Royal School for the Deaf Derby

Mental Health Policy

Appendix 1	
Appendix 2	
Appendix 3	

Date of last review:		**Date of next review:**	April 2018

Policy review dates and changes

Review date	By whom	Summary of changes made	Date implemented

Signed		**Designation**	Chair of Governors
Name	Daniel Makinde	**Date**	April 2017

1. Introduction

This policy applies to all members of Royal School for the Deaf Derby's community.

As part of our core mission, values and continued dedication to the health and wellbeing of our children and young people, this policy provides a clear set of protocols for dealing with any issues that may arise concerning mental health and the syndrome of self-injury.

In order to help our children and young people succeed, we have a key role to play in supporting them in being resilient and mentally healthy. There are a variety of ways at RSDD that we provide support, for all of our students and for those with particular problems. These include working with external counselling agencies that are experienced in deafness, peer support and National Deaf CAMHS.

2. Mentally Healthy Environment

Where children and young people:
- Have opportunities to participate in activities that encourage belonging
- Have opportunities to participate in decision making
- Have opportunities to celebrate academic and non-academic achievements
- Have their unique talents and abilities identified and developed
- Have opportunities to develop a sense of worth through taking responsibility for themselves and others
- Have opportunities to reflect
- Have access to appropriate support that meets their needs
- Have a right to be in an environment that is safe, clean, attractive and well cared for
- Are surrounded by adults who model positive and appropriate behaviours, interactions and ways of relating at all times

Where staff:
- Have their individual needs recognised and responded to in a holistic way
- Have a range of strategies that support their mental health, e.g. a named person to speak to, signposting
- Have recognition of their work-life balance
- Have the mental health and well-being of the staff reviewed regularly
- Feel valued and have opportunities to contribute to decision making processes
- Celebrate and recognise success
- Are able to carry out roles and responsibilities effectively
- Are provided with opportunities for CPD both personally and professionally
- Have their unique talents and skills recognised and opportunities are provided for development
- Have time to reflect
- Can access proactive strategies and systems to support them at times of emotional needs in both the short term and the long term

Where parents/carers:
- Are recognised for their significant contribution to children and young people's mental health
- Are welcomed, included and work in partnership with schools and agencies
- Are provided with opportunities where they can ask for help when needed
- Are signposted to appropriate agencies for support
- Are clear about their roles and expectations of their responsibilities in working in partnership with schools
- Opinions are sought and valued and responded to
- Strengths and difficulties are recognised, acknowledged and challenged appropriately

Where the whole school community:

- Is involved in promoting positive mental health
- Is valued for the role it plays in promoting positive mental health
- Contributes towards the ethos of the school

A healthy learning environment provides opportunities that promote positive mental health, through the standard curriculum and extended provision, e.g. Circle Time, play, differentiated learning activities, individual timetables, parents/carers groups, challenging stereotypes, etc.

Factors that put students at risk

Typically, certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. Risk factors are cumulative. Children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems. Mental health and issues leading to self-harm / self-injury can however affect anyone during what may be a vulnerable period.

Factors that make children more resilient

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

The role that RSDD plays in promoting the resilience of our students is important, particularly so for some children where their home life is less supportive. RSDD is a safe and affirming place for children and young people where they can develop a sense of belonging, identity and feel able to trust and talk openly with adults about their problems.

Difficult events that may have an effect on students

Staff at RSDD see their students' on a daily basis. They know them well and are well placed to spot changes in behaviour that might indicate a problem. The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in student's lives.

These include:

- Loss or separation resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted
- Life changes – such as the birth or death of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries or natural disaster.

RSDD aims to offer support to students at such times, intervening well before mental health problems develop.

3. Identifying children with possible mental health problems

Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem. Consistent disruptive or withdrawn behaviours can, however, be an indication of an underlying problem, and should be investigated.

There are often two key elements that enable schools to reliably identify children at risk of mental health problems:

- Effective use of data so that changes in students' patterns of attainment, attendance or behaviour are noticed and can be acted upon

- An effective pastoral system – RSDD has a culture of knowing every student well and can spot where poor or unusual behaviour may have a root cause that needs addressing.

Only medical professionals should make a formal diagnosis of a mental health condition.

The main type of mental health needs as defined in the DfE Mental Health and Behaviour in Schools Advice 2016

4. Self-harm

Self-harm encompasses a wide range of issues including eating disorders, self-injury and drug / alcohol misuse. This policy focuses primarily on the cause, effect, preventative measures and supportive steps against self-injury although clearly in some cases issues may be interlinked with behavioural or other aspects covered under the broader definition self-harm.

5. Self-injury

Self- injury is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation. Self-injury is defined as any deliberate, non-suicidal behaviour that inflicts physical harm on your body and is aimed at relieving emotional distress. Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-injurious behaviour may calm or awaken a person. Self-injury only provides temporary relief; it does not deal with the underlying issues. Self-injury can become a natural response to the stresses of day to-day life and can escalate in frequency and severity. Self-injury can include but is not limited to, cutting, burning, banging and bruising, non-suicidal overdosing and even deliberate bone-breaking. Self-injury is often habitual, chronic and repetitive; self-injury tends to affect people for months and years.

