



# ST EDMUND'S SCHOOL CANTERBURY

## Policy to Promote the Well-Being and Mental and Emotional Health of Pupils

**THIS POLICY SHOULD BE READ IN CONJUNCTION WITH THE SCHOOL SAFEGUARDING  
POLICY AND KEEPING CHILDREN SAFE IN EDUCATION 2024.**

**THESE CAN BE FOUND ON THE SCHOOL WEBSITE HERE:**

**<https://www.stedmunds.org.uk/about-us/policies-inspection-reports/>**

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## 1. Introduction

St Edmund's aims to encourage positive mental, emotional and physical health, where pupils are supported in developing strength and resourcefulness to meet the challenges of day to day life.

This policy sets out the ways in which the School promotes pupils' well-being and, in particular, their mental and emotional health, significant factors in pupils being able to lead a healthy life as young people and as adults. The policy also sets the parameters for the School's actions given that the responsibility for a child's health, be that mental, emotional or physical, is a shared one with parents or carers and designated children's services.

This policy should be read in conjunction with the School's Safeguarding Policy, Behaviour Management Policy, Anti-bullying policy, Drugs and Drug Testing policy and the Disability Inclusion, SEN and Learning Support policy.

The Well-Being and Mental Health policy draws on specific guidance and material from the following publications:

*Keeping Children Safe in Education, 2024*

*Mental Health and behaviour in Schools, DfE, March 2015*

*Promoting Children's Mental Health within the Early Years and School Settings, DfES, June 2001*

*Healthy Minds: Promoting emotional health and well-being in schools, Ofsted, July 2005*

*Mental Health in Schools, Mark Prever, British Association for Counselling and Psychotherapy, 2006*

*Counselling in Schools: a blueprint for the future, DfE, March 2015*

## 2. Purpose of St Edmund's Well-Being and Mental Health Policy

The promotion of physical and mental health within a school has significant educational benefits.

Estimates suggest that up to 10% of children and young people suffer from a diagnosable mental health disorder, often leading to social isolation, low self-esteem and associated poor academic achievement. Disorders can manifest themselves in many ways such as self-harm, eating disorders, depression, poor educational achievement, or disruptive or anti-social behaviour.

St Edmund's is well placed to observe pupils and help to identify potential problems, and to assist parents or carers to access professional support (e.g. medical interventions, counselling, psychological or psychiatric support).

In the first instance, the School aims to be as proactive as possible in preventing problems by informing pupils and their parents or carers about leading healthy lives mentally and emotionally and in identifying potential problems at an early stage. To these ends, St Edmund's has well-established pastoral systems in place which allow teachers and tutors to identify, report and monitor behaviour which may point to physical and mental health problems, or such problems that are brought to our attention.

It is not uncommon for young people to have occasional difficult periods at some point during their school years; this is a normal and expected part of growing up. However, for some pupils, more frequent emotional dips or persistent displays of challenging behaviour, school absence or academic deterioration may be indicative of deeper issues which, in order to be resolved, will require a co-ordinated response involving not only the School and parents and carers, but experts beyond the School.

The publication of this policy is an indication of St Edmund's commitment to raising awareness among staff, pupils and parents in order to promote the physical, emotional and mental well-being of all pupils.

Senior pastoral staff will review the policy on an annual basis, drawing upon evidence from St Edmund's and official research by government and other appropriate bodies, to ensure that the School continues to be an exemplar for the healthy life for all pupils.

### 3. Promoting good mental health

Schools are in a position to enhance the social and emotional development of children through their daily responses to, and interaction with, pupils. Being an emotionally and mentally healthy school requires on-going commitment from both staff and pupils. Pupil commitment rests on the positive and caring culture created within the school for routine manners and courtesy, acceptable behaviour, anti-bullying policies and respect for others regardless of physical, cultural, racial or any other differences.

