

Mental Health Policy



Believe, Succeed, Together

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1.0 Introduction

Mental health is defined as 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.

1 in 10 children aged 5-16 have a clinically diagnosed mental health disorder and around 1 in 7 has less severe problems ([Mental Health and Behaviour in Schools](#), DfE 2016).

Schools therefore have a responsibility to:

- Support all pupils to be mentally healthy and resilient.
- Have a robust support and referral process for pupils experiencing mental health problems.
- Work with pupils and their families, along with other agencies where appropriate, to ensure that they can participate as fully as possible in decisions regarding good mental health and wellbeing.

This policy should be read in conjunction with the SEND Policy and Supporting Pupils with Medical Conditions Policy in cases where a pupil's mental health overlaps with, or is linked to an identified special educational need and/or medical issue.

2.0 Pupils at Risk

All pupils – indeed all people – are likely to encounter times in their lives when their mental health is challenged or put under pressure. However, certain individuals or groups are more at risk of developing mental health problems than others. These include, but are not limited to, looked after children, children with learning difficulties and children from disadvantaged backgrounds. These risks can relate to the child themselves, to their family, or to their community or life events outlined in [Mental Health and Behaviour in Schools](#) and **Appendix A**.

3.0 Minimising the Risk

[Mental Health and Behaviour in Schools](#) discusses findings that show that there are also protective factors that minimise the risks of developing mental health issues, even amongst those who are more at risk. These protective factors are also listed in **Appendix 1**. The key to these protective factors seems to be a strongly developed **resilience**.

4.0 Resilience

Resilience is an individual's ability to properly adapt to stress and adversity.

Resilient individuals have, through time, developed coping techniques that allow them to effectively and relatively easily navigate around or through difficult situations and/or crises.

People who demonstrate resilience are those with an optimistic attitude, are positive emotionality and are, by practice, able to effectively balance negative emotions with positive ones.

5.0 Aims and Principles

The Academy is committed to developing an ethos of good mental health, fostering an open and supportive educational backdrop to teaching good mental health, while also supporting those pupils who are facing mental health issues, whether long- or short-term, serious or more moderate.

The Academy recognises that mental health, like physical health, is something that changes in an individual over time and is affected by circumstances and the ability to make healthy choices. To this end, the broad aims are as follows:

- Encourage pupils to develop healthy coping strategies and an open approach to their own mental health and that of those around them, in developing the resilience needed for a healthy adult life.
- Offer appropriate support strategies for those pupils dealing with current mental health issues.
- Recognise and address potential issues around mental health at an early stage in order for intervention to be most effective.
- Develop strategies to promote self-esteem, a healthy self-image, resilience and positive role modelling to all pupils.
- Work with other mental health professionals to offer the most appropriate level of support to pupils.
- Challenge the wide held myths about mental health issues and raise awareness of the widespread nature of the issues and the need for tolerance and understanding in supporting others who have mental health issues.

6.0 Identifying Mental Health Issues

In most cases, identification of a mental health issue will be in noticing the **symptoms** which include: self-harm; eating disorders; anti-social behaviour; high levels of anxiety; depression; crying or being socially withdrawn.

Mental health issues may be:

- Short-term, issue based, e.g. exam anxiety, or based around a specific, temporary circumstance;
- Long-term, issue based, e.g. bereavement, the effects of physical health problems or disability or bullying.
- Long-term, deep rooted, e.g. complex psychological disorders that need professional intervention.

The most common mental health issues to be identified by or disclosed to a member of staff are:

- Self-harm.
- Eating disorders.
- Anxiety.
- Depression

These often interlink or overlap and may be serious or moderate, short- or long-term. Any or all of these may be noticed by staff or may be disclosed directly by students, or their parents/carers/friends, to a member of staff.

6.1 Self-harm

Harm to oneself in order to cope.

Symptoms including cutting, burning, consuming poison, scratching, banging, punching, hitting, biting, eating disorders and substance abuse.

It is usually a coping mechanism rather than a precursor to suicide.

6.2 Eating Disorders

Diagnosable eating disorders include Anorexia Nervosa (limiting eating excessively); Bulimia Nervosa (a cycle of binge-purge - the purge may be vomiting, laxatives or overuse of exercise); Binge Eating Disorder (binging without purging) or Other Specified Feeding and Eating Disorders (OSFED).

