



## Supporting students facing mental health issues.

### **What is Mental Health?**

“Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stress of life, can work productively and fruitfully, and is able to make contribution to her or his community”. *World Health Organisation*

### **Young people with mental health issues:**

- Lack confidence.
- Say that their mental health difficulties have a negative impact on their education.
- Fear they will face discrimination from their peers and teachers.
- Face the barrier of stigma.

### **Research and Studies**

A 2017 report by the Children’s Commissioner for England found that 580,000 young people, equivalent of the population of Manchester, are receiving some form of social care or assistance with mental health problems.

A study, of more than 850,000 seven to 14-year-olds in the UK, asked children questions related to how they felt about themselves and school.

- More than 1 in 20 children (6%) showed very poor attitudes towards their learning and have very low self-esteem, making them especially vulnerable.
- Statistics show that 1 in 10 children - an average of 3 in every classroom- has a diagnosable mental health disorder.
- Between 1 in every 12 and 1 between every 15 children and young people deliberately self-harm.
- Nearly 80,000 children and young people suffer from severe depression.
- 3.3% of 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.
- 50% of adult mental health problems start before the age 15, 75%- before the age 18.
- Boys are just as likely to be vulnerable as girls.

### **Warning signs**

Remember: only medical professional can make a formal diagnosis of a mental health condition.

Schools:

- Are well-placed to observe children day-to-day.
- Identify students whose behaviour suggests that they may be suffering from a mental health problem/ be at risk of developing one.

Where possible: schools to be aware of any GP’s support programs which may affect attendance and attainment (seek parents’ consent).

**Possible warning signs include:**

- Physical signs: repeated which appear non-accidental.
- Changes in eating/sleeping habits.
- Social withdrawnness/isolation.
- Changes in activity and mood.
- Lowering of academic achievement, absence from school, lateness.
- Talking or joking about self-harm or suicide.
- Drug/alcohol abuse.
- Expressing feelings of failure, uselessness, and loss of hope.
- Changes in clothing - e.g. long sleeves in warm weather.
- Secretive behaviour.
- Skipping PE, getting changed secretly.
- Repeated physical pain or nausea.
- Showing signs and symptoms of anxiety: when it affects young person's thoughts and behaviours on a daily basis.

**Anxiety:**

Can significantly affect pupil's ability to develop, learn, maintain and sustain friendships, attend school on regular basis.

ALL children have fears and worries- it becomes a concern when they affect children's thoughts and behaviours on DAILY BASIS, present over several weeks/months.

**Possible reasons:**

- Worries about things which are happening at home or school.
- Bullying.
- Traumatic event.
- Bereavement etc.

**Some symptoms of anxiety:**

- Feeling fearful/panicky.
- Breathlessness.
- Tension.
- Fidgeting.
- Irritable.
- Feeling nauseous.
- Tearfulness.
- Panic attacks.
- Phobias.

**Self-harm:** Cutting, burning, non-lethal overdoses, picking or scratching at wounds, pulling hair and banging or bruising oneself.

**Depression:** Extreme ups and downs, no motivation; feelings of failure, hopelessness, helplessness, sadness or numbness which affect day-to-day life.

**Obsessions and Compulsions (OCD):** Eating problems: bulimia, binge eating.

**Suicidal feelings.**

## **Spotting the signs of mental health issues (Action for Children):**

A simple way to remember some of the signs and what to look out for if you've started feeling concerned about child's mental health: **M-A-S-K**

### **M- Mood**

- Irritable.
- Argumentative.
- Aggressive.
- Withdrawn.

### **A- Actions**

- Changes in eating- sudden weight loss or gain.
- Looking very tired- changes in sleeping patterns.
- Look out for signs of bullying, alcohol/drug use, self-harm.

### **S- Social**

- Especially bored.
- Lonely.
- Start getting into trouble.
- Losing interest in things they liked to do.
- Missing school.

### **K- Keep Talking**

- Refusing or being reluctant to talk how they feel.

Your response should be to keep listening- let them say what they want to say - even a casual conversation can help- ask how they are feeling, ask about their day.

It can be helpful to link young people to self-help information- they can read it and use it at their own pace/in their own time and will allow them some privacy.

## **How to monitor attendance and support students with mental health difficulties.**

The school should be a source of support and information for both students and parents

- Create a policy for dealing with mental health issues.
- Develop policies and procedures which will empower staff to spot and support students in need and to follow appropriate referral pathways with clear guidelines and actions.
- If you use template policies and procedures- use them as a starting point.
- Develop guidelines which are truly in line with the needs of your school and community.
- Ideas that worked well elsewhere may translate well into your environment but be prepared to:  
-tweak            -revise            -be flexible
- Consider specific students with mental health difficulties that you've worked with. Think critically but constructively about what has worked for them, what support they needed, what could be improved.
- Students and parents can provide a valuable input- ask student council for guidance, send anonymous surveys hold a focus group, find out what students' and parents' experiences and opinions are.
- When put into the context of a real student, your policy and procedures will make more sense.

