



HIGHDOWN SCHOOL AND SIXTH FORM CENTRE

# YOUNG PEOPLE'S MENTAL HEALTH POLICY

Aspiration – Respect – Excellence

## Monitoring, Evaluation and Review

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# HIGHDOWN SCHOOL AND SIXTH FORM CENTRE

## YOUNG PEOPLE'S MENTAL HEALTH POLICY

This policy should be read in conjunction with the following policies/guidance:

- Equal opportunities
- Anti-Bullying and Discrimination Policy
- Inclusion Policy
- Culture, Character and Citizenship (formerly PSHCE) [Including Sex and Relationships Education [SRE]] Policy
- Safeguarding and Child Protection Policy
- Behaviour Policy
- Government guidance: Keeping Children Safe in Education
- Government guidance: SVSH - Sexual Violence and Sexual harassment between children in schools and colleges

### Introduction

*'Mental health is a state of well-being in which every individual realises his or her (sic) 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 (sic) community'. (World Health Organisation)*

Mental Health and emotional wellbeing issues are becoming increasingly common in young people nationally. According to the Centre for Mental Health (<https://www.centreformentalhealth.org.uk/fact-sheet-children-and-young-peoples-mental-health>), 1 in 6 school-aged child has a mental health problem. This has risen from 1 in 10 in 2004 and 1 in 9 in 2017. Common issues, such as anxiety and depression, are increasing amongst 16-24 year olds and are about three times more common in young women than men. About 1 in 20 5-19 year olds has a behavioural disorder, with rates higher in boys than girls. 70% of children with autism have at least one mental health condition. Self-harm is more common among young people than any other age group – 25% of women and 9.7% of men aged 16-24 report they have self-harmed.

At Highdown School and Sixth Form Centre we aim to foster positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students.

In addition to fostering positive mental health, we aim to recognise and respond to mental ill health and neurodiversity. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing a practical, relevant and effective mental health policy and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

## Aims

This policy describes the academy's approach to fostering positive mental health and wellbeing. This policy is intended as guidance for all staff including support staff and governors.

The Policy aims to:

- Foster positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues and neurodiversity
- Support staff and adults in identifying specific mental health and neurodiversity needs
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers

## Lead Members of Staff

Whilst all staff have a responsibility to foster the positive mental health of students. Staff with a specific, relevant remit include:

- Mrs Boys, Ms Lee, Dr Capaldi, Mrs Sawdon-Smith, Mrs Flynn - Safeguarding Team
- Mrs Boys – Inclusion Manager and School Mental Health Lead
- Ms Lee/Miss Holder - STAR Centre
- Mrs Arnold - SENDCo
- Mrs Murphy - lead First Aider
- Mr Reid - Professional Learning lead
- Mr Hampson - CCC co-ordinator
- Heads of Achievement
- Assistant Heads of Achievement

Any member of staff who is concerned about the mental health, neurodiversity or wellbeing of a student should speak to either the Safeguarding Team or relevant Head of Achievement. If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the designated safeguarding officers or 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, safeguarding team in person (and later recording in CPOMS) and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate for assessment regarding ADHD or Autism, this will be led by and managed by Mrs Arnold, SENDCo. Where a referral to CAMHS is appropriate for accessing mental health support, this will be led and managed by Mrs Boys, Inclusion Manager, the HoA for that year group or a Safeguarding Officer. Referrals will be recorded on CPOMS.

## Individual Care/Safety Plans

It may be helpful to draw up an individual care or safety plan for students causing significant concern relating to their mental health or neurodiversity. Safety plans help with managing risk for students with mental health issues where a risk has been identified within the school day. This should be drawn up by the Head of Achievement in liaison with a member of the Safeguarding Team and the SENDCO, and where possible/appropriate involving the student, the parents and/or relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the academy can play

Highdown School works with a range of agencies to support students' mental health and wellbeing, including the School Nurse, Primary Mental Health Workers (PMHW), No.5 Counselling, CAMHS, Educational Psychologist, Youth Workers, and Social Services. School has access to termly consultation with the PMHW team at Brighter Futures for Children. These meetings may lead to Educational Psychologist or PMHW assessment or to help staff to support students within school by offering advice and information relating to student mental health. Students can be referred for discussion by the HoA's, SENDCO, Learning Support staff, Star Team, Safeguarding Officers.

