



Cornwall Education Learning Trust

Mental health and wellbeing policy

Exceptional Educational Experience

MENTAL HEALTH AND WELLBEING POLICY

Core principles

- Mental health affects everyone – impacts learning, behaviour, relationships, and wellbeing.
- A whole-school approach builds resilience, reduces stigma, and supports early intervention.
- Mental health concerns are safeguarding concerns – the DSL must be informed.

Staff responsibilities

- Show empathy & kindness – create compassionate classrooms.
- Spot early signs (withdrawal, behaviour change, self-harm).
- Report to Mental Health Lead/DSL.
- Keep confidentiality, never promise secrecy.
- Follow IHCPs/Safety Plans & support monitoring.

Key roles

- SMHL: coordinate approach, train staff, liaise with CAMHS/partners, report to governors.
- Headteacher: oversee training, policy review, parent engagement.
- DSL: keep records, liaise with services, ensure safeguarding.
- All staff: observe, listen, log on CPOMS, act.

Support structure

- Universal: compassionate classrooms, trauma-informed practice, PSHE, assemblies, tutor time.
- Targeted: pastoral check-ins, wellbeing hubs, ELSA, SEND team, group sessions.
- Specialist: CAMHS referrals, Early Help Hub, external agencies.

Risk levels

- Low: unhelpful thoughts only – monitor and support.
- Medium: thoughts with preparatory actions – seek professional input.
- High: self-harm, suicide attempt, psychosis, severe eating disorder – contact DSL, never leave alone, involve parents (unless unsafe), seek urgent medical help.

When to act

- Self-harm or suicide attempt.
- Threats to self or others.
- Severe mental health deterioration.
- Disclosure of abuse, neglect, or exploitation.



Working with parents/carers

- Involve parents/carers in action and safety plans.
- Provide resources, signposting, and regular progress updates.
- Seek specialist advice if parents/carers are unable or unwilling to engage.



Creating a positive culture

- Develop a “talking school” ethos with an open-door policy.
- Use awareness days, assemblies, and curriculum links to promote wellbeing.
- Recognise and celebrate achievements to boost self-esteem and resilience.



Remember

- Mental health is as important as physical health.
- Safeguarding is everyone's responsibility.
- Always record, report, and refer – small actions can prevent crises.



Remember!

- Safeguarding is the golden thread through all school activities
- The full policy contains detailed guidance and must be read alongside this summary

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“Safeguarding is everyone’s responsibility”

At Cornwall Education Learning Trust (CELT) we are committed to safeguarding and promoting the welfare of children and we expect all trustees, community champions, staff and volunteers to share this

commitment. This policy is part of the following suite of annually updated safeguarding policies:

1. Child protection and safeguarding
2. Supporting children and school with medical needs managing medicines
- 3. Mental health and wellbeing**
4. Online safety
5. Child-on-child abuse including anti-bullying
6. Attendance
7. Code of conduct
8. Whistleblowing

Safeguarding statement 2025/26

"It could happen here"

We recognise our moral and statutory responsibility to safeguard and promote the welfare of all children. We make every effort to provide an environment in which children and adults feel safe, secure, valued and respected, and feel confident to talk if they are worried, believing they will be effectively listened to. The purpose of this policy is to provide staff, volunteers and trustees with the framework they need in order to keep children safe and secure at Cornwall Education Learning Trust (CELT). The policy also informs parents and carers how we will safeguard their children whilst they are in our care.

Aims

This policy outlines the ethos of Cornwall Education Learning Trust (CELT) regarding mental health and emotional wellbeing, and it summarises the preventative measures each school undertakes.

The policy aims to give all staff, community champions and trustees with the framework they need to promote good mental health in all CELT schools along with our commitment to monitoring and improving the wellbeing of our learners. It sets out some of the ways in which members of staff take responsibility for the school's approach to promoting positive mental health and wellbeing. It also describes our process for identifying and responding to mental ill health, and the support we make available to all learners.

The policy also informs parents and carers as to how we promote good mental health including details of many resources that are available free of charge.

Mental health statement

We recognise that the prevalence of mental health difficulties is rising and this includes children and young people of all backgrounds. We are committed to building strong and resilient children and young people in a supportive, caring and preventative manner. We have a duty to provide or seek support for those with additional needs due to their mental health difficulties.

