early support and intervention with the hope that we reduce the need for crisis driven interventions. We will provide ongoing training and support to create and promote a college culture where all members feel confident to discuss mental health and wellbeing and who can access effective strategies and support. As one aspect of this, our aim is to ensure that our colleges are as suicide safe as possible.

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We will:

- Support students to understand their emotions
- Help students to manage change and adversity and develop resilience
- Provide an environment which is conducive to students sharing concerns about themselves or others

We will promote a mentally healthy college environment by:

- Adopting a whole college approach to mental health and wellbeing.
- Not regarding mental health as a deficit model, but something that we can promote, enhance and protect.
- Cultivating and working with external networks and partnerships to ensure we have the right expertise and channels of communication to make this approach effective.
- Committing to providing regular training and update programmes to support our staff to feel confident in understanding their responsibilities, using resources and tackling mental health challenges.
- Raising awareness in the whole college community of the signs and symptoms of mental health problems.
- Supporting staff to manage their own mental health and wellbeing.
- Supporting staff to respond swiftly and effectively to any signs of an emerging mental health problem.
- Engaging in activities which promote mental health and wellbeing and a sense of belonging in the whole college community.
- Celebrating individual differences in students, ensuring all students feel valued and respected.
- Valuing and celebrating non-academic achievements.
- Displaying relevant sources of support in communal areas and will regularly highlight sources of support to students within tutorials and relevant parts of the curriculum.

3. College roles, support, and resources

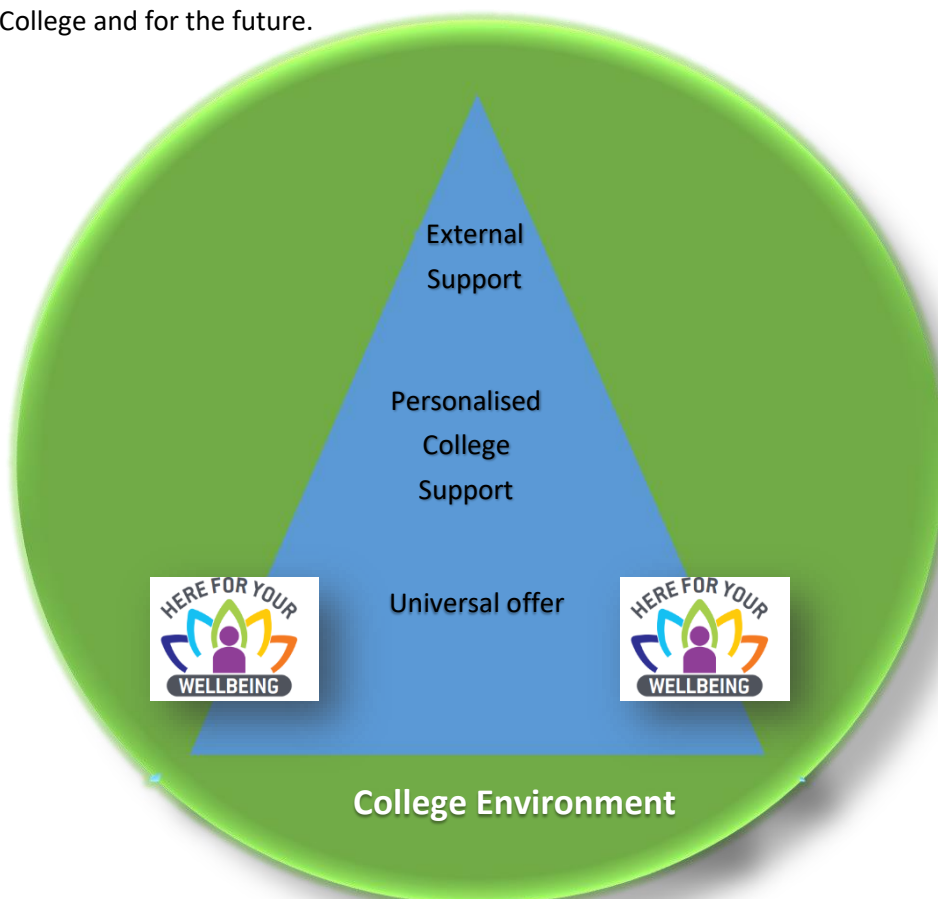
There are three distinct categories of responsibility by role:

1. Staff who have explicit responsibility for the mental and emotional well-being of students.
This group includes:
Governors, Vice Principal Students Services, Heads of Student Services and the Student Services Team including Wellbeing Advisers and Councillors, the Safeguarding Team, College Principals, Vice Principals curriculum, Heads of School, Pastoral Tutors and Security Staff.
2. People who are an integral part of the college community and can therefore be expected to be vigilant and notice and be compassionate towards students who are struggling with their mental health including self-harm or thoughts of suicide. This group will have access to awareness events and training to support them to identify that someone is struggling and to

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signpost them to people in Group 1 for further support. This group includes: all Teaching staff, all non-teaching staff, students and catering staff.

3. People who are not College staff but have an inherent interest in the wellbeing of the pupils. These people will normally and ideally want to be considered and included in their care/safety plan. This group includes: the students' family/ carers/ nominated emergency contact / Medical Services - NHS or private.
- There are three types of support available to students, underpinned by a Group commitment to creating a culture of happiness and engagement in the organisation, based on shared hard work, positive feedback and strong encouragement to develop skills and relationships at College and for the future.



Universal offer: promoting positive mental health, signposting self-help services, and referring to college support

- Self Help: on-line information and resources available to all students including the college Wellbeing Hub and Togetherall (a 24-hour mental health service available to all STCG students and staff).
- STCGXtra – timetabled enrichment activities for all 16-18 study programme students including wellbeing themed activities.
- Careers information, advice and guidance services about current and future progression options
- Pastoral Tutor: specialist pastoral tutor input for all 16-18 study programme students to signpost self-help resources, refer students to mental health services & provide low level wellbeing support and deliver tutorials on positive mental health.

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- Student Services: specialist support service signposting available Mental Health and Wellbeing services and provide, supervised lunch-time Enrichment Hub spaces for students. Student Services also organises the Inspiring Futures events which run across the year – Be Safe-Be successful & Resilience themed weeks for all students.
- Effective signposting to the GP and to community-based Support Services
- Academic Tutor: for all 16-18 study programme students to monitor academic progress, support initial conversations and signpost Wellbeing Support.
- Teachers / Learning Coaches: Support initial wellbeing conversations and signpost to the GP and Student Support & wellbeing services.

Personalised College support: Support for students with a wellbeing concern

- Direct or self-refer to GP for access to community-based support / assessment
- Self-refer onto college-based support services or refer with support and consent
- Self-refer onto college-based support services or refer with support and consent onto college-based 16-18 Wellbeing Support Sessions + Adult Support packages: assessment and follow up session delivered by Student Services staff
- Refer & self-refer onto college-based NHS mental health trailblazer Service (16-18 only)
- NHS Educational Wellbeing Practitioners and Mental Health Practitioners provide support for:
 - Mild-Moderate Anxiety - a cognitive and behavioural programme designed to help young people with their anxiety.
This includes support for students who experience panic attacks, social anxieties, worrying and overthinking, avoidance of activity (including college) phobias and perfectionism.
 - Mild-Moderate Low Mood - a cognitive behavioural programme designed to help young people with their mood. Support those who experience a loss of motivation, reduced energy, stress, and anger, reduced meaningful activity and sleep difficulties
 - The service also offers specialist intervention (e.g. Cognitive Behavioural Therapy and Art Psychotherapy) across some of our sites.
- Pastoral Tutors - Mental Health First Aiders – working with students with low level anxiety and referring to GP and Student Support Services
- Referral based Positive Behaviour Support provision, which is available to any student who meets the referral criteria. The assessment and intervention process are not a direct targeted Mental health/Wellbeing intervention, however would aim to have a positive impact of the person's Quality of Life.
- Inclusive Learning (High Needs Students)
 - Progress Coordinators (caseload 50 students) provide wellbeing support for students

