

Student Mental Health Policy

January 2021



Peter Main

Ratified by Governors:

February 2021



Learn more... Do more... Be more...

1 Introduction

- 1.1 This policy sets out Priestlands' approach to promoting positive social and emotional well-being for students in school and tackling the mental health problems of students in more serious difficulty. The person with the responsibility of Mental Health Lead at Priestlands is Leyla Bilsborough.

2 Background Information

- 2.1 Experiencing some level of mental health challenge in life is totally normal. The emotional and physical transitions involved in growing up can be stressful for young people, and even completely predictable life changes, such as moving up through school years can be challenging and can affect learning. The hormonal shifts of adolescence bring profound emotional, intellectual and physical changes which shake the sense of self and identity and relationships. The "teenage brain" has less ability to regulate emotion and impulse and feel empathy than in childhood. Added to these "normal" pressures we have the accelerating pace of social change, including the rise of ICT and social media, with associated problems of isolation, dependency, and cyberbullying.
- 2.2 The statistics on mental health problems in the young are alarming:
- 2.3 Half of lifetime mental illness starts by the age of 14;
- 2.4 One in ten children and young people have a clinically diagnosed mental health disorder and/or emotional and behaviour problems (often the same children) and around one in seven has less severe problems that interfere with their development and learning.
- 2.5 Anti-social behaviour and conduct disorder affect over 5% of children, particularly boys, while anxiety and depression affect 4%.
- 2.6 Suicide is one of the three most common causes of death in youth and is rising: in 2014 there was a 443% rise in the number of young people who admitted attempting suicide, while self-harm and eating disorders are a growing problem.

3 Promoting positive social and emotional well-being for students in school – a universal approach

- 3.1 Social and emotional well-being refers to a state of positive mental health and wellness. It involves a sense of optimism, confidence, resilience, happiness, clarity, self-worth, achievement, having a sense of purpose, engagement, having good relationships with others and understanding oneself. The following are ways in which Priestlands are actively promoting this well-being of our students.
- 3.2 PSHCE curriculum that combines a positive focus on well-being, strengths and healthy choices with specific information on problems and issues that may present at some point in life.
- 3.3 Robust policies and practices in areas such as behaviour management, anti-bullying and diversity that underpin our school values and ensure a safe environment for students.
- 3.4 Comprehensive pastoral and tutorial system that supports each individual as well as creating a supportive school and classroom climate.
- 3.5 Peer mentoring programme allowing students to support others and model positive behaviours.
- 3.6 "Pupil Voice": a programme to allow genuine consultation and involvement of all students in making decisions about school life. It allows students to feel a connection to school, whilst learning to take responsibility, building social skills and a sense of self.



- 3.7 Professional development to help staff understand the risk factors to well-being, and raise awareness about mental health problems and the school's role in intervening early.
- 3.8 Ensuring open communication between school, parents/carers and students via formal (parents' evenings, presentations) and informal (conversations) means.
- 3.9 Helping all students through predictable change and transitions.
- 3.10 Celebrating, sharing and rewarding everyday successes and achievements. Examples of this include merits and comments, competitions, specific awards and trophies.
- 3.11 Each term will have a whole-school wellbeing focus. This will be promoted in assemblies and there will be a week of activities and age appropriate PSHCE lessons about the theme.

4 Tackling the mental health problems of students in more serious difficulty – a targeted approach

- 4.1 Mental health problems refer to the wide range of mental health, emotional and social challenges, difficulties, conditions and illnesses that can affect students. The following is a brief and certainly not exhaustive list of such mental health problems.

Anxiety disorders

- 4.2 Anxiety disorders are the most common of the childhood disorders. Young people may experience excessive fear, worry, or uneasiness that interferes with their daily lives. Anxiety disorders include:
 - Phobia – an unrealistic and overwhelming fear of some object or situation;
 - Generalised anxiety disorder – a pattern of excessive and unrealistic worry not attributable to any recent experience;
 - Panic disorder – frightening panic attacks, with physical symptoms such as rapid heartbeat and dizziness;
 - Obsessive-Compulsive Disorder – being trapped in a pattern of repeated thoughts and behaviours, e.g., counting or hand washing.

