ST IVES JUNIOR SCHOOL

‘Learning together, free to fly’

Together we thrive in a nurturing,inspiring community,
Together we learn to succeed in an ever changing world.

Supporting Pupils with Medical Conditions and Mental Health Needs Policy

Purpose
To ensure that pupils with physical or mental health needs are safe, included and supported to participate fully in education and school life, through individualised arrangements developed with pupils, families and health professionals.

Document control

Policy control	Details
Responsible leader	Ali Watts - Headteacher
Approval body	Full Governing Body
Status	Draft for approval - September 2026
Review cycle	At least annually; next scheduled review September 2027

Applies to	All pupils, staff, governors, volunteers and relevant contractors
Read alongside	Allergy Safety Policy, SEND Policy and Information Report, Child Protection and Safeguarding Policy, First Aid Policy, Intimate Care arrangements, Attendance Policy, Accessibility Plan and Educational Visits Policy

Key changes in this version

Change	What this means for St Ives Junior School
September 2026 allergy duties	Recognises the new statutory Allergy Safety guidance and the need for a separate, published Allergy Safety Policy, trained staff and emergency adrenaline arrangements.
Current medical framework	Retains the statutory medical-conditions guidance currently in force and removes obsolete document links.
Clear medicine procedures	Adds consent, original packaging, storage, access, controlled-drug, record, disposal and emergency requirements.
Individual Healthcare Plans	Clarifies when an IHP is needed, who contributes, what it contains and when it is reviewed.
Mental-health response	Separates universal wellbeing, early support, targeted help, referral, safeguarding and urgent/crisis action.
Respectful terminology	Removes the outdated list that mixed diagnoses, life events and identity; staff observe and respond but do not diagnose.
Attendance and inclusion	Strengthens reasonable adjustments, educational visits, absence support and reintegration expectations.
Current local routes	Replaces the 2021 service directory with maintained NHS and Cornwall information pages.

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Important allergy requirement

From September 2026, maintained schools must have and publish a separate Allergy Safety Policy and have regard to the statutory Allergy Safety in Schools guidance. This policy supports, but does not replace, that separate policy.

1. Purpose, scope and principles

The governing body has a duty to make arrangements to support pupils with medical conditions. This policy covers physical and mental health needs, whether short-term, long-term, fluctuating or life-threatening. It applies during the school day, before- and after-school provision operated by the school, educational visits, sporting activities and other school-organised activities.

- **Child-centred and inclusive.** Support reflects the pupil's needs, views, dignity, privacy and right to participate fully.
- **No unnecessary barriers.** Pupils are not denied admission, education, activities or reasonable adjustments because of a health need.
- **Partnership.** The school works with pupils, parents/carers, healthcare professionals and relevant services.
- **Safe and competent practice.** Only staff with appropriate information, training and competence undertake agreed healthcare tasks.
- **Prompt access.** Medicines and emergency equipment are secure but available without avoidable delay.
- **Whole-school wellbeing.** The Roots and Wings Curriculum, trauma-informed practice, relationships and school culture promote mental health and belonging.

- **Safeguarding first.** Health information never displaces the duty to notice, report and respond to safeguarding concerns.

2. Legal and guidance framework

- section 100 of the Children and Families Act 2014;
- Supporting pupils at school with medical conditions statutory guidance, which remains in force until replaced;
- Allergy Safety in Schools statutory guidance, published July 2026 and applicable from September 2026;
- Children's Wellbeing and Schools Act 2026 allergy-safety provisions;
- Equality Act 2010, including reasonable-adjustment and accessibility duties;
- SEND Code of Practice: 0 to 25 years;
- Keeping Children Safe in Education 2026;
- Education for children with health needs who cannot attend school statutory guidance;
- Working Together to Improve School Attendance statutory guidance;
- Mental health and behaviour in schools and current DfE whole-school wellbeing guidance; and
- UK GDPR and Data Protection Act 2018.

Current medical guidance
DfE confirmed in July 2026 that the existing medical-conditions statutory guidance remains in force while revised general medical guidance is developed. The separate Allergy Safety guidance is current for September 2026.

