



**Bishop Cornish CEVA Primary School**  
**Mental Health and Wellbeing Policy**  
**Esteem and Educate Every Child**

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**Next Review:** September 2024

**Tracey Fletcher**

**Head Teacher**

**Tim Parkman**

**Chair of Governors**

## Why is mental health and wellbeing important?

Bishop Cornish is passionate about making a difference to the lives of children and their families. We believe in the importance of understanding the many everyday issues of mental health and address these through teamwork, and keeping Christian values at our core. We will work with each other, with teachers and colleagues across the school, with the wider school community and, most importantly, with the children. We act with love and care.

Awareness of the importance of positive mental health and the impact this has on children's learning is at the centre of our thinking. Whatever issues our students, their families, the school, our team or the community face, we always support, react and pull together. We are committed to making a difference; we are not passive players in children's lives but active participants who can and do make a real difference.

As educators, we aim to create emotionally sound, resilient and well-regulated children. We support children by using the model of 'PLACE': being Playful, Loving, Accepting, Curious and Empathic. This way of thinking, feeling, communicating and behaving aims to make each child feel safe and happy, enabling them not only to learn, but to develop a love of learning. Our approach to mental health reflects and supports the school's curriculum intent statement where ultimately our curriculum intends to:

- Develop our head and body: what we learn
- Develop our hearts and character: who we are
- Develop our actions and attitudes: how we live and learn
- Develop our moral compass: where we fit in the world.

We foster creativity in our children and to help them become independent learners and thinkers. Above all, we believe in making learning enjoyable, motivating, fun and purposeful, ensuring children are resilient and prepared for the world that awaits them.

What effective mental health interventions mean to us:

- The child stays at the centre of every conversation
- We prioritise those who need our help most, but we intervene with all
- Children learn best when there are clear rules and simple consequences
- Staff teach best when there are clear rules and simple consequences
- We use evidence-based practice for all our interventions
- We liaise in a timely fashion with colleagues and external professionals
- We follow school policies on behaviour, mental health and safeguarding
- We speak to students, staff and each other with courtesy, respect and understanding.

We also recognise the importance of fostering positive mental health and wellbeing for our staff and believe that this is key to the wellbeing of the children in our school.

In 2017, about 1 in 10 children aged 5 to 16 had a diagnosable mental health need and these can have an enormous impact on quality of life, relationships and academic achievement. In some cases, it is life-limiting.

The Department for Education (DfE) recognises that: “in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy”.

School can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children’s wellbeing and can help engender a sense of belonging and community.

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, and where they can go if they need help and support.

### **1. Purpose of the policy**

This policy sets out:

- How we promote positive mental health
- How we prevent mental health problems
- How we identify and support children with mental health needs
- How we train and support all staff to understand mental health issues and spot early warning signs to help prevent or address mental health problems
- Key information about some common mental health problems
- Where parents, staff and children can get further advice and support.

### **2. Definition of mental health and wellbeing**

We use the World Health Organisation’s definition of mental health and wellbeing:

“a state of wellbeing in which every individual realises his or her 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 community”.

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve.

### **3. How the policy was developed**

In developing this policy, we have taken account of:

- Children and Young People’s Mental Health: ‘State of the Nation 2016’
- ‘Education, Education, Education, Mental Health 2016’ (secondary)
- ‘Promoting children and young people’s emotional health and wellbeing’, Public Health England 2015
- ‘Preparing to teach about mental health’, PSHE Association 2015
- Children and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010

- Education Act 2002
- Mental Capacity Act 2005
- Children Act 1989
- 'Keeping children safe in education', DfE (2020)
- 'Mental Health and Behaviour in Schools', DfE (2018)
- 'Counselling in schools: a blueprint for the future', DfE (2016)
- 'Special educational needs and disabilities code of practice: 0 to 25', DfE (2015)
- 'Supporting children with medical conditions', DfE (2014).

