POSITIVE MENTAL HEALTH AND WELLBEING POLICY

Essential Safeguarding Contacts

The Head of Centre who has the ultimate responsibility for safeguarding is Noreen Khan.

In their absence, the Deputy Designated Safeguarding Lead (DDSL) Paul Dearden has ultimate responsibility.

KEY SCHOOL STAFF & ROLES

Name	Role	Location/Contact Number
Noreen Khan	Head of Centre DSL	IncludEd Learning Centre 07380 292211
Paul Dearden	Deputy Head of Centre DDSL	IncludEd Learning Centre 07380 484818
Manchester Secondary PRU - The Headteacher has the ultimate responsibility for safeguarding. In their absence, the Designated Safeguarding Leads (DSLs) are:		
Vicky O'Farrell	Assistant Headteacher: DSL	Mersey Valley Campus 0161 696 7955
Katy Harkavy	Deputy Pastoral Manager: Deputy DSL	Mersey Valley Campus 0161 674 9673

ADVISORY PANEL	Contact Phone Number/Email
Chair & Prevent Dr J. Karim	kazkarim@yahoo.co.uk
Mental Health & Well-Being: Katrina Garg	kattyg39@hotmail.com
E-Safety: Steph Bryant	ictincluded@gmail.com
Community Representative: Carol Packham	carol.packham96@gmail.com
Staff: Safeguarding: Paul Dearden	dearden79.pd@googlemail.com
Staff: Prevent: Noreen Khan	noreen@includedlearning.co.uk

Our procedure if there is a concern about a child's welfare or safeguarding is:-
- See MSPRU flow chart - Appendix
- Multi-Agency Safeguarding Hub (MASH) Helpline: **0161 219 2895**
- Early Help Hubs: North **0161 234 1973, Central 0161 234 1975, South 0161 234 1977**
- National Society for the Prevention of Cruelty to Children (NSPCC)**: 0808 800 5000**
- Local Authority (LA) Safeguarding in Education Team: **0161 245 7171**
- **Child Line:** 0800 1111

Our procedure if there is an allegation that an adult has harmed a child, or that a child is at risk from a named adult is:
- To follow safeguarding procedures;
- Refer to points 55-60, Part 1 KSCIE (Sept 2021)
- Manchester LADO (sometimes known as DOLA or LA Designated Officer): 0161 234 1214

Our Whistleblowing procedure if staff and volunteers wish to raise concerns about poor or unsafe practice and potential failures in our safeguarding regime internally or externally.
- To follow safeguarding procedures
- NSPCC Whistleblowing Helpline: 0800 028 0285
- The Whistleblowing Helpline on 08000 724725 or email to enquiries@wbhelpline.org.uk

Contents

➔ **1.** Introduction

At IncludEd, we are committed to supporting the emotional health and wellbeing of our pupils and staff. Our school has a trauma informed approach which is respectful, mindful, empathetic and creates a safe, secure and equal school environment.

At our school, we know that experiences in our children's lives can add challenges and barriers to learning, make our children more vulnerable than others and often our children have trauma induced symptoms. This means emotional support is essential for our children's wellbeing, growth and future success. We take the view that positive mental health is the responsibility of us as a school, whilst working in partnership with our families.

At our school we:

- Help young people to understand their emotions and feelings better;
- Help young people feel comfortable sharing any concerns or worries;
- Help young people socially to form and maintain relationships;
- Promote self-esteem and ensure young people know that they count;
- Encourage young people to be confident and 'dare to be different';
- Help young people to develop emotional resilience and to manage setbacks;
- Support young people coming out of their comfort zones to achieve more;

We promote a mentally healthy environment through:

- Promoting our school values and encouraging a sense of belonging;
- Promoting a child's voice and opportunities to participate in decision-making;
- Celebrating academic and non-academic achievements;
- Providing opportunities to develop a sense of worth through taking responsibility for themselves and others;
- Providing opportunities to reflect;
- Access to appropriate support that meets their needs;

We pursue our aims through:

- Universal, whole school approaches.
- Support for young people going through recent difficulties and circumstances.
- Specialised, targeted approaches aimed at young people with more complex or long-term difficulties including attachment disorder.
- Support young people who have faced multiple exclusions.
- Work in partnership with families and multi-agencies for the benefit of our young people.

This policy should be read in conjunction with our Health & Safety policy and our SEND policy in cases where a child's mental health needs overlap with these. This policy should also be read in conjunction with policies for Behaviour and Anti- bullying, and PSHE and SMSC policies. It should also sit alongside child protection procedures.