3. Roles and responsibilities

3.1 Governing body

- ensure arrangements support pupils with medical conditions to access education and school activities;
- approve and monitor this policy and the separate Allergy Safety Policy;

- ensure a named person has overall responsibility for implementation;
- ensure sufficient staff receive suitable training and are competent before undertaking healthcare tasks;
- ensure appropriate insurance, resources, emergency arrangements and record keeping; and
- receive assurance on training, incidents, near misses, complaints and lessons learned without receiving unnecessary personal data.

3.2 Headteacher and named leads

- Ali Watts holds overall responsibility for implementation and designates operational medical, allergy and mental-health leads;
- ensure staff understand pupils' needs, emergency procedures and their own responsibilities;
- ensure IHPs, risk assessments and staff training are completed and reviewed;
- maintain liaison with families, health professionals, the SENDCO, DSL and attendance lead;
- ensure staff absence and school visits are covered safely; and
- review significant incidents and near misses and report as required.

3.3 School staff

Any member of staff may be asked to support a pupil with a medical condition, including administering medicines, but cannot be required to do so. Staff who accept a task must receive sufficient information and appropriate training and must work within the agreed plan and their competence.

- know how to obtain help and follow emergency arrangements;
- protect dignity and confidentiality while sharing information necessary for safety;
- record medicines and relevant incidents promptly;
- report changes, concerns, errors and near misses immediately; and

- never diagnose a mental health condition or change a medicine dose on their own initiative.

3.4 Pupils, parents/carers and healthcare professionals

Pupils are involved in decisions in a way appropriate to their age, understanding and communication. Parents/carers provide accurate, current information, consent, medicines and equipment and notify the school of changes. Healthcare professionals provide timely advice about needs, treatment, training and emergency action where appropriate.

4. Notifying the school and planning support

Parents/carers should notify the school as soon as possible of a diagnosed or suspected health need, treatment change, hospital admission or any circumstance affecting safe participation. The school may also identify a need through observation, attendance information, a disclosure or professional advice.

- The named lead gathers relevant information and decides, with the family and health professionals where appropriate, whether an IHP and/or risk assessment is required.
- Interim arrangements are put in place without unnecessary delay while further information is obtained.
- The school considers whether the pupil may have SEN or a disability and whether SEND support or reasonable adjustments are required.
- Transition arrangements are planned for a new pupil, a changed condition, return from hospital or movement to another setting.

5. Individual Healthcare Plans

An Individual Healthcare Plan (IHP) is used where a pupil's condition is long-term, complex, fluctuating, life-threatening or requires detailed support or emergency arrangements. Not every pupil taking medicine needs an IHP; the decision is based on individual need and professional advice.

5.1 Development and content

- the condition, symptoms, triggers, warning signs and the pupil's own understanding;
- the support needed, including medicines, dose, equipment, dietary, environmental, personal-care and learning arrangements;
- specific support for emotional or mental health where relevant;
- reasonable adjustments, attendance support and arrangements for trips, PE and emergencies;
- who will provide support, training and cover arrangements;
- consent and information-sharing arrangements;
- what constitutes an emergency, the action to take and whom to contact; and
- how and when the plan will be reviewed.

Plans are developed with the pupil and parents/carers and with relevant healthcare advice. They are readily available to staff who need them, while remaining secure. They are reviewed at least annually and sooner after a significant change, incident, near miss or concern that arrangements are ineffective.

6. Managing medicines in school

6.1 Acceptance and consent

- Medicines are administered only when it would be detrimental to a pupil's health or attendance not to do so.
- Written parental consent is normally required. Emergency action may be taken without consent where necessary to protect life or prevent serious harm.
- Prescription medicines must normally be in the original container as dispensed by a pharmacist, in date, clearly labelled for the pupil and include instructions for dose and administration.

- Non-prescription medicine is accepted only under the school's agreed procedure, with written consent and clear instructions. Aspirin is never given to a pupil under 16 unless prescribed by a doctor.
- The school will not alter a label or dose without written clarification from an appropriate healthcare professional.