#### **4. Links to other policies**

This policy links to our policies on Safeguarding, Medical Needs, Anti-Bullying and SEND (Special educational needs and disabilities), and Behaviour. Links with the school's Behaviour Policy are especially important because behaviour, whether it is disruptive, withdrawn, anxious, depressed or otherwise, may be related to an unmet mental health need.

#### **5. A whole-school approach to promoting positive mental health**

We take a whole-school approach to promoting positive mental health that aims to help children become more resilient, happy, and successful and to prevent problems before they arise.

This encompasses seven aspects:

- Creating an ethos, underpinned by policies and behaviours that support mental health and resilience, and which everyone understands
- Helping children to develop social relationships, support each other, and to seek help when they need it
- Helping children to be resilient learners
- Teaching children social and emotional skills and an awareness of mental health
- Early identification of children who have mental health needs; planning support to meet those needs, including working with specialist services
- Effectively working with parents and carers
- Supporting and training staff to develop their own skills and resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues.

#### **6. Staff roles and responsibilities, including those with specific responsibility**

We believe that all staff have a responsibility to promote positive mental health and to understand about protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs receive early intervention and necessary support. The school's senior leadership team (SLT) has a duty to oversee, monitor and appraise the provision, with the head teacher and the Mental Health Lead (MHL) forming part of this group. Governors are responsible for the overall monitoring of this and there is designated governor for mental health and wellbeing. By working with the Mental Health Lead, they will ensure there are clear systems and processes in place for identifying possible social and emotional mental health (SEMH) problems, including routes to escalate and clear referral and accountability systems.

All staff understand about possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss – including loss of friendships – family breakdown, and bullying. Staff should also understand the factors that protect children from adversity, such as: self-esteem, communication and problem-solving skills, a sense of worth and belonging, and emotional literacy (see Appendix 1 on risk and protective factors).

Our Mental Health Lead:

- leads and works with other staff to coordinate whole-school activities to promote positive mental health and wellbeing for children and staff
- provides advice and support to staff and organises training and updates
- liaises with the headteacher and SENCO (Special educational needs co-ordinator) to organise specialist referral as needed
- oversees the outcomes of interventions on pupils' education and wellbeing
- liaises with parents of pupils with SEMH difficulties, where appropriate
- liaises with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies
- organises and monitors the school's mental health continued professional development (CPD).

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. We work within a Thrive/TIS (Trauma Informed Schools) umbrella and we have trained practitioners throughout the school. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to children with mental health needs, as well as support for their families. This provision is detailed in a mental health provision map which can be found on the school website.

Sources of relevant support include our school's:

- SLT
- DSL (Designated Safeguarding Lead) and DDSL (Deputy Designated Safeguarding Lead)
- class teachers
- Thrive and TIS practitioners
- school support staff employed to manage mental health needs of particular children
- SENCO, who helps staff understand their responsibilities to children with SEND, including children whose mental health problems mean they need special educational provision
- The CAMHS (child and adult mental health service) team who provides 1:1 therapy and group work to children who are referred and who also train support staff to manage the mental health needs of children.

## **7. Supporting children's positive mental health**

We believe the school has a key role in promoting children's positive mental health and helping to prevent mental health problems. Bishop Cornish uses a range of strategies and approaches including:

- a transition programme to the child's next class/secondary school, which includes clear liaison and visits with either the receiving year group teacher or secondary school staff
- class activities

- Class Dojo, where children can be praised for certain duties, tasks or things they have done and have them celebrated in class, and which will also notify parents
- Circle times PSHCE (personal, social, health and citizenship education) lessons through the 'Jigsaw' programme
- mindfulness clubs
- TAs trained in emotional first aid
- three teachers trained in Thrive and TIS
- displays and information around the school about positive mental health and where to go for help and support
- nurture groups: small group intervention to improve children's communication skills around turn-taking, dealing with issues and resolving conflict. These include lunchtime nurture provision in both key stages.

#### Teaching about mental health and emotional wellbeing

Through PSHCE we teach the knowledge and social and emotional skills that will help children to be more resilient, understand about mental health, and be less affected by the stigma of mental health problems.