These expectations are clearly outlined in the St Edmund's Code of Conduct. Further details can be found in the School's policies on Safeguarding, Behaviour and Anti-Bullying.

In addition, the School has in place the following examples of good practice for an emotionally and mentally healthy school:

- ***A carefully considered PSHEE curriculum***, which includes: the promotion of social skills and problem-solving skills; teaching awareness of mental health issues to raise awareness and decrease stigma (eating disorders, self-harm, depression etc.); values; emotional awareness; confronting bereavement; anger management and conflict resolution, etc. PP PSHE topics include developing self-esteem and self-confidence, develop a healthy lifestyle, keeping safe, developing independence and responsibility etc
- ***Pastoral support from trained staff*** available in each School, e.g. in Senior School – Deputy Head Pastoral, Assistant Head Safeguarding, Director of Boarding, Housemasters, Deputy Housemasters, Tutors, Chaplain, Nurses, School Counsellor, and their equivalents in the Junior and Pre-Prep Schools

- ***Self-referral and drop-in options*** to see the School Counsellor or Medical Team who advise on ways of being referred to external psychiatric or other counselling services
- ***Wellbeing Centre*** – opportunity for a safe space. Drop in sessions are themed throughout the year, dealing with topics such as anxiety, sleep and body image.
- ***An active and supportive team of Learning Support teachers in each school*** – practical learning issues are addressed as part of reinforcing the self-esteem and mental health of pupils
- ***Peer listeners/peer support systems*** – pupils who are appointed and trained to act as mentors to younger pupils or to their peers
- ***Teaching to help pupils recognise their personal strengths and limitations*** to help themselves or to help fellow pupils
- ***Pupils and Staff are expected to value and respect every individual member of the School community*** – building constructive relationships using form time, referring to the appropriate guidance for each School, e.g. Code and Conduct and Aims and Ethos
- ***All staff are encouraged to listen to pupils and hear what they say*** – through regular child protection training and via formal forums for the voice of the pupils to be heard, e.g. Student Voice, Assemblies, meetings with Tutors.
- ***Regular lunchtime ‘Curiosity Shop’ lectures*** from external speakers and relationship talks from outside speakers annually.
- ***An emphasis on both the academic and personal development of each pupil*** – regular academic monitoring and strong encouragement for pupils to develop friendships through engagement in the co-curricular life of the school; opportunities for pupil-led activities and other initiatives are actively investigated and encouraged, with informal and formal rewards systems in place to celebrate the academic and co-curricular achievements of the children.
- ***Identification, and monitoring, of susceptible pupils*** – effective internal communication between academic and pastoral staff; clear channels of communication with parents via pastoral staff; highly responsive pastoral intervention when necessary to safeguard the well-being of the child
- A commitment, where necessary, to **reasonable adjustments** within the school environment for pupils with physical or mental health issues which do not affect the learning environment of other pupils
- ***Appropriate support and training for staff*** – particularly pastoral staff who may be involved in supporting physical and / or mental health issues with pupils.
- A commitment to **joint working** between St Edmund’s pastoral staff and parents and external experts, e.g. the School Nurse with health services; the School Counsellor and specialist adolescent mental health units; Designated Safeguarding Leads with Children’s Social Services. Early Help- support for families.
- ***The establishment, and fostering of, strong and trusting relationships with parents*** - with the well-being and educational progress of the pupil as the focus
- ***Provision of seminars and presentations for parents*** – invited speakers or members of staff dealing with relevant issues common in young children and adolescents, e.g. internet safety, positive friendships, eating disorders, substance abuse and exam stress and anxiety.
- ***CPOMs*** – logging system for pastoral and safeguarding concerns
- ***Pastoral meetings and notes*** – the pastoral team meets on a weekly basis to discuss pupil concerns. Notes are then sent to all teaching staff, in order to provide an overview of individual needs.