Heads of Achievement have a key role and responsibility in recognising students in need of Early Help, in managing and supporting students with mental health issues and through working closely with Star Centre staff, the Safeguarding Team and the SENDCO. Heads of Achievement make Early Help referrals through Children's Single Point of Access (CSPoA) which may result in access to CAMHS through PMHW support and liaison.

Where deemed appropriate, the SENDCO can request the Educational Psychologist completes an assessment of needs. This may be referred to the SENDCO by Heads of Achievement, Star Centre staff and the Safeguarding Team. Parents may also request this.

## Teaching about Mental Health and Neurodiversity

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum. The specific content of sessions will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## Signposting

We will display relevant sources of support in communal areas and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Sources of support will also be shared via our website and newsletter for parents/carers.

## Warning Signs

Academy staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with the Safeguarding Team in the first instance.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating/sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Avoiding PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

## Managing Disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff. Therefore, all staff need to know how to respond appropriately to a disclosure. If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'.

All disclosures should be recorded in writing via CPOMS. Any notes made during the disclosure should be dated, signed and handed, in person, to a member of the Safeguarding Team or uploaded to CPOMS along with the CPOMS referral. The student must be informed that the concerns will be referred to the safeguarding team.

## **Working with all Parents/Carers**

In order to support parents/carers we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get information about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

## **Supporting Peers**

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations by the student who is suffering and their parents with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

More information may be found at <https://www.rethink.org/advice-and-information/carers-hub/responding-to-unusual-behaviour/>

## Professional Learning

As a minimum, all staff will receive regular training about recognising and responding to mental health and neurodiversity issues as part of their regular child protection training in order to enable them to keep students safe. Training opportunities for staff who require more in-depth knowledge will be considered as part of our practice development process and additional professional learning will be supported throughout the year where it becomes appropriate due developing situations with one or more students

## Prevalent Issues<sup>1</sup>

- (i) **Self-harm:** Describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves. Self-harm is a real cause for concern as it is becoming more and more common. See the next section of this policy for further guidance and information.

SelfHarm.co.uk: [www.selfharm.co.uk](http://www.selfharm.co.uk)

National Self-Harm Network: [www.nshn.co.uk](http://www.nshn.co.uk)

Self-injury support: <http://www.selfinjurysupport.org.uk>

- (ii) **Depression:** Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

<https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/children-depressed-signs/>

- (iii) **Anxiety, panic attacks and phobias:** Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

<https://stem4.org.uk/anxiety/>

- (iv) **Obsessions and compulsions:** Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

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<sup>1</sup> [Young Minds](#)

- (v) **Suicidal feelings:** Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

<https://www.prevent-suicide.org.uk/>

- (vi) **Eating problems:** Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Beat – the eating disorders charity: <https://www.beateatingdisorders.org.uk/>

Eating Difficulties in Younger Children and when to worry: [www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

## Self-Harm

Self-Harm is an umbrella term to describe a wide range of behaviours. It is understood to be a self-inflicted physical response to emotional pain. These are split into two sub-categories:

- **Harmful behaviour:** behaviour which could result in long-term harm, e.g. over/under eating, drug misuse, binge drinking, and smoking
- **Self-injury:** to deliberately harm or injure oneself, e.g. cutting, burning, picking or scratching skin/wounds, hair pulling, swallowing inedible objects, self-poisoning, banging/hitting head or other parts of the body, and other acts of self-mutilation