EYFS & Key Stage 1 children learn:

- to recognise, name and describe feelings, including good and 'not so good' feelings
- simple strategies for managing feelings
- how their behaviour affects other people
- about empathy and understanding other people's feelings
- to cooperate and problem solve
- to motivate themselves and persevere
- how to calm down
- about change and loss and the associated feelings (including moving home, losing toys, pets or friends)
- who to go to if they are worried
- about different types of teasing and bullying; that these are wrong and unacceptable
- how to resist teasing or bullying, if they experience or witness it, whom to go to and how to get help.

Key Stage 2 children learn:

- what positively and negatively affects their mental and emotional health (including the media)
- positive and healthy coping strategies
- about good and 'not so good' feelings
- to describe the range and intensity of their feelings to others
- to recognise and respond appropriately to a wide range of feelings in others
- to recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them
- about resilience
- how to motivate themselves and bounce back if they fail at something
- how to empathise and be supportive of others
- about change, including transitions (between Key Stages and schools), loss, separation, divorce and bereavement

- about the consequences of discrimination, teasing, bullying and aggressive behaviours (including online bullying, prejudice-based language), as well as how to respond and ask for help if they are victims of this themselves
- about the importance of talking to someone and how to get help
- This delivered to children through weekly sessions via the Jigsaw programme.

## **8. Identifying, referring and supporting children with mental health needs**

Our approach is to:

- provide a safe environment to enable children to express themselves and be listened to
- ensure the welfare and safety of children are paramount
- identify appropriate support for children based on their needs
- involve parents and carers when their child needs support
- involve children in the care and support they have
- monitor, review and evaluate the support with children and keep parents and carers updated.

When a child is suspected of having a mental health difficulty:

- an assessment is undertaken to establish a clear analysis of the pupil's needs by the class teacher, with SENCO involvement, by using a Thrive assessment. The MHL is also informed
- a plan is set out to determine how the pupil will be supported
- action is taken to provide that support and this is recorded with our intervention file
- regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary
- an exit Thrive assessment is also carried out to ensure quality assurance.

### Early identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- analysing behaviour, exclusions, medical visits, attendance and sanctions
- staff report concerns about individual children to the relevant lead persons
- termly Pupil Progress Review meetings
- regular meetings for staff to raise concerns
- gathering information from a previous school at transfer
- parental meetings in EYFS (Early Years Foundation Stage) and parent teacher meetings across the school
- enabling children to raise concerns to any member of staff
- enabling parents and carers to raise concerns to any member of staff.

All staff at Bishop Cornish CEVA Primary School have had training on the protective and risk factors (see Appendix 1), types of mental health needs (see Appendix 2) and signs that might mean a pupil is experiencing mental health problems. Any member of staff concerned about a pupil will take this seriously and talk to the MHL, DDSL, DSL or the SENCO. TAs are also trained in emotional first aid strategies and we have two TIS trained teachers and one Thrive teacher on site.

These signs might include:

- isolation from friends and family and becoming socially withdrawn
- changes in activity or mood or eating/sleeping habits
- falling academic achievement

- talking or joking about self-harm or suicide
- expressing feelings of failure, uselessness or loss of hope
- secretive behaviour
- an increase in lateness or absenteeism
- not wanting to do PE or get changed for PE
- wearing long sleeves in hot weather
- drugs or alcohol misuse
- physical signs of harm that are repeated or appear non-accidental
- repeated physical pain or nausea with no evident cause.

Staff are aware that mental health needs such as anxiety, might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development. Please see Appendix 2 for a list of common mental health difficulties.

If there is a concern that a pupil is in danger of immediate harm, then the school’s child protection procedures are followed. If there is a medical emergency, then the school’s procedures for medical emergencies are followed.

#### Disclosures by children and confidentiality

We recognise how important it is that staff are calm, supportive and non-judgemental to children who disclose a concern about themselves or a friend. The emotional and physical safety of our children is paramount and staff listen rather than advise. Staff make it clear to children that the concern will be shared with the MHL or the Safeguarding Lead and recorded, in order to provide appropriate support to the pupil.