- **Key workers** – for those pupils requiring additional support in school, but not meeting the threshold of an external referral, a trusted key worker may be allocated.
- **Susceptible pupil alert** – key staff will be notified if a pupil considered susceptible is marked as ‘unauthorised absence’ from a lesson.
- **Educare** – staff have access to advanced safeguarding training via this learning platform.
- **Independent Listener** – all pupils have access to this service, which is advertised around the School.
- **Girls on Board** – an intervention specifically designed to support girls with healthy relationships. The boys receive an equivalent session, (Boys and Banter)

The School is not a specialist physical or mental health facility and our principal objective will always be to educate the child as effectively as possible; however, in the face of acute or persistent concerns, parents and carers may have heightened or unrealistic expectations of the School. This policy aims to help parents to understand what the School can do to help, and what it can only do in concert with health experts.

#### 4. Common mental health risk factors

There are common risk factors that may influence the chances of a young person developing a mental health disorder. These may include:

- Physical illness or learning disability
- Difficult temperament or communication difficulties
- Family factors, such as parental conflict and inconsistent discipline, family mental-health issues, difficult relationships with siblings
- Psychological reaction to adverse events (bereavement, bullying, abuse etc.)
- Environmental factors and life changes, such as socio-economic disadvantages, homelessness, or frequent moving of home or school.
- Workload
- Gender and sexuality.

The details of the type of mental health issue are not likely to affect the course of action in School unless there is an immediate risk of harm to the pupil, in which case the School’s Safeguarding policy and procedures would be followed.

It is impossible to definitively list all the situations that could be encountered by pupils but a brief summary of some different types of mental health disorders is given in **Appendix 2** to help staff and parents understand some of the specific issues that pupils may face.

## 5. Identifying a potential problem – Guidance for Staff

“All staff should be 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.” (KCSIE 2024 p16)

Supporting a distressed pupil can be extremely time-consuming and challenging. You may know the pupil well from your lessons or co-curricular activities but it is important to look objectively at the situation and to work with other colleagues to establish how you can best support the pupil.

Supporting pupils requires good communication and teamwork. Consult with Designated Safeguarding Leads or senior pastoral staff such as the Deputy Head or Housemasters, and always keep relevant pastoral staff informed of your actions and interactions with the pupil. All pastoral concerns should be logged on CPOMs and the relevant staff member notified so that action can be taken.

Think carefully about what you can and cannot do to help the pupil and be realistic, ensuring that the pupil clearly understands the limits of your role

Be prepared to take a firm line about the extent of your involvement so that it does not impact on your own teaching and well-being.

Additional training and support is always available if required

***General advice for staff (to be read in conjunction with policies and guidance on safeguarding and pastoral care):***

- Follow up on concerns, however small, with pupils through the pastoral system; be proactive and you may prevent a situation from becoming worse
- Always be prepared to listen to pupils
- If you are the lead pastoral colleague, gather more information from other colleagues to see if your concern is shared
- Again, assuming that you are the lead pastoral colleague, consider the most effective and supportive way to communicate your concerns to pastoral line managers and then, if appropriate, to the pupil and their parents using the School’s established communication procedures
- Record concerns in a factual and succinct style on CPOMs, notifying the staff who need to be aware and assigning action if appropriate.
- If you suspect that a problem with a pupil is not straightforward, or if there is no improvement in the pupil despite your initial intervention, do not delay in contacting a senior member of the pastoral team (Head of House, Deputy Head, DSL). Concerns can also be raised with the School’s Chaplain, the School Counsellor or the School Nurses.

- Always be mindful of the guidance on confidentiality contained within the School's Safeguarding Policy.

Advice on external referrals can be obtained by the school from for example the School Nurse or School Counsellor. As a first port of call we would suggest engagement of the pupil's GP or the pupil's local borough Child and Young Person Mental Health services (CYPMHS), when a referral is required. The school will work together with any family requiring assistance on these matters and continue to engage with the external services when required. Local drop-in and self-referral centres, such as (George Turle House) can also be recommended for adolescent or family counselling, as well as parental support.