We make every effort to be inclusive and will endeavour to support children during times of mental health difficulty.

We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Persistent mental health problems may lead to learners having significantly greater difficulty in learning than the majority of those of the same age. The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children's wellbeing and can help engender a sense of belonging and community. Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that learners learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Operational and key personnel

Each school has a designated lead member of staff for mental health and additional nominated staff members as appropriate.

Please see Safeguarding Suite School Level Context Appendix on the school's website for individual school leads.

Policy introduction

The mental health and wellbeing policy has the following objectives:

- To ensure all CELT schools have identified their key staff needed to support children and to help all staff understand their role
- To raise awareness of good mental health and its impact on learning and behaviour
- To support staff in promoting good mental health to children, parents and carers
- To support staff in identifying those that could be at risk and taking the right action
- To reduce the stigma attached to mental health issues and promoting positive wellbeing in all learners
- To signpost staff to organisations that can support children and/or their families
- To outline immediate steps to be taken when there are high levels of risk
- To embed the skills learners, need to make good decisions about their own mental health and wellbeing
- To provide a secure environment that encourages openness and trust
- To embed the skills children, need to make good decisions about their own mental health and wellbeing

This policy applies to all members of staff, community champions and trustees in our Trust and should be read in conjunction with CELT safeguarding suite of policies.

Policy principles and values

Mental health can affect everyone

Mental health can affect all of us. How we think and feel about ourselves and our lives impacts on our behaviour and how we cope in tough times. It affects our ability to make the most of the opportunities that come our way and play a full part amongst our family, school, workplace, community and friends. It is also closely linked with our physical health. Whether it is called wellbeing, emotional welfare or mental health, it is key to living a fulfilling life.

Every child matters

The mental health policy is a whole-school policy. Resources will be made available to every school within CELT to ensure we promote wellbeing, monitor the child's needs and respond accordingly.

Healthy bodies and healthy minds

Research has shown that good physical health can lead to good mental health. CELT will promote both aspects given they will both impact on achievement and learning.

A whole school approach to promoting positive mental health

We take a whole school approach to promoting positive mental health that aims to help learners become more resilient, be happy and successful and prevent problems before they arise. This encompasses seven aspects:

1. creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
2. helping learners to develop social relationships, support each other and seek help when they need to
3. helping learners to be resilient learners
4. teaching learners social and emotional skills and an awareness of mental health
5. early identification of learners who have mental health needs and planning support to meet their needs, including working with specialist services
6. effectively working with parents and carers
7. supporting and training staff to develop their skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues. We aim to be a 'talking school' with an 'open door policy'.

Responsibilities

Executive Leadership Team (ELT), trustees and community champions will ensure each school:

- has a senior mental health lead practitioner
- has at least one Trauma Informed practitioner
- will follow the safeguarding guidelines where the child's safety and well-being will always remain the first priority
- will use their professional judgement, and if appropriate, will recommend
- external professional services such as a GP or CAMHS when concerned about mental health
- will share information with other services if it is deemed necessary for the safety and wellbeing of the child or young person

The school's senior mental health lead is responsible for:

- an understanding of common mental health issues and how they can affect young people
- coordinating the school's approach to promoting positive mental health and wellbeing
- providing all members of staff with the knowledge and skills they need to identify signs of mental ill health in learners
- building strong working relationships with child and adolescent mental health services and other external partners
- reporting to the governing body on the school's wellbeing policy and programmes

- working with the senior leadership team (SLT), local tier, school staff, parents, learners to create an environment where everyone feel safe, supported and motivated
- disseminating information to staff to ensure the best outcomes for learners
- the knowledge and confidence to advocate for mental health awareness
- the skills to support positive wellbeing

The headteacher is responsible for:

- reviewing this policy on a regular basis, ensuring that it is developed in consultation with learners, parents, carers and members of staff
- ensuring that staff are equipped with the appropriate training to support learners in mental health and wellbeing
- listening to the views of learners
- ensuring parents and carers have opportunities to contribute to the decision-making process
- ensuring that the school shares information on mental health with all learners, parents and carers

The headteacher implements these responsibilities with the support of appropriate members of the senior leadership team such as the senior leaders and pastoral staff including the SEND team.