Depression

- 4.3 Depression is marked by changes in:
 - emotion (withdrawn, sad, tearful, feelings of worthlessness);
 - motivation (schoolwork declines, shows little interest in play);
 - physical well-being (changes in appetite and sleep, vague physical complaints);
 - thoughts (belief that they are ugly/unable to do anything right/ the world is hopeless).

Bipolar Depression

- 4.4 Bipolar Depression is marked by exaggerated mood swings between extreme lows and highs.

Conduct disorders

- 4.5 Conduct disorders cause young people to act out their feelings or impulses towards others in destructive ways, often violating the rights of others and flouting any rules.

Eating disorders

- 4.6 Eating disorders can be life-threatening and include Anorexia Nervosa, Bulimia and Binge Eating Disorder.



Self-harm

4.7 Self-harm is where someone does something to purposely harm him or herself, for example, cutting. People self-harm for a number of reasons, which include managing difficult emotions or because of an underlying mental health issue.

Priestlands’ targeted approach to tackling such Mental Health problems is as follows;

4.8 Robust policies and practice in Mental Health problems.

- Student Support Plans for students with mental health problems
- Staff development to raise awareness of early warning signs, initiate early intervention and manage the student according to the requirements of the Student Support Plan
- Clear plans and pathways for referral (including the use of outside agencies such as CAMHS and on site specialists such as counsellors). Please refer to Appendix 1 – Self Harm Care Pathway - What you should do if you discover that a young person is self-harming... and Appendix 2 – Counselling Pathway

5 Mental Health profile at Priestlands

Types of Mental Health difficulties we see:

Conduct Disorders	Anxiety	Psychosis	Depression	Stress
Paranoia	Hyperkinetic Disorders (ADHD)	Dissociative Disorder	Attachment Disorders	Eating Disorders
Body Dysmorphia	Substance Misuse	Deliberate self-harm (and non)	PTSD	ASD
Panic Attacks	Suicidal Feelings	Bipolar Disorder	ODD	OCD



How we support Mental Health difficulties:

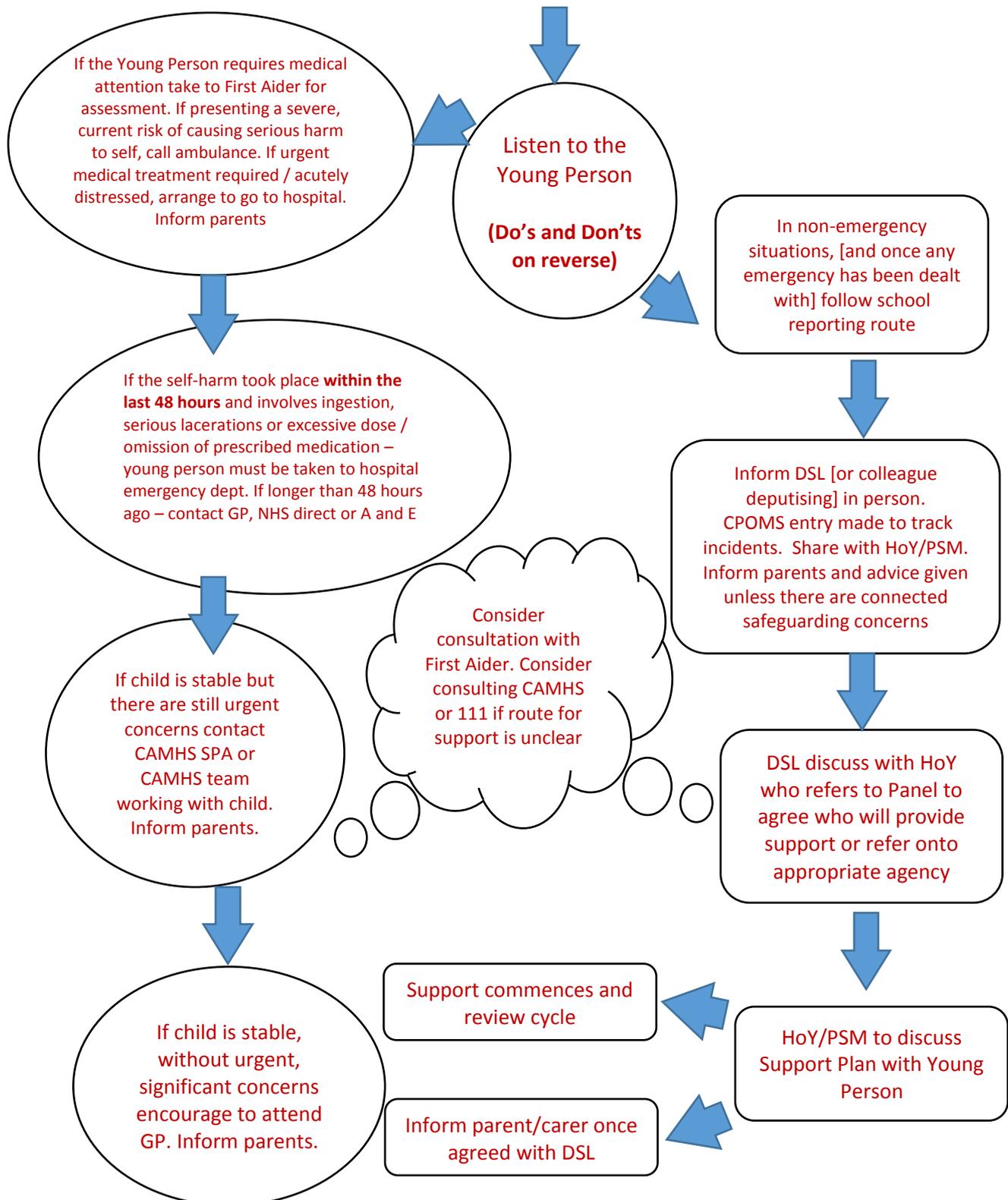
Tutors	Mentors	PSHE	ELSA	EAL
Counselling	Peer Mentors	Support Medication	PSMs	Head of Year
Exams - EAA/Special Considerations	Parental Contact	Drop In	Refer to CAMHS	Mental Health Notice Board
Early Help	Workshops on Mental Health	Exam Stress Workshops	Assemblies on Mental Health	Staff Supervision (see Appendix 3)