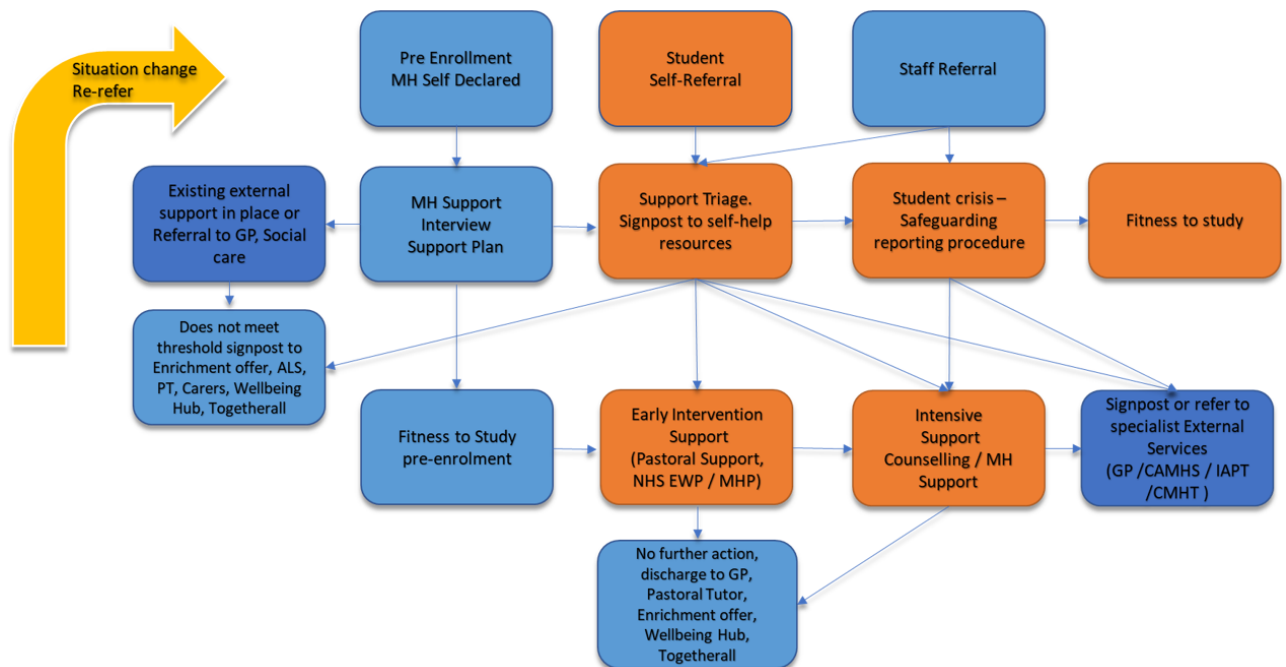
External Support: Complex Mental health and crisis intervention / Signpost external agencies

- Referral /re-referral or signposting to specialist CAMHS or Adult Mental Health services for students with complex mental health. E.g. Symptoms at point of referral that suggest **major** mental illness and other psychiatric disorders, such as psychosis, depression, bipolar, severe anxiety/anxiety and personality disorders, conditions requiring psychiatrist, obsessive-compulsive disorder, post-traumatic stress disorder (PTSD), eating disorders, in-patient needs that may be linked to self-harm, complex /co-morbid disorders requiring multi-disciplinary assessment/treatment, severe emotional difficulties (arising from abuse or neglect re. attachment disorder) that are an identifiable mental illness and require distress and risk management.

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- Student in Crisis – Safeguarding referral to external services for students with a mental health need or re-referral back to specialist external services.
- Fitness to study support plan to ensure reasonable adjustments / support are in place based on medical diagnosis.

Wellbeing Service and Mental Health Flow chart



4. Indicators of mental ill health

College staff may become aware of warning signs which may indicate a student is experiencing mental health. These warning signs should always be taken seriously and always referred (see appendix 1). Please also refer to the Group [Fitness to Study Policy](#) & [Safeguarding Children and Adults At Risk Policy](#).