The designated safeguarding lead is responsible for:

- keeping detailed records of any significant mental health concerns
- liaising with external services where there are any significant mental health concerns
- acting as a source of support and expertise to the school community.

All members of school staff are responsible for:

- treating all learners with empathy, respect and kindness
- supporting learners needs through early intervention and de-escalation, to ensure improved mental health
- encouraging learners to disclose concerns or seek help when necessary
- reporting any wellbeing or mental health concerns to the school's designated lead for mental health and wellbeing
- keeping up-to-date with issues pertaining to individual learners

Responsibilities for safeguarding

Our goal is to ensure the safety of all children, young people, staff and visitors. Each CELT school has a designated safeguarding lead (DSL). All concerns regarding mental health will also raise safeguarding concerns, therefore the school's DSL must be involved.

See the Child Protection and Safeguarding Policy for further information.

CELT has a duty to keep children and young people safe, and we share that responsibility with parents and carers. We therefore operate the following policy:

- all staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation
- staff will inform parents and carers if there are concerns about risk to self or others; for example, reporting deliberate self-harm or suicidal ideation. In the majority of circumstances, reporting this information to parents and carers will have the child's consent, however, we may overrule this when concerned about their risk
- we expect parents and carers to keep the school informed if there are concerns about mental health that could affect their child's safety while attending school; information will be treated confidentially and will only be shared with staff on a 'need-to-know' basis; in some cases, historical facts about mental health should be shared with the school
- we will pass on details to other organisations if we have concerns about the safety, risk or wellbeing of a child or young person; this is our duty of care

Prevalence of mental health

There are many sources of research suggesting that mental health difficulties are on the rise. For example:

- In 2023 one in five children (aged 8-25) were identified as having a probable mental health problem. This was 20.3% of 8-16 year olds
- one third of mental health problems in adulthood are directly connected to an adverse childhood experience (ACE)
- half of all mental health problems manifest by the age of 14, with 75% by age 24
- one in 12 young people self-harm at some point in their lives, though there is evidence that this could be a lot higher; girls are more likely to self-harm than boys
- 83% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse

Source: <https://youngminds.org.uk/about-us/media-centre/mental-health-stats/>

Given the prevalence and trends, CELT will endeavour to identify needs early and provide support wherever possible.

The culture of openness and talking to trusted adults

For several years research has been undertaken to measure the resilience of children and young person to cope with life's adversities. Research has identified the number one factor needed to help a child is a trusted adult. In the majority of cases, this is a parent or carer, however, not all children would consider their parent or carer to be supportive, and not all parents and carers are equipped with the emotional skills to support a child through a difficulty.

Professional staff are often considered to be the trusted adult because they are seen as independent, accessible, trusted and caring.

At CELT we seek to create an environment in which every child has access to staff in a private and confidential setting if required. Each will be heard and not judged, helped or signposted.

Examples of good practice may include:

- organising whole school or year group assemblies to discuss specific mental health and wellbeing issues
- arranging for external speakers to visit and discuss topical issues such as the use of social media or the impact of body image
- using key dates such as Mental Health Awareness Week and World Mental Health Day as opportunities to raise the profile of mental health
- holding designated health and wellbeing days, organising activities across the curriculum
- dedicating time to celebrated learners' academic and extracurricular achievements
- using displays and bulletins to signpost learners to sources of support
- organising opportunities so that learners have regular opportunities to discuss mental health issues in small groups

Mental health and wellbeing in the curriculum

The school will commit to promoting physical health and mental wellbeing through in-classroom teaching. In addition to the basic steps learners can take, to care for themselves, teachers will put specific emphasis on the skills young people need to overcome setbacks and succeed in the face of adversity. Teachers will also be mindful of individual learners who have been identified and their triggers.

The school's PSHE curriculum will include lessons on mental health and wellbeing, as well as the importance of relationships. To emphasise the benefits of spending time outdoors, be encouraged to play outside when the weather is appropriate, be given opportunities to participate in outdoor activities both on and off-site.