Eating Disorder	Symptoms
Anorexia	Low weight, fear of weight gain; very ordered, controlling or rule-based eating; skipping lunch or being involved in other activities at lunchtime.
Bulimia	Frequent visits to the toilet, especially after eating; obsessive attitude to exercise.
Binge Eating Disorder	Weight increases despite publicly healthy choices (binging in secret); shame and guilt.

6.3 Anxiety

Anxiety ranges from 'generalised anxiety disorder', which causes general, non-specific anxiety, to panic disorder, social phobia and other phobias, OCD and separation anxiety disorder.

Symptoms include: withdrawal or reluctance to be involved in unexpected or unplanned activities; shaking and high levels of hyperactivity; difficulties in social situations.

6.4 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 feelings dominate and interfere with a person's life, it can become an illness. According to the Royal College of Psychiatrists, depression affects 2% of children under 12 years old, and 5% of teenagers.

Symptoms include: withdrawal from social groups, isolation and a reluctance to engage; apathy and/or excessive tiredness.

7.0 Referral

Any staff member who is concerned about the mental health or wellbeing of a pupil should, in the first instance, speak to the pupil's Head of House and/or SLT Link. If pupil is in danger of immediate harm then the normal child protection procedures should be followed – refer to the Academy's Safeguarding Policy.

If the pupil 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.

8.0 Supporting Pupils with Mental Health Issues

The Academy offers a range of support and services (both preventative and designed to offer support) with referral to other agencies as appropriate. These include:

- Mentoring.
- Buddy mentoring.
- Referral to the School Nurse.
- Referral to the in-house BACP qualified counsellor.
- Referral to the anger management workshops
- Provision of NHS-recognised self-help information
- School nurse drop-in clinics
- Education in resilience and healthy self-esteem through PSHEE and the pastoral teams
- Young Carers group for relevant students
- Supervised or separate eating areas as appropriate
- Inclusion of relevant issues in the Assemblies Programme.
- Self-esteem groups.
- More specific and consistent education on positive mindset, resilience and how to choose healthy coping strategies.
- Information on the Academy website.
- Posters around Academy offering advice and where to go.
- Healthy coping strategy self-help cards specifically for self-harmers.

Other outside agencies that may also be involved include the pupil's GP; the integrated team and CAMHS as well as independent organisations and charities such as BEAT.

On occasion support of a pupil with mental health issues may require an adjustment to their academic timetable. In such cases, the Academy will respond to the need of each child within the legal and school-set academic requirements that need to be met.

Appendix A – Risk and Protective Factors for Child and Adolescent Mental Health

	Risk	Protective
In the child	<ul style="list-style-type: none"> Genetic influences Low IQ and learning disabilities Specific development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem 	<ul style="list-style-type: none"> Being female (in younger children) Secure attachment experience Outgoing temperament as an infant Good communication skills, sociability Being a planner and having a belief in control Humour Problem solving skills and a positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect Range of clubs to support engagement in physical activity
In the family	<ul style="list-style-type: none"> Overt parental conflict including Domestic Violence Family breakdown (including where children are taken into care or adopted) Inconsistent or unclear discipline Hostile or rejecting relationships Failure to adapt to a child's changing needs Physical, sexual or emotional abuse Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss – including loss of friendship 	<ul style="list-style-type: none"> At least one good parent-child relationship (or one supportive adult) Affection Clear, consistent discipline Support for education Supportive long term relationship or the absence of severe discord
In the school	<ul style="list-style-type: none"> Bullying Discrimination Breakdown in or lack of positive friendships Deviant peer influences Peer pressure Poor pupil to teacher relationships 	<ul style="list-style-type: none"> Clear policies on behaviour and bullying Open-door' policy for children to raise problems A whole-school approach to promoting good mental health Positive classroom management A sense of belonging Positive peer influences
In the community	<ul style="list-style-type: none"> Socio-economic disadvantage Homelessness Disaster, accidents, war or other overwhelming events Discrimination Other significant life events 	<ul style="list-style-type: none"> Wider supportive network Good housing High standard of living High morale school with positive policies for behaviour, attitudes and anti-bullying Opportunities for valued social roles Range of sport/leisure activities