## 6. Providing continuing support in School for a pupil receiving mental health treatment

- *Keeping things 'normal':*  
While it is not the responsibility of St Edmund's to replace mental health experts, if a pupil has mental or emotional health problems which are being treated, the School will seek to play a valuable role in supporting the pupil. Part of this may be as simple as keeping school as a constant of 'normal' life. Subject to adjustments made to accommodate a pupil's problems, normal codes of behaviour should be required. The aim might best be phrased as incorporating the pupil's individual needs into school life rather than fitting school around the focus of his or her medical needs; thus we provide a secure and safe environment for pupils to feel 'normal', rather than seeing him or her as a 'patient' in school.
- *Treatment and Medication*  
External treatment can have several arms of support including different types of therapy, such as counselling, psychotherapy, cognitive behavioural therapy alternative therapy such as hypnotherapy and / or medication. Medication is not necessarily contra-indicated for school attendance but will require the approval of the Head, and subsequent close liaison with senior Pastoral staff and the School's nurses. Parents and pupils should be open about medications so that staff can be understanding and supportive, particularly if the medication may result in side effects which could affect mood, focus and ability to sleep, all of which impact on a pupil's performance in school. The School nurses must also be informed of any medication so that there are no safety issues in the case of the pupil needing to be treated for any other medical presentation. To ensure best practice, the nurses follow the School's policy on medicines which is available to parents and regularly audited by the Governing body.
- *Advice and training*  
As with any medical condition in school, staff supporting pupils with physical illness and mental health disorders should receive appropriate advice and training where necessary. If a member of staff feels that they are unable to fulfil their professional duties relating to the well-being of a pupil then they must raise this as matter of urgency with their appropriate line-manager.
- *Safeguarding and Welfare (Child Protection)*



Safeguarding training is an essential part of understanding and dealing with well-being issues relating to children. All St Edmund's staff must ensure that their CP training is up to date, according to statutory guidelines and the School's Safeguarding & Welfare policy.

CJS September 2024

## Appendix 1

### Staff Guidance for reporting a concern

#### Identifying a problem

- Direct approach from the pupil
- Other pupils have expressed concern
- Significant changes in pupil's appearance, mood or personal hygiene
- Incidents of poor or unusual behaviour.
- Poor attendance
- Change in academic performance

#### Yes to any of the above

- Be proactive
- Speak and listen to the pupil
- Log concerns on CPOMs and assign the incident to relevant member of the pastoral team
- Do not avoid the situation. Speak to a member of the pastoral team if you are uncertain

#### Questions to ask yourself

- Are there child protection issues? Speak to the DSL if you are unsure.
- Who does this information need to be shared with?

#### Key points

\* CPOMs is our child protection online management system and effective logging enhances our support of pupils who have been raised as a pastoral concern. Once an incident has been assigned to a specific staff member, action will be taken in accordance with the pupil's needs and there is no need for the reporting staff member to take further action.

\* Referrals can be made to mental health services by the GP, school nurse, DSL or a senior member of the pastoral team.

## Appendix 2

### Brief overview of some mental health disorders that can affect young people

#### 1. Self-harm

Self-harm can be an expression of personal distress. There are many reasons for a person to hurt him or herself. Actions of self-harm can include cutting, overdosing on medications or other deliberate poisoning, asphyxiation, burning, punching oneself, pulling out hair/eyelashes, picking at skin or any other self-inflicted injuries.

The vast majority of children and young people who self-harm are not trying to kill themselves; it is a method of distraction from painful feelings. They are trying to cope with these feelings by engaging in behaviour which temporarily relieves stress and anxiety, but it is behaviour which can become very addictive. However, many people who commit suicide have self-harmed in the past, and for that reason each episode needs to be taken seriously.