Providing a network of support

At CELT we have a graduated response to support learners' mental health, the schools commit to making sure that all learners can access a cohesive network of pastoral services.

There are clear links with the Behaviour Policy because we believe that behaviour, whether it is disruptive, withdrawn, anxious, low mood or otherwise, is likely to be related to an unmet mental health need. We consider behaviour to be a message.

Universal support for all children

See school specific policy for local offer, examples include:

- every learner is taught in a compassionate classroom and our staff have fully embedded a range of strategies to ensure the wellbeing of our young people is of paramount importance
- trauma informed schools (TIS) approach embedded in all interactions
- shared language to support mental health and wellbeing
- support from class teacher, tutor, heads of year
- mental health education through PSHE curriculum, assemblies and tutor time
- curriculum across all subjects supporting development of resilience and wellness
- lesson meet and greet

Targeted support

See school specific policy for local offer, examples include:

- pastoral check-ins and access to wellbeing hub
- trauma informed schools (TIS) practitioners
- emotional literacy support assistant (ELSA) (or equivalent)
- safeguarding team
- SEND team
- home school link worker/ PSA or equivalent)
- pastoral support team including heads of year and class teachers/tutors
- group work

Targeted intervention

See school specific policy for local offer, examples include:

- key worker
- 1-2-1 support sessions e.g. ELSA
- bereavement support
- animal therapy

Specialist intervention

- referral to external agencies e.g. EHH, CAHMS

Supporting individual learners

All members of staff will work together to identify and monitor mental health concerns. Open communication between members of staff will help to create a 'first line' in supporting individual learners, responding to disclosures. Staff will record information accurately and regularly on CPOMS to track concerns. If there is a fear that the learner is in danger of immediate harm then the normal safeguarding procedures should be followed with an immediate referral to the designated safeguarding lead. If the learner presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Staff will be encouraged to look out for:

- erratic, unaccountable behaviour (e.g. leaving lessons suddenly)
- changes in sleeping habits
- disengagement from work or extracurricular activities
- unexpected or disproportionate reactions to ordinary situations
- aggressive or compulsive behaviour
- a drop in academic achievement
- a drop in attendance
- isolation from peers
- dysfunctionality in family life
- talking about self-harm or suicide
- changes in appetite
- changes in clothing
- abusing alcohol or drugs

Safety Plan

A safety plan for learners causing concern or who receive a diagnosis pertaining to their mental health will be drawn up involving the child, the parents or carers and relevant health professionals. This can include:

- special requirements and precautions
- the role the school, parents, child and other agencies play in supporting the child
- steps to take to keep the learner safe
- what to do in an emergency

Confidentiality and sharing information

All matters relating to child protection will be treated as confidential and only

shared as per the 'Information Sharing Advice for Practitioners' (DfE 2018) guidance. Information will be shared with staff within CELT schools on a need to know basis.

All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children, and that the Data Protection Act 1998 and general data protection regulations are not a barrier to sharing information where a failure to do so would place a child at risk of harm. There is a lawful basis for child protection concerns to be shared with agencies who have a statutory duty for child protection.

All staff must be aware that they cannot promise a child to keep secrets which might compromise the child's safety or wellbeing. However, staff are aware that matters relating to child protection and safeguarding are personal to children and families. In this respect they are confidential and the headteacher or designated safeguarding leads (DSLs) will only disclose information about a child to other members of staff on a need-to-know basis.

All staff will always undertake to share our intention to refer a child to children's services with their parents and carers unless to do so could put the child at greater risk of harm or impede a criminal investigation.

As outlined in Keeping Children Safe in Education 2025 staff are aware that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem, however, education staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

Involving parents and carers

Promoting Mental Health

We recognise the important role parents and carers have in promoting and supporting the social emotional mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

To support parents and carers:

- we provide information and signposting to organisations on our websites
- on mental health issues and local wellbeing and parenting programmes
- have an open-door policy
- support parents and carers with children with mental health needs
- through sensitive and supportive regular meetings and signposting
- we organise a range of mental health workshops accessing expertise from

- voluntary services; this includes topics such as anxiety, stress management
- and sleep

When a concern has been raised the school will:

- contact parents and carers and meet with them
- offer information to take away and places to seek further information
- discuss how the parents and carers can support their child
- agree an action plan
- parents and carers will always be informed if their child is at risk of danger

We make every effort to support parents and carers to access services where appropriate. Learners are our primary concern, and in the rare event that parents and carers are not accessing services we will seek advice from the local authority.