Self-harm may be a response to strong feelings and distressing experiences, which are hard to deal with. It can feel to other people that these things are done calmly and deliberately – almost clinically, but we know that someone who self-harms is usually in a state of high emotion, distress and unbearable inner turmoil. Some people plan to self-harm in advance, for others, it happens on the spur of the moment. Some people self-harm only once or twice, but others do it regularly. It can be hard to stop. Self-harm may be an expression of the need for validation, acceptance, understanding and being attended to. Furthermore, it may be a way to influence or control others. The young person may feel that no-one is listening to them or hearing them, and so develops more remarkable ways of communicating their distress. Self-harm behaviour is usually aimed at coping with life rather than ending it, however, there is an increased risk of suicide if someone already self-harms<sup>2</sup>.

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<sup>2</sup> Sample Self-harm Policy (Norfolk County Council)

There are a range of risk factors to be aware of:

Individual	Family	Social
<ul style="list-style-type: none"> <li>▪ Anxiety or depression</li> <li>▪ Poor communication skills</li> <li>▪ Low self-esteem</li> <li>▪ Poor problem-solving skills</li> <li>▪ Hopelessness</li> <li>▪ Impulsivity</li> <li>▪ Drug or alcohol abuse</li> <li>▪ Past or present trauma</li> <li>▪ Exam pressure</li> <li>▪ Confusion about sexuality or gender identity</li> <li>▪ Neurodiversity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Unreasonable expectations or pressure</li> <li>▪ Abuse or neglect</li> <li>▪ Poor parental relationships and arguments</li> <li>▪ Depression, self-harm, or suicide in the family</li> <li>▪ Young carers role in family</li> <li>▪ Religious, ethnic or cultural identity dilemmas or conflict</li> </ul>	<ul style="list-style-type: none"> <li>▪ Difficulty making relationships/loneliness</li> <li>▪ Being bullied or rejected by peers</li> <li>▪ Contagion effect</li> <li>▪ Experiencing discriminatory behaviours</li> <li>▪ Easy availability of drugs, medication or other methods of self-harm</li> </ul>

Young people with special educational needs may also engage in self-harm. It is estimated that about half of autistic people engage in self-injurious behaviour at some point in their life.<sup>3</sup> Autistic females are more likely to self-harm than autistic males.<sup>4</sup>

Possible warning signs are outlined on p.5 above.

If you suspect, or become aware of, self-harm, the First Aider and Safeguarding Team should be informed as soon as possible. It is essential an assessment of risk is made as soon as possible. If a student presents with a self-harm injury at school, it will be treated as a first aid incident in the first instance. A student may be removed from lessons if remaining in these will cause further distress.

The normal working practice is that parents/carers will be informed together with advice and guidance. Students and their parents/carers will be made aware of other people and services which may be able to help them. Part of our responsibility is to signpost these, e.g. their GP, School Nurse, No.5 Counselling, CAMHS, Youth Worker, Kooth, Samaritans, Childline, etc.

There are a range of distraction/coping strategies that may be suggested and/or used:

Calming, stress relief, distraction	Releasing or managing emotions
<ul style="list-style-type: none"> <li>▪ Going for a walk</li> <li>▪ Listening to sound/music</li> <li>▪ Creating something, e.g. drawing, music, writing, cooking, crafts, etc.</li> <li>▪ Keeping a diary</li> <li>▪ Stroking or caring for a pet</li> <li>▪ Watching TV</li> <li>▪ Having a bath</li> <li>▪ Breathing exercises</li> <li>▪ Plan an activity/trip</li> <li>▪ Looking at self-help websites</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clenching ice cube until it melts</li> <li>▪ Snapping an elastic band against the wrist</li> <li>▪ Drawing on skin with a red pen instead of cutting</li> <li>▪ Use fake blood</li> <li>▪ Sports or exercise</li> <li>▪ Listening to/creating loud music</li> <li>▪ Writing down thoughts/feelings on paper and ripping it up</li> <li>▪ Repetitive counting or writing</li> <li>▪ Sing or shout</li> <li>▪ Hitting a pillow or soft object</li> </ul>