5. Suicide

Suicide is one of the biggest killers of young people (aged 16-24). In 2020, 7.0 out of every 100,000 young people aged 10-24 died via suicide in the UK and Ireland. Of these suicides, three quarters were completed by males and rates were highest in young men aged 20-24. See Appendix 2.

Suicide – A whole college approach

- **Suicidal thoughts are common:** We acknowledge that thoughts of suicide are common among young people.
- **Suicide is complex:** We believe that every suicide is a tragedy. There are several contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths.

- **Stigma inhibits learning – stigma can kill:** We recognise that the stigma surrounding suicide and mental illness can be both a barrier to seeking help and a barrier to offering help. This college is dedicated to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos.
- **Suicide is everyone's responsibility:** As a college community, we recognise that students may seek out someone who they trust with their concerns and worries. We want to facilitate the reporting of any risks or concerns.
- **Safety is especially important:** We know that students who are having thoughts of suicide may or may not also be behaving in a way that puts their life in danger (suicide behaviours). Young students experiencing suicidal thoughts are potentially at risk of acting on these thoughts. Those who are already engaging in suicide behaviours are also clearly at risk of death or harm. The College wants to work with our students who may be thinking about suicide or acting on their thoughts of suicide. We want to support them, sometimes working in partnership with family, caregivers, and other professionals where this may enhance suicide safety.
- **Suicide is difficult to talk about:** We know that a student who is suicidal may find it difficult to make their feelings known and speak openly about suicide. We will provide trained adults who are able to identify when a student may be struggling with thoughts of suicide.
- **Talking about suicide does not create or increase risk.** We will provide our students with opportunities to speak openly about their worries with people who are ready, willing, and able to support them. We want to make it possible for students, and those who support them at this College, to do so safely. This will be in a way that leads to support and help where this is needed. We will do all we can to refrain from acting in a way that stops a student seeking the help they need when they are struggling with thoughts of suicide.

How we help ensure a sensitive and safe suicide postvention provision

- The Group has a Death of student procedure which sets out whose role it is to respond in the event of a death of a student including died by suicide. Staff with designated responsibilities will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media.
- The Group will be clear about how we deal with an inquest after someone has died by suicide in our Group. We will support the authorities in their work but will be mindful of the distress an inquest causes to the bereaved people. We will also be mindful of the impact supporting an inquest can have on staff.
- We record and monitor deaths by suicide. This will include on-going monitoring of student attempted suicides, suicide ideation and self-harm. Monitoring is done via our Safeguarding CPOMS system to monitor Child Protection & Adults at Risk Safeguarding, pastoral and welfare concerns for students.

We will also consider:

- Reviewing lessons learned and any suggested changes to procedures and provision of well-being services
- Identification of multiple events, such as two suicides in a brief period (e.g. one term) which may indicate a suicide cluster, including investigating connections between individuals, their circumstances, and their suicidal behaviour. Multiple suspected suicides may not be connected, but their occurrence can nonetheless have consequences. For example, in some

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vulnerable individuals it may contribute to thoughts of suicide as a way of dealing with problems. Where concerns arise regarding a suicide cluster, we will immediately communicate with the local authority Public Health Suicide Prevention Lead* and collaborate closely with them to develop a response plan.

6. Managing disclosures for mental ill health, self-harm, suicide ideation and wellbeing

If a student chooses to disclose concerns about their own mental ill health, self-harm or feelings of suicide ideation or that of a friend to a member of staff, the member of staff's response should always try and stay calm and listen rather than giving advice – young people share that they value being listened to, not judged, having space to talk and being taken seriously. Ask open questions “Can you tell me more?” “What is that like for you?”

In situations where:

- students show visible signs of illness, mental health difficulties, or emotional or behavioural disorders that may have a negative impact on the health, safety, learning and wellbeing of the student and/or others.
- serious concerns about the student being raised by a third party i.e. friend, another student, family member, placement provider or employer, member of the public or medical professional etc. which indicate that there is a need to assess the student's fitness to study.

These incidents must be reported using the Safeguarding reporting form [here](#). This includes all instances of mental ill health, self-harm, suicide ideation.