Support from external organisations

We make links with a range of specialist services, such as CAMHS and MHST, and have regular contact with the services to review the support and consider next steps, as part of monitoring the learners' provision.

In some case a child's social emotional mental health needs require support from a specialist service. There are a vast number of organisations and websites designed to support individuals with mental health difficulties. In many cases, self-help can make a difference.

'Keeping Children Safe in Education' states the importance of working with external agencies; further details can be found in 'Mental health and behaviour in schools' guidance 2018. This guidance also sets out how schools and colleges can help prevent mental health problems by promoting resilience as part of an integrated, whole school approach to social and emotional wellbeing.

Supporting staff when dealing with difficulties

The senior lead for mental health lead and pastoral team will work closely together to identify opportunities for staff training, so that all members of staff feel confident in supporting learners. Examples of good practice include delivering professional development on how to create an emotionally effective and supportive classroom.

Staff may face personal difficulties associated with supporting the needs of children. Health Assured Employee Assistance Programme (EAP) is a 24-hour helpline to support staff. They will support family issues, medical information,

lifestyle addictions, gambling, financial concerns, relationships, domestic abuse, insurance claims, consumer issues, debt, legal issues, stress, or childcare, work and housing problems. Access to telephone and face-to-face counselling, and online cognitive behavioural therapy (CBT) is also available. www.healthassuredeap.com (A password is required to access – details on the staff intranet) 24-hour helpline: 0800 030 5182.

Useful links

- Young Minds is one of the UK's leading charities for children and young people's mental health
- Place2Be is one of the UK's leading children's mental health charities
- Mind is the UK's leading mental health charity, offering a great deal of useful information on children's mental health
- Children's Mental Health Week is an annual opportunity to encourage children, young people and adults to celebrate their uniqueness.
- Child and adolescent mental health services (CAMHS) provide support to children and young people with a wide range of behavioural and emotional issues

Appendix 1

Promoting wellbeing and good mental health

Research suggests that a healthy body and mind will learn more effectively. Poor physical health can lead to poor mental health. At CELT we seek to promote both by raising the awareness amongst our children, staff, parents and carers. We will achieve this by using a combination of the following:

- raising awareness through lessons and our curriculum
- raising awareness through newsletters and emails to parents and carers
- offering more training for our staff on matters of health and wellbeing
- embracing a number of different 'awareness days' to promote and increase understanding.
- we will use school-wide measures to assess our children and tailor support activities accordingly.
- we will use technology as an enabler to help promote wellbeing

Identifying the signs of poor mental health

The most effective way for a child or young person to obtain support for a mental health difficulty is to ask a trusted adult for their help. Understandably, this does not always occur, especially with children and young people. Many will be confused or embarrassed about their feelings and may be unsure what caused them. Others might be frightened regarding what happens next and others may not have a trusted adult in their life.

Trusted adults therefore need to be alert to see the signs and/or changes in behaviour that may lead to identifying some mental health difficulty. Some of

those signs are:

- change in behaviour e.g. more withdrawn, angrier, more promiscuous, less confident
- change in the way they dress e.g. covering their arms, lots of wrist bangles to hide cuts, using their hair to cover things or an unwillingness to undress for PE
- increased absenteeism or lateness
- decrease in eye contact
- change in personality
- decline in academic work
- tiredness or sleeping in class
- difficulties with concentration
- more emotionally fragile. e.g. cries or gets upset more easily.

Note: Many of the above should also raise safeguarding concerns too. See the Child Protection and Safeguarding Policy.