### **When creating a policy:**

- Highlight warning signs for members of staff.
- Name your designated child protection/safeguarding officer, mental health lead and your lead first aider.
- Consider including guidelines which keep expectations for students with mental health problems realistic – this includes absence and lateness.
- Consider what is appropriate for a specific student at a specific point in their recovery.
- List relevant sources of support in your policy- clearly communicate what support is available in school, who it is available for, how to go about accessing it, what is likely to happen next.
- List sources of support in local community.
- Work with other schools- share experiences.
- Individual care plans- drawn up involving the pupil, parents and relevant health professionals.

### **What can be helpful?**

- Reduced timetable.
- A reduction in school hours.
- Support in the learning centre.
- Referral to school counsellor.
- Referral to outside agencies: CAMHS.
- Liaising with GPs, CAMHS and other agencies.
- Possible alternative educational provisions or home education.

### **What your policies, strategies and actions should always aim for.**

- Using both whole school and specialised, targeted approach aimed at vulnerable students.
- Promoting positive mental health, safe and stable environment for students affected both directly and indirectly by mental health problems.
- Increasing understanding and awareness of common mental health issues.
- Provide support to staff working with students suffering from mental health difficulties.
- Provide support to affected students, their peers and parents.
- Alert staff to early warning signs of mental ill health.

### **Managing disclosures- dos and don'ts.**

- If a student discloses concerns about their own mental health - stay calm, supportive and non-judgmental.
- Focus on listening, ask occasional open questions.
- Don't talk too much, show that you're supportive.
- Don't pretend to understand.
- Don't be afraid to make an eye contact.
- First thing to establish- student's emotional and physical safety.
- Offer support, agree next steps, inform appropriate members of staff, follow school policies.
- Acknowledge how hard it is to discuss these issues.
- Disclosures should be recorded - placed in student's confidential file.
- When it is deemed appropriate, inform parents - be sensitive in your approach, share sources of further support aimed at parents/ families.
- Support for peers of a student with mental health issues is valuable, but there is still the need for confidentiality.

- Never break your promises and be honest regarding the issue of confidentiality:
  - Explain that the situation will be handled within the school's policy of confidentiality.
  - Who we are going to talk to.
  - What we are going to tell them.
  - Why we need to tell them.
  - Always report any concerns re students up to the age of 16 who are in danger of harm, or there's reason to believe there are underlying child protection issues to your Safeguarding Officer/Child Protection Lead.

### **CAMHS- Child and Adolescent Mental Health Services.**

CAMHS are specialist NHS children and young people's mental health services. They can offer a variety of trained mental health professionals:

-social workers    -occupational therapists    - psychologists  
 -psychotherapists    - counsellors    - family therapists    - outreach workers

Before making a referral - think what you want CAMHS to do, what are the reasons for the referral? There may be a significant delay before the student can be seen.

- You might be looking for: advice, strategies, support or diagnosis.
- What are the specific difficulties that you want CAMHS to address?
- Most CAMHS services work with the whole family to support young person's health.
- Gather all the details about the student to be referred and gain consents.
- Are there any other agencies/ professionals involved with the students and/ or the family e.g. social services, youth offending team?
- Have there been any referrals to CAMHS before?
- Family background/situation at home/traumatic life events.
- Is there a child protection plan in place?
- Is the child looked after?
- Are there any known risks to self, to others or to professionals?

CAMHS will always ask - "What have you tried?" Be prepared to supply relevant evidence, records, list of interventions.

#### **Useful links:**

[www.minded.org.uk](http://www.minded.org.uk) [www.cruse.org.uk/for-schools/bereavement-policy](http://www.cruse.org.uk/for-schools/bereavement-policy) [www.mind.org.uk](http://www.mind.org.uk)

[www.youngminds.org.uk](http://www.youngminds.org.uk) [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders) [www.papyrus-uk.org](http://www.papyrus-uk.org)

[www.nshn.co.uk](http://www.nshn.co.uk) [www.anxietyuk.org.uk](http://www.anxietyuk.org.uk) [www.selfharm.co.uk](http://www.selfharm.co.uk) <http://hopeagain.org.uk>

<http://www.cruse.org.uk/children> <http://www.cruse.org.uk/for-schools/impact-of-bereavement>

[www.youngminds.org.uk/find-help/your-guide-to-support/guide-to-camhs](http://www.youngminds.org.uk/find-help/your-guide-to-support/guide-to-camhs)

**Tony Stephens**