



Mental health and behaviour in schools

10-minute Briefing

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This report is intended to provide a summary of key points. Readers are advised that not every aspect of the document is contained in this report.

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Mental health and behaviour in schools

This document provides non-statutory advice which clarifies the responsibilities of schools and what can be done to support children and young people whose behaviour might be related to unmet mental health needs.

It aims to:

- Help schools promote positive mental health in their pupils
- Address those with less severe problems at an early stage and build their resilience
- Help schools identify and support pupils with more severe needs
- Help schools make referrals to specialist agencies such as Child and Adolescent Mental Health Services (CAMHS).

Mental health problems referred to in the guidance include:

- Emotional disorders, e.g. phobias, anxiety states and depression
- Conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour
- Hyperkinetic disorders, e.g. disturbance of activity and attention
- Developmental disorders, e.g. delay in acquiring certain skills such as speech, social ability or bladder control, primarily affecting children with autism and those with pervasive developmental disorders
- Attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers
- Other mental health problems including eating disorders, habit disorders, post-traumatic stress syndromes, somatic disorders, and psychotic disorders, e.g. schizophrenia and manic depressive disorder.

The document in full

Mental health and behaviour in schools: Departmental advice for school staff (Department for Education, June 2014) can be found in PDF format here: <http://bit.ly/mental-health-and-behaviour>

Key points

- In order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy
- Where severe problems occur, schools should expect the child to get support elsewhere as well
- Schools should ensure that pupils and their families participate as fully as possible in decisions

- Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem
- MindEd is a useful free online training tool
- There are little things that schools can do to intervene early and strengthen resilience
- Schools can influence the health services that are commissioned locally through their local Health and Wellbeing Board
- There are national organisations offering materials, help and advice.

Promoting positive mental health

There are protective factors that enable children to be resilient when they encounter problems and challenges:

- A sense of self-esteem and confidence
- A belief in one's own self-efficacy and ability to deal with change and adaptation
- A repertoire of social problem-solving approaches.

Risk factors in schools include:

- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil to teacher relationships.

Protective factors in schools include:

- 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.

Difficult events such as loss or separation can alter the balance between risk and protective factors for pupils. Schools can promote pupils' mental health through:

- A committed senior management team
- Setting high expectations of attainment for all pupils and providing consistent support

- An effective strategic role for the qualified teacher who acts as the special educational needs co-ordinator
- Working with parents and carers as well as with the pupils themselves
- Continuous professional development for staff
- Clear systems and processes to help staff who identify children and young people with possible mental health problems
- Working with others to provide interventions for pupils with mental health problems that use a graduated approach to inform a clear cycle.

Identification

Consistent disruptive or withdrawn behaviour can be an indication of an underlying mental health problem. Only medical professionals should make a formal diagnosis of a mental health condition.

Schools can identify those who may be suffering from a mental health problem, or those at risk of developing one, through:

- Effective use of data
- An effective pastoral system with at least one member of staff knowing every pupil well.

Schools should also:

- Listen to parents' concerns
- Listen to pupils.

Evidence might be gathered through:

- Using the Strengths and Difficulties Questionnaire (SDQ)
- Assessing need using the Common Assessment Framework (CAF).

When to refer

After using the Strengths and Difficulties Questionnaire, pupils should be referred to CAMHS for a comprehensive assessment if a conduct disorder is suspected, or if the pupil has:

- Another mental health problem such as depression
- A neurodevelopmental condition such as ADHD
- A learning difficulty or disability
- A substance misuse problem.

A pupil might be identified as having special educational needs (SEN) due to their mental health problems and special provision might need to be made. This might include additional support from within the setting or require the involvement of specialist staff or support services. There might be involvement of the pupil's GP and schools might ask for consent to share information with the GP.

Interventions

Strategies to promote positive mental health

These include:

- PSHE education which might focus on developing children's resilience and confidence
- Positive classroom management and small group work, e.g. facilities for children with emotional needs such as a 'rainbow room' or 'oasis'
- Counselling
- Child and adolescent psychiatrist either from CAMHS or commissioned directly
- Developing social skills
- Working with parents
- Peer mentoring.

Children with more complex problems

Additional in-school interventions for pupils with complex problems might include:

- Support to the pupil's teacher
- Additional one-to-one educational support for the pupil
- One-to-one therapeutic work by a mental health specialist
- Medication
- Family support and/or therapy by a mental health professional.

Referral and commissioning

Schools are advised that they should involve themselves in their local health and wellbeing board to influence services such as CAMHS.

Advice on making a referral to CAMHS includes:

- Using a clear process for identifying children in need of further support, e.g. SDQ
- Documenting evidence of the symptoms
- Encouraging the pupil and their parents to speak to their GP
- Working with local specialist CAMHS to make the referral process as quick and efficient as possible
- Understanding the criteria that will be used by specialist CAMHS
- Having a close working relationship with local specialist CAMHS
- Consulting CAMHS about the most effective things the school can do to support children.

