# Mental health and behaviour in schools

November 2018

# Contents

# Summary

## About this departmental advice

This is non-statutory, departmental advice from the Department for Education (DfE). Mental health problems affect many people, and most schools will have pupils who need mental health support. This advice aims to help schools to support pupils whose mental health problems manifest themselves in behaviour. Schools have an important role to play in supporting the mental health and wellbeing of children by developing whole school approaches tailored to their particular needs, as well as considering the needs of individual pupils. This advice:

- Sets out schools' roles and responsibilities in relation to mental health and behaviour, within their existing duties;
- Outlines how schools can identify whether a child or young person's behaviour –disruptive, withdrawn, anxious, depressed or otherwise – may be related to a mental health problem, and how to support them in these circumstances;
- Provides advice and guidance on working with other professionals and external agencies where appropriate; and
- Provides links to additional support available to schools, including frameworks, audit tools, evidence and resources.

This advice sits alongside our non-statutory Behaviour and Discipline in Schools advice[1], which summarises the statutory powers and duties for school staff and approaches they can adopt to manage behaviour in their schools. It supports implementation of chapter 6 of the Special Educational Needs and Disabilities (SEND) Code of Practice, which sets out an expected process for identifying and responding to additional needs. It also reflects recent policy developments in other related policy areas, in particular alternative provision, exclusions, and safeguarding. We have updated this advice as part of our wider work to support schools and colleges to promote good mental wellbeing in children.

## Expiry or review date

This advice will be kept under review and updated as necessary.

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[1] https://www.gov.uk/government/publications/behaviour-and-discipline-in-schools

# Who is this publication for?

This advice is for all school staff[2] working to support children. This includes school leadership, governing bodies, primary and secondary school teachers, pastoral leaders, Special Educational Needs Coordinators, mental health leads, designated safeguarding leads and designated teachers for looked after children.

This advice has been written for schools and relates, among other things, to school duties on behaviour, and school curriculum design. But the interventions and support included in this guidance may also be helpful for colleges and other post-16 institutions.

# Acknowledgements

# Key points and principles

- Schools have a central role to play in enabling their pupils to be resilient and to support good mental health and wellbeing. It is important that schools promote good mental wellbeing for all pupils. Education about relationships, sex and health can be important vehicles through which schools can teach pupils about mental health and wellbeing.
- A school's approach to mental health and behaviour should be part of a consistent whole school approach to mental health and wellbeing. This should involve providing a structured school environment with clear expectations of

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[2] In all types of schools including maintained schools, pupil referral units, maintained nursery schools, academies, free schools, and independent schools.  It is also intended to be helpful to staff in alternative provision settings, although some of the legislation mentioned in this advice will only apply to those alternative provision settings that are legally classified as schools.

behaviour, well communicated social norms and routines, which are reinforced with highly consistent consequence systems. This should be paired with an individualised graduated response when the behavioural issues might be a result of educational, mental health, other needs or vulnerabilities.

- Schools should consider how best to use their SEN and pupil premium resources to provide support for children with mental health difficulties where appropriate.

- School staff cannot act as mental health experts and should not try to diagnose conditions. However, they should ensure they have clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems.

- There are things that schools can do for all pupils, as well as those at risk of developing mental health problems, to intervene early to create a safe and calm educational environment and strengthen resilience before serious mental health problems occur.

- As set out in Chapter 6 of the statutory SEND 0-25 years Code of Practice 2015, schools need to be alert to how mental health problems can underpin behaviour issues in order to support pupils effectively, working with external support where needed. They also need to be aware of their duties under the Equality Act 2010, recognising that some mental health issues will meet the definition of disability.

- When schools suspect a pupil has a mental health problem, they should use the graduated response process (assess – plan – do – review) to put support in place. There are a number of identification and measurement tools, such as the Strengths and Difficulties Questionnaire (SDQ) and Boxall Profile, which can support this process.

- Schools should ensure they have clear systems and processes in place for early intervention and identification, referral to experienced skilled professionals, and clear accountability systems.