All disclosures are recorded via CPOMS and held on the pupil’s confidential file, including date, name of pupil and member of staff to whom they disclosed, summary of the disclosure and next steps. Assessment, Interventions and Support (please also see our school mental health map).

| Need<br>The level of need is based on discussions at the regular inclusion meetings/panel with key members of staff and involves parents and children | Evidence-based intervention and support: the kinds of intervention and support provided will be decided in consultation with key members of staff, parents and children                                                                                                                                            | Monitoring                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Highest need                                                                                                                                          | CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies<br>Other external agency support<br>Other interventions, e.g. play therapy.<br>If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we | All children needing targeted individualised support will have this included on their Individual Education Plan.<br>The needs of the children<br>How the pupil will be supported<br>Actions to provide that support<br>Any special requirements<br>Children and parents/carers will be involved in the plan. |



|           |                                                                                                                                                             |                                                                                                                                                                                       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | refer to the SEND policy and special educational need (SEN) School Information Report.                                                                      | The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g. through pre and post meetings and, if needed, a different kind of support can be provided. |
| Some need | Access to in-school nurture group, family support worker, school nurse, play therapy, educational psychologist, 1:1 intervention, small group intervention. | IEPs and interventions are overseen by the SENCO.                                                                                                                                     |
| Low need  | General support E.g. class teacher/TA                                                                                                                       |                                                                                                                                                                                       |

#### Support for friends

We recognise that when a pupil is experiencing mental health problems it can be challenging for their friends can also be emotionally affected and often want to help them, but are unsure of the best thing to do. In the case of eating disorders and self-harm, it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case by case basis what support might be appropriate including one-to-one and group support.

We will involve the pupil who is suffering and their parents, and consider what is helpful for friends to know and what they should not be told, how they can best support, things they should avoid doing/saying which may inadvertently cause upset and warning signs that their friend needs help. We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

#### Support for children after inpatient treatment

We recognise that some children will need ongoing support and the identified person will meet with children on a regular basis. We are careful not to “label” children with diagnoses without prior and sensitive consultation with family/carers and other relevant professionals.

We have a duty of care to support children and will seek advice from medical staff and mental health professionals on the best way to support children. We will carry out a risk assessment and produce an Individual Care Plan (ICP) to support children to re-integrate successfully back to school.

When a child leaves an inpatient provision and is transitioning back to school, we discuss what needs to happen so the transition will be smooth and positive.

### **9. Working with specialist services to get swift access to the right specialist support and treatment**

In some case a pupil’s mental health needs require support from a specialist service; these might include anxiety, depression, self-harm and eating disorders.

We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the child's ICP.

| Main specialist service                                                                                        | Referral process                             |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Child and Adolescent Mental Health Service (CAMHS) – this also includes specialist services such as deaf CAMHS | Accessed through school, GP or self-referral |
| Educational Psychologist                                                                                       | Accessed through the SENCO                   |

#### SEND and mental health

Persistent mental health problems may lead to children having significantly greater difficulty in learning than the majority of those of the same age. In some cases, the child may benefit from being identified as having a SEN. These children can also be referred to a more specialist service as appropriate, such as deaf CAMHS.

#### LAC (looked after children) and mental health

We recognise that children in need, LAC and PLAC (previously looked after children) are more likely to have SEND and experience mental health difficulties than their peers. They are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change. Children in need may also be living in chaotic circumstances and be suffering – or at risk of – abuse, neglect and exploitation. They are also likely to have less support available outside of school than most pupils. School staff are aware of how these pupils' experiences and SEND can impact their behaviour and education and the impact adverse childhood experiences (ACE) can have on children's development and potential mental health difficulties. Where a pupil is being supported by the local authority (LA) children's social care services (CSCS), the school works with their allocated social worker to better understand the pupil's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns. We also have a dedicated Pupil Premium (PP) teacher who closely monitors the wellbeing and development of these children.

### 10. Involving parents and carers

#### Promoting mental health

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children and, in particular, supporting children who do have mental health needs. We recognise the importance and value of building trusted relationships with adults so that we can really support and help the whole family.