➔ **2.** Purpose

This policy sets out:

- How we promote positive mental health;

- How we prevent mental health problems;

- How we identify and support pupils 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.

Definition of Mental Health and Wellbeing

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

> *" a state of well-being 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 of our pupils 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. Supporting Positive Mental Health

The skills, knowledge and understanding needed by our young people to keep themselves mentally healthy and safe are included as part of our bespoke SEMH curriculum and developmental PSHE curriculum. We have developed an Emotional Confidence and Wellbeing Programme to help young people have a deeper understanding of who they are, their emotional responses and more. We want to ensure emotions and behaviours are a talking subject in school to enhance their ability and to support their own mental health

The specific content of lessons will be determined by the specific needs of the young people we are teaching, we will also use the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

We believe that IncludEd has a key role in promoting young peoples' positive mental health and helping to prevent mental health problems. IncludEd has developed a range of strategies and approaches including:

Pupil-led activities:
- campaigns
- student voice
- lessons and resources to raise awareness of mental health
- peer mediation and peer mentoring – children working together to solve problems and planned sessions where identified adults mentor a designated child.

Transition support:
- to mainstream/specialist schools which includes pupils having a staff mentor to support a smooth transition to their new school.

Class activities:
- daily group or individual mentoring sessions
- emotional confidence and well-being programme to help pupils learn personal, social and emotional, communication and problem solving skills
- curriculum based activities, including arts and crafts
- questionnaires
- whole school focus on doing things which make us feel good

- displays and information around the school about positive mental health and where to go for help and support
- staff mental health leaflet
- small group activities:
  - Friendship Group
  - Managing Emotions Group
  - Nurture groups
  - Conflict and Resilience Talks
  - Small group mentoring
  - Mindfulness
  - Drawing and Talking

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

At IncludEd we work with pupils to:
- recognise, name and describe feelings and emotions;
- recognise negative effects of social media and how to stay safe online;
- adopt simple strategies for managing feelings;
- recognise how their behaviour affects other people;
- learn about empathy and understanding other people's feelings;
- cooperate and problem solve;
- motivate themselves and persevere;
- learn techniques to manage anger and calm down;
- reflect on their behaviour;
- learn about change and loss, separation, divorce and bereavement and the associated feelings;
- how to stay bullying free;
- recognise and respond appropriately to a wide range of feelings in others;
- recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them;
- build on their resilience and how to motivate themselves and bounce back if they fail at something;
- recognise 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.

➜ **4.** SEND and Mental Health

We recognise that some children will need ongoing support for Social, Emotional & Mental Health Needs 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 our pupils and will seek advice from medical staff and mental health professionals on the best way to support them. We will carry out a risk assessment and produce an Individual Care Plan to support children to integrate successfully in school.

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 special educational need or disability (SEND).

➔ **5.** Identifying Needs and Warning Signs

During staff meetings staff will be able to share any possible difficulties Our approach is to:

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

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:

- SDQ (Social Difficulty Questionnaires) and Wellbeing questionnaires.
- Analysing behaviour, exclusions, attendance.
- Staff report concerns about individual pupils to the relevant lead persons.
- Termly pupil progress review meetings.
- Regular meetings for staff to raise concerns
- Parental information and health questionnaire on entry to the school.
- Gathering information from a previous school at transfer.
- Enabling pupils to raise concerns to any member of staff.
- Enabling parents and carers to raise concerns to any member of staff.

All staff at IncludEd 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 Head.

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. 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.

Level of Need

Need 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 *For example:-*	Monitoring
Highest Need	CAMHS-assessment, 1:1 or family support or treatment, consultation with school staff and other agencies Other External agency support Other interventions e.g. art/drama therapy. If the school, professionals and/or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School Information Report	All children needing targeted individualised support will have an Individual Care Plan drawn up setting out ● The needs of the children ● How the pupil will be supported ● Actions to provide that support ● Any special requirements Children and parents/carers will be involved in the plan. The plan and interventions are monitored, reviewed and evaluated to assess the impact e.g. through a pre and post SDQ and if needed a different kind of support can be provided..
Some Need	Access to in school nurture group, family support worker, school nurse, art.drama therapy, educational psychologist, 1:1 intervention, small group intervention, skills for life/wellbeing programmes, circle of friends	
Low Need	General support E.g. School Nurse drop in, class teacher/mentor,	

➔ **6.** Disclosures 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 pupils is paramount and staff listen rather than advise.

