

CAMBRIAN

Nurturing Growth - Inspiring Minds



Mental Health and Wellbeing (Pupil) Policy Appendices

This document applies to all academies and operations of Cambrian Learning Trust.

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Appendix A: Prevalence of Mental Health and Emotional Well-being Issues

1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder.

- Between 1 in every 12 children and 1 in 15 young people deliberately self-harm
- More than half of all adults with mental health problems were diagnosed in childhood.
- Nearly 80,000 children and young people suffer from severe depression.
- 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.

Common Mental Health Issues

Self-harm

Any behaviour where the intent is to deliberately cause harm to one's own body, this can appear as:

- Cutting, scratching, picking skin.
- Swallowing inedible objects or hazardous materials.
- Taking an overdose of prescribed or non-prescribed drugs
- Burning or scalding.
- Hair-pulling.
- Banging or hitting head or other parts of the body.
- Scouring or scrubbing the body excessively

Anxiety

Everyone experiences anxiety at some point. It is a natural response to help in situations of danger and to motivate us to solve problems. Anxiety disorder is different to normal anxiety as it is more severe, long lasting and interferes with everyday life.

Anxiety disorders include:

- Generalised anxiety disorder
- Panic attacks
- Agoraphobia
- Acute stress disorder
- Separation anxiety
- PTSD
- OCD

Symptoms can appear as physical, psychological and behavioural

Physical

- Cardiovascular – palpitations, chest pain, rapid heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling and numbness
- Gastrointestinal – choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal – muscle aches and pains, restlessness, tremor and shaking

Psychological

- Unrealistic/excessive fear or worry
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on the edge, nervousness
- Tiredness, sleep disturbances, vivid dreams

Behavioural

- Avoidance of situations
- Repetitive compulsive behaviour

- Distress in social situations
- Phobic behaviour – urges to escape situations that cause discomfort

Obsessions and Compulsions

Obsessions - intrusive thoughts or feelings that enter our minds which are disturbing or upsetting.

Compulsions - behaviours we carry out in order to manage those thoughts or feelings.

e.g. A young person could worry that the house will burn down if they do not turn all the switches off, in response to these thoughts they repeatedly check the switches.

Depression

A clinical depression is one that lasts for at least 2 weeks. It has physical, emotional and cognitive effects. It affects at least 5% of teenagers, girls more than boys.

- An unusual sad mood that will not go away.
- Loss of enjoyment and interest in activities.
- Lack of energy and tiredness.
- Loss of confidence or poor self-esteem.
- Feeling guilty when not really at fault.
- Suicidal thoughts/wishing they were dead.
- Difficulty in concentration/making decisions.
- Bleak or pessimistic views about the future.
- Sleeping too much or too little.
- Loss of appetite or eating too much/impact on weight in both cases

Eating disorders

Anyone can have an eating disorder regardless of age, gender or cultural background. There is a tendency to be preoccupied with food and/or their weight and body image.

Anorexia nervosa

- Self-starvation
- Excessive weight loss
- Distorted body image
- Do not see themselves as ill

Bulimia nervosa

- Episodes of excessive eating
- Purging (vomiting, use of laxatives, fasting, excessive exercise)
- Can be underweight or overweight

B.E.D (binge eating disorder) – relatively new diagnosis

- At least once a week for a period of 3 months eating larger than normal portions
- Out of control of what they eat
- Eat faster than others
- Eat when not hungry
- Eat alone – hide evidence
- Feel disgusted, depressed or guilty after

Appendix B: Protective and Risk Factors

Adapted from Mental Health and Behaviour DFE November 2018

Risk factors	Protective factors
The Child	
<ul style="list-style-type: none"> • genetic influences • Low IQ and learning difficulties • Specific development delay or neurodiversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self esteem 	<ul style="list-style-type: none"> • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	
<ul style="list-style-type: none"> • Overt parental conflict, including domestic violence • Family breakdown • Inconsistent/unclear discipline • Hostile and rejecting relationships • Failure to adapt to 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 a friendship 	<ul style="list-style-type: none"> • 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 School	
<ul style="list-style-type: none"> • Bullying including online • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (Code of conduct) • 'Open door' policy for children to raise problems
Risk factors	Protective factors

In School	
<ul style="list-style-type: none"> • Peer on peer abuse • Poor pupil to teacher/school staff relationship 	<ul style="list-style-type: none"> • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationship • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to raise concerns about policies and processes, and know they will be dealt with fairly and effectively
In the community	
<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation including by criminal gangs and organised crime groups, trafficking, online abuse sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events 	<ul style="list-style-type: none"> • 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

Useful Links

CAMHS self-referral

<https://www.oxfordhealth.nhs.uk/camhs/oxon/helping-yourself/>

Mentally Healthy schools

https://www.mentallyhealthyschools.org.uk/mental-health-needs/rebuild-and-recover-resources/?utm_source=DfE&utm_medium=bulletin&utm_campaign=rebuildrecover

Young Minds

http://www.youngminds.org.uk/for_parents

Mind

<http://www.mind.org.uk/>

Self harm

www.selfharm.co.uk

www.nshn.co.uk

Depression

<https://www.nhs.uk/conditions/stress-anxiety-depression/children-depressed-signs/>

Anxiety

<https://www.actionforchildren.org.uk/support-for-parents/children-s-mental-health/children-s-anxiety/>

OCD

www.ocduk.org/ocd

Prevention of young suicide

www.papyrus-uk.org

Eating disorders

www.b-eat.co.uk/about-eating-disorders