On first entry to the school, our parents' meeting includes emphasising the importance of positive mental health for learning. We ask parents to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family (see Appendix 1). It is very helpful if parents and carers can share information with the school so that we can better support their child from the outset. All information will be treated in confidence.

To support parents and carers:

- we organise a range of activities which are reactive to the needs of our parents
- we offer drop in sessions once a half term for open and general discussions with the MHL as detailed in our mental health plan. Focused workshops can then be planned around the actual need of our community and stakeholders
- we provide information and websites on mental health issues and local wellbeing and parenting programmes. The information includes who parents can talk to if they have concerns about their own child or a friend of their child, and where parents can access support for themselves.

Supporting parents and carers with children with mental health needs

We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also aim to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available.

When a concern has been raised, the school will:

- contact parents and carers and meet with them. (In almost all cases, parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as where child protection issues are identified)
- offer information to take away and places to seek further information
- be available for follow up calls
- make a record of the meeting
- discuss how the parents and carers can support their child
- keep parents and carers up to date and fully informed of decisions about the support and interventions provided.

Parents and carers will always be informed if their child is at risk of danger and children may choose to tell their parents and carers themselves. We give children the option of informing their parents and carers about their mental health needs for themselves or of accompanying and supporting them to do so.

We make every effort to support parents and carers to access services where appropriate. Our primary concern is the children, and in the rare event that parents and carers are not accessing services we will seek advice from the LA. We also provide information for parents and carers to access support for their own mental health needs.

### **11. Involving children**

We seek pupils' views about our approach, curriculum and in promoting whole-school mental health activities.

We always seek feedback from children who have had support, to help improve that support and the services they received.

We listen to children and we want them to feel that their feelings are validated by trusted adults around them.

### **12. Supporting and training staff**

We want all staff to be confident in their knowledge of mental health and wellbeing and to be able to promote positive mental health and wellbeing, identify mental health needs early in children and know what to do and where to get help. Our MHL is a qualified TIS practitioner and a number of our

staff have completed the one-day course on mental health first aid. We also have another member of TIS trained staff and a Thrive trained member of staff, who both provide support and training to all staff. All teaching staff complete a termly Thrive assessment on their class to assess need. Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work/life balance and wellbeing, such as always providing a regular drop in session with the MHL, and social outings/events. We also have a secret monthly gifting arrangement where you buy your nominated buddy a small token of appreciation each month. We also have a kindness box where staff can nominate someone else who has made their life easier and then the head chooses one person per month to celebrate. We also provide information on where to seek support if needed and try to be as flexible as possible in times of need or stress.

### 13. Monitoring and evaluation

The Mental Health and Wellbeing policy is on the school website and hard copies are available to parents and carers from the school office.

The policy is monitored at an annual review meeting led by the MHL and involves staff with a responsibility for mental health and governors.

#### *Appendix 1 Protective and Risk factors (adapted from Mental Health and Behaviour DfE March 2016)*

|               | Risk Factors                                                                                                                                                                                                                                                                                                                                                                              | Protective Factors                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The child     | <ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• Specific development delay</li> <li>• Communication difficulties</li> <li>• Physical illness</li> <li>• Academic failure</li> <li>• Low self-esteem</li> <li>• SEND</li> </ul>                                                                                                                                     | <ul style="list-style-type: none"> <li>• Being female (in younger children)</li> <li>• Secure attachment experience</li> <li>• Outgoing temperament as an infant</li> <li>• Good communication skills, sociability</li> <li>• Being a planner and having a belief in control</li> <li>• Humour</li> <li>• Problem-solving skills and a positive attitude</li> <li>• Experiences of success and achievement</li> <li>• Faith or spirituality</li> <li>• Capacity to reflect</li> </ul> |
| In the family | <ul style="list-style-type: none"> <li>• Overt parental conflict including domestic violence</li> <li>• Family breakdown (including where children are taken into care or adopted)</li> <li>• Inconsistent or unclear discipline</li> <li>• Hostile and rejecting relationships</li> <li>• Failure to adapt to a child's changing needs</li> <li>• Physical, sexual, emotional</li> </ul> | <ul style="list-style-type: none"> <li>• At least one good parent/child relationship (or one supportive adult)</li> <li>• Affection</li> <li>• Clear, consistent discipline</li> <li>• Support for education</li> <li>• Supportive long-term relationship or the absence of severe discord</li> </ul>                                                                                                                                                                                 |

