

Policy to support students with mental health issues

Equality Statement

Farlingaye High School values diversity, and is determined to ensure that everyone is treated fairly, with dignity and respect; where the opportunities we provide are open to all; and that we provide a safe, supportive and welcoming environment - for staff, students and visitors.

Equality Impact Assessment (EIA)

This policy has been assessed with regard to its impact on equalities issue, with specific reference to the aims of the Equality Act 2010. The equality impact assessment focused on race, gender, disability, pregnancy and maternity, age, sexual orientation, gender identity and religion/belief.

EIA outcomes

- No areas of potential negative impact were found and actions resulting in positive impact are in place where appropriate.

Date Drafted (D) or Reviewed (R)	Agreed by Governors	Review Date	Statutory Requirement (SR) Best Practice (BP)	Person Responsible	On website
Jan 2016 (R)	Feb 2016	Jan 2019	(SR)	HT and AHT	Yes

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Background

According to the DfE: “One in ten children and young people aged 5 to 16 have a clinically diagnosed mental health disorder and around one in seven has less severe problems.” Schools therefore have a responsibility to:

- Support all students to be mentally healthy and resilient
- Have a robust support and referral process for students experiencing mental health problems.
- Work with students 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 our medical policy in cases where a student’s mental health overlaps with, or is linked to, a medical issue and the SEND policy where a student has an identified special educational need.

At risk students

All students – 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 and are listed in the DfE document [Mental Health and Behaviour in Schools](#) and in **Appendix 1: Risk and protective factors for child and adolescent mental health**.

Minimising the risks:

The DfE document [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: Risk and protective factors for child and adolescent mental health**. The key to these protective factors seems to be a strongly developed resilience.

‘Resilience seems to involve several related elements. Firstly, a sense of self-esteem and confidence; secondly a belief in one’s own self-efficacy and ability to deal with change and adaptation; and thirdly, a repertoire of social problem solving approaches.’

Rutter, M. (1985) Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. British Journal of Psychiatry. Vol. 147, pp. 598-611

Aims and Principles

- The school recognises the importance of good mental health and 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 students who are facing mental health issues, whether long- or short-term, serious or more moderate.

- The school 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.
- By developing the education and fostering of our students to develop healthy coping strategies and an open approach to their own mental health and that of those around them, we aim to support all students in developing the resilience needed for a healthy adult life.
- The school is also committed to offering appropriate support strategies for those students dealing with current mental health issues.
- The school aims to recognise and address potential issues around mental health at an early stage in order for intervention to be most effective.
- The school aims to develop strategies to promote self-esteem, a healthy self-image, resilience and positive role modelling to all students.
- The school will work with other mental health professionals and the integrated team to offer the most appropriate level of support to students.
- The school's curriculum, both in and beyond lessons, will 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.

Identifying mental health issues

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

Good mental health in students is defined as having the ability to make healthy choices around the range of issues that may come from family, social issues, physical changes, physical health and academic challenges.

Mental health issues may be:

- Short-term, issue based, eg exam anxiety, or based around a specific, temporary circumstance;
- Long-term, issue based, eg bereavement, the effects of physical health problems or disability or bullying;
- Long-term, deep rooted, eg 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.

Definitions

Self harm:

- Definition: harm to oneself in order to cope, including cutting, burning, consuming poison, scratching, banging, punching, hitting, biting, eating disorders (see below), substance abuse.
- Recognition: Noticing the marks of the self-harm itself; students wearing long sleeves even in warm weather; student reluctant to change or do PE.

- Intervention: Self-harm is usually a **coping mechanism** rather than a precursor to suicidal thoughts. Successful intervention will either: address the underlying issues causing the need to self-harm – this usually involves serious, long-term psychotherapeutic intervention; and/or help individuals to find **healthier coping strategies** to perform instead of the self-harm.
- Suggestion for school-based intervention: Working with students to suggest alternative actions for those moments of pressure. These could be put on a card for the student to access at those times.

