Broadway Academy Policies

Our Children. Our Community. Believe it can be done!

Pupil Mental Health and Wellbeing Policy

Approved by: Deep Support/ Experience Committee
Approved: November 2025
Next review: November 2027

Contents

1. Policy Statement

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

At Broadway Academy, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole Academy approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

2. Scope

This document describes the Academy's approach to promoting positive mental health and wellbeing across all communities of the Academy. This policy is intended as guidance for all staff including non-teaching staff and governors. It also informs stakeholders about the support they can expect from the Academy.

This policy should be read in conjunction with the following policies:

- Supporting Students with Medical Needs policy in cases where a student's mental health overlaps with or is linked to a medical issue
- First Aid policy
- SEND policy where a student has an identified special educational need, often categorised as Social, Emotional and Mental Health (SEMH)
- Behaviour policy
- Anti-bullying policy
- Safeguarding policy.
- Suicide Prevention policy statement
- Self-harm policy

3. Aims

- Promote positive mental health and wellbeing in all staff and students
- Create a culture of wellbeing and inclusion across the Academy
- Increase understanding and awareness of common mental health issues
- Foster a positive atmosphere in school, where pupils feel able to discuss and reflect on their own experiences with mental health openly
- Celebrate all the ways pupils achieve at our school, both inside and outside the classroom
- Allow pupils to participate in forming our approach to mental health by promoting pupil voice.
- Give pupils the opportunity to develop their self-esteem by taking responsibility for themselves and others.
- Spread awareness of the varieties of ways mental health issues can manifest.
- Support staff to identify and respond to early warning signs of mental health issues.
- Provide support to staff working with pupils with mental health issues.

- Provide support and access to resources to pupils experiencing mental ill health alongside their peers, their families and the staff who work with them

4. Legal basis

This policy was written with due regard to:

- The Equality Act 2010
- The Data Protection Act 2018
- Articles 3 and 23 of the UN Convention on the Rights of the Child

5. Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- Grant Stewart- Designated child protection / safeguarding lead
- Razia Ali - SENCO
- Sarah Johns - Strategic mental health lead
- Kevin Caines - Lead first aider
- Stuart Carroll - Lower School Pastoral Lead
- Grant Stewart - Upper School Pastoral Lead
- Lindey Hesson – Lead for PSHE

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to a member of the Deep support team and/or the Student Support Manager and record concern on MyConcern in the first instance. If there is a fear that the student is in danger of immediate harm, then the normal Safeguarding procedures should be followed with an immediate referral to the Designated Safeguarding team staff or the head teacher. If the student 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.

Where a referral to CAMHS/ Forward Thinking is appropriate, this will be led and managed by the Year Group DSL and the Pastoral team.

6. Warning signs

Academy staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with a referral to MyConcern followed up at the first opportunity with a conversation or email with the Year Group DSL, Mental Health Lead or a member of the Senior Safeguarding team.

Warning signs may include:

- Changes in mood or energy level
- Changes in eating or sleeping patterns
- Changes in attitude in lessons or academic attainment
- Changes in level of personal hygiene
- Social isolation
- Poor attendance or punctuality
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Abuse of drugs or alcohol

- Weight loss or gain
- Secretive behaviour
- Covering parts of the body that they would not have previously
- Refusing to participate in P.E. or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted
- Talking or joking about self-harm or suicide

7. Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure

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

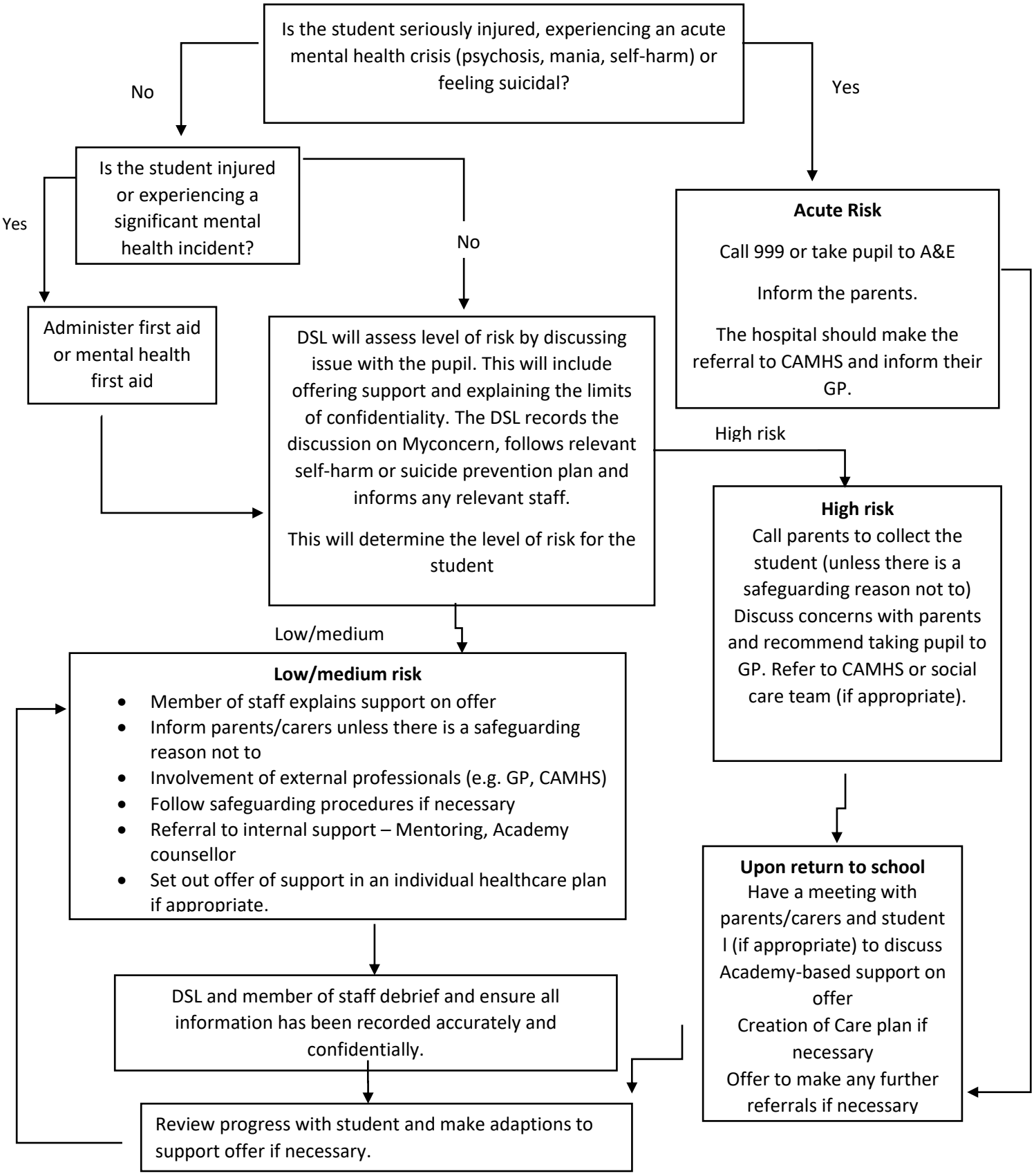
Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see appendix B.

All disclosures should be recorded in writing and held on the student's confidential MyConcern file. This written record should include:

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

This information should be shared with the Year Group DSL, SSM/SSA, Lead/ Deputy DSL or Mental Health Lead who will store the record appropriately and offer support and advice about next steps.

8. Procedure to follow in a case of acute mental health crisis



9. Student Passport and/or Care Plan

It is helpful to draw up a student passport and/or an individual care plan for students causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the student, the parents and relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the Academy can play

10 Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our Personal Development Curriculum. We also provide opportunities for Character development and a Values based education that is woven into every aspect of the Academy curriculum areas. Alongside this we teach standalone sessions through the Values for Education programme delivered to all students. Our RE curriculum which is delivered to all students from year 7-11 allows for the development of critical thinking and identity development.

