



**David Game College**  
**MENTAL HEALTH & WELLBEING POLICY 2018-19**

*This policy, which applies to the whole College, is publicly available on the college website and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from MHL office or Designated Safeguarding Lead.*

**Document Details**

Information Sharing Category	Public Domain
Version	V1
Date Published	16/08/2018
Authorised by (if required)	Principal, Proprietor
Review/Update Date	16/08/2019
Responsible Area	Safeguarding Team

**Amendments:**

Date	Amendment

**Monitoring and review:** This policy is subject to continuous monitoring, refinement and audit by Ms Nedaa Belal and Olga Finnigan (Designated Safeguarding Lead & Designated Mental Health Lead), and the Vice-Principal, Mr John Dalton). The Proprietor will undertake a full annual review of this policy and procedures, inclusive of its implementation and the efficiency with which the related duties have been discharged. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the update/reviewed policy and it is made available to them in either a hard copy or electronically.

Signed:

Date: August 2018

This policy was last reviewed agreed by the Proprietor of the College in August 2018 and will next be reviewed no later than August 2019 or earlier if significant changes to the systems and arrangements take place, or if legislation, regulatory requirements or best practice guidelines so require. This policy takes into account the government’s document – “Mental health and behaviour in schools –March 2016”.

**Introduction**

The World Health Organisation has defined Mental Health as “a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community”.

*David Game College is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.*

David Game College strives to be a positive environment for both our pupils and our staff. We promote positive mental health as well as recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students and staff affected directly or indirectly by mental ill health.

This policy should be read in conjunction with our medical policy in cases where a student’s mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need.

This policy is intended as guidance for all staff including non-teaching staff and the college advisors.

**Fundamental to this policy is the recognition of the role that a college or college can play in promoting resilience amongst students.**

**Factors that put children at risk**

Research has taught us that particular groups and individuals are at increased risk of having mental health problems. Table 1 demonstrates these risk factors for the child, family, college and local community, and also highlights some protective factors that are thought to make developing a mental health problem less likely. Longitudinal studies propose that the more risk factors a child has, the more likely they are to develop a mental health or behavioural problem. In particular, there is a correlation between socio-economic disadvantage, family breakdown and a child having cognitive or attention problems increasing the likelihood of these children developing behavioural problems (Brown, Khan and Parsonage, 2012). Data highlights that five or more risk factors increases eleven times the risks for boys aged 10 or under to develop a mental health disorder compared with boys with no risk factors. For girls of the same age range with five risk factors makes them nineteen times more likely to develop a disorder (Murray, 2010).

Mentally healthy pupils are able to progress emotionally within the normal scope. Pupils acquiring behavioural difficulties beyond this normal scale are defined as experiencing mental health problems or disorders. These disorders can critically damage academic performance.

**Table 1:** Mental Health and Behaviour in Schools: Departmental Advice for School Staff, Department of Education, (March 2016)

	<b>Risk Factors</b>	<b>Protective Factors</b>
<b>In the child</b>	Genetic influences Low IQ learning and disabilities Specific Development delay or neuro-diversity Communication difficulties Difficult temperament Physical illness Academic failure Low self-esteem	Being female (in younger children) Secure attachment experience Outgoing temperament as an infant Good communication skills, sociability Being a planner and having a belief in control Humour Problem solving and a positive attitude Experiences of success and achievement Faith or spirituality Capacity to reflect

<b>In the family</b>	<p>Overt parental conflict including domestic violence</p> <p>Family breakdown (including where children are taken into care or adopted)</p> <p>Inconsistent or unclear discipline</p> <p>Hostile or rejecting relationships</p> <p>Failure to adapt to a child's changing needs</p> <p>Physical, sexual neglect or abuse</p> <p>Parental psychiatric illness</p> <p>Parental criminality, alcoholism or personality disorder</p> <p>Death and loss – including loss of friendship</p>	<p>At least one good parent – child relationship (or one supportive adult)</p> <p>Affection</p> <p>Clear, consistent discipline</p> <p>Support for education</p> <p>Supportive long-term relationship or the absence of a severe discord</p>
<b>In the college</b>	<p>Bullying</p> <p>Discrimination</p> <p>Breakdown of a lack of positive relationships</p> <p>Deviant peer influences</p> <p>Peer pressure</p> <p>Poor pupil to teacher relationships</p>	<p>Clear policies on behaviour and bullying</p> <p>'Open door' policy for children to raise problems</p> <p>A whole-school approach to promoting good mental health</p> <p>Positive classroom management</p> <p>A sense of belonging</p> <p>Positive peer influences</p>
<b>In the community</b>	<p>Socio-economic disadvantage</p> <p>Homelessness</p> <p>Disaster, accidents, war or other overwhelming events</p> <p>Discrimination</p> <p>Other significant life events</p>	<p>Wider support network</p> <p>Good housing</p> <p>High standard of living</p> <p>High morale college with positive policies for behaviour, attitudes and anti-bullying</p> <p>Opportunities for valued social roles</p> <p>Range of sport/leisure activities</p>

Schools are in a position to influence the mental health of children and young people as well as being best placed to identify the indicators of mental health problems at an early stage. They can increase the social and emotional development of children and nurture their mental wellbeing through their everyday involvement with pupils. At David Game College, we understand our responsibilities and ensure that such pupils are not discriminated against, making sure that we provide reasonable adjustments to support their learning in accordance with the Equality Act (2010).