Any response would address the following:

- Any currently known or possible underlying needs, including Special Educational Needs, and make reasonable adjustments during response (referring to information including EHCPs (Education Health Care Plans) or support plans; adjusting language and using visual/verbal aids; working with a coordinated network; seeking advice from external agencies);
- Working compassionately and collaboratively with the young person and their families to ensure appropriate support is in place
- Consider safeguarding issues and other young people who may be affected
- Contact parents/carers in line with the safeguarding policy
- Contacting other professionals for advice
- Monitor the situation and communicate regularly with parents/carers/professional network;

For students experiencing mild-moderate anxiety e.g. who experience panic attacks, social anxieties, worrying and overthinking, avoidance of activity (including college) phobias and perfectionism and/or experience mild-moderate low mood e.g. loss of motivation, reduced energy, stress, and anger, reduced meaningful activity and sleep difficulties, they should access the wellbeing hub / Togetherall, their GP, speak to their pastoral or academic tutor, or visit Student Services or self-refer directly online using the following links (please note students need to log onto MS Forms using your STCG email address and password to access the form):

Merton and Carshalton: <https://forms.office.com/e/FxikqQ8URh>

South Thames – Wandsworth: <https://forms.office.com/e/Susu9ULnS3>

Kingston: <https://forms.office.com/e/aB7bU69GSV>

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7. Confidentiality

Any safeguarding disclosures must be reported as per the group Safeguarding Children and Adults at Risk Policy. The Group recognises the importance of confidentiality but places a higher priority on keeping students safe. Whilst we are committed to ensuring students are at the centre of any decision to share information, a student should understand that if the safeguarding team determines that informing parents / carers or NOK and or relevant external agencies will help to keep them safe, that is the course of action the Group will take, irrespective of age.

In all instances, we should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them
- When the information will be passed on

All students who are offered wellbeing support and or other forms of college support will be required to complete a statement of confidentiality.

Working with Parents/Carers and Next of Kin (NOK)

We recognise the importance of working with and supporting parents and carers as part of our whole college approach to mental health and wellbeing. To support parents and carers, we will:

- Ensure that this policy is available in accessible formats
- Make the policy, and other sources of information and support about common mental health issues, available in a prominent position on our College website
- Ensure that all parents are aware of who to contact and how, if they have concerns about their own child or a friend of their child
- Ensure that parents and carers are involved in our whole College approach to mental health and wellbeing
- Ensure that parents and carers are aware of the support available within the Group and externally
- Share ideas about how parents can support positive mental health in their children through our parent / carer's webinars

It may be necessary to inform parents / carers / NOK of any concerns relating to the mental health of a student.

It may be shocking and upsetting for parents/carers or NOK, to learn that their child / family member /relative may be experiencing a mental health problem, and we should be prepared for a range of responses, which may include fear, anger, or emotional distress during the first conversation. We should be accepting of this (within reason) and give the parent / carer / NOK time to reflect.

We will highlight further sources of information where possible as they will often find it hard to take much in whilst coming to terms with the news that we are sharing. Sharing sources of further support aimed specifically at parents / carers /NOK can also be helpful too, e.g. parent helplines and forums.

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We will provide clear means of contacting us with further questions and consider booking in a phone call as parents and carers often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on CPOMS.

8. Training

As a minimum, all staff will have the opportunity to receive regular training about recognising and responding to mental health issues as part of their safeguarding training to enable them to keep students safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The MindEd learning portal provides free online training suitable for staff wishing to know more about specific issues.

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

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

9. Policy Review

This policy will be reviewed every three years as a minimum. It is next due for review in December 2026. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. Our Senior Leadership Team will ensure that ongoing reviews take place, that processes are updated in line with best practice and that on-going training is undertaken when necessary.