All disclosures are passed on to the DSL at the partner school and are recorded 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

Our assessment system is based on levels of need to ensure that pupils get the support they need, either from within the school or from an external specialist service. Our aim is to put in place interventions as early as possible to prevent problems escalating.

➔ **7**. Targeted Support

The school will offer support through targeted approaches for individuals or groups of young people which may include:

- Trauma informed practice approach
- Trauma Informed Teen workshops
- Mental Health Champions support
- 1:1/group daily mentoring
- Psychotherapy support
- Mental Health First Aiders
- Emotional check-in throughout the day
- Open door policy
- Targeted use of SEAL resources
- Therapeutic activities including art, lego and relaxation
- Managing emotions group
- Drawing and Talking
- Art therapy
- Sand therapy
- Music therapy
- Mindfulness and Calming Techniques
- Walking and Talking
- Eating times and creating social interactions
- CAMHS student placement

The school will make use of resources to assess and track wellbeing as appropriate including:

- Strengths and Difficulties questionnaire
- The Boxall Profile
- Wellbeing Questionnaires

➔ **8.** Working with Other Agencies and Partners

We will ensure that staff, children and parents are aware of what support is available within our school and how to access further support within the community.

Trained staff are available to support families in areas of need and will always be there for guidance and care.

As part of our targeted provision, the school will work with other agencies to support children's emotional health and wellbeing including:

- ➔ Educational psychology services
- ➔ CAMHS (child and adolescent mental health service
- ➔ Family support workers
- ➔ Counsellors
- ➔ Therapists
- ➔ Occupational therapist
- ➔ Speech and language therapist
- ➔ Independent Domestic Violence Support
- ➔ Early Help
- ➔ 42nd St

➔ **9.** Working with Parent/Carers

In order to support parents/carers we provide sources of information and support about mental health and emotional wellbeing on our school website.

We share and allow parents/carers to access sources of further support e.g. through our Trauma Informed Parent workshops..

At IncudEd, we ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their child. If parents/carers have concerns about their child, we ensure that they are aware of who to talk to and how to receive support.

Our emotional wellbeing and mental health policy is easily accessible to parents/carers and shares ideas about how parents/carers can support positive mental health in their children.

Parents/carers are informed about the mental health topics their children are learning about in PSHE and ideas for extending and exploring this learning at home are shared.

➔ 10. 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. A number of our staff have received mental health first aid training.

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.

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 children safe.

Training opportunities for staff who require more in depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more children.

Staff are trained in the following areas:

- ➔ Senior Mental Health Lead
- ➔ Mental Health First Aid
- ➔ Mental Health Champions
- ➔ Trauma Informed Practice
- ➔ ACES
- ➔ Wellbeing and Resilience
- ➔ Mental Health Awareness and Supporting Recovery
- ➔ Supporting Children with Anxiety
- ➔ Drawing and Talking
- ➔ Sand Therapy
- ➔ Lego Therapy

➔ **11.** Measuring Impact

This policy offers opportunities to measure the impact in a variety of ways:

- ➔ School policies;

- ➔ The school's ethos;

- ➔ Pupil/Staff/Volunteer well being;

- ➔ Feedback from the whole school community via questionnaires and verbally, formally and informally;

- ➔ The number of external referrals CAMHs, Social Care, Education Psychologist;

- ➔ Training and development internally, for example 'Safeguarding, Mental Health and Wellbeing' twilights;

- ➔ Induction and professional development of staff and volunteers

The promotion of positive mental health for children and young people is everyone's business.

Date of Adoption: December 2021
Date of Review: December 2022

IncludEd Mental Health and Wellbeing Statement

INTENT

- Identifying areas of risk to physical and mental health so that they can be minimised and managed appropriately.
- Promoting a culture of care and concern in our school community, which demands that everybody accepts responsibility for their own and others' wellbeing.
- Promoting a culture of open conversation so we talk about our wellbeing and mental health having our mates in mind and make support available when employees may be struggling.
- Providing a comprehensive training offer aimed at providing people with tools for managing their total wellbeing, including mental health.
- Putting in place a system of management practice and controls, which enables employees to enjoy a healthy work-life balance, whilst recognising the impact of personal choice and lifestyle.
- Ensuring the promotion and maintenance of the highest degree of physical, mental and social wellbeing.
- Making sure working environments are healthy, safe, secure and suitable.