Known factors affecting mental health

Over the last 50 years, studies have looked at factors that affect a person's wellbeing and specifically those that increase the likelihood of developing mental health difficulties. Some of those factors are:

- abuse, trauma, or neglect
- social isolation or loneliness
- experiencing discrimination and stigma
- sleep difficulties
- neurological conditions such as Autism, ADHD and Learning Disabilities
- genes and hereditary conditions
- identity, sexuality or gender difficulties (e.g. LGBTQ)
- being socially disadvantaged, in poverty or debt
- bereavement
- crime within the family
- severe or long-term stress
- having a long-term physical health condition
- unemployment
- homelessness or poor housing
- being a long-term carer for someone
- drug and alcohol misuse
- domestic violence, bullying or other abuse
- significant trauma as an adult, such as military combat, being involved in a serious incident in which you feared for your life, or being the victim of a violent crime
- physical causes – e.g. an injury or poor physical health

It is recognised that CELT staff may not always be aware of all the difficulties a child or young person might face, however, staff training aims

to raise awareness of these factors so that support, if appropriate, can be provided.

Dealing with Risk

When a child or young person has developed a mental health difficulty, there could be an increase in risk of harm, abuse, neglect or vulnerability.

There are three categories of risk:

- **risk to self** (a child or young person has considered doing something intentional to harm themselves or is considering doing a harmful act)
- **risk from others** (a child or young person may become vulnerable and is therefore at increased risk from other children or other adults)
- **risk to others** (a child might have thoughts or plans to inflict pain upon another person)

Concerns about the risk of a child or young person has safeguarding implications. See Safeguarding and Child Protection Policy.

It is helpful to consider risk in three levels: low, medium and high.

Lower: Children and young people may develop thoughts that are 'darker' in nature but it does not mean they will necessarily act upon these thoughts. If the thoughts have remained as thoughts and there is no evidence of an intent to act upon them, this is considered a lower level risk. It would be recommended for the child or young person to be monitored regularly to ensure the unhelpful thoughts reduce. They may need professional support to help them. Depending on the wider context, there may be justifiable reasons to inform the child's parents or carers.

Medium: If a child has acted upon a thought (this could involve purchasing something they need that could harm themselves, hiding items in their bedroom, typing "how to" into Google) this should be considered medium because it has developed beyond a thought. This too will need monitoring, may need professional support, and parents or carers may need to be informed. Children and young people who are thinking of acting upon an unhelpful thought are those that need prompt help to prevent thoughts developing into actions.

High: If a child has acted upon a thought for the first time, for example, deliberately harmed themselves that has caused bleeding, bruising or swelling, then this should be considered a higher-level risk. Furthermore, if a child has a detailed plan to act upon a thought and the plan would increase the risk to life, this too must be considered high risk.

High: Any case of hearing voices, paranoia, hallucinating, psychotic features, thought disorder, delusional or thought transfer – this should be considered high risk.

High: Any case of deliberate self-harm (DSH) which has involved cutting into a major blood source (e.g. ulnar artery) should be considered high risk.

High: Any case where suicide has been attempted should be considered high risk. For example, if a child reported taking a number of tablets the previous day, he/she could remain at risk. Any case of a person who has tried to ligature will remain at risk for several hours due to inflamed tissue/muscle. This too should be considered high risk and will need an immediate medical assessment.

High: Any case which combines a complex or risky medical condition should be considered high risk. For example, an eating disorder where their weight for height is considered low with symptoms of dizziness, visual problems, chest pain, feeling cold all the time, tingly feelings in extremities or their menstrual cycle has stopped should be considered high risk. Also forms of epilepsy, seizures or absences should be considered high risk unless their symptoms are consistent with their care plan. A medical assessment should be sought when in doubt.

All high-risk cases should involve the following immediately:

- contact the school's designated safeguarding lead (DSL) immediately the child should not be left unattended
- seek consent from the child to discuss with a parent/carers but overrule, if necessary, on the grounds of safeguarding
- make contact with parents and carers and ideally consider a face-to-face meeting consider immediate medical professional support which may involve an urgent
- appointment with their GP or the Crisis Referral Line at NHS CAMHS (See section for CAMHS referrals) or 999/A&E
- document everything including advice to parents and carers by following the safeguarding guidelines for documentation and reporting

Additional information on deliberate self-harm (DSH)

There are several reasons for DSH. The most common is to release the feeling caused by a psychological problem e.g. low mood or anxiety. The effects of a physical cut potentially release the psychological pain for a while. Another reason, often found with children, is they cut a part of their body they dislike e.g. thighs or stomach. Some children see DSH as a form of punishment on their body because they are a bad person and deserve pain, whilst others are experimenting perhaps because a friend may have shared their own experience of DSH. **Whatever the reason, reacting appropriately and in a timely fashion is critical.**

DSH has inherent risks, however. For some children it will remain their coping mechanism and it may take several months to develop other coping strategies. Discretion needs to be applied by somebody trained in mental health to use appropriate judgement when deciding how to manage DSH.

