

COLLINGHAM

KENSINGTON

MENTAL HEALTH POLICY

At Collingham College the wellbeing of each student is paramount and has long been at the forefront of the College's approach. We believe that by helping students develop the tools to understand themselves better, to self-regulate and support themselves, they will take an invaluable strength with them into their future lives.

Collingham was a leader in introducing counselling into the school environment, and has a fully qualified and experienced counsellor on its permanent staff for over 8 years.

In Collingham's very specific niche, we realise that many of our students come to us disappointed and frustrated by exam results or previous school experiences. Helping our students understand and overcome these adversities results in stronger, more resilient and self-aware individuals, many of whom say their extra time at Collingham turned out to be a blessing in disguise.

On arrival at Collingham, each student is allocated a Personal Tutor, who will have a small group of students for whom they take personal responsibility during their journey through Collingham. New students meet their Tutor on the first day of term and remain in contact on a weekly basis to discuss progress and any other issues that may arise. The Personal Tutor is available at other times in need.

All staff, whether teaching or support, are trained in looking out for signs of mental health issues and safeguarding, with regular updates and INSET training in areas including Child-on-Child Abuse, Anxiety and Depression, and Radicalisation. If a concern is raised, the staff member reports directly to the Personal Tutor, who then takes the appropriate action. This will usually commence with a conversation with the student, followed by, as appropriate, referral to the counsellor, DSL (Designated safeguarding Lead) or outside agencies, in discussion with parents.

All such concerns and interactions are recorded immediately on the student's record on CPOMS (Student reporting system) , a confidential reporting system which ensures that all concerned parties within the college, including at all times the DSL and Deputy DSL, are made immediately aware of issues.

The DSL's will consider referring to CYPMHS (Children and Young People's Mental Health Services)

We also use Tootoot, an app in which students can discreetly request help and support, or alert the College to matters of concern. This is monitored by the DSL and Well-being Team.

Posters and signs around the buildings guide students towards the sources of support both within the College, and externally, such as Childline and Young Minds

Students receive weekly Selfhood sessions, delivered by their Personal Tutors, at which attendance is mandatory in Years 9, 10, 11 and 12. These have a theme each week, and include a discussion time, to allow students to thoroughly explore the issues raised. Year 13 and 14 students have a compulsory termly pastoral conference day.

The college has a Senior Mental Health First Aider. This is the school Counsellor (Emma Clyne). Paul Caffell the head of GCSE is also a Mental Health First Aider.

The School Counsellor/ Senior Mental Health First Aider is available for support, both by appointment and in moments of need. Whether referred by a tutor or self-referred, the Counsellor will carry out a broad assessment of the mental health and needs of the student as well as offering support on the specific issue at hand. Regular counselling is not offered within College, but a referral to trusted external counsellors for longer term support can be made. The college via the DSL will consider referring to CYPMHS

The Student Council include Wellbeing as one of their responsibilities, and raise issues on behalf of students with staff. They also act as advisors on the College's Wellbeing programme, helping to organise and deliver presentations around mental health and stigmas, and create an open and approachable community. The student council have a termly meeting with the Principal with Wellbeing set as a compulsory area of discussion.

Applies to:

- The whole college along with all activities provided by the college, including those outside of the normal college hours;
- All staff (teaching and non-teaching) and the directors working in the college.

Related Documents:

- Health, Safety and Welfare Procedures, Risk Assessment Policy
- Safeguarding Children - Child Protection, Safer Recruitment, Anti Bullying Policies, E Safety
- Behaviour Discipline and Sanctions Policy
- First Aid and Medication Policies

Availability:

- The Health and Safety Policy, along with relevant procedural documents, are provided either in hard copy or electronically to all new employees and volunteers before commencing work at Collingham. They are required to state that they have read and understood such documents and confirm this by signing the *Policies Register*.
- This policy is made available to parents, staff and students in the following ways: via the College website and on request a copy may be obtained from the College Office.

Monitoring and Review:

- The Board of Directors undertake a formal review of the Mental Health Policy for the purpose of monitoring and of the efficiency with which the related duties have been discharged, by no later than two years from the date shown below, or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require.
- Where any changes, amendments or additions are made, the revision number will change. Reviews that result in no changes at all will maintain the same revision number.

Signed:

James Allder

Date: November 2024

Robert Marsden and Edward Browne

Principal

Board of Directors

Appendix 1
Signs for concern
NHS 2022

Depression in teenagers

Noticeable symptoms of depression in teenagers can include:

- continuous low mood or sadness as well as frequent tearfulness
- voicing/showing feelings of hopelessness and helplessness
- being irritable and intolerant of others
- little or no enjoyment of things that were once interesting to them
- increasing social isolation
- disturbed sleep patterns (for example, problems going to sleep and/or waking throughout the night)

Teenage eating disorders

The most common eating disorders include [anorexia](#), [bulimia](#), [binge eating](#) and other specified feeding or eating disorder (OFSED).

OFSED, when symptoms do not exactly match those of anorexia, bulimia or binge eating disorder, can be just as serious. Some children and young people may experience avoidant/restrictive food intake disorder (ARFID).

Signs of eating disorders can include:

- complaining about being fat, even though they are a normal weight or are underweight
- letting people around them think they have eaten when they have not
- being secretive about their eating habits
- becoming anxious, upset or guilty when asked to eat
- vomiting, or using laxatives in order to lose weight

Teenagers who self-harm

If you suspect that a teenager is self-harming, look out for any of the following signs:

- unexplained cuts, bruises or cigarette burns, usually on their wrists, arms, thighs and chest
- keeping themselves fully covered at all times, even in hot weather
- signs of depression, such as low mood, tearfulness, a lack of interest in everything
- signs of [low self-esteem](#), such as blaming themselves for any problems or thinking they are not good enough
- signs they have been pulling out their hair

Teenagers who take drugs Teenagers with Suicidal thoughts

Signs that a teenager is taking drugs can include:

- losing interest in hobbies, sports or other favourite activities
- dramatic changes in behaviour
- excessive tiredness and lack of appetite
- dilated pupils, red eyes, bad skin
- stealing

Teenagers with Suicidal thoughts

Signs that a teenager is having suicidal thoughts:

- Making statements like, "You'd be better off without me," or "I won't be a problem much longer."
- Talking, writing, or drawing about death, dying, or suicide in classwork, journals, or social media posts.
- Researching methods to end their life.

- Expressing a desire to die, to kill themselves, or that they have no reason to live.
- dramatic changes in behaviour