IMPLEMENTATION

- Ensuring pupils have regular access to specialist provision, E.g. music, art and sport, shows the importance placed on the wider curriculum in our curriculum offer.
- Ensuring pupils have regular opportunities to take part in learning beyond the classroom shows the importance placed on the wider curriculum in our curriculum offer. trips, residentials.
- Pupils access PSHE sessions, Mentoring sessions and Emotional Wellbeing and Confidence sessions. This enables open and free discussions around key issues.

- Ensuring mental health problems are identified early and appropriate support provided.
- All staff know the importance of mental health awareness and are have been trained as Mental Health First Aiders and/or Mental Health Champions. This also includes adult Mental Health.
- We have a wellbeing lead who ensures that there are regular opportunities for staff to enjoy a range of activities.
- The Computer Science and IT curriculum provides pupils with modern skills within technology including e-safety awareness.
- The school has an anti-bullying charter which our School Council helped to write.
- We have comprehensive safeguarding procedures in place. Our safeguarding teams details are displayed around the school and pupils are aware of who they can go to if they have any concerns.

IMPACT

- Pupils and their adults have mutual trust, respect and support from the school.
- Pupils feel safe and like coming to school.
- Pupils at IncludEd are engaged in their learning.
- Lunchtime behaviour incidents have reduced due to positive engagement.
- Pupils are developing their knowledge and understanding of the rich, cultural heritage of modern Britain.
- During Mental Health Week, we raise awareness of Mental Health.
- A recent parent survey shows that communication between the school and parents/carers improved and they feel listened to. They are demonstrating a greater involvement in the school community.
- Pupil questionnaires demonstrate pupils feel safe and well cared for in school. They identify who can help them and who they can talk to.

➜ Appendix 2: Protective Factors and Risk Factors

(adapted from Mental Health and Behaviour DfE March 2016)

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

➜ Appendix 3: Mental Health Definitions

All staff should also be aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation.

Anxiety

Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships.

Children and young people may feel anxious for several reasons – for example because of worries about things that are happening at home or at school, or because of a traumatic event. Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. If they become persistent or exaggerated, then specialist help, and support will be required.

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;

- ➜ Separation Anxiety Disorder (SAD) – worry about being away from home or about being far away from parents/carers, at a level that is much more than normal for the child's age;

- ➜ Social Phobia – intense fear of social or performance situations;

- ➜ Agoraphobia – a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.

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, it can become an illness.

Depression can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships.

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).

Hyperkinetic Disorders

(e.g. disturbance of activity and attention)

Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning and with progress at school, they become a matter for professional concern.

Attention Deficit Hyperactivity Disorder (ADHD) is a diagnosis used by clinicians. It involves three characteristic types of behaviour – inattention, hyperactivity and impulsivity. Whereas some children show signs of all three types of behaviour (this is called 'combined type' ADHD), other children diagnosed show signs only of inattention or hyperactivity/impulsiveness.

Hyperkinetic disorder is another diagnosis used by clinicians. It is a more restrictive diagnosis but is broadly like severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. These core symptoms must also have been present before the age of seven and must be evident in two or more settings.

Attachment Disorders

Attachment is the affectionate bond children have with special people in their lives that lead them to feel pleasure when they interact with them and be comforted by their nearness during times of stress. Researchers generally agree that there are four main factors that influence attachment security: opportunity to establish a close relationship with a primary caregiver; the quality of caregiving; the child's characteristics; and the family context. Secure attachment is an important protective factor for mental health later in childhood, while attachment insecurity is widely recognised as a risk factor for the development of behaviour problems.

Eating Disorders

The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person's life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and if they are female, their periods may stop. Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then bingeing. They vomit or take laxatives to control their weight. Both eating disorders affect girls and boys but are more common in girls.

Deliberate self-harm

Self-harm is a serious public health problem and is the reason behind many admissions to accident and emergency departments every year. Self-harm and suicidal threats by a child/young person put them at risk of significant harm and should always be taken seriously and responded to without delay.

Common examples of deliberate self-harm include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. The clinical definition includes attempted suicide, though some argue that self-harm only includes actions which are not intended to be fatal. It can be a coping mechanism, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

Self-harming is NOT attachment seeking behaviour, it is attention NEEDING behaviour.

Post-Traumatic Stress

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 post-traumatic stress disorder (PTSD).

➜ Appendix 4: Specific Mental Health Needs

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://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools__.pdf

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