If staff or parents discover a pupil is self-harming, it is important to try not to appear shocked or to show other negative feelings. Acknowledge their distress and express genuine concern for their well-being. Self-harm usually takes place in secret and it is important to be aware of the difficulties a pupil may have in discussing issues surrounding self-harm.

The School regards self-harm seriously and will recommend an external referral to a GP or to appropriate counselling. Staff and parents seeking advice should speak to senior Pastoral staff and further support and information can be obtained from the School's nurses or the School counsellor.

#### 2. Eating disorders

"Eating disorders are not a diet gone wrong or a fad or fashion. They are a way of coping with difficult thoughts, emotions or experiences." (from 'b-eat', or beating eating disorders)

There are three main types of eating disorder:

- Anorexia Nervosa: people with anorexia limit the amount of food they eat by skipping meals and rigidly controlling what they will and will not eat. Their concern about food, weight and calories can start to control them isolating them from their social group.
- Bulimia Nervosa: people with bulimia will also constantly think about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick ("purging"), in order to try and lose the calories they have eaten.
- Binge Eating Disorder: People with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.

A mixture of the disorders above is also common. Any pupil who is stressed, unhappy or lacking in confidence may be at risk of developing an eating disorder. In some cases an eating disorder may be triggered in a susceptible personality by a period of illness which is accompanied by loss of appetite. Eating disorders are very secretive and usually associated with a high level of denial, which can make diagnosis very difficult. It is often a bringing

together of clues reported from different sources that build up the bigger picture that results in diagnosis of, or strong suspicion of an eating disorder.

There are many signs to look out for:

Appearance/Physical signs	Behaviour
Weight loss/weight gain	Restricted eating – i.e. volume of food and low calorie content
Dull, lifeless hair; hair loss, dry skin	Obsession with food, weight and dieting, preference for eating alone, strange behaviour around food including hiding, collecting or storing food
Dizziness, tiredness or fainting	Irritability, distress, and arguments around mealtimes
Feeling cold	Secretive eating, lying about how much they have eaten and inability to tolerate unplanned events involving food
Menstrual disturbances	Drinking lots of water or fizzy drinks
Calluses on the knuckles of the dominant hand	Frequent weighing and excessive exercising
Sore throat, mouth ulcer and tooth decay; bad breath	Increased conscientiousness
Wearing baggy clothes	Increased isolation and loss of friends
	Ritualistic behaviour and obsessions
	Disappearing to the toilet immediately after meals
	Self-dislike, moodiness and excessive perfectionism
	Insisting on being fat when not

A pupil with an eating disorder can impact negatively on the school community and peer group. The isolation, generated by the condition and the controlling effects of the eating disorder on the sufferer can be disturbing for others who may also need support. There can also be elements of copying and competition but these should not manifest into serious cases.

It is likely that most pupils and some parents will be in denial about the existence of the problem and may refuse to co-operate with the steps taken to rectify the situation. As with most mental health disorders, until a pupil accepts that they have a problem it is difficult to refer them to CAMHS as they need to accept there is a problem to engage in the treatment. This is with the

exception of severe cases where referral should be made without cooperation due to safeguarding concerns. Regular monitoring during the time of non-disclosure is essential by staff and parents and if there is deterioration then safeguarding measures should be discussed. If staff suspect a pupil has an eating disorder based on physical signs, the School's nurses can make contact the pupil in order to rule out other potential medical causes.

Once diagnosed and under treatment, there will be no weighing of the pupil done in school in order to keep School as a safe environment. The School's Nurses will liaise with external medical and psychology experts and work with teachers to help the School to support the pupil in, as far as reasonably possible, maintaining a normal school routine.

### **3. Depression**

Childhood and adolescent depression can impact on cognitive development, socialisation, family relationships and behaviour. Children who are depressed often present with non-specific symptoms which may include refusal or reluctance to attend school, irritability, poor sleep pattern, abdominal pain and headache. There is often loss of concentration and loss of interest in previously enjoyed activities with a marked decline in educational performance and a persistent feeling of low mood, and unhappiness. Depression is a disorder that must be distinguished from the understandable melancholy arising from common life experiences.