Eating disorders:

- Definition: 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). There are also sub-clinical disordered eating patterns which may be a precursor to these.
- Recognition (NB, these do not of themselves always point towards an eating disorder but must be seen as possible identifying features. If in doubt staff should always refer to the Head of Year or senior staff):
 - 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: normal weight; the ‘wannarexic’ – wishing to have the perceived control of an anorexic but having cycles of bingeing. Frequent visits to the loo especially after eating. Obsessive attitude to exercise.
 - Binge eating disorder: overweight; weight increases despite publicly healthy choices (bingeing in secret); shame and guilt.
- Intervention: In all cases referral to a health professional is appropriate, often the GP or school nurse in the first instance.

Anxiety:

- Definition: 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.
- Recognition: Withdrawal or reluctance to be involved in unexpected or unplanned activities; shaking and high levels of hyperactivity; difficulties in social situations.
- Intervention: Cognitive Behavioural Therapy has been an effective intervention for the treatment of anxiety. In school terms, helping students anticipate anxious situations by giving advance notice, time-out cards and one-to-one support can also be useful.

Depression:

- Definition: 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.
- Recognition: withdrawal from social groups, isolation and a reluctance to engage. Apathy and/or excessive tiredness.
- Intervention: The strongest evidence supports prevention/early intervention approaches that include a focus on regular work focusing on cognition and behaviour – for example changing thinking patterns and developing problem-solving skills – to relieve and prevent depressive symptoms. Talking therapies (eg counselling) can also be useful.

Referral

Any staff member who is concerned about the mental health or wellbeing of a student should in the first instance speak to the student’s head of year, who will ensure the person who leads the awareness of mental health support is also informed. If there is a fear that the student is in danger of immediate harm then the normal CP procedures should be followed with an immediate referral to

the designated CP member of staff and the headteacher. 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. See **Appendix 2 – Referral process for staff.**

Child Protection

It is important to take into account that mental health issues can be a sign of a Child Protection issue in which case the appropriate CP procedure should be followed.

Working within the SEND policy

Mental health issues may also cause or contribute to special educational needs. Students identified with a mental health issue will therefore be reviewed in liaison with the SEN department. Any students whose mental health difficulties do lead to an identification of a SEN will then be given provision according to the FHS SEND policy. From the DfE guidance: “Persistent mental health difficulties may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. Schools should consider whether the child will benefit from being identified as having a **special educational need (SEN)**. Any special education provision should ensure it takes into account the views and wishes of the child and their family.”

Working with parents/carers:

If a student is discovered to have an eating disorder or to be regularly self-harming, or if a student is experiencing severe anxiety or depression that is interrupting his/her learning, parents/carers will be informed unless there is a CP reason why parents/carers are not involved. This should take place within 24 hours to allow the student to inform his/her parent/carer. If the student is deemed to be at risk (even if this is slight) then the parents/carers need to be informed that day.

In post-16 students if a student is severely anxious about their parent/carer being informed then referral to another professional may take the place of this, based on the DfE advice about parental involvement. However if there are concerns that the year 12/13 student is at serious risk then parents/carers must be informed unless the Headteacher has reasonable evidence that this will result in greater risk.

From the DfE document [Mental Health and Behaviour in Schools](#):

“Evidence shows that if parents can be supported to better manage their children’s behaviour, alongside work being carried out with the child at school, there is a much greater likelihood of success in reducing the child’s problems, and in supporting their academic and emotional development.

“Whilst it is good practice to involve parents and families wherever possible, **in some circumstances the child or young person may wish not to have their parents involved with any interventions or therapies they are receiving.** In these cases schools should be aware that **those aged 16 or over are entitled to consent to their own treatment**, and their parents cannot overrule this. Children **under the age of 16 can consent to their own treatment if it is thought that they have enough intelligence, competence and understanding to fully appreciate what is involved in their treatment.** Otherwise, someone with parental responsibility can consent for them.”

Supporting students with mental health issues

Farlingaye High School 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 school counselling team
- 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 PSHE and the pastoral teams
- Young Carers group for relevant students
- Supervised or separate eating areas as appropriate
- Inclusion of issues in Focus Fortnight and the One Life Day day.
- Self-esteem groups
- More specific and consistent education on positive mindset, resilience and how to choose healthy coping strategies.
- Information on the school website.
- Posters around school 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 student's GP; the integrated team and CAMHS as well as independent organisations and charities such as The Matthew's Project, BEAT and 4YP.