6.2 Storage, access and self-management

- Medicines are stored securely and according to their instructions, including refrigeration where required, but emergency medicines remain immediately accessible.
- Controlled drugs are kept in a non-portable locked container; access is restricted and a record is kept of administration and remaining quantity.
- A pupil may carry and manage their own medicine when this is agreed as safe and appropriate in their IHP. Otherwise, the medicine is stored where trained staff and the pupil can access it promptly.
- Asthma inhalers, adrenaline auto-injectors and other emergency medicines must never be locked away or located where access would be delayed.
- Medicines and equipment accompany the pupil on visits and activities with appropriate staff and emergency arrangements.

6.3 Administration, records and disposal

- Staff check the pupil, medicine, dose, route, time, expiry date and written instructions before administration.
- Each administration is recorded promptly, including date, time, dose and staff member. Refusal, omission, error or adverse reaction is recorded and escalated.
- Parents/carers are informed where a medicine is refused, an error occurs, an emergency medicine is used or follow-up is required.

- Sharps are disposed of in an approved sharps container. Other medicines are returned to parents/carers for safe disposal when expired, no longer required or when the pupil leaves.

7. Emergency medicines and allergy safety

7.1 Emergency salbutamol inhaler

Where the school maintains an emergency salbutamol inhaler, it is managed in line with current national guidance. It is used only for a pupil who has been diagnosed with asthma and prescribed a reliever inhaler, or prescribed a reliever inhaler, and for whom written parental consent has been obtained. Use is recorded and parents/carers are informed.

7.2 Allergy and anaphylaxis

From September 2026 the school follows its separate published Allergy Safety Policy and the statutory Allergy Safety in Schools guidance. That policy identifies the allergy lead, whole-staff awareness training, pupil-specific IHPs, allergen-risk controls, emergency response, spare adrenaline devices, incident and near-miss reporting, and lessons learned.

Suspected anaphylaxis
Administer adrenaline without delay in accordance with training and the pupil's plan or emergency protocol, then call 999. A pupil's prescribed devices remain the primary supply; the school's spare device is additional emergency provision.

7.3 Other emergencies

Staff follow the pupil's IHP and emergency instructions, call 999 when necessary, provide first aid within their training and contact parents/carers. A pupil who becomes unwell is not sent to the office or left alone if that would be unsafe.

8. Day-to-day inclusion, risk and attendance

- Pupils with health needs have full access to the Roots and Wings Curriculum, breaks, meals, clubs, visits, PE and residential activities unless an individual assessment identifies a necessary restriction.

- Reasonable adjustments may include rest, movement, food, drink or toilet breaks; modified tasks; accessible information; equipment; a safe space; flexible routines; or phased reintegration.
- Risk assessment supports participation and does not become a reason for blanket exclusion. It considers trained staff, medicines, equipment, transport, emergency access and contingency arrangements.
- Parents/carers are not routinely required to attend school to administer medicine or provide personal care where the school can reasonably make safe arrangements.
- Absence linked to a health condition is recorded accurately and handled sensitively. The school works with the family and relevant services to maintain learning, connection and reintegration.
- A part-time timetable is used only in very exceptional circumstances, for the shortest necessary period, with agreement, safeguards, regular review and a clear plan to return to full-time education.
- Where a pupil is likely to miss 15 school days or more because of health needs, whether consecutive or cumulative, the school liaises with Cornwall Council about its section 19 duties and alternative education.

8.1 Unacceptable practice

- assuming every pupil with the same condition needs the same support;
- ignoring the views of the pupil, parents/carers or medical evidence without good reason;
- preventing ready access to medicines, inhalers, adrenaline or other essential equipment;
- sending an unwell pupil to the office or medical room alone when support is needed;
- penalising a pupil for attendance, attainment or behaviour directly arising from their health needs without considering support and reasonable adjustments;
- excluding a pupil from normal activities simply because of a condition;

- requiring parents/carers to attend routinely to provide support that the school can reasonably arrange; or
- preventing a pupil from eating, drinking or taking toilet breaks needed to manage their condition.

