Mental Health Policy

Introduction

Within the academy we strive to create a learning environment, curriculum, experiences and relationships in which all individuals can find expression, be nourished and developed.

The academy commits itself to creating an environment for everyone that is characterised by our core values of Truth, Justice, Forgiveness, Generosity and Respect. These values have been used to determine this policy.

The academy is committed to promoting positivity around Mental and Emotional Well Being and reducing the stigma associated with Mental Health, as well as a continued dedication to the health and wellbeing of our students. This policy provides a clear set of protocols for dealing with any issues that may arise, surrounding mental health. In order to help our students succeed, we have a key role to play in supporting our young people in being resilient and mentally healthy. All academy staff must respond to their responsibility to ensure the well-being and welfare of all students. The academy aims to detect and address problems in the earliest stages and to increase the level of awareness and understanding amongst staff and parents/carers of issues involving the mental health of young people, in particular with self-harm, eating disorder, anxiety, depression, loss and bereavement. This policy and guidance should be made with close reference to the Safeguarding and Child Protection Policy.

Factors that put students at risk

Typically, certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems. Mental health and issues leading to self-harm/self-injury can however affect anyone during what may be a vulnerable period.

Factors that make children more resilient

Seemingly against all the odds, some children exposed to significant risk factors develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges. The role that the academy plays in promoting the resilience of our students is important, particularly so for some children where their home life is less supportive. The St Lawrence Academy is a safe and affirming place for students where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

Difficult events that may have an effect on students

ATLs, SPLs, Form Tutors and class teachers see their students' on a daily basis. They know them well and are well placed to spot changes in behaviour that might indicate a problem. The balance between the risk and

protective factors set out above is most likely to be disrupted when difficult events happen in student's lives. These include: • **Loss or separation** – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or a breakdown that results in the child having to live elsewhere, being taken into care or adopted; • **Life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and • **traumatic events** such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster. The St Lawrence Academy aims to offer support to students at such times, intervening well before mental health problems develop.

Identifying children with possible mental health problems

Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or a special educational need (SEND). Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem, and where there are concerns about behaviour there may be assessments carried out by the Lead Behaviour Professional, SENCO, Educational Psychologist or CAMHS of all of the identified factors to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues.

The St Lawrence Academy is well-placed to observe students day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

There are often two key elements that enable schools to reliably identify children at risk of mental health problems:

• Effective use of data so that changes in students' patterns of attainment, attendance or behaviour is noticed and can be acted upon

• An effective pastoral system - that knows every student well and can spot where poor or unusual behaviour may have a root cause that needs addressing. Any concerns about the mental health and wellbeing of a student should be discussed with the student's form tutor. The form tutor should then notify the ATL and SPL, who will support the Form Tutor in the monitoring and support of the pupil. All concerns and support plans should be shared with the Senior Middle Leader for Inclusion, Helen West, by email and discussed at Inclusion Panel Meetings. At the Inclusion Panel meeting signposting to additional services or support will be considered. If any member of staff feels that the student is any immediate danger of harm then the normal child protection procedures should be adhered to.

Only medical professionals should make a formal diagnosis of a mental health condition. The Senior Middle Leader for Inclusion, Helen West, will refer to appropriate agencies any students she feels may be at risk of mental health issues and/or advise parents to take their child to their GP or A&E where appropriate.

Review

In order to ensure that it reflects current best practice, this policy will be reviewed every 3 years.

The next review date is March 2019

Appendix 1

Main types of mental health needs as defined in the DfE Mental Health and Behaviour in Schools Advice 2015

The full document can be found at
https://www.gov.uk/government/publications/mentalhealth-and-behaviour-in-schools--2

Conduct disorders (E.g. defiance, aggression, anti-social behaviour, stealing and fire setting) Overt behaviour problems often pose the greatest concern for practitioners and parents, because of the level of disruption that can be created in the home, school and community. These problems may manifest themselves as verbal or physical aggression, defiance or antisocial behaviour. In the clinical field, depending on the severity and intensity of the behaviours they may be categorised as **Oppositional Defiant Disorder** (a pattern of behavioural problems characterised chiefly by tantrums and defiance which are largely confined to family, school and peer group) or **Conduct Disorder** (a persistent pattern of antisocial behaviour which extends into the community and involves serious violation of rules). Many children with **attention deficit hyperactivity disorder** (ADHD) will also exhibit behaviour problems. Such problems are the most common reason for referral to mental health services for boys, and the earlier the problems start, the more serious the outcome.

Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships, but they tend not to impact on their environment. Children and young people may feel anxious for a number of reasons – for example because of worries about things that are happening at home or school or because of a traumatic event. Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful, or having difficulty sleeping. If they become persistent or exaggerated, then specialist help and support will be required. Clinical professionals make reference to a number of diagnostic categories: • **Generalised anxiety disorder** (GAD) – a long term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event • **Panic disorder** – a condition in which people have recurring and regular panic attacks, often for no obvious reason • **Obsessive-compulsive disorder** (OCD) – a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true) • **Specific phobias** – the excessive fear of an object or a situation, to the extent that it causes an anxious response, such as panic attack (e.g. school phobia) • **Separation anxiety disorder** (SAD) – worry about being away from home or about being far away from parents, at a level that is much more than normal for the child's age • **Social phobia** – intense fear of social or performance situations; and • **Agoraphobia** – a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.

Depression Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feeling dominate and interfere with a person's life, it can become an illness. Depression can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships, but tends not to impact on their environment. Clinicians making a diagnosis of depression will generally use the categories **major depressive disorder** (MDD – where the person will show a number of depressive symptoms to the extent that they impair work, social or personal functioning) or **dysthymic disorder** (DD – less severe than MDD but characterised by a daily depressed mood for at least two years).

