



Coundon Court Mental Health and Well-being Policy

AY2223

Agreed by governors:	September 2022
Frequency of review:	Annually
Date of next review:	September 2023

This policy is to be read in conjunction with the Safeguarding Policy and our SEND Policy

Contents

1. Introduction
2. Factors that put students at risk
3. 3. Factors that make children more resilient
4. Supporting Students with Mental Health Concerns at Coundon Court
5. Anxiety
6. Depression
7. Post-traumatic stress disorder (PTSD)
8. Agency Support

Key Personnel

Designated Safeguarding Lead: Charlotte Holland

Deputy Designated Safeguarding Leads: Tracey Wheatley, Amanda Donnelly, Kirsty Jones, and Fiona Walsh

Health and Well-being Co-ordinator: Marc Thomas

SENDSCO: Mrs Claire Green

1. Introduction

In the last survey, conducted in 2008, found that 1 in 10 children aged 5-15 had a mental health disorder (either emotional, behavioural, hyperactive, or other). In the newly released 2017 figures, this has risen to 1 in 9.

When we include older children and look across all children and young people, aged 5-19, we find this figure drops to 1 in 8 (12.8%) children having at least one mental disorder.

One in four (26%) young people in the UK experience suicidal thoughts, and among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years, particularly since the mid 1980's. These are worrying statistics for educators, parents and children.

Poor mental well-being (mental wellness) is a serious issue affecting some Coundon Court students and as part of our core mission and values, we remain dedicated to the health and wellbeing of our young people.

2. Factors that put students at risk

Typically, certain individuals and groups are more at risk of developing poor mental health than others. These risks can relate to the child themselves, to their family, or to their community or life events/experiences. Risk factors are cumulative, and the more challenges a young person faces the greater the risk.

Children exposed to multiple risks such as social disadvantage, family adversity, English as an additional language, abuse, being in care and cognitive or attachment problems are much more likely to develop behavioural or emotional difficulties. Mental health and issues leading to self-harm/self-injury can however affect anyone during what may be a vulnerable period. At Coundon Court early identification of risk factors is key, and student's risk factors are assessed on an individual basis which allows us to categorise students by level of need.

3. Factors that make children more resilient

Seemingly against all the odds, some children exposed to significant risk factors develop into competent, confident and caring adults. An important key to promoting children's mental health is therefore an understanding of the protective factors that enable children to be resilient when they encounter problems and challenges.

The role that Coundon Court plays in promoting the resilience of our students is important, particularly so for some children where attachments are insecure and/or their home life is less supportive. Coundon Court is a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems. We recognise that resilience involves several related elements. These elements include self-esteem and confidence, a belief in one's own self efficacy, the ability to deal with change and adaptation, and a repertoire of social problem-solving approaches. Positive, meaningful relationships are essential in building emotional resilience in young people and Coundon Court strives to sustain the 'culture of care' we

have created. As a Thrive school we take very seriously our role in providing support for students who have experienced Adverse Childhood Experiences and try to support our student's emotional development, whatever their starting point.

At present, the school has one MH First Aider and are looking to increase provision with additional training for more staff to become qualified MHFA. Any students having a MH breakdown should be supported in the first instance by the MHFA.

Support staff and class teachers see their students daily. They know them well and are well placed to spot changes in behaviour that might indicate a problem. The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in student's lives. These include:

- Loss or separation - resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted.
- Life changes - such as the birth of a sibling, moving to a new house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and
- Traumatic such as abuse, domestic violence, bullying, violence, accidents, illness of a loved one, injuries or natural disaster. Coundon Court aims to offer support to students at such times, intervening well before mental health problems develop.

Identifying children with possible mental health issues

Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health issue or a special educational need (SEND). Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem, and where there are concerns about behaviour there will be an assessment carried out by SENDCO or Director of Inclusion looking at the identified factors to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues. Coundon Court is well-placed to observe students day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health issue or be at risk of developing one. This may include withdrawn students whose needs may otherwise go unrecognised. There are often two key elements that enable schools to reliably identify children at risk of mental health problems:

Effective use of data so that changes in students' patterns of attainment, attendance or behaviour are noticed and can be acted upon. At Coundon Court, risk factor data may include Information from the inclusion directory which can be utilised for identification and information.