Depression may develop over days or weeks. The duration of each episode can last weeks or months and most cases will self-resolve. 20-30% will have a residual low-level depressive state continuing for months or years. 5-10% will have full symptoms lasting 2 years or more. Treatment considerably shortens the duration of the depressive phase which means that diagnosis is essential.

The School's role is to foster a balanced, supportive, non-judgemental, helpful, confidential safe environment for the pupil. This involves acceptance of the situation the pupil is in and pathways of support offered within the school environment – this may include agreed adjustments to the academic and co-curricular programme of the pupil to prioritise health and well-being. Professional help will be needed externally consisting of therapy, plus or minus medication. The School will expect to work closely with these professionals to ensure that School can play a positive role in the pupil's overall care package.

### **4. Obsessive Compulsive Disorder (OCD)**

Obsessive compulsive disorder in children can be described as 'troublesome and distressing rituals and ruminations outside the criteria of 'normal' childhood rituals. OCD rituals are those that interfere with, rather than enhance, socialisation and the growth of independence'.

It is a very under-diagnosed condition and should be suspected with pupils who show poor adherence to timetables, lateness or inability to deal with change. Other clues can be frequent/prolonged visits to the toilet, excessive questioning in class and messy work due to constant erasing and re-writing. Normal childhood 'habits' starts to decline from around 10 years of age and it is after this that persistent rituals would start to raise concern.

OCD is most commonly treated with cognitive behavioural therapy (CBT) in conjunction with medication. CBT for children with OCD may involve keeping a diary, with the child drawing up a hierarchy of compulsions, and, starting with the easiest to tackle, being encouraged to try to avoid carrying out the compulsion.

## 5. Conduct Disorders

Children with conduct disorders can be rejected and become unpopular with their peers due to poor social skills. This may lead to emotional problems and isolation at school. A number of children with conduct disorders have additional problems such as hyperactivity or depression and can benefit from input from mental health professionals. One third of children assessed as having a conduct disorder have specific reading difficulties which because of their behaviour can often go undetected.

Disruptive children can lack social skills and have difficulties reading the behaviour of other children and adults around them. They often believe that others are behaving in a hostile or negative manner when they are not, and respond accordingly. Helping pupils examine those situations involving conflict or frustration, and to understand how to read the signals of people around them and respond in a more positive manner has been shown to have long-term preventive effects.

Approaches that can be used at a classroom level include: proactive classroom management methods; use of learning support; short, achievable targets and give immediate praise/rewards when completed; giving the pupil special responsibilities so that they and other pupils can see them in a positive light; helping young people to control their impulsive behaviour by generating alternative solutions.

Some pupils (for example those with ADHD) may be prescribed stimulant medication. This medication will be securely stored and administered, according to the School's medicine policy, by the School's nurses if it is required during school hours.

## Useful Contact Numbers

### LOCAL CENTRES

#### **George Turle House (NHS – Child and Adolescent Health Services)**

Telephone: 01227 597055

54 London Road, Canterbury, Kent, CT2 8JY

#### **Lenworth Clinic**

329 Hythe Road, Willesborough, Ashford, Kent, TN24 0QE

#### **Cherry Tree House**

Cheriton High Street, Folkestone, Kent, CT18 8AN

#### **Patients Advice and liaison Service (PALS)**

Telephone: 01227 783145

Kent and Canterbury Hospital, Ethelbert Road, Canterbury, Kent, CT1 3NG

**Get Connected UK** (confidential helpline for young people under-25 acting as a sign post to relevant sources of help)

Helpline 0808 808 4994

Email [help@getconnected.org.uk](mailto:help@getconnected.org.uk)