9. Mental health and wellbeing

Mental health exists on a continuum. Pupils may experience temporary distress, emerging needs or a diagnosed condition. Difficult life events, bereavement, trauma, family circumstances, neurodivergence, physical illness, discrimination and safeguarding experiences may affect wellbeing, but they are not diagnoses. Gender identity is not a mental disorder.

The school uses a whole-school approach built around:

- an ethos and environment that promote respect, belonging and value diversity;
- visible leadership and management;
- staff development supporting pupil and staff wellbeing;
- the Roots and Wings Curriculum, relationships education and social and emotional learning;
- pupil voice and participation;
- early identification and monitoring of support;
- targeted, evidence-informed support and appropriate referral; and
- partnership with parents and carers.

Trauma-informed and relational practice helps staff respond with curiosity and consistency. It does not replace safeguarding procedures, clinical assessment, SEND assessment or appropriate boundaries.

10. Identifying and responding to concerns

Staff are well placed to notice changes but do not diagnose. Possible indicators may include sustained changes in mood, behaviour, relationships, sleep, eating, presentation, attendance, concentration, physical complaints, engagement or attainment; expressions of hopelessness; self-harm; or concerning online activity.

Level	School response
Universal wellbeing	Inclusive teaching, positive relationships, curriculum learning, predictable routines, pupil voice and opportunities to seek help.
Emerging concern	Listen, record factual observations, speak with the designated lead, involve the pupil and normally parents/carers, agree proportionate support and review impact.
Persistent or significant need	Co-ordinate a plan through the appropriate pastoral/SEND process, consider reasonable adjustments and seek advice or referral through current local routes.
Safeguarding or urgent risk	Contact the DSL immediately. Do not leave the pupil alone if risk is immediate. Obtain emergency or urgent professional help and inform parents/carers unless doing so would increase risk.

Support is recorded, time-limited or reviewed at agreed intervals, and evaluated with the pupil and family. The school will not promise confidentiality and will share information when necessary to protect the pupil or others.

11. Safeguarding, self-harm and urgent risk

A mental-health concern may also be a safeguarding concern. Staff follow the Child Protection and Safeguarding Policy and report concerns to the DSL immediately. Staff must not investigate, undertake a detailed risk assessment beyond their role, or agree to keep harmful thoughts or behaviour secret.

- If there is immediate danger, a serious injury, suspected overdose or life-threatening emergency, call 999 and provide first aid.
- For urgent mental-health help, use NHS 111 and local NHS crisis routes, following current advice.
- A pupil at immediate risk is supervised by an appropriate adult in a calm, safe place while help is obtained.
- Parents/carers are informed promptly unless the DSL decides this could place the pupil at greater risk or prejudice safeguarding action.
- After an incident, the school agrees safe return, communication, reasonable adjustments, peer impact, record keeping and review arrangements.

Crisis contacts

Immediate danger or life-threatening emergency: call 999. Urgent mental-health advice: NHS 111. Cornwall's current child and adolescent crisis and support routes are linked in Appendix D; staff must check the live source rather than rely on an old printed directory.

12. Information, confidentiality and records

- Health information is special-category personal data and is handled lawfully, securely and proportionately.
- Staff receive the information needed to keep the pupil safe and fulfil their responsibilities; unnecessary details are not shared.
- IHPs, consent forms, medicine records, training records, risk assessments, incidents and near misses are dated, accurate and retained under the school's retention schedule.
- Cover staff, lunchtime staff and visit leaders receive essential information before taking responsibility for a pupil.
- Information is transferred securely when a pupil moves school and shared with emergency services or professionals when necessary and lawful.

13. Complaints, monitoring and review

Parents/carers should raise concerns promptly with the class teacher or named lead and then the Headteacher. Unresolved concerns may be pursued through the school's published Complaints Procedure. A complaint about the Headteacher follows the route set out in that procedure. Immediate health or safeguarding action must not be delayed by a complaint process.

The Headteacher and named leads monitor implementation. Governors receive anonymised assurance on IHP completion, training, medicine errors, serious incidents and near misses, attendance and inclusion, mental-health support, complaints and actions. This policy is reviewed at least annually and sooner after significant legal change, a serious incident, a recurring concern or evidence that arrangements are ineffective.