An effective pastoral system - so that at least one member of staff (e.g. a form tutor or pastoral lead) knows every student well and can spot where poor or unusual or just changed behaviour may have a root cause that needs addressing. Where this is the case, the pastoral system or school policies should provide the

structure through which staff can escalate the issue and take decisions about what to do next. Only medical professionals can make a formal diagnosis of a mental health condition. The SENDCO, Director of Inclusion or Health and Well Being Coordinator will refer any students they feel may be at risk of mental health issues to Children's Services and/or advise parents to take their child to their GP or A&E where appropriate.

4. Supporting Students with Mental Health Concerns at Coundon Court

- Use of mentoring and counselling sessions, and for students experiencing emotional distress.
- Preventative programmes delivered by Inclusion staff and progress managers trained in mental well-being to groups of identified pupils around issues that may affect mental security.
- Mentoring with a member of the Inclusion staff who have all received training in issues contributing to or associated with poor mental well-being such as anxiety, depression, low self-esteem, self-injury, bereavement/loss, bullying and difficulties managing emotions.
- Referral to Child and Adolescent Mental Health Services.
- Weekly Student Concerns meetings, to identify support strategies for students with Heads of Year Director of Inclusion and SENDCO. The Inclusion Manager meets the phase leads to discuss any student concerns. Intervention used where required for any individuals. Any staff member can refer a child for further support via the inclusion team. The MHWB co-ordinator to have an overview of meeting and students concerned.
- Early intervention, for students showing early signs of problems. PASS Tests are completed by students in year 7. The MHWB co-ordinator leads the importance of completing the tests and Phase 1 lead specific mentoring for those students identified as requiring additional support. Support ranges from 1-2-1 to group sessions. During lockdown, low AtL scores led to further support for those requiring support.
- Continuous professional development for all staff around matters associated with Mental Health with the inclusion team regularly completing relevant safeguarding courses. Safeguarding training, completed by all staff in each academic year.
- A Personal development tutor curriculum and Drop Down Days (DDD) which develops student's resilience, confidence, emotional intelligence and ability to learn. Work through PiXL Edge which can support MH to be developed for use by AY2122, as well as DDD and tutor time resources.
- Supporting parents and carers in removing barriers to their child's achievement and personal development, through establishing collaborative relationships and early intervention.
- A programme of active tutorial sessions designed to build emotional intelligence and resilience.

- Clear policies on behaviour, safeguarding, anti-bullying. Incidents of bullying are logged on CPOMS stating the nature of the bullying, and support is offered to the victim
- A Culture within the school that values all students, allows them a sense of belonging and makes it possible to talk about problems in a non-stigmatising way.
- Working with outside agencies to provide interventions for students with mental wellbeing problems.
- A whole school approach to promoting the health and wellbeing of all students.

Supporting staff who are working with students with mental health issues.

Coundon Court School acknowledges that staff who are working closely with distressed students exhibiting mental health problems like self-harm, eating disorders and depression can themselves be placed under emotional strain.

Support will be provided to all staff who request it in terms of management supervision with key staff members in the table below.

The school will provide a range of training in dealing with students with mental health problems. The training will be undertaken during directed time, for example, specific iHasco training, but may also be requested on a voluntary basis.

Personnel

Designated Safeguarding Lead	Charlotte Holland
Deputy Designated Safeguarding Leads	Tracey Wheatley, Kirsty Jones, Amanda Donnelly, Fiona Walsh
Health and wellbeing co-ordinator	Marc Thomas
SENDCO	Claire Green
Governors	Joanne Doyle

5. Anxiety

Sometimes anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships. An anxious brain can't learn! Children and young people may feel anxious for several reasons, because of worries about things that are happening at home or school, friendship issues, family breakdown or for a variety of reasons. Symptoms of anxiety can include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful, or having difficulty sleeping. If this anxiety persists it may be time to refer to a Specialist. School can support you in making this referral if you wish.

Clinical professionals refer to several diagnostic categories:

- Generalised anxiety disorder (GAD) - a long term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event
- Panic disorder - a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- Obsessive-compulsive disorder (OCD) - a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true)
 - Specific phobias - the excessive fear of an object or a situation, to the extent that it causes an anxious response, such as panic attack (e.g. school phobia)
- Separation anxiety disorder (MD) - worry about being away from home or about being far away from parents, at a level that is much more than normal for the child's age
- Social phobia - intense fear of social or performance situations; and
- Agoraphobia - a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong. While the majority of referrals to specialist services are made for difficulties and behaviours which are more immediately apparent and more disruptive (externalising difficulties), there are increasing levels of concern about the problems facing more withdrawn and anxious children, given the likelihood of poor outcomes in later life.

6. 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 for the majority of the time, 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.

