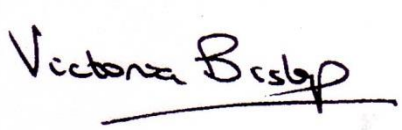
Sir Christopher Hatton Academy

A Member of Hatton Academies Trust

Title	**Mental Health Policy**
Reviewed	**January 2017**
Associated Policies	**SEND Policy**
Originator	**C.Codner**
Approved	

1. Aims and purpose of the policy 3
2. Guidance 3
3. Academy Identification procedure 4
4. Referral process for staff. 4
4.1 Working within the SEND policy 4
5. Definitions 5
6. Eating disorders 5
7. Anxiety 6
8. Depression 6
9. Working with parents/carers 6
10. Working with parents/carers 7
11. Supporting Students with Mental Health Issues 7
Appendix 1 9
Appendix 2 11

1. Aims and purpose of the policy

The academy recognises the importance of good health and mental well-being of young people. The academy ethos is open and supportive to students who are facing mental health issues, whether short or long term. The academy recognises that mental health, like physical health can affect an individual over time and can affect their ability to make healthy choices. The academy is committed to offering where possible support strategies and guidance for further support for those students who are dealing with mental health issues.

The academy uses the advice provided from the Dfe to help provide for and support students with mental health needs. The academy aims to develop strategies to promote self-esteem, a health self-image, resilience and positive role modelling to all students. The academy will work with other mental health professionals and the integrated team to offer the most appropriate level of support to students. The academy'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.

2. Guidance

A 2012 Centre for Mental Health report estimates around 15% of pupils aged 5 to 16 have mental health problems that put them at increased risk of developing more serious issues in the future. (Dfe guidance June 2014)

Children who are mentally healthy have the ability to:

- Develop psychologically, emotionally, intellectually and spiritually
- Initiate, develop and sustain mutually satisfying personal relationships
- Use and enjoy solitude
- Become aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong, and
- Resolve (face) problems and setbacks and learn from them

Mental health disorders or problems that may be experienced by children can be defined by professionals as:

- Emotional disorders e.g. phobias, anxiety states and depression
- Conduct disorders e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour

- Developmental disorders e.g. delay in acquiring certain skills such as speech, social ability or bladder control primarily affecting children with autism and those with pervasive developmental disorders
- Attachment disorders e.g. children who are markedly distressed or socially impaired as a result of extremely abnormal pattern of attachment to parents or care givers
- Other mental health problems e.g. eating disorders, post-traumatic stress syndrome, habit disorders, somatic disorder and psychotic disorders e.g. manic depressive disorder

3. Academy Identification procedure

Identification of a young person with mental health issues is key to providing support both in the short and long term and both within the school community and reach wider support networks. In many cases identification will be sought by spotting the symptoms of poor mental health. Symptoms of poor mental health are often identified by understanding what good and positive mental health looks like.

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.

Students may disclose an issue to a member of staff either directly by seeking to speak to a member of staff within the school community or through a friend or family member. Once a student is identified by a member of staff where there are concerns over their mental well-being the member of staff must follow a referral procedure. See Appendix 1 Referral process for staff. 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 (K. Blackett). (See Safeguarding policy) 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.

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.

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 Director 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 Executive Principal. 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 –**

4. Referral process for staff.

4.1 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.”

5. Definitions

The well being and mental health of a person can be characterised and defined in a number of ways. There are a wide variety of mental health disorders and illnesses, some of these likely to be seen in a school setting are defined:

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.

6. 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 binging. Frequent visits to the loo especially after eating. Obsessive attitude to exercise.
- Binge eating disorder: overweight; weight increases despite publicly healthy choices (binging 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.

7. Anxiety

• Definition: Anxiety ranges from 'generalised anxiety disorder', which causes general, nonspecific 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.

8. 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 (e.g. counselling) can also be useful.

9. 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.

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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."

11. Supporting Students with Mental Health Issues

Sir Christopher Hatton Academy offers students a range of supportive services both to aid prevention of a mental health issue and to support a current mental health issue these include:

- Peer buddying
- Mentoring from staff and learning support assistants
- Referral to the school nurse
- Referral to local agencies such as Service 6 (though an EHA has to be in place first)
- Referral to CAMHS via the SENCo
- Setting up an EHA with the family welfare officer
- School nurse drop in clinics

- Referral to anger management and protective behaviours completed in house
- Provision and signposting to NHS-recognised self-help information and support
- Education in resilience and health self-esteem through PSHE
- Provison of a ZUMOS login
- Provision of smaller social lunch room to support students with additional eating needs
- Posters around the Academy signposting support and advice
- Information provided on the school website
- Healthy Schools day with agencies providing workshops and support to students
- Membership of TAMHS
- Referral to the Educational psychologist

Outside agencies are sometimes sought in order to help a young person. This is primarily carried out through the SENCo and family support officer and where appropriate advice sought from the educational psychologist. An EHA can be put in place to support a student and their family in accessing additional support. GPs can provide further support and referrals. CAMhs and SERVICE 6 in Wellingborough can provide further advice and guidance.