Appendix A - Medicine-administration checklist

- Confirm the correct pupil and obtain the medicine record and written instructions.

- Check the medicine name, dose, route, time, expiry date and label; clarify any discrepancy before proceeding.
- Wash hands and use required protective or measuring equipment.
- Support the pupil respectfully and verify that the medicine has been taken or administered as instructed.
- Record the administration immediately, including date, time, dose and staff signature/initials.
- Record and escalate refusal, omission, error, spillage, adverse reaction or concern; inform parents/carers as required.
- Return the medicine securely and check remaining stock where this is part of the procedure.

Appendix B - Mental-health response guide

Do	Avoid
Listen calmly and take the pupil seriously.	Promising confidentiality or making assumptions.
Use the pupil's own words and record facts promptly.	Diagnosing, interrogating or asking leading questions.
Ask enough to establish immediate safety and obtain help.	Trying to provide therapy beyond your role.
Report safeguarding concerns to the DSL immediately.	Waiting for certainty before sharing a concern.
Involve parents/carers unless the DSL identifies a risk in doing so.	Contacting a family first where this could increase danger.
Follow up, review support and help the pupil reconnect with learning.	Treating the incident as resolved once the immediate crisis passes.

Appendix C - Governor assurance questions

- Are the medical, allergy and mental-health leads named, trained and given sufficient authority and time?
- Is a separate Allergy Safety Policy published and implemented from September 2026?

- Have all staff completed required allergy awareness and relevant safeguarding training?
- Are IHPs current, accessible to relevant staff and reviewed after changes or incidents?
- Are sufficient staff competent for agreed healthcare tasks and is absence/visit cover safe?
- Are emergency medicines, spare devices and equipment in date, secure and promptly accessible?
- Are medicine administration, errors, incidents and near misses recorded and used for learning?
- Do pupils with health needs participate equitably in the curriculum, attendance and wider school life?
- Are reasonable adjustments and return-to-school arrangements effective?
- Is mental-health support graduated, evidence-informed, reviewed and connected to safeguarding?
- Do pupils and families know how to seek help and raise concerns?
- Have actions from the previous review been completed and verified?

Appendix D - Related policies and current references

Related school documents

- Allergy Safety Policy and individual allergy IHPs
- SEND Policy, SEND Information Report and Accessibility Plan
- Child Protection and Safeguarding Policy
- First Aid Policy and accident/incident procedures
- Intimate Care, Educational Visits and Risk Assessment procedures
- Attendance, Behaviour and Anti-Bullying policies
- Data Protection Policy, privacy notices and retention schedule
- Complaints Procedure

Primary external references

Supporting pupils with medical conditions at school - current statutory guidance
Allergy Safety in Schools - statutory guidance published July 2026
Emergency inhalers in schools - national emergency salbutamol guidance
Emergency adrenaline auto-injectors in schools - emergency AAI guidance
Promoting and supporting mental health and wellbeing - DfE whole-school guidance updated April 2026
Mental health and behaviour in schools - DfE advice
Education for children with health needs who cannot attend school - statutory guidance updated December 2023
Keeping Children Safe in Education 2026 - statutory safeguarding guidance from September 2026
Cornwall mental-health support for parents and young people - maintained local support page
Cornwall CAMHS - NHS children and young people's mental-health service
Cornwall mental-health crisis information - maintained urgent-support information
Reference list checked: 27 August 2026. Staff must use live official sources for emergency contacts and current referral criteria.