At David Game College, we aim to offer an empathetic environment that will support and aid pupils with mental health struggles to accomplish their greatest academic potential. We do this by:

- providing a range of support services such as peer mentors as well as a pastoral support team that oversees the health and wellbeing of all pupils;
- having an 'open door' policy to encourage pupils with mental health difficulties to seek support;
- promoting understanding and recognition of mental health difficulties;
- providing support and education to staff;
- having effective procedures in place to deal with disclosures and confidentiality (and guidance on when information will be passed onto other people/parents if immediate health and safety concerns are raised);
- having an effective Child Safeguarding Policy to work alongside this policy
- having a trained, appointed Mental Health Lead (MHL)
- training for all staff in understanding and recognising mental health issues
- ensuring the integration and effective co-operation between key departments

David Game College is committed to providing a supportive environment, but it is important to recognise that we are not a mental health facility and there are limits to the extent of support we can provide; in some cases, we will need pupils to seek outside support from the NHS and from within the community.

### **Child and Adolescent Mental Health Disorders**

Some examples of such disorders may include:

*David Game College is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.*

- Conduct Disorder (aggression, destroying/losing property, theft, running away etc.)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Deliberate Self-Harm
- Eating Disorders
- Obsessive Compulsive Disorder (obsessions, compulsions, personality characteristics verging on panic)
- Anxiety Disorders (including panic attacks)
- Soiling and Wetting
- Autism (social deficits, communication difficulties, restrictive and repetitive behaviours)
- Substance Abuse
- Depression and Bi-Polar Disorder
- Schizophrenia (abnormal perceptions, delusional thinking)
- Suicidal Thoughts (not a disorder but thoughts based and equally as serious)

### **Prevention**

David Game College has the subsequent procedures in place to assist pupils in college life. These procedures support staff to identify and support pupils with mental health problems. This includes but is not limited to: pastoral support, policies, anti-bullying and safeguarding policies, behaviour management, peer mentors and liaison with the college nursing service and external agencies.

### **Identification of Mental Health Difficulties**

It can be very difficult to recognise a pupil with mental health difficulties. However, staff should be alert to changes in a pupil's behaviour, presentation and engagement and should raise any concerns to the Mental Health Lead (MHL). Any immediate concerns such as a pupil of risk of harm to themselves or others must be raised immediately. David Game College can use the **Strengths and Difficulties Questionnaire (SDQ)** to help them judge whether individual students might be suffering from a diagnosable mental health problem. In addition, the PHSE Association has produced useful guidelines.

### **Intervention**

It is in the best interests of the pupil to offer support for mental health problems when they arise as the longer a pupil struggles the more complex the problem becomes. Supporting a distressed pupil can take up a lot of time and be challenging so please follow the guidance below:

- Think cautiously about how you can/are unable to help.
- Do you have the time and expertise to help them?
- Is there a conflict with other role you may have?
- Clarify your role/limits to the pupil.
- Be ready to take a definite line about the degree of your involvement.
- YOU ARE NOT: ALONE PLEASE REFER FOR SOME HELP.

If you are concerned about a pupil:

- Be proactive, don't evade the problem;
- Collect more information from staff members to determine if your concern is shared;
- Discuss your concerns in private with the pupil and be willing to listen;
- Tell the pupil that you may not be able to maintain confidentiality, explaining you will converse with them if information needed to be shared and who with;
- If you still have concerns that you are not the best person to deal with the pupils problems and there is no improvement in spite of your minimal intervention please notify the nurses, relevant counsellor and

*David Game College is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.*

division head for support and guidance – they may have more information available to them and they have more skills in dealing with these types of problems;

- IF UNSURE ALWAYS REFER THE PUPIL ON so you are not left to deal with situations you may not be able to manage.

### **Next Steps**

The concerned member of staff would discuss the matter with the MHL or DSL. The aim of the meeting will be to decide whether:

- there are any child safeguarding concerns;
- who, if anyone the information should be referred to (other staff, parents, outside agencies);
- the next steps to be taken, which may include referral to outside agencies such as therapist, psychiatrists and/or emergency care;
- the appropriate support and follow up with college (and externally if required) will be arranged for the pupil and actions agreed.

### **Signposting**

We will ensure that staff, students and parents are aware of sources of support within college and in the local community. We will display relevant sources of support in communal areas such as common rooms and toilets 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.