10. Policy Drivers

Educational Psychology Service Critical Incident Guidance

Guidance

[Educational-Psychology-CI-Guidance-2022.pdf \(cognus.org.uk\)](#)

[EPS-Protocol-September-2022.pdf \(cognus.org.uk\)](#)

Suicide prevention: developing a local action plan

<https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

Preventing suicide: lesbian, gay, bisexual and trans young people

[Preventing suicide: lesbian, gay, bisexual and trans young people - GOV.UK \(www.gov.uk\)](#)

Suicide prevention: identifying and responding to suicide clusters

[Suicide prevention: identifying and responding to suicide clusters - GOV.UK \(www.gov.uk\)](#)

Suicide prevention: suicides in public places

<https://www.gov.uk/government/publications/suicide-prevention-suicides-in-public-places>

Support after a suicide: a guide to providing local services

<https://www.gov.uk/government/publications/support-after-a-suicide-a-guide-to-providing-local-services>

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Suicide prevention strategy for England

<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

Suicide prevention: third annual report

<https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>

Useful organisations

Papyrus: Prevention of young suicide

[Papyrus UK Suicide Prevention | Prevention of Young Suicide \(papyrus-uk.org\)](https://www.papyrus-uk.org/)

Suicide Prevention UK

[SPUK - Suicide Prevention UK Charity 1187866](https://www.spuke.org.uk/)

Samaritans

[Samaritans | Every life lost to suicide is a tragedy | Here to listen](https://www.samaritans.org/)

Helplines

Samaritans. To talk about anything that is upsetting you, you can contact [Samaritans](https://www.samaritans.org/) 24 hours a day, 365 days a year. You can call [116 123](tel:116123) (free from any phone), email jo@samaritans.org or [visit some branches in person](#).

SANeline. If you're experiencing a mental health problem or supporting someone else, you can call [SANeline](https://www.saneline.org/) on [0300 304 7000](tel:03003047000) (4.30pm–10.30pm every day).

National Suicide Prevention Helpline UK. Offers a supportive listening service to anyone with thoughts of suicide. You can call the [National Suicide Prevention Helpline UK](https://www.national-suicide-prevention-helpline.org.uk/) on [0800 689 5652](tel:08006895652) (6pm to midnight every day).

Campaign Against Living Miserably (CALM). You can call the [CALM](https://www.calm.org.uk/) on [0800 58 58 58](tel:0800585858) (5pm–midnight every day) if you are struggling and need to talk. Or if you prefer not to speak on the phone, you could try the [CALM webchat service](#).

Shout. If you would prefer not to talk but want some mental health support, you could text SHOUT to [85258](tel:85258). [Shout](#) offers a confidential 24/7 text service providing support if you are in crisis and need immediate help.

The Mix. If you are under 25, you can call The Mix on [0808 808 4994](tel:08088084994) (3pm–midnight every day), request support by email [using this form on The Mix website](#) or [use their crisis text messenger service](#).

Papyrus HOPELINEUK. If you are under 35 and struggling with suicidal feelings, or concerned about a young person who might be struggling, you can call [Papyrus HOPELINEUK](https://www.papyrus-uk.org/) on [0800 068 4141](tel:08000684141) (24 hours, 7 days a week), email pat@papyrus-uk.org or text [07786 209 697](tel:07786209697).

Nightline. If you are a student, you can look on the [Nightline website](https://www.nightline.org.uk/) to see if your university or college offers a night-time listening service. Nightline phone operators are all students too.

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Switchboard. If you identify as gay, lesbian, bisexual or transgender, you can call [Switchboard](tel:03003300630) on [0300 330 0630](tel:03003300630) (10am–10pm every day), email chris@switchboard.lgbt or use their webchat service. Phone operators all identify as LGBT+.

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9. Appendices

Appendix 1

Indicators of mental ill health

We all differ in outward manifestations of distress, so it is important to consider any signs of change, for example, someone who is normally outgoing and communicative becoming less talkative and more withdrawn. It is important to emphasise that for some students experiencing distress, there may not be any apparent warning signs, or the student may actively be trying to hide their distress.