Local Resource List:

Care and Support in Cornwall Directory of local support services	www.supportincornwall.org.uk
24/7 NHS Support Line Cornwall Open 24 hours a day. Call if you are worried about your own or someone else's mental health.	Tel: 0800 038 5300

Adult Social Care, Health and Wellbeing Access Service	Tel: 0300 1234 131 https://www.cornwall.gov.uk/health-and-social-care/mental-health/
Adult Prevention Services Available to anyone with health and wellbeing needs in Cornwall and will help people to develop a sense of belonging, self-manage their health and wellbeing, develop skills to help with daily living	Tel: 0300 1234 131 https://www.cornwall.gov.uk/preventionservices
Cornwall Mind Provision of wellbeing services for those who experience mental ill health	https://cornwallmind.org
Camborne & District Mental Health Carers Group Welcome to any carers supporting any conditions	1st Wednesday of each month 10am – 12 noon Tel: 07732 458390
Child and Adolescent Mental Health Services (CAMHS) Supporting children and young people up to the age of 18.	Tel: 01872 322277 https://www.cornwallft.nhs.uk/camhs
Combat Stress The UK's leading charity for veterans' mental health.	https://www.combatstress.org.uk/
Community Mental Health Team	Tel: 01208 251300 - to find out which CMHT covers the area in which you live
Cornwall Health for Homeless	01872 273617

Clinics based at 3 locations across Cornwall. Drop in – no appointment needed.	
Cornwall Veterans Service Helps ex service personnel who served in British armed forces experiencing problems with mental health. 9.00 am and 5.00 pm, Monday to Friday.	01579 373737 cpn-tr.veteranassistance@nhs.net
Cornwall Eating Disorder Service Community based treatment for people with a clinical diagnosis of an eating disorder.	Tel: 01872 221434 www.cornwallft.nhs.uk/
Counselling for Social Change Low cost counselling £9 - £20 per session dependent on means	Tel: 01736 364722 info@counsellingforsocialchange.org.uk www.lowcostcounsellingcornwall.org.uk
Counsellors Together (St Austell) Cost effective counselling service	www.counsellorstogether.co.uk/
Early Intervention in Psychosis Team Working with those experiencing their first episode of psychosis from 14 years to 35 years	01208 834276 for East Cornwall, 01209 318330 for West Cornwall

Georgia's Voice Mental health support groups for young women 18-25 yrs across Cornwall	www.georgiasvoice.co.uk
Inclusion Cornwall	Advice and guidance for those in crisis across Cornwall Tel: 01872 325440 hello@inclusioncornwall.co.uk
Kooth Free, safe, anonymous support for young people	www.kooth.com
Man Down Cornwall A friendly, informal and confidential meet up for men where you can talk or just listen. Free refreshments and friendly support.	Meet ups across Cornwall. http://www.mandowncornwall.co.uk/
Outlook South West Psychological therapy services for people aged 16 and above	http://www.outlooksw.co.uk/
Newquay Community Orchard High quality environmental education, horticultural therapy for mental health service users, and apprenticeship opportunities to those less fortunate.	Tel: 01637 877 182 info@newquayorchard.co.uk https://newquayorchard.co.uk/
Overeaters Anonymous - Camborne Group	Tel: 07929 552905 general@oagb.org.uk www.oagb.org.uk/

Pentreath 1:1 outreach to anyone 14 years upwards living in Cornwall experiencing mental ill health	www.pentreath.co.uk Tel: 01726 862727
Pentreath - BAME Mental Health support to any person from a BAME background experiencing mental health difficulties or emotional distress.	01726 862727 - Office Dean - 07515 580002 cdw@pentreath.co.uk
Perinatal Mental Health Team County wide mental wellbeing around the time of having a baby	Mandy Raywood – Specialist Team Lead Tel: 01872 221031
Quiet Connections Support for those with social anxiety, creating a community of understanding and a safe place for you to learn, grow, make friends and practise your social abilities.	https://quietconnections.co.uk/
Recovery College Cornwall Recovery College Cornwall provides courses to support recovery from mental ill-health through learning. It encourages us to be the agents of our own recovery, empowering us to live the lives we choose	https://www.recoverycollegecornwall.org.uk/