|                  |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                           |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | abuse or neglect <ul style="list-style-type: none"> <li>• Parental psychiatric illness</li> <li>• Parental criminality, alcoholism or personality disorder</li> <li>• Death and loss – including loss of friendship</li> </ul>                             |                                                                                                                                                                                                                                                                                                                                           |
| In the school    | <ul style="list-style-type: none"> <li>• Bullying</li> <li>• Discrimination</li> <li>• Breakdown in or lack of positive friendships</li> <li>• Negative peer influences</li> <li>• Peer pressure</li> <li>• Poor pupil to teacher relationships</li> </ul> | <ul style="list-style-type: none"> <li>• Clear policies on behaviour and bullying</li> <li>• ‘Open door’ policy for children to raise problems</li> <li>• A whole-school approach to promoting good mental health</li> <li>• Positive classroom management</li> <li>• A sense of belonging</li> <li>• Positive peer influences</li> </ul> |
| In the community | <ul style="list-style-type: none"> <li>• Socio-economic disadvantage</li> <li>• Homelessness</li> <li>• Disaster, accidents, war or other overwhelming events</li> <li>• Discrimination</li> <li>• Other significant life events</li> </ul>                | <ul style="list-style-type: none"> <li>• Wider supportive network</li> <li>• Good housing</li> <li>• High standard of living</li> <li>• High morale school with positive policies for behaviour, attitudes and anti-bullying</li> <li>• Opportunities for valued social roles</li> <li>• Range of sport/leisure activities</li> </ul>     |

## Appendix 2 Specific mental health needs most commonly seen in school-aged children

For information see Annex C Main Types of Mental Health Needs

Mental Health and Behaviour in School DfE March 2016

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

Annex C includes definitions, signs and symptoms and suggested interventions for

- Anxiety (including panic attacks, phobias and Obsessive-Compulsive Disorder OCD)
- Depression
- Eating Disorders
- Substance Misuse
- Self-Harm

### Common mental health difficulties include:

Anxiety: Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil’s ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

- Generalised anxiety disorder: This is 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: This is a condition in which people have recurring and regular panic attacks, often for no obvious reason
- OCD: This is 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: This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia)
- Separation anxiety disorder: This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age
- Social phobia: This is an intense fear of social or performance situations
- Agoraphobia: This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

Depression: Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- Major depressive disorder (MDD): A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning
- Dysthymic disorder: This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.

Hyperkinetic disorders: Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

- Attention deficit hyperactivity disorder (ADHD): this has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness
- Hyperkinetic disorder: This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

Attachment disorders: Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, which are:

- opportunity to establish a close relationship with a primary caregiver
- the quality of caregiving
- the child's characteristics
- family context

Eating disorders: Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

Substance misuse: Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

Deliberate self-harm: Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

Post-traumatic stress: Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop post-traumatic stress disorder.

### Appendix 3 Where to get information and support

For support on specific mental health needs

Anxiety UK [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk) OCD UK [www.ocduk.org](http://www.ocduk.org)

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

Suicidal thoughts Prevention of young suicide UK – POPYRUS: [www.papyrus-uk.org](http://www.papyrus-uk.org)

For general information and support

[www.youngminds.org.uk](http://www.youngminds.org.uk) champions young people's mental health and wellbeing

[www.mind.org.uk](http://www.mind.org.uk) advice and support on mental health problems

[www.minded.org.uk](http://www.minded.org.uk) (e-learning)

[www.time-to-change.org.uk](http://www.time-to-change.org.uk) tackles the stigma of mental health

[www.rethink.org](http://www.rethink.org) challenges attitudes towards mental health