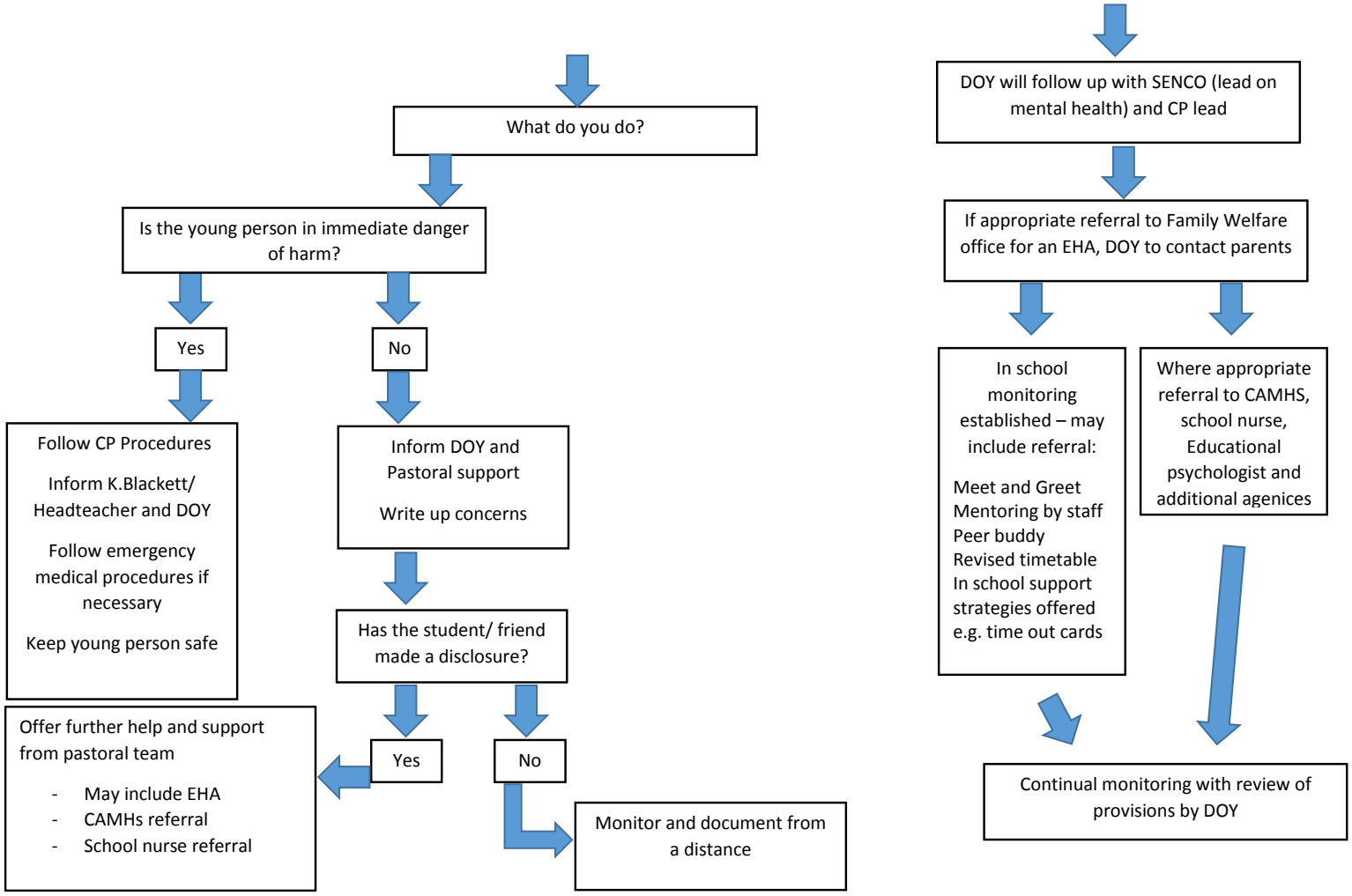
On occasion support of a student with mental health issues may require an adjustment to their academic timetable. In such cases we will respond to the need of each child within the legal and school-set academic requirements that need to be met.

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

	Risk Factors	Protective Behaviours
In the child	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neurodiversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• 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	• 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	•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	• Bullying • Discrimination • Breakdown in or lack of positive	• Clear policies on behaviour and bullying • Easy access to pastoral support through their form tutor and learning zone

	friendships • Deviant peer influences • Peer pressure • Poor pupil to teacher relationships	• A whole-school approach to promoting good mental health • Positive classroom management • A sense of belonging *School nurse drop in • Positive peer influences
In the Community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Other significant life events	•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 • Mental health awareness day • Covered in PSHE

Appendix 2


What do you do?
Is the young person in immediate danger of harm?
Yes
No
Follow CP Procedures
Inform K.Blackett/ Headteacher and DOY
Follow emergency medical procedures if necessary
Keep young person safe
Inform DOY and Pastoral support
Write up concerns
Has the student/ friend made a disclosure?
Yes
No
Offer further help and support from pastoral team
- May include EHA
- CAMHs referral
- School nurse referral
Monitor and document from a distance
DOY will follow up with SENCO (lead on mental health) and CP lead
If appropriate referral to Family Welfare office for an EHA, DOY to contact parents
In school monitoring established – may include referral:
Meet and Greet
Mentoring by staff
Peer buddy
Revised timetable
In school support strategies offered e.g. time out cards
Where appropriate referral to CAMHS, school nurse, Educational psychologist and additional agenices
Continual monitoring with review of provisions by DOY