Website [www.getconnected.org.uk](http://www.getconnected.org.uk)

**YOUTH ACCESS** (advice and counselling service for age 12-25yrs and provision of local agency contacts)

Helpline 020 8772 9900 (office hours)

Email [admin@youthaccess.org.uk](mailto:admin@youthaccess.org.uk)

Website: [www.youthaccess.org.uk](http://www.youthaccess.org.uk)

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### **NATIONAL HELPLINES:**

#### **BEAT (specifically for help with eating disorders)**

Helpline 0345 634 1414

Youth line (for u-25s) 0345 634 7650

Email [help@b-eat.co.uk](mailto:help@b-eat.co.uk)

Website: [www.b-eat.co.uk](http://www.b-eat.co.uk)

#### **BULLYING UK**

Website: [www.bullying.co.uk](http://www.bullying.co.uk)

#### **CHILDLINE** (confidential telephone counselling service)

Helpline 0800 1111

Website: [www.childline.org.uk](http://www.childline.org.uk)

**FRANK** (confidential advice and information for individuals or anyone concerned about others drug or solvent misuse)

Helpline 0300 123 6600

Email [frank@talktofrank.com](mailto:frank@talktofrank.com)

Website: [www.talktofrank.com](http://www.talktofrank.com)

**Bipolar UK** (supports families of people with Bipolar and other associated illnesses)

Helpline 020 7931 6480

Website: [www.bipolaruk.org.uk](http://www.bipolaruk.org.uk)

**MIND** (support for individuals and families affected by mental health issues)

Helpline 0300 123 3393 or Text 86463

Email [contact@mind.org.uk](mailto:contact@mind.org.uk)

Website: [www.mind.org.uk](http://www.mind.org.uk)

**MindEd** (a free educational resource on children and young people's mental health for adults)

Website: [www.minded.org.uk](http://www.minded.org.uk)

**National Self Harm Network**

Website: [www.nshn.co.uk](http://www.nshn.co.uk)

**NSPCC** (child protection helpline for children and adults concerned about child abuse)

Helpline for young people (U-18) 0800 1111

Helpline for adults 0800 800 5000

Email [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

Website: [www.nspcc.org.uk](http://www.nspcc.org.uk)

**OCD Action** (services for people affected by OCD)

Helpline 0845 390 6232

Email [support@acdaction.org.uk](mailto:support@acdaction.org.uk)

Website: [www.ocdaction.org.uk](http://www.ocdaction.org.uk)

**RETHINK** (support for families, friends and relatives of those affected by mental health issues)

Helpline: 0300 5000 927

Email: [info@rethink.org.uk](mailto:info@rethink.org.uk)

Website: [www.rethink.org.uk](http://www.rethink.org.uk)

**SAMARITANS** (24 hour, 365 days a year emotional support for anyone in crisis)

Helpline 08457 90 90 90

Email [jo@samaritans.org](mailto:jo@samaritans.org)

Website: [www.samaritans.org.uk](http://www.samaritans.org.uk)

**SELF HARM UK** (website dedicated to supporting young people affected by self-harm)

Website: [www.selfharm.co.uk](http://www.selfharm.co.uk)

**YOUNG MINDS** (support for young people and also parent helpline and email forum)



General Telephone 020 7089 5050

Email [ymenquiries@youngminds.org.uk](mailto:ymentquiries@youngminds.org.uk)

Parent Helpline: 0808 802 5544

Parents email forum: [www.youngminds.org.uk/parents](http://www.youngminds.org.uk/parents)

Website: [www.youngminds.org.uk](http://www.youngminds.org.uk)

YOUTHNET (a charity that guides and supports youngsters to make informed choices, participate in society and achieve ambitions)

Website [www.thesite.org](http://www.thesite.org)

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#### Policy reviews:

- |                   |     |
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| 1. January 2022   | CJS |
| 2. September 2022 | CJS |
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