Hyperkinetic Disorders (e.g. disturbance of activity and attention) Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared

with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning and with progress at school, they become a matter for professional concern. **Attention Deficit Hyperactivity Disorder** (ADHD) is a diagnosis used by clinicians. It involves three characteristic types of behaviour – inattention, hyperactivity and impulsivity. Whereas some children show signs of all three types of behaviour (this is called 'combined type' ADHD), other children diagnosed show signs only of inattention or hyperactivity/impulsiveness. Hyperkinetic disorder is another diagnosis used by clinicians. It is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. These core symptoms must also have been present before the age of seven, and must be evident in two or more settings.

Attachment Disorders Attachment is the affectionate bond children have with special people in their lives that lead them to feel pleasure when they interact with them and be comforted by their nearness during times of stress. Researchers generally agree that there are four main factors that influence attachment security; opportunity to establish a close relationship with a primary caregiver; the quality of caregiving; the child's characteristics and the family context. Secure attachment is an important protective factor or mental health later in childhood, while attachment insecurity is widely recognised as a risk factor for the development of behaviour problems.

Eating Disorders The most common eating disorders are Anorexia nervosa, Bulimia Nervosa and Binge -Eating Disorder. Eating disorders can emerge when worries about weight begin to dominate a person's life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and if female, their periods may stop. Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then binging. They vomit or take laxatives to control their weight. Both of these eating disorders affect girls and boys but are more common in girls. While on the surface disordered eating appears to be all about food and weight it is often the outward expression of emotional problems. Disordered eating affects the physical and emotional wellbeing of an individual and also leads to changes in behaviour. Very often masked by the eating disorder there is usually an underlying reason this can be a coping mechanism and this is a way of gaining control. Young people may display the following behaviours • Loss of concentration • Skipping meals • Disappearing to the toilet after meals • Pre occupation with body Image, dieting. • Excessive exercise • Secretive behaviour • Becoming irritable and withdrawing from social activities particularly those involving food.

Substance Misuse Substance misuse can result in physical or emotional harm. It can lead to problems in relationships, at home and at work. In the clinical field, a distinction is made between substance abuse (where use leads to personal harm) and substance dependence (where there is compulsive pattern of use that takes precedence over other activities). It is important to distinguish between young people who are at high risk of long-term dependency. The first group will benefit from a brief, recovery oriented programme focusing in cognitions and behaviour to prevent them to move into more serious use. The second group will require on-going support and assessment, with careful consideration of other concurrent mental health issues.

Deliberate self-harm Common examples of deliberate self-harm include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. The clinical definition includes attempted suicide, though some argue that self-harm only includes actions, which are not intended to be fatal. It can also include taking illegal drugs and excessive amounts of alcohol. It can be a coping mechanism used to deal with difficult feelings and distressing life experiences, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

If the student has seriously self-harmed on the academy site then staff should follow the normal procedures for medical emergencies, including alerting student services so that the appropriate first aid can be given and if necessary the emergency services contacted for admission to hospital.

Post-traumatic Stress If a child experiences or witnesses something deeply shocking or disturbing they may have a traumatic stress reaction. This is a normal way of dealing with shocking events and it may affect the way the child thinks, feels and behaves. If these symptoms and behaviours persist, and the child is unable to come to terms with what has happened, then clinicians may make a diagnosis of posttraumatic stress disorder (PTSD).

Loss and Bereavement Students who experience such a loss will require early intervention and support

In School support: • Form Tutor • SPL • ATL • Peer Mentors • Student Coach

External Agencies: • GP • Child and Mental Health Services (CAMHS) • School nurse • Youth Information Counselling Unit • Action For Children • Educational Psychology Service

Linked Policies: • Child Protection Policy • Anti- Bullying Policy • SEN Policy • Education of Children with Medical needs Policy • First Aid Policy

Appendix 2

Sources of Support and Information

Who	What they do	Website
Childline	A confidential service provided by NSPCC	http://www.childline.org.uk/
Samaritans	Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts	http://www.samaritans.org/
MindEd	Provide mental health advice	http://www.minded.org.uk/
HeadMeds	Developed by the charity young minds to provide mental health advice	http://www.headmeds.org.uk/
Mental Health and Bullying	A guide for teachers and other children's workforce staff	http://www.antibullyingalliance.org.uk/media/5436/Mentalhealth-and-bullying-module-FINAL.pdf
National Institute for Care Excellence (NICE)	To improve outcomes for people using the NHS	https://www.nice.org.uk
Place2BE	Charity working in schools providing early intervention and mental health support	www.place2be.org.uk
Play Therapy UK	Is a not-for-profit professional organisation addressing Mental Health Issues	www.playtherapy.org.uk
Relate	Offers advice and relationship counselling	www.relate.org.uk
School Nursing Public Health Service	Supporting pupils at school with medical conditions – statutory advice for schools	https://www.gov.uk/government/publications/school-nursing-public-health-services
Women's Aid	National Domestic Violence Charity	www.womensaid.org.uk
Young Minds	Charity to improve emotional wellbeing and mental health in schools up to the age of 25	www.youngminds.org.uk
Mental Health and Behaviour in Schools	Departmental advice for schools	https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2Behaviour

Time to change	England's biggest programme to challenge mental health stigma and discrimination.	http://www.time-to-change.org.uk/
Mind	Mental Health Charity	http://www.mind.org.uk/
Mental Health Foundation	Support and Research for good Mental Health	https://www.mentalhealth.org.uk/