



Ballyclare Secondary School

Emotional Health and Wellbeing Policy

BALLYCLARE SECONDARY SCHOOL

PROMOTING EMOTIONAL HEALTH AND WELLBEING



“Every child, regardless of intellectual ability or social background, should have a rewarding educational experience”

Context

Education has been identified as one of the key stakeholders in the Government’s ‘Investing for Health’ strategy. It is intended that the promotion of health and well being for all young people is supported and addressed throughout the Northern Ireland Curriculum. Furthermore, ESaGS places emphasis on the school to commit being a Healthy School. This includes promoting emotional health and wellbeing. This will contribute to the overall school experience and in many cases this assists in removing barriers to learning.

The Northern Ireland Curriculum aims to empower young people to achieve their potential and to make informed choices and decisions throughout their lives.

Objectives of the curriculum are:

The Northern Ireland Curriculum should provide relevant learning opportunities to help each young person develop as:

- **An individual;**
- **A contributor to society; and**
- **A contributor to the economy and the environment.**

In addition, the school environment can support healthy choices and support healthy children who are able to learn and develop.

Introduction/ Rationale

The term emotional health and wellbeing covers a wide range of problems, from the worries and concerns of everyday life, to severe and debilitating disorders such as depression. These problems become a cause for concern when they severely impact on the individual’s ability to function on a day-to-day basis. Whilst schools are not staffed by experts in mental health, the overall wellbeing of each pupil is a central concern of the school. We are committed to promoting emotional wellbeing and making pupils and staff aware of sources of support and developing their confidence to use them.

Emotional wellbeing is not merely the absence of a problem, it is the ability to develop emotionally, intellectually and creatively, and have the resilience to cope with problems that life might throw at you. It is the ability to form effective and satisfying relationships, and live life to the full.

The key to good emotional health and wellbeing in children and young people is an approach that involves the whole person. Life events impact in a variety of ways on the emotional wellbeing of every child and young person. The way that children are parented, their diet and exercise, their school and education, and experimentation with drink, drugs and other substances, along with many other factors will all affect a child's emotional wellbeing or emotional ill health.

An extract from the British Medical Association document "Child and Adolescent Mental Health: a guide for Health Care Professionals" can be found as an Appendix 1 This contains basic information on a range of problems that might occur regarding young people and emotional health and wellbeing.

Aims

- To uphold the school ethos:
- To have commitment to good pastoral care.
- To promote emotional health and wellbeing and offer accurate information on how to seek help when issues may arise.
- To encourage pupils to take responsibility for their own emotional health and wellbeing and to understand the long and short term consequences of their actions.
- To identify how the school environment, as well as curriculum content, provide a good opportunity to disseminate information, foster good habits and raise children's awareness of emotional health and wellbeing.

Objectives/Strategies

- To have clear policies on pastoral care including bullying, and promoting positive behaviour.
- To hold regular pastoral meetings to facilitate open, clear communication on pastoral issues
- To develop the work of a dedicated school based care team addressing emotional and behaviour difficulties and providing appropriate support in school and with referral to outside agencies as required.
- To establish positive links with parents, engaging external support if necessary (behaviour support, counselling, EWO, CAHMS etc)
- To encourage positive classroom management – (whole class work, small groups and individual work) with strategies to promote positive behaviour, social development and self esteem.
- To plan and deliver a LLW course that equips pupils to view mental health as part of health of the whole person and how other health factors can effect mood and emotional wellbeing.
- To use the various channels of information in school to deliver messages on promoting emotional health and wellbeing.
- To make well targeted use of outside agencies to deliver sessions such as depression and revision techniques and exam stress.
- To make pupils aware of the counselling service (sessions available either by teacher, parent or self referral)
- To set up a Peer Mentoring programme
- To provide information to staff on the Carecall support service.

Note:

Medication may be recommended by mental health professionals. The School nurse should be made aware of medical needs of pupils and any medication to be taken in school should be held by her. The school nurse will inform other staff involved as is deemed necessary.

Role and Responsibilities**Board of Governors**

Role to be agreed when presented to BOG*

- The **Principal** will ensure that staff are aware of support available to them under the CareCall scheme. To oversee the work of the pastoral VP and year teams.

SLT with particular responsibility on VP Pastoral Care (Mr A Nicholl)

- Will liaise with and co-ordinate the work of outside agencies to which pupils are referred. To lead pastoral care meetings.

SENCO and Development Officer for Promoting Positive Behaviour and School Based Care Team

- Will co-ordinate the support required by those with additional needs. They will draw up plans for individual pupils as appropriate.

Year teachers and class teachers

- Will monitor the pastoral needs of pupils in their year group or class and communicate with other staff as appropriate.

Health promotion Development Officer

- Will identify areas of the school environment where messages can be displayed. She will develop materials and initiatives for use with specific year groups in relation to emotional health and wellbeing; including Anti-Bullying support mechanisms, exam stress and coping strategies. Materials to deliver these messages will be provided for use by Year and Class teachers. As requested by the student forum she will supply an information cards to all pupils detailing healthy habits and sources of support relating to Emotional Health and Wellbeing. She will open the worry box and pass on any concerns to relevant members of the pastoral team. She will co-ordinate the training and work of the Peer Mentors.

LLW Development Officer

- Will be responsible for the LLW schemes of work. He will make resources available to LLW teachers devise and co-ordinate any appropriate visits from outside agencies.

School Nurse

- Will monitor the pastoral needs of pupils as appropriate. Many pupils feel more comfortable talking to the nurse than to teaching staff. She will make any necessary referrals to relevant member of the pastoral team.