Sea Sanctuary Commissioned by NHS to provide psychological support	www.seasanctuary.org.uk
The Advocacy Service (formerly SEAP) Independent advocacy to represent rights under Mental Capacity Act.	Tel: 0330 440 9000 info@theadvocacypeople.org.uk www.theadvocacypeople.org.uk
Suicide Liaison Service Support to those bereaved through suicide	http://www.outlooksw.co.uk/suicide-liaison-service
Surf Action Surf Action promotes good mental health through personal development, education, employment and empowers its service users to lead healthy, fulfilled and independent lives	Tel: 01736 365645 info@surfaction.co.uk http://www.surfaction.co.uk/
Valued Lives Community based care and support, therapeutic activities, enablement programmes and general advocacy services throughout Cornwall.	Tel: 01209 484495 info@valuedlives.co.uk www.valuedlives.co.uk
Young Minds Crisis Messenger provides free, 24/7 crisis support across the UK if you are experiencing a mental health crisis.	• If you need urgent help text YM to 85258 • All texts are answered by trained volunteers, with support from experienced clinical supervisors.

This list has been taken from the Care and Support in Cornwall directory and is current as at **1 May 2021**

Additional Suicide National Resources

CALM – campaign against living miserably Working to prevent male suicide – support for any man who is struggling or in crisis.	Tel: 0800 58 58 58 Webchat www.thecalmzone.net
Nightline Nightline is a listening, emotional support, information and supplies service, run by students for students	www.nightline.ac.uk/want-to-talk/
Papyrus: National charity dedicated to prevention of young suicide (<35)	Tel: 0800 068 4141 Email: pat@papyrus-uk.org Text: 0778 620 9697
Samaritans A safe place for you to talk any time you like, in your own way – about whatever's getting to you. You don't have to be suicidal.	Tel: 116 123 jo@samaritans.org www.samaritans.org
SANELINE - a national out-of-hours mental health helpline offering specialist emotional support, guidance and information to anyone affected by mental illness, including family, friends and carers	Tel: 0300 304 7000 www.sane.org.uk
SHOUT Text service for those in crisis.	Text SHOUT to 85258 https://www.crisistextline.uk/
SOBS – Survivors of Bereavement by Suicide	Tel: 0300 111 5065 support@uksobs.org https://uksobs.org

We exist to meet the needs and overcome the isolation experienced by people over 18 who have been bereaved by suicide.	
Silverline Confidential free helpline for older people.	Tel: 0800 470 8090 https://www.thesilverline.org.uk/

Phone/Tablet Apps

If you're interested in using apps to support you or others with mental health, the following have been designed to help with anxiety, depression, self-harm or suicidal thoughts.

- Calm
- Calm Harm
- Stress & Anxiety Companion
- Clear Fear
- HeadSpace
- Combined Minds
- Insight Timer
- StayAlive
- My Possible Self
- SAM
- Mood Panda
- Hub Of Hope

Mental Health Safety Plans

A Mental Health Safety Plan is a preventative tool designed to help support those who struggle with mental wellbeing. It may be difficult to think clearly when you feel really low or incredibly overwhelmed. It may be difficult to ignore these feelings. Safety plans are best created **when not in crisis.**

By having a safety plan, you're making sure that there are strategies you can use to keep yourself safe. These can help you feel more in control when everything feels out of control. Think of your safety plan as your 'mental health first-aid kit'. It includes different things that will help you through a crisis.

Download your mental health safety plan

- Mental Health Safety Plan (PDF) - https://www.cornwall.gov.uk/media/5zihpkxq/1mental-health-safety-planpdf-nhs-number.pdf
- Mental Health Safety Plan (Interactive) - https://www.cornwall.gov.uk/media/kc5mxf25/1mental-health-safety-plan_interactivepdf-nhs-number.pdf
- Mental Health Safety Plan for Children and Young People (Papyrus) - https://www.papyrus-uk.org/wp-content/uploads/2019/09/Stay-Safe-Plan-Print-out.pdf
- Mental Health Safety Plan for Young Adults (Papyrus) - https://www.papyrus-uk.org/wp-content/uploads/2018/09/Suicide-Safety-Plan-Leaflet.pdf

Mental Health Support for Deaf People

Royal Deaf Association – Wellbeing Livechat www.royaldeaf.org.uk
All About Me – A recovery package developed by groups of Deaf people to help support Deaf people with mental health problems.
www.tinyurl.com/deafrecoverystaffguidance