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

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

11. Creating a positive atmosphere around mental health

Staff will create an open culture around mental health by:

- Discussing mental health with pupils to break down stigma
- Raising awareness for students through assemblies, form time, lessons and conversations around school
- Raising awareness for families and the wider community through newsletters, websites, emails and making links with external services such as Compass
- Encouraging pupils to disclose when they think their mental health is deteriorating
- Using strategies in line with the Thrive Approach and trauma informed practices
- Actively working with Compass to review mental health support and develop/ embed preventative and supportive strategies for students and families

12. Signposting

We will ensure that staff, students and parents are aware of sources of support within the Academy and the local community. This will include information about what support is available, who it is aimed at and how to access it (see Appendix A).

We will display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

13. Confidentiality

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

We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent. If it is suspected that a student is in danger a conversation MUST be had with parents/carers and advice given on next steps e.g., Accident and Emergency services, Pause etc.

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

Parents must always be informed immediately if a concern is raised about a student's mental health, particularly if that student may be at risk. If a student is deemed not to pose imminent danger or harm to themselves or others, they may choose to tell their parents themselves about mental health concerns. If this is the case, the student should be given 24 hours to share this information before the Academy contacts parents. We should always give students the option of us informing parents for them or with them.
If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Safeguarding team should be informed immediately via a conversation in the first instance and a referral on MyConcern.

14. Working with Parents

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

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

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

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.
We should always:

- provide clear means of contacting us with further questions
- Consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information.
- Finish each meeting with agreed next step and always keep a brief record of the meeting on the child's confidential record.

We will:

- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas and provide information on how parents and carers can support positive mental health in their children through information at parental events.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

15. Supporting Peers

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

- What is helpful for your friends to know and what do you not want them to know
- How can your friends best support you
- What should your friends avoid doing / saying which may inadvertently cause upset
- What warning signs should your friends look out for (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

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

16. Training

- As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection 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 a specific issue.

- Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due 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.
- Suggestions for individual, group or whole Academy CPD should be discussed the CPD Coordinator and the Deep Support Team who can also highlight sources of relevant training and support for individuals as needed.

17. Support for staff

We recognise that supporting a student experiencing poor mental health can be distressing for staff. To combat this, we will:

- Treat mental health concerns seriously
- Offer staff supervision sessions
- Support staff experiencing poor mental health themselves through the Academy Employee Assistance Programme via Health Assured.
- Create a pleasant and supportive work environment

18. Policy Review

This policy will be reviewed every 2 years as a minimum. It is next due for review in September2027.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to the Mental Health Lead Sarah Johns or a member of the Deep Support team. This policy will always be immediately updated to reflect personnel changes.

Appendix A: Sources of support at Broadway and in the local community

Academy Support

Mentoring

Mentoring is available to students through a referral system. Referrals are usually through the Pastoral Panel after recommendations from the Panel. Students can also self-refer by going to a mentor or a member of their Pastoral team and asking for the support which can then be put forward to the Pastoral panel. Students are given information about who the mentors are through assemblies and are signposted in social areas.

Behaviour Recovery

The Behaviour Recovery room is for students who require extra support for managing behaviours by giving them a short period of time ranging from an hour to several days. Whilst in the Behaviour Recovery room students can receive support from the Behaviour Recovery manager who is a trained mentor and a mental health First aider. Students are referred to the Behaviour Recovery room via teaching staff and the Pastoral team.

Refocusing Room

The Refocusing room provides long term respite for students who are experiencing difficulty accessing the mainstream difficulties due to behavioural difficulties, social, emotional, mental health. These issues may manifest themselves through disruptive and negative behaviours, school refusal, self-harm or other symptoms associated with SEMH. The focus of the room is to provide a programme of support that meets the needs of the student in a safe and nurturing environment. This room is also available to students who have experienced some form of trauma and /or who are deemed vulnerable and require a period of time away from the mainstream classroom. Students are referred at the Pastoral panel to the Refocusing room.

Thrive

Thrive is an Academy wide initiative to support staff to be able to understand, identify and tackle the root causes of behaviour, so more time is spent on learning productively. It is based on the Office for Health Improvement's principles for a whole school and college approach.

Educational Psychologist (EP)

The EP supports the Academy and the local authority to improve all children's experiences of learning. They use their psychology training and knowledge of child development to assess children having difficulties with their Social, Emotional and Mental Health and their learning.