Potential warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Evidence of any changes to eating or sleeping habits
- Isolated anger outbursts
- Oppositional and or defiant behaviour
- Difficulties presenting exclusively in one place
- 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
- Evidence of use of non-prescribed drugs or alcohol
- Expressing thoughts and feelings of failure, hopelessness, or worthlessness
- Unsuitable clothing (for example, long sleeves in warm weather)
- Secretive or unusual behaviour
- Avoiding attendance at PE or getting changed secretly
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Expressing unusual ideas or beliefs

Self-harm / Suicide ideation and Suicide intent

Self-harm is defined as when somebody intentionally damages or injures their body. It is usually a way of coping with or expressing overwhelming emotional distress. However, the intention is more often to punish themselves, express their distress, or relieve unbearable tension. Sometimes the reason is a mixture of both. Self-harm can also be a cry for help and some individuals may go on to attempt suicide. Many people who self-harm do not want to end their lives. In fact, the self-harm may help them cope with emotional distress.

Suicidal ideation or suicidal thoughts are when somebody feels like they want to die. Suicidal thoughts or an overwhelming desire to attempt suicide usually happens during episodes of low mood or depression. Suicidal ideation is usually not followed by actions to attempt suicide.

Suicidal intent is when somebody wants to die and has considered a way of how they might take their lives via suicide. Suicidal intent must always be considered as high risk.

Self-Harm: Why people self-harm

Self-harm is more common than many people realise, especially among younger people. Rates of known deliberate self-harm are estimated to be nearly three times higher for girls compared to boys, with higher rates of self-harm amongst people from the LGBTQI+ community and young people with special educational and neurodevelopmental needs. These figures may vary as not everyone reports self-harming behaviours, and not everyone seeks help.

Self-harm can be a short term or long-term coping mechanism. Some of the reasons that people may self-harm include:

- Expressing or coping with emotional distress;
- Trying to feel in control;
- A way of punishing themselves;
- Learned behaviour; and
- A response to intrusive thoughts.

The overwhelming emotional issues that may lead someone to self-harm may be caused by:

- Psychological causes – such as experiencing a mental health problem, including depression, stress, anxiety, emotional dysregulation and eating disorders;
- Trauma – such as physical or sexual abuse, the death of a close family member or friend (death from suicide specifically can increase the risk of self-harm), being in contact with the criminal justice system, exposure to domestic violence, or having a miscarriage.
- Social problems – such as being bullied, having difficulties at work or school (particularly around exam periods), copycat behaviour, peer/ social media pressure, having difficult relationships with friends or family, money worries, loneliness, low self-esteem and low confidence, sadness, numbness, lack of control over their lives, parental mental health, parental alcohol, and substance misuse;
- Neurodevelopment difficulties and Special Educational Needs – Children with ASC, ADHD, or learning difficulties can experience impulsive behaviour or difficulty regulating emotions and sensory experiences which may contribute to an increased risk in self-harm;
- Care Experienced Young People – Children in care are at increased risk of hurting themselves because of adverse backgrounds and continuing stress. Young adults who have left the care system at 18 years are also vulnerable;
- Identity – coming to terms with their sexuality if they think they might be gay or bisexual, gender identity, or coping with cultural or religious expectations, such as an arranged marriage;
- These issues can lead to a build-up of intense feelings of anger, guilt, hopelessness, or self-hatred. The person may not know who to turn to for help and self-harming may become a way to release these pent-up feelings.

Types of deliberate self-harm

- Cutting or burning of skin;
- Bodily injury including deliberate hair pulling, repeated intentional damaging of skin (scratching or rubbing) and repeated scab picking
- Punching or hitting themselves or objects;
- Poisoning themselves with tablets or toxic chemicals without intent to die

- Engaging in risk-taking behaviour (including alcohol or substance misuse)

This list is not exhaustive or cover all eventualities of intentional and deliberate self-harming behaviours.