For example, if the child's parents or carers are aware of the fact DSH is present and it is reported the child has cut again, it may be more damaging to inform the parents or carers on every occasion. Professional advice is recommended, and decisions of this nature should always be made with the school's designated safeguarding lead (DSL).

Taught curriculum for wellbeing and mental Health

CELT schools are committed to delivering a broad and balanced curriculum in all key stages that promotes wellbeing and mental health.

Supporting children when not attending school

The mental health of some children and young people may prevent them from attending school for short periods of time and may be placed on a flexible timetable or if more complex, may remain at home.

CELT has an obligation to educate all children that are enrolled, and every effort will be made to support each child. For most children, this will involve work being emailed or posted to their home. Children will be encouraged to physically come to school to collect and discuss work that has been given and where appropriate, teachers will be flexible when those meetings take place.

Other mental health or educational agencies may be involved in supporting the school to determine the exact format of education recognising that for some children, additional stress may not help in the short-term.

Education is good for mental health. Regular structure, mental stimulation and social interaction and all considered good for an individual's health, therefore CELT seeks to work with other professionals and the child or young person to support a prompt return to full-time education.

Mental health awareness for parents and carers

CELT's commitment to the wellbeing of children and young people extends to helping parents and carers using a range of different methods.

Suicide

Working with children and young people will have inherent risks and wherever possible, CELT will seek to mitigate those risks or even remove them. Each year there are approximately 150 adolescent suicides reported in England. Suicide is devastating for families, friends and communities. Whilst CELT will make every effort to prevent loss of life, it may happen at a CELT school.

Mental health in relation to school trips and residential

CELT believes in the value of school trips and residential as a means to enhance learning and strengthen relationships. That said, they may increase

the stress upon a child or young person and therefore increase their risk if there is a pre-existing mental health difficulty.

CELT will seek professional advice regarding the suitability of school trips and residential for those children experiencing mental health difficulties. CELT will do all it can to support a child on a trip. However, if advice suggests the risks are too high, then CELT may need to withdraw this option from some children. CELT will not make this decision lightly and will consider professional advice from a health expert.

Mental health in relation to exams

There are statutory guidelines available which specify what support children are able to receive for their examinations when there is diagnosed difficulty. Medical evidence should be provided by the parents if alternative arrangements need to be made. Each school has a SENCO and if further information is required, they can be contacted for advice.

Government initiatives to monitor

Mandatory Health Education in Schools – Consultation closes 7 Nov 2018

<https://consult.education.gov.uk/pshe/relationships-education-rse-health-education/>

Additional reading - government papers

Transforming Children and Young People's Mental Health Provision: a Green Paper (December 2017)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Government Response to the Consultation on Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps (July 2018)

www.parliament.uk/documents/commons-committees/Health/Correspondence/2017-19/government-response-to-consultation-on-transformingchildren-and-young-peoples-mental-health.pdf

Healthy Child Programme (March 2018)

www.gov.uk/government/publications/healthy-child-programme-0-to-19-health-visitor-and-school-nurse-commissioning

Transforming Care (January 2017)

www.england.nhs.uk/wp-content/uploads/2017/02/model-service-spec-2017.pdf

Future in mind - Promoting, protecting and improving our children and young people's mental health and well-being (September 2015)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

Mental Health Act 2007 www.legislation.gov.uk/ukpga/2007/12/contents
Childhood Obesity – A plan for action
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/546588/Childhood_obesity_2016__2__acc.pdf

History of Changes

Version	Date	Page	Change	Origin of change
1.0	30.11.22		Original draft	
1.1	17.08.2025		Pupil/students to learner KCSIE 25 references	