Depression can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships, but tends not to impact on their environment. There is some degree of overlap between depression and other problems, For example, around 10% to 17% of children who are depressed are also likely to exhibit behaviour problems.

Clinicians making a diagnosis of depression will generally use the categories major depressive disorder (MDD - where the person will show a number of depressive symptoms to the extent that they impair work, social or personal functioning) or dysthymic disorder (DD - less severe than MDD but characterised by a daily depressed mood for at least two years).

The strongest evidence supports prevention/early intervention approaches that include a focus on:

Regular work with small groups of children focusing on cognition and behaviour - for example changing thinking patterns and developing problem -

solving skills - to relieve and prevent depressive symptoms. Where problems have been identified the strongest evidence supports:

- Therapeutic approaches focusing on cognition and behaviour, family therapy or interpersonal therapy lasting for up to three months (in severe cases these interventions are more effective when combined with medication)
- Psychoanalytic child psychotherapy may also be helpful for children whose depression is associated with anxiety
- Family therapy for children whose depression is associated with behavioural problems or suicidal ideation; and
- For mild depression, non-directive supportive counselling.

7. Post-traumatic stress disorder (PTSD)

If a child experiences or witnesses something deeply shocking or disturbing, they may have a traumatic stress reaction. This is a normal way of dealing with shocking events and it may affect the way the child thinks, feels and behaves. If these symptoms and behaviours persist, and the child is unable to come to terms with what has happened, then clinicians may make a diagnosis of posttraumatic stress disorder (PTSD).

The strongest evidence supports:

- Therapeutic support which is focused on the trauma, and which addresses cognition and behaviour especially regarding sexual trauma and some can be delivered in schools such as Trauma and grief component therapy and Cognitive Behavioural Intervention for Trauma in schools (CBITS). Trauma focused CBT should be adapted appropriately to suit age, circumstances and level of development.

Parents and staff are encouraged to raise any concerns with the Pastoral and Inclusion team who are dedicated to supporting Mental and Emotional Wellbeing. If one of our pupils demonstrates PTSD, Anxiety or Depressions, we can help make school the best it can be for them.

8. Agency Support

Childline - A confidential service provided

by NSPCC <https://www.childline.org.uk/>

- Samaritans - Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts.

<https://www.samaritans.org/>

- Counselling MindEd - Provide mental health advice www.minded.org.uk

- HeadMeds - Developed by the charity young minds to provide information regarding common medications that may be prescribed for young people with diagnosed mental health conditions.

www.headmeds.org.uk

- Mental Health and Bullying -A guide for teachers and other children's workforce staff

<https://www.anti-bullyingalliance.org.uk/sites/default/files/field/attachment/Mental-health-andbullying-module-FINAL.pdf>

- National Institute for Care Excellence (NICE) - To improve outcomes for people using the <https://www.nice.org.uk>

- Place2BE - Charity working in schools providing early intervention and mental health support www.place2be.org.uk

- School Nursing Public Health Services -Supporting students at school with medical conditions <https://www.gov.uk/government/publications/school-nursing-public-health-services>

- Young Minds - Charity to improve emotional wellbeing and mental health in schools up to the age of 25 providing resources to support professionals in tackling mental health issues.

<https://youngminds.org.uk/>

- Mental Health and Behaviour in Schools - DfE advice for schools

<https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools—2>

- Kooth - online counselling and emotional well-being platform for children and young people approved by BACP and NHS <https://kooth.com/>

- Anna Freud - Schools in Mind- A free network for staff supporting mental health within schools.

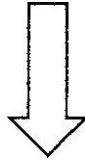
[https:// www.annafreud.org/what-we-do/schools-in-mind/](https://www.annafreud.org/what-we-do/schools-in-mind/)

- The Mental Health Foundation - Statistics and publications on mental health with strategies to help and support young people and teaching staff.

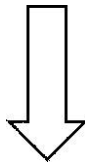
<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

Mental Health Procedure

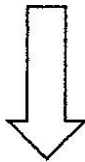
If a student has a breakdown on school site, they will be taken to the CLC or to their Pastoral Manager for initial support.



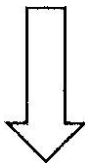
Depending on the nature of the presenting factors, a DSL or Mental Health First Aider to decide if an ambulance needs to be called.



If an ambulance was not required, student to be given time with most appropriate member of staff.



Parent or carer to be called for an update and next steps to be offered. CAMHS to be considered



Student to be given a weekly mentoring slot with the most appropriate professional.



DSL or Mental Health First Aider to monitor student weekly and a Student Centred Support Plan to be put in place and reviewed.