### **Individual Care Plans**

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- details of a pupil's condition;
- special requirements and precautions;
- dedication and any side effects;
- what to do, and who to contact in an emergency;
- the role the college can play.

### **Teaching about Mental Health**

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 developmental PSHEE.

The specific content of lessons 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.

### **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

*David Game College is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.*

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 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.

### **Working with All Parents**

Parents are often very welcoming of support and information from the college about supporting their children's emotional and mental health. In order to support parents, we will:

- highlight sources of information and support about common mental health issues on our college website;
- ensure that all parents are aware of who to talk to, 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;
- keep parents informed about the mental health topics their children are learning about in PSHEE and share ideas for extending and exploring this learning at College.

### **Training**

As a minimum, all staff will receive regular training about recognising and responding to mental health 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 performance management process and will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

Where the need to do so becomes evident, we will host training sessions for all staff to promote learning or understanding about specific issues related to mental health.

### **Confidentiality**

Pupils will be encouraged to tell their parents about their problems or give permission for a member of staff to do so. If it is felt they are at risk to themselves, confidence will be broken and the parents informed. We realise that mental health problems may mean a pupil might not have the ability to recognise that they need help, resulting in the need for us to break confidentiality in order to get them the support they need.

### **Reference to other legislation/documents**

Brown, E., Khan, L. and Parsonage, M. (2012) A Chance to Change: Delivering effective parenting programmes to transform lives. Centre for Mental Health.

Data Protection Act (1998). London: HMSO.

Department for Education (2014) keeping children safe in education: statutory guidance for colleges and colleges. London: Department for Education.

*David Game College is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.*

Department of Education (March 2016) Mental Health and Behaviour in Schools: Departmental Advice for School Staff. [Online]. Available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/508847/Mental\\_Health\\_and\\_Behaviour\\_-\\_advice\\_for\\_Schools\\_160316.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf). [Accessed 19th April 2016].

Department of Health (2015) Future in Mind – promoting, protecting and improving our children and young people’s mental health and wellbeing. London: Department of Health.

Equality Act 2010. London: HMSO.

Murray, J. J. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. *Journal Of Child Psychology & Psychiatry*, 51(11), pp. 1198-1207.

Murphy, M. and Fonagy, P. (2012) Chapter 10: Mental health problems in children and young people. [Online]. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/252660/33571\\_2901304\\_CM\\_O\\_Chapter\\_10.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/252660/33571_2901304_CM_O_Chapter_10.pdf) . [Accessed 13 December 2016].

Ofsted (2015) inspecting schools: handbook for school inspectors. London: Ofsted.

Public Health England (2014) The link between pupil health and wellbeing and attainment, London: Public Health England

Ends

John Dalton 2018

## APPENDIX 1: HOW TO HELP FLOW CHART

### Assessing if a pupil has a problem?

- Did the pupil tell you?
- Have other staff/pupils informed you of their concerns?
- Have you noticed an alteration in the pupil's appearance (weight increase/decrease, deterioration in personal hygiene)?
- Have you observed a variation in the pupil's mood (solitary, sad, depressed)?
- Has the pupil's behaviour recently declined?
- Has the pupil's academic accomplishment altered considerably?
- Has the pupil had these issues for a considerable time?



Deal with the situation.  
Be ready to listen.  
Speak confidentially.



After discussion with the pupil, if you still have concerns or further intervention is required, speak to the MHL OR DSL.

Ask the pupil for consent to share the information and tell the pupil with whom and what is being shared.



The DSL and DDSL meet to determine:

- if there are any child safeguarding concerns;
- who, if anyone the information should be referred to (other staff, parents, outside agencies);
- the next steps to be taken, which may include referral to outside agencies such as therapist, psychiatrists and/or emergency care;
- the appropriate support and follow up with school (and externally if required) will be arranged for the pupil and actions agreed.



Encourage them to tell parents.

Team to nominate someone to tell parents unless inappropriate/child safeguarding issues.

**FOLLOW UP**

## **APPENDIX 2: USEFUL RESOURCES AND FURTHER INFORMATION**

### **Prevalence of Mental Health and Emotional Wellbeing Issues**

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm. There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and (for e-learning opportunities) Minded ([www.minded.org.uk](http://www.minded.org.uk)).

### **Self-harm**

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.

#### *Online support*

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)

#### *Books*

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

### **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.

*David Game College is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.*

### *Online support*

Depression Alliance: [www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

### *Books*

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

### **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.

### *Online support*

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

### *Books*

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

### **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.

### *Online support*

OCD UK: [www.ocduk.org/ocd](http://www.ocduk.org/ocd)

### *Books*

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

### **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.

### *Online support*

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

*David Game College is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all students fulfil their potential.*

On the edge: ChildLine spotlight report on suicide: [www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/)

### *Books*

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A. Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

### **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.

### *Online support*

Beat – the eating disorders charity: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

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

### *Books*

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook. Teachers' Pocketbooks*