<sup>3</sup> Sample Self-harm Policy (Norfolk County Council)

<sup>4</sup> National Autistic Society (<https://www.autism.org.uk/advice-and-guidance/topics/mental-health/self-harm>)

In general, students are likely to fall into a spectrum of risk:

- **Lower risk:** little history of self-harm, a generally manageable amount of stress and some positive coping skills and external support
- **Higher risk:** frequent or long-standing self-harm practices, use of high-risk methods that threaten life, suicidal ideation, parental mental health problems and/or students experiencing chronic internal and external stress with few positive supports and coping skills.

In some circumstances, it will be appropriate to make a referral to CAMHS, e.g. based on level of self-harm frequency/intensity, level of anxiety/phobia, degree of depression/low mood, history of traumatic events, significant concerns about mental health, etc.

Depending on the nature or extent of self-harm, it may be appropriate for the academy to add additional safeguarding measures to protect the student, e.g. a safety plan. This would be shared with parents/carers, the student and external agencies, as appropriate.

Schools and colleges may find incidences of 'Group Self-Harm'. These usually consist of a group of students self-harming together, usually cutting or burning. Injuries are usually displayed rather than hidden. Group Self-Harm usually has entirely different motivations than individual self-harm and should be addressed primarily as a behavioural issue.

Sometimes groups of young people can influence each other by discussing or sharing images of self-harm. When this happens, it is sometimes referred to as 'contagion'. Students accessing the STAR Centre are made aware of expectations around discussing their own mental health needs with their peers and a Charter is displayed to outline these. Students must never encourage others to self-harm.

There are a range of helpful website and apps available to help and support:

- [www.kooth.com](http://www.kooth.com)
- [http://www.nshn.co.uk/downloads/Advice\\_for\\_young\\_people.pdf](http://www.nshn.co.uk/downloads/Advice_for_young_people.pdf)
- [www.childline.org.uk](http://www.childline.org.uk)
- [www.youngminds.org.uk](http://www.youngminds.org.uk)
- <https://www.map.uk.net/get-help/mental-health-and-wellbeing/>
- <https://www.selfinjurysupport.org.uk/Pages/Category/self-help-resources>
- <https://www.selfharm.co.uk/>
- [www.harmless.org.uk](http://www.harmless.org.uk)
- <http://epicfriends.co.uk/>
- [www.lifesigns.org.uk](http://www.lifesigns.org.uk)

Apps:

- <https://calmharm.co.uk/>
- <http://self-healapp.co.uk/>
- <https://www.expertselfcare.com/health-apps/distract/>
- <http://chillpanda.co.uk/>
- <https://thrive.uk.com/nhs>
- <http://www.self-healapp.co.uk/>
- <https://www.oxfordhealth.nhs.uk/blueice/>

## Additional Online Resources

[CYPMHS/CAMHS](https://www.berkshirehealthcare.nhs.uk/6349): Information on support, guidance and access. Berkshire CAMHS service: <https://www.berkshirehealthcare.nhs.uk/6349>

[www.kooth.com](http://www.kooth.com): Online mental health community, providing online counselling and mental health support. Available at the weekend.

<https://www.childline.org.uk/>: Provides a wide range of resources for most of prevalent issues listed in this section and has an online chat function as well as the phone line. Childline: 0800 1111

[Samaritans](https://www.samaritans.org/): You can access this service 24/7 for a free listening service. Call: 116 123

## Review of Policy

This policy will be reviewed annually. Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. This policy will always be immediately updated to reflect personnel changes. When changes have been made to this policy, outside of the annual review dates, stakeholders will be notified through usual means of communication.

The Mental Health Policy will be reviewed annually by the DSL in conjunction with Senior Leaders and will be overseen by the Full Governing Body.

The implementation of the policy will be reviewed during the academic year via the Link Governance procedures with the allocated Safeguarding Governor.