Appendix 1

Self-Harm Care Pathway [in line with the Pan-Hampshire and I of W Self-Harm Pathway for Non Health Professionals]

What you should do if you discover that a young person is self-harming...



DO	DON'T
<p>Stay calm – no reaction is better than a negative one</p> <p>Listen – show a low key dispassionate demeanour</p> <ul style="list-style-type: none"> - acknowledge their emotional distress - ask what help and support they want and explain you have to tell to get help <p>Observe – the young person’s non-verbal clues, look at their body language – does what they say and what you see match up? What is the underlying mood state – is it anger? sadness? frustration?</p> <p>Be aware of Risk Factors and promote Protective Factors</p> <p>Follow the Self-Harm Care Pathway</p>	<p>Panic – Unfortunately, many young people self-harm and each young person will have a different reason or story behind their behaviour. Panicking will not help the young person feel safe and contained.</p> <p>Send them away or ignore it – make some time for them. Either help them find other ways of coping or help get them support.</p> <p>Be judgmental – keep an open mind about the behaviour and don’t refer to it as “attention seeking”. Remember – attention seeking is attention needing.</p> <p>Work alone if you are the member of staff providing support – You may still see the young person alone, but you may need to offload with an appropriate colleague.</p> <p>Make promises you can’t keep</p>

REMEMBER

Most episodes of self-harm have nothing to do with suicide. For most young people self-harm is a way of coping with overwhelming emotions.

Listen, then try to help the young person find alternative positive ways of coping and identify their supportive network.