Local Support

Pause is a city Centre drop-in service, based in Digbeth Birmingham. There is also a weekly pop-up Pause in Aston
Run by The Children's Society, it's a little bit different to other mental health services as you don't need an appointment; you can simply drop in for a chat. During Drop-ins you can talk to one of the team, learn a new technique for managing emotions or simply browse online self-help materials. Pause is run by a friendly team of therapists, youth workers and volunteers, who are always on hand to lend a listening ear. They also offer a range of workshops and groups.

Compass

Broadway Academy are actively working with Compass Birmingham MHST to support students' mental health and emotional wellbeing. Currently, we are accessing several services in school, such as friendship workshops, Year 7 transition workshops, mental health assemblies, and referrals for small groups and one-to-one counselling as well as professional development around mental health for staff. Compass Birmingham MHST also offer parental support programmes, such as Beyond Behaviours Workshop and the Non-Violent Resistance Programme.

Appendix B: Talking to students when they make mental health disclosures

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

Focus on listening

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

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

Don't talk too much

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

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

Don't pretend to understand

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

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

Don't be afraid to make eye contact

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

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak.' On the other hand, if you don't make eye

contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Trying to maintain natural eye contact will convey a very positive message to the student.

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

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

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

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

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

Never break your promises

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

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

Appendix C: What makes a good Forward Thinking Birmingham referral?[2]

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

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

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

General considerations

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

Basic information

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

Reason for referral

- What are the specific difficulties that you want Forward Thinking to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of Academy
- Who else has been or is professionally involved and in what capacity?

Has there been any previous contact with our department?

- Has there been any previous contact with social services?

[2] Adapted from Surrey and Border NHS Trust

- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay?
- Are there any symptoms of ADHD/ASD and if so, have you talked to the Educational Psychologist?

The screening tool on the following page will help to guide whether or not a Forward Thinking referral is appropriate.

For further support and advice, our primary contacts are:

Pre- Forward Thinking Referral

INVOLVEMENT WITH CAMHS	
	Current CAMHS involvement – **END OF SCREEN***
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

Ask for consent to telephone Forward Thinking for discussion with clinician involved in young person's care

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

MENTAL HEALTH SYMPTOMS		
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

Little or none Score = 0	Some Score = 1	Moderate Score = 2	Severe Score = 3

*** If yes – call CAMHS team to discuss an urgent referral and immediate risk**

HARMING BEHAVIOURS		
	1	History of self harm (cutting, burning etc)
	1	History of thoughts about suicide
	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	2	Current self harm behaviours
	2	Anger outbursts or aggressive behaviour towards children or adults
	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

management strategies

Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)			
	Family mental health issues		Physical health issues
	History of bereavement/loss/trauma		Identified drug / alcohol use
	Problems in family relationships		Living in care
	Problems with peer relationships		Involved in criminal activity
	Not attending/functioning in Academy		History of social services involvement
	Excluded from Academy (FTE, permanent)		Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

0 or 1 Score = 0	2 or 3 Score = 1	4 or 5 Score = 2	6 or more Score = 3

Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

***** If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice *****

Appendix D Suicide Safety Plan

BROADWAY ACADEMY

SUICIDE SAFETY PLAN

Adapted from Papyrus – Prevention of Young Suicide

When thoughts of suicide are overwhelming, staying safe for even short periods of time takes a great deal of strength. This plan is to use during those crisis times.

It isn't a plan of how to rid yourself of thoughts of suicide. This plan looks at staying safe for now so that you still have the chance to get through the moment and access long-term support. Thoughts and feelings can change, it doesn't mean you will feel like this forever.

Let's concentrate on what you can do right now to give your thoughts and feelings the opportunity to change.

Why do I want to stay safe?

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

Making my environment safer:

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

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

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

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

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

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

What can I do right now that will keep me safe?

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

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

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

Who can I reach out to for help?

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

- 101 for non-emergency support
- 999 for emergency support
- NHS 111 for medical advice
- HOPELINEUK (0800 068 4141)

Long–term support plan:

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

- Talk to my GP

Use this space to express your thoughts.

HOPELINK UK

Call: 0800 068 4141

Text: 07860 039 967

Email: pat@papyrus-uk.org

Open every day 9am - midnight.

www.papyrus-uk.org

Our Suicide Prevention Advisers are ready to support you.

Registered charity number: 107089