People who self-injure usually make a great effort to hide their injuries and scars, and are often uncomfortable about discussing their emotional inner or physical outer pain. It can be difficult for young people to seek help from the NHS or from those in positions of authority, perhaps due to the stigma associated with seeking help for mental health issues. Self-injury is usually private and personal, and it is often hidden from family and friends. People who do show their scars may do so as a reaction to the incredible secrecy, and one should not assume that they are 'inflicting' their scars on others to seek attention, although attention may well be needed.

Risk factors include, but are not limited to
- Low self-esteem
- Perfectionism
- Mental health issues such as depression and anxiety
- The onset of a more complicated mental illness such as schizophrenia, bi-polar disorder or a personality disorder
- Problems at home or school
- Physical, emotional or sexual abuse

It is important to recognise that none of these risk factors may appear to be present. Sometimes it is the outwardly happy, high-achieving person with a stable background who is suffering internally and hurting themselves in order to cope.

As noted above, there may be no warning signs, but some of the things below might indicate that a student is suffering internally which may lead to self-injury:
- Drug and / or alcohol misuse or risk taking behaviour
- Negativity and lack of self-esteem
- Out of character behaviour
- Bullying other pupils
- A sudden change in friends or withdrawal from a group

- Physical signs that self-injury may be occurring
- Obvious cuts, scratches or burns that do not appear of an accidental nature
- Frequent 'accidents' that cause physical injury
- Regularly bandaged arms and / or wrists
- Reluctance to take part in physical exercise or other activities that require a change of clothes
- Wearing long sleeves and trousers even during hot weather

What self-injury is not

Like any behaviour, self-injury may be used to attract attention, but this is not usually the focus of chronic, repetitive self-injury. If self-injury is being used in order to gain attention, one must look to find the reasons as to why someone is in such dire need of attention. It could be there is a problem at home, or issues of bullying, and they feel that no one is listening or hearing them.

Self-injury is not about seeking attention, a way of fitting in or a response to music, films or the emo or gothic culture. Prejudices and perceptions may lead people to believe they 'know' that self-injury is linked to a certain demographic or background, but each person is unique and will have found self-injury by their own route, and rely on it at times of stress due to the release and relief it offers them.

6. Suicide

Although self-injury is non-suicidal behaviour and relied on as an attempt to cope and manage, it must be recognised that the emotional distress that leads to self-injury can also lead to suicidal thoughts and actions.

It is therefore of the utmost importance that any concerns or particular incidents of self-injury are taken seriously and reported in accordance with the Safeguarding Policy to allow for the underlying issues to be thoroughly investigated and the necessary emotional support given, in order to minimise any greater risk. Any mention of suicidal intent should be reported immediately to the Designated Safeguarding Lead (DSL) or Headteacher.

7. Roles and Responsibilities

All Staff

RSDD will, where appropriate, make a referral to Children's Services where it has concerns regarding a child's well-being/mental health. All members of staff should be familiar with the following information to support the identification of potential self-harm/injury issues and the necessary steps to take where there are concerns
- RSDD ensures that all staff, including child contact and non-child contact staff are made aware of, and understand, the Safeguarding Policy
- All staff must ensure they are fully confident in your understanding of self-injury and seek additional information and / or training if necessary
- Avoid dismissing reasons for distress as invalid
- Encourage children and young people to be reassured that they can get the help they need
- Avoid asking a young person to show you their scars or describe their self- injury or to stop self- harming
- Report the matter to a member of the Safeguarding Team as soon as there is awareness of a problem

Roles and Responsibilities of the Governing Body
- Provide students with open access to information about self-injury and details of who
- to go to for help and support
- Decide whether self-injury should be covered in the school curriculum or as an extracurricular presentation
- Consider parental consent and whether parents/carers should be invited to learn more about self-injury for themselves

Roles and Responsibilities of Parents
- Ask for support to discuss self-injury issues with their child if required
- Work closely with the school and take an active role in deciding the best course of action for their child, including taking their child to the GP
- Keep the school informed of any incidents outside of school that you feel they should know about
- Seek any emotional support that may be needed in dealing with their child's self-injury

Roles and responsibilities of children and young people
- Be reassured that they can get the help they need
- Seek support thorough a variety of channels see Appendix One

8. Supporting Students with Mental Health Issues
There are a variety of ways that RSDD support students, these include:
- School based counselling
- Referral to Child and Adolescent Mental Health Services
- Work with outside counselling agencies as part of the curriculum on well-being and stress management techniques
- Regular Team Around the Child (TAC) meetings, to identify support strategies for children and young people.
- Regular health, wellbeing and Safeguarding meetings.
- Early intervention, for children and young people showing early signs of problems
- Continuous professional development for all staff
- Clear policies on behaviour and bullying
- Culture within the school that values all students, allows them a sense of belonging and makes it possible to talk about problems in a non-stigmatising way
- Working with outside agencies to provide interventions for students with mental health problems
- A whole school approach to promoting the health and wellbeing of all students
- Peer mentoring

9. Measuring Impact
Impact is measured by
- School council meetings
- Feedback from the whole school community via questionnaires and verbally, formally and informally
- The number of external referrals
- Training, induction and development
- Well-being measurements

See also
- Safeguarding Policy
- Children Missing Education Policy
- Attendance Policy
- Behaviour Policy