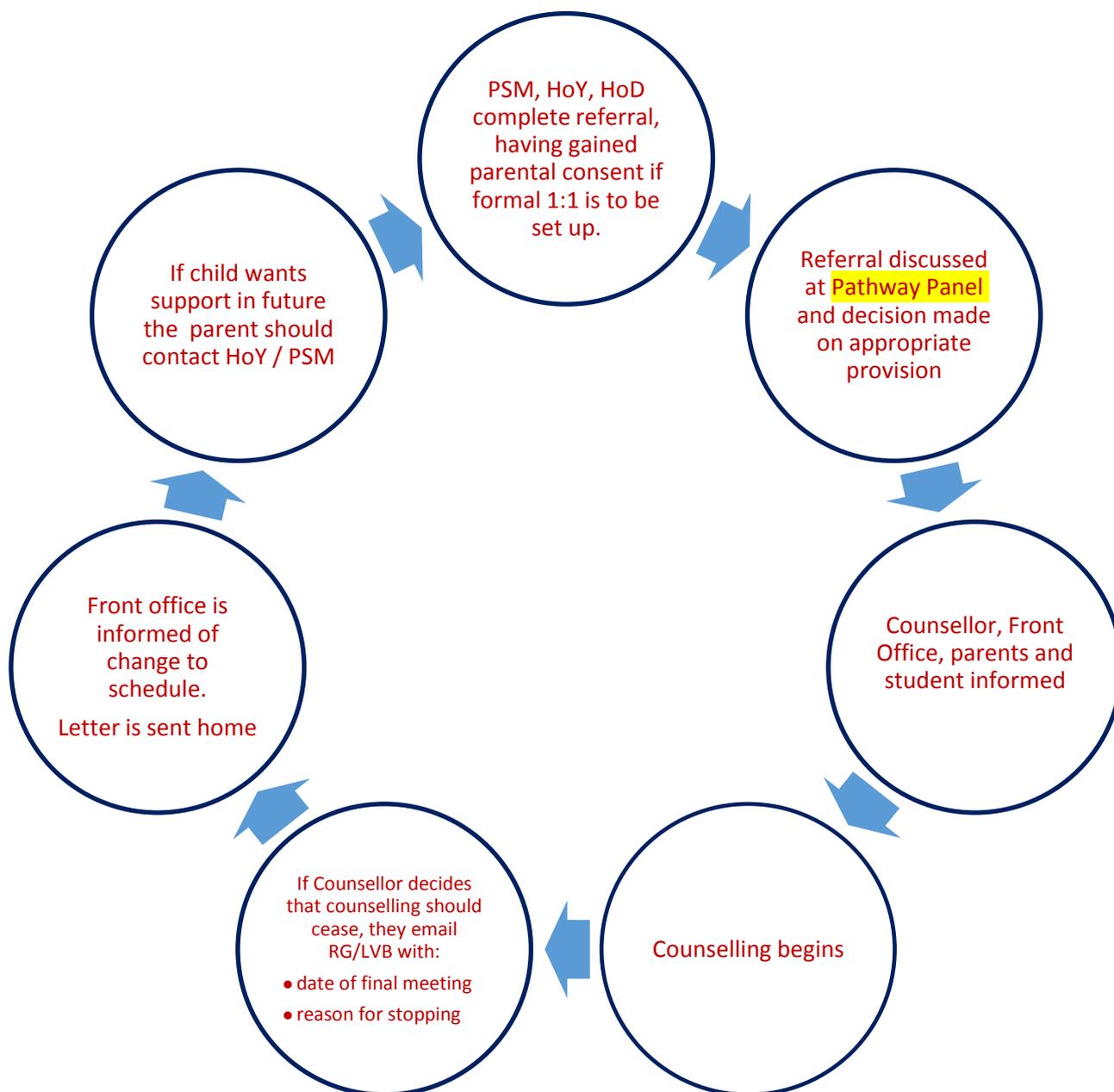
If a young person is talking to you about their self-harming behaviour, it is because they feel they can trust you but you cannot promise to ‘keep it a secret’. Tell the young person you have to pass the information onto the DSL.

Treat a “suicide intention” as an emergency, do not leave the young person alone. Contact DSL or SLT.



Appendix 2

Counselling Pathway



The only route into seeing a counsellor is via an agreed Gatekeepers' referral which would be filled in by HoY / PSM. This would happen once parental permission has been gained.

If a student makes contact with a counsellor (knocks on door, etc.) to request counselling, the counsellor should:

- Tell them that permission is needed for counselling to take place – but counsellor should feel free to have a quick chat if there is time.
- Encourage them to talk to HoY / PSM, or ask parent to do so.
- Tell HoY / PSM that they have seen them.

Front Office should wait to hear outcome of Pathway Panel before adding anyone.