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

Supporting staff who are working with students with mental health issues

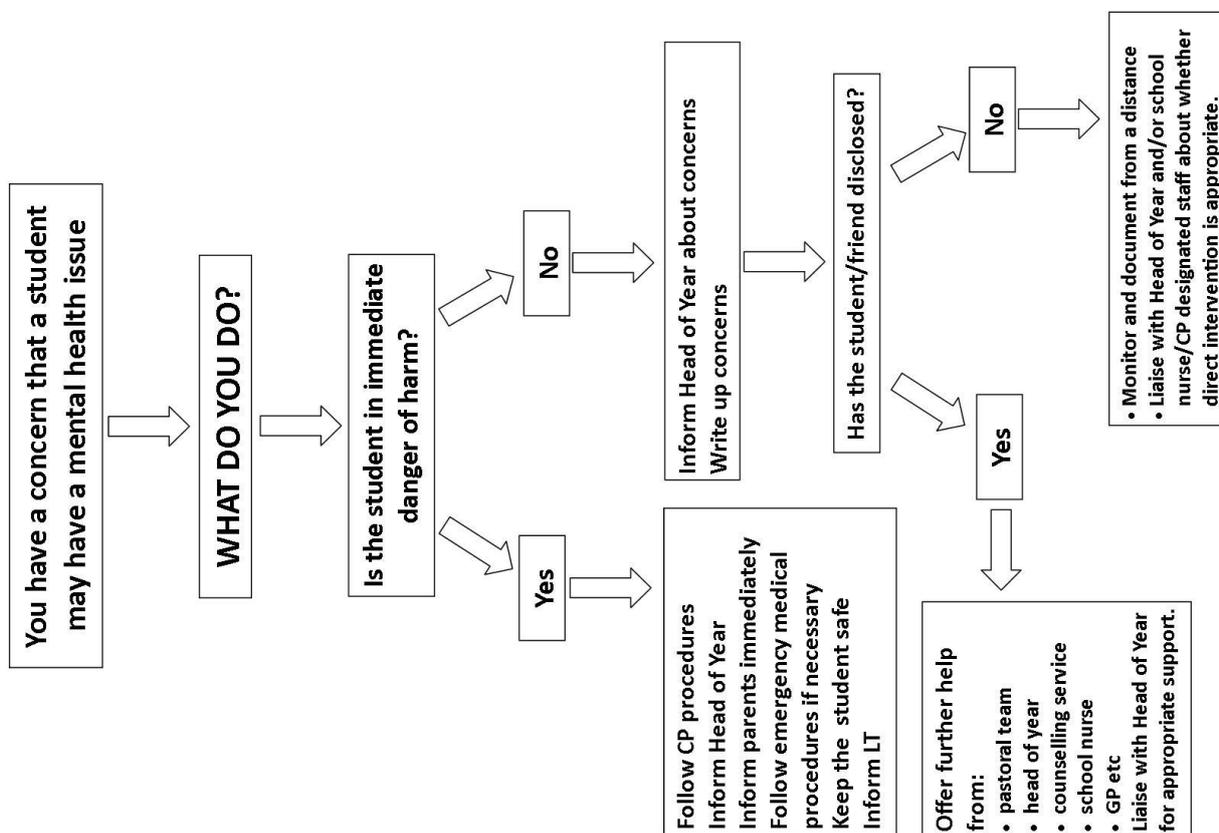
The school will provide CPD or other training to help those staff who regularly meet and deal with students with mental health issues and any other staff who may be interested. A section offering support to those working with students with mental health issues could also be included on the website.

Appendix 1: Risk and protective factors for child and adolescent mental health

(In green, aspects of the protective factors that we can develop in schools)

	Risk factors	Protective factors
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 • Mindfulness day for year 10 and sixth form sessions and assemblies addressing this • Covered in year 11 PHSE curriculum

Appendix 2 – Referral process for staff



WHAT HAPPENS NEXT?

Student's Head of Year will follow up in liaison with LT, CP procedure and the lead person for mental health support.

HOY or senior teacher will inform parents/carers as appropriate

Other interventions may include:

- Referral to school counselling service;
- Referral to school nurse;
- Referral to outside agency, eg CAMHS, Matthew's Project, 4YP, GP;
- Setting up in-school mentoring;
- Provision of self help support such as helpguides, time-out cards, alternative coping strategies etc;
- Informing teaching staff;
- Liaising with parents/carers;
- Working with student's tutor.