Schools can commission services directly from CAMHS or elsewhere and are referred to the BOND programme which is available online. Information about services should also be published in the LA's Local Offer.

Sources of support and information

Counselling MindEd – e-learning to support the training of school and youth counsellors and supervisors:

<http://counsellingminded.com>

HeadMeds – website with information about common medication:

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

MindEd – free e-learning to help adults identify and understand children and young people with mental health issues:

<https://www.minded.org.uk>

Young Minds – website aiming to improve the emotional wellbeing and mental health of children and young people:

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

Table: how to address the main types of mental health needs

Description	Interventions
<p>Conduct disorders Defiance, aggression, anti-social behaviour, stealing and fire-setting</p>	<p>Primary interventions</p> <ul style="list-style-type: none"> • Teaching social and emotional skills in combination with parents • Small group sessions to develop cognitive skills and positive social behaviour • Parent training programmes to promote problem-solving skills • Nurture groups • Play-based approaches • Classroom management techniques <p>Secondary interventions</p> <ul style="list-style-type: none"> • Therapeutic approaches that involve working with the family • Multi-systemic therapy • Multi-component school-based prevention programmes • Specialist foster placement with professional support
<p>Anxiety Generalised anxiety disorder (GAD) Panic disorder Obsessive-compulsive disorder (OCD) Specific phobias (such as school phobia) Separation anxiety disorder (SAD)</p>	<ul style="list-style-type: none"> • Regular targeted work with small groups of children • Additional work with parents • Therapeutic approaches focusing on cognition and behaviour • Training in social skills • Play-based approaches • Psychoanalytic family psychotherapy
<p>Depression Major depressive disorder (MDD) Dysthymic disorder (DD) (depressed mood for at least 2 years)</p>	<ul style="list-style-type: none"> • Regular work with small groups of children focusing on cognition and behaviour • Therapeutic approaches, including family therapy • Psychoanalytic child psychotherapy • Non-directive supportive counselling
<p>Hyperkinetic disorders Disturbance of activity and attention such as Attention Deficit Hyperactivity Disorder (ADHD)</p>	<ul style="list-style-type: none"> • Use of medication • Parent education programmes and individual behavioural therapy • Psychosocial treatments by medical professionals • Training for teachers
<p>Attachment disorders Lack of an affectionate bond with special people</p>	<ul style="list-style-type: none"> • Video feedback interventions with a focus on enhancing maternal sensitivity • Using play to develop more positive child–parent relationships
<p>Eating disorders Anorexia nervosa, bulimia nervosa</p>	<ul style="list-style-type: none"> • Therapeutic work with the family • Individual therapeutic work
<p>Substance misuse Young people who are at risk of long-term dependency</p>	<ul style="list-style-type: none"> • Therapeutic approaches involving the family • Multi-systemic therapy, multi-dimensional family therapy • Developing skills that enhance resilience
<p>Deliberate self-harm Overdosing, hitting, cutting or burning, pulling hair or picking skin, self-strangulation. Can also include taking illegal drugs and excessive amounts of alcohol</p>	<ul style="list-style-type: none"> • Brief intervention engaging the child and involving the family • Assessment for psychological disturbance or mental health problems • Individual psychodynamic therapies and behavioural treatments
<p>Post-traumatic stress Following witnessing something deeply shocking or disturbing</p>	<ul style="list-style-type: none"> • Therapeutic support focused on the trauma

Handout: Mental health and behaviour in schools

Background

This is non-statutory advice which clarifies the responsibilities of schools and what can be done to support children and young people whose behaviour might be related to unmet mental health needs.

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- attachment disorders e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers
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The document in full

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Key points

- In order to help their pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy, e.g. through developing protective factors by having clear policies on behaviour and bullying
- Where severe problems occur schools should expect the child to get support elsewhere as well – schools can commission directly from CAMHS or another approved provider
- Schools should ensure that pupils and their families participate as fully as possible in decisions

- Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem
- MindEd is a free online training tool
- There are little things that schools can do to intervene early and strengthen resilience such as:
 - PSHE education
 - Positive classroom management and small group work
 - Counselling
 - Providing a child and adolescent psychiatrist
 - Developing social skills
 - Working with parents
 - Peer mentoring
- Where a child has more complex problems a school might need to provide:
 - Support for the pupil's teacher
 - Additional educational one to one support for the pupil
 - One to one therapeutic work by a mental health specialist
 - Family support and/ or therapy by a mental health professional
- Schools can influence the health services that are commissioned locally through their local Health and Wellbeing Board
- There are national organisations offering materials, help and advice

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