Signs of self-harm

- Physical signs of self-harm
- Keeping themselves covered, even in hot weather;
- Unexplained cuts, bruises, or cigarette burns, usually on their wrists, arms, thighs, and chest;
- Unexplained blood stains on clothing or tissues;
- Signs they have been pulling out their hair;
- Disinterest in personal appearance and/or hygiene;
- Changes in eating habits or being secretive about eating, and any unusual weight loss or weight gain;
- Signs of alcohol or drugs misuse, including misuse or omission of prescribed medication, for example, insulin or anti-depressants;
- Potential Behavioural/Emotional signs of self-harm:
 - Becoming very withdrawn and not speaking to others;
 - Signs of depression, such as low mood, tearfulness or a lack of motivation or interest in anything;
 - Signs of low self-esteem, such as thinking they are not good enough;
 - Talking about ending things or not wanting to go on;
 - Self-loathing and expressing a wish to punish themselves

Appendix 2

Self-Help Tools

Link a range self-help tools for students and staff including Togetherall - [HERE](#)

Why people attempt suicide

The reasons why a young person may have suicidal ideation are complex and are rarely caused by one event. The circumstances and events that precede and contribute to a young person thinking of or completing suicide often build up from traumatic experiences in childhood to adverse experiences and/or risky behaviours in adolescence, all leading up to a “final straw” event. Due to this build-up of experiences, it can be hard for professionals and those around a young person to recognise that they are at risk of completing suicide.

An inquiry undertaken into suicide by children and young people found the following common themes:

- Family factors such as mental illness;
- Abuse and neglect;
- Bereavement and experience of suicide;
- Bullying;
- Impulsivity and risk-taking behaviour;
- Suicide-related internet use;
- Academic pressures, especially related to exams;
- Social isolation or withdrawal;
- Physical health conditions that may have social impact;
- Alcohol and illicit drugs; and Mental ill health, self-harm, and suicidal ideas.
- Additional contextual factors that may increase a young person’s risk include being a member of the LGBTQI+ community and having special educational and neurodevelopmental needs.

Types of Suicide Ideation

All types of suicidal ideation are to be taken seriously. Below are some different examples of suicidal ideation, fitting within what is termed as ‘active’ and ‘passive’ suicidal ideation. If you know what thoughts and type of suicidal ideation a young person is experiencing, this can be helpful for sharing with other agencies, including in onwards referrals, and seeking support.

Active suicidal ideation is when someone has developed ideas of taking their life via suicide that includes active thoughts of doing something to take their lives. In these instances, it is usually helpful to be direct in asking students, for example, have you thought about how you would end your life; or have you planned to end your life? Asking these questions will not increase the risk of their acting upon these thoughts.

Passive suicidal ideation is when someone is having thoughts of suicide, but these thoughts do not currently involve active thoughts of doing something themselves to take their lives.

Examples include:

- Thoughts about not wanting to live e.g. “I don’t want to wake up tomorrow”

- Thoughts of emotional overwhelm e.g. “I can’t take it anymore”
- Thoughts of hopelessness e.g. “Things won’t get better”, “there’s no point”
- Thoughts of helplessness e.g. “no one can help me”
- Thoughts about punishment e.g. “I need to punish myself”, “I’ll show them what they’ve done to me”
- Thoughts about being a burden e.g. “Everyone would be better off without me”
- Thoughts about others not caring e.g. “Who would care if I wasn’t here?” / “No one would care if I wasn’t here”
- Thoughts about lacking purpose e.g. “What’s the point in living? / there’s no point”

Signs of Suicidal Ideation

Signs that a child or young person may be having suicidal ideation or thinking about suicide, include:

- Becoming more depressed or withdrawn, spending a lot of time by themselves;
- An increase in dangerous behaviours like taking drugs or drinking alcohol;
- Becoming obsessed with ideas of suicide, death or dying, which could include internet searches, visiting suicide forums; and saying things like “I’d be better off dead,” “No one would miss me,” “I just wish I wasn’t here anymore”.
- In addition, multiple changes in someone’s personality and behaviour might be a sign that they are vulnerable to experiencing suicidal ideation. Changes can include:
 - Becoming anxious;
 - Being more irritable;
 - Being more confrontational;
 - Becoming quiet;
 - Having mood swings;
 - Acting recklessly;
 - Sleeping too much or too little;
 - Not wanting to be around other people;
 - Avoiding contact with friends and family;
 - Having different problems with work or studies; or
 - Say negative things about themselves.

Suicide contagion

People who have lost someone to suicide are at a greater risk of suicide. This is sometimes called suicide contagion.