All Staff (including support staff)

- will promote positive relationships in the classroom and beyond by implementing positive behaviour strategies. They will use praise and/or rewards to build self esteem. Staff should be aware of pupils who have additional needs and participate in the annual review process.

Monitoring and Evaluation

- Pastoral Care team to update the policy as and when appropriate.
- Student Forum consulted on issues surrounding Emotional health and Wellbeing
- Pastoral Development Teams will have input to updates of policy
- Content of workshops given by Aware Defeat Depression, ACET (RSE linked to Self esteem) and Sentinus (Revision techniques and stress management) reviewed by staff and/or pupils involved.
- Policy to be reviewed – (to be completed once draft is ratified)

Appendix: Types of disorder

Emotional disorders

Emotional disorders are the most common mental health problems in children, and include anxieties, phobias and depression.

Self-harm and suicide

Self-harm and suicide can be a symptom of underlying unhappiness or emotional disorder. Self-harm can include self-cutting, burning, hair-pulling or self-poisoning. It may be linked to suicidal thoughts, and is a way of coping with problems, a means of taking control, or a form of release from painful feelings.

Eating disorders

During adolescence, young people's bodies change, and they can become more susceptible to external influences such as peer pressure and the media. This can lead to greater awareness of physical appearance. Some young people find it hard to cope with the experience of growing up. These factors can lead to concerns about weight, which in some cases can become problematic. Eating disorders include anorexia nervosa, where the person eats very little, effectively starving themselves, and bulimia nervosa which involves bingeing on food followed by induced vomiting or use of laxatives. The average age of onset of anorexia is 15, and of bulimia, 18

Conduct disorders

All children will occasionally be badly behaved and disobedient. If bad behaviour continues for several months (six months, according to the ICD 10) or beyond the normal age period for misbehaviour, or if it is out of the ordinary and seriously breaks accepted rules, there may be a more acute problem, known as a conduct disorder. Conduct disorders affect a child's development and ability to lead a normal life, and can cause them distress. Typical behaviour includes unusually frequent and severe temper tantrums beyond the age that this is normally seen, severe and persistent disobedience, defiant provocative behaviour, excessive levels of fighting and bullying, cruelty to others or animals, running away from home and some criminal behaviour.

Hyperkinetic disorders

Hyperkinetic disorder is the official term in the UK for describing children who are consistently overactive and inattentive. Attention-deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD) are also commonly used terms.⁹

Signs of hyperkinetic disorder include restlessness and over-activity, inattentiveness and difficulty concentrating, acting impulsively, and disruptive and destructive behaviour. Many young children occasionally behave in this way, but to be diagnosed with hyperkinetic disorder, a child must display both impaired attention and over-activity in more than one situation, such as at home and at school.¹⁴ Children with hyperkinetic disorder may find it difficult to interact with other children. Their inability to concentrate and restlessness at school impacts on their education, and can be extremely disruptive to other pupils.

Autistic spectrum disorders

The term 'autistic spectrum disorder' (ASD) describes a range of lifelong developmental disorders, which can come under the definition of learning disabilities, and are characterised by difficulties in social interaction, communication and imagination. ASD sufferers may appear indifferent or aloof, insensitive to others' needs and have difficulty cooperating with other people. They may have language problems, both understanding and speaking, as well as non-verbal communication. They can have problems with interpersonal play and imaginative activities, preferring instead familiar routines and resisting change.

There is a spectrum or range of disorders, from those with severe learning disabilities, some of whom may never speak, to those with average or above average intelligence, such as sufferers of Asperger syndrome. Some may be particularly talented in a specific area, such as drawing or mathematics.

Psychotic disorders

Psychotic disorders cover a range of conditions where a person suffers from symptoms such as delusions and hallucinations (see box 2 below). These include schizophrenia and bipolar affective disorder (commonly known as manic depression). The causes of psychotic illnesses are not properly understood; they can sometimes be genetic, and in schizophrenia and bipolar affective disorder, abnormalities in the chemistry of the brain are thought to be involved. The use of mind-altering substances, such as drugs, alcohol, glue and aerosols, can also lead to, and be a symptom of psychotic disorders.

Box 2: Delusions and hallucinations

Delusions: Fixed, unshakeable beliefs which are usually false and out of keeping with a person's educational, cultural and social background. For example: persecution, where a person feels that they are being harassed or harmed; grandiose delusions where a person feels that they have a grandiose identity or power.

Hallucinations: seeing or hearing things that are not real, but with a compelling sense that they are.

There are many more mental health disorders, but this report is not intended to include all of them.

Examples include tic disorders, stammering and pica (persistent eating of non-nutritional substances, eg soil, paint). The Royal College of Psychiatrists and the Mental Health Foundation both provide information on these and other mental health disorders

Co-morbidity

The ONS survey found that one in five children diagnosed with a disorder had more than one disorder, the most common combinations being conduct and emotional disorder, and conduct and hyperkinetic disorder. The majority (72%) of children with multiple disorders were male, reflecting the high proportion of children with conduct disorder in this group. Children suffering from more than one disorder were at greater risk of suffering more serious problems.

Alcohol and substance misuse

Alcohol and substance misuse can sometimes be linked to mental health problems, and a significant proportion of young people take alcohol and drugs. The use of alcohol and drugs can both exacerbate and trigger mental health problems: those with mental health problems may be at greater risk of misusing drugs, and the misuse of drugs can cause mental health problems. For example, alcohol can be attractive to those suffering from depression because it increases confidence and may produce a feeling of wellbeing, drowning out problems in the short-term. It is, however, also a depressive, and can worsen the symptoms of depression, such as increasing risk of suicidal thoughts and behaviour.

Full document is available to download at:

http://www.bma.org.uk/health_promotion_ethics/child_health/Childadolescentmentalhealth.jsp?page=14