- It is important that schools have an understanding of the local services available, including school nurses, and how and when to draw on or commission them. Where required, schools should expect parents and pupils to seek and  receive support elsewhere, including from their GP, NHS services, trained professionals working in specialist CYPMHS,voluntary organisations and other sources. Further guidance on how schools can work with other agencies can be found in Chapter 4.

- There are national organisations that can offer further resources, training, support and advice. Help and information about evidence-based approaches is available from a range of sources. More information can be found in Chapter 5.

# Chapter 1 – Schools' responsibilities in relation to mental health

1.1     Schools have an important role to play in supporting the mental health and wellbeing of their pupils, by developing approaches tailored to the particular needs of their pupils. All schools are under a statutory duty to promote the welfare of their pupils, which includes: preventing impairment of children's health or development, and taking action to enable all children to have the best outcomes. Full details are set out in Keeping Children Safe in Education (KCSIE) statutory guidance[3].

1.2     Early intervention to identify issues and provide effective support is crucial. The school role in supporting and promoting mental health and wellbeing can be summarised as:

- **Prevention:** creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school actitives and ethos;
- **Identification**: recognising emerging issues as early and accurately as possible;
- **Early support**: helping pupils to access evidence based early support and interventions; and
- **Access to specialist support**: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

1.3     There is no requirement on schools to have a standalone mental health policy, although some do choose to[4]. However, schools are required to produce (and in some cases publish online[5][6]) a range of policies which can be used to promote and support mental health and wellbeing, either as a statutory requirement[7] or good practice as recommended by DfE. These policies need to be consistent with schools' duties under the Equality Act 2010. For example, where a pupil has a mental health condition that amounts to a disability and this adversely affects their behaviour, the school must make reasonable adjustments to its policies, the physical environment,

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[3] https://www.gov.uk/government/publications/keeping-children-safe-in-education--2

[4] https://www.gov.uk/government/publications/supporting-mental-health-in-schools-and-colleges

[5] https://www.gov.uk/guidance/what-maintained-schools-must-publish-online

[6] https://www.gov.uk/guidance/what-academies-free-schools-and-colleges-should-publish-online

[7] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/357068/statutory_schools_policies_Sept_14_FINAL.pdf

the support it offers, and how it responds in particular situations. Published behaviour policies need to be consistent with the legal requirement that treating all pupils the same may be unlawful where a disability affects behaviour. It may be unlawful to apply a behaviour policy that treats all pupils the same if a pupil's disability makes it harder for them to comply with the policy than other pupils who are not disabled. More detailed advice on reasonable adjustments can be found in our behaviour and discipline in schools advice.

1.4     Schools are under a duty to use their 'best endeavours' to identify and support pupils with SEN meet their pupils' special educational needs . As part of this duty, it is important that schools consider how best to use some of their SEN resources to provide support for pupils with mental health difficulties that amount to special educational needs. It is also important that all the needs of those pupils who attract pupil premium to the school, including mental health needs, are assessed and support is arranged accordingly.

1.5     Schools should also have in place arrangements which reflect the importance of safeguarding and promoting the welfare of their pupils. 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. It is essential that staff are aware of their responsibilities, as set out in statutory guidance (Part 1 of KCSIE and in Working Together to Safeguard Children). If staff have a mental health concern that is also a safeguarding concern, immediate action should be taken, following their school's child protection policy and speaking to the designated safeguarding lead or a deputy. School and college staff are particularly important as they are in a position to identify concerns early, provide help for children, and prevent concerns from escalating.

# Chapter 2 – Creating a whole school culture

2.1     The culture, ethos and environment of the school can have a profound influence on both pupil and staff mental wellbeing. Environments that are hostile, aggressive, chaotic or unpredictable can be harmful to mental health, and can lead to stressful teaching and working conditions. Schools are in a unique position, as they are able to help prevent mental health problems by promoting resilience as part of an integrated, whole school approach that is tailored to the needs of their pupils. A whole school approach is one that goes beyond the teaching in the classroom to pervade all aspects of school life, including:

- culture, ethos and environment: the health and wellbeing of pupils and staff is promoted through the 'hidden' or 'informal' curriculum, including leadership practice, the school's policies, values and attitudes, together with the social and physical environment;
- teaching: using the curriculum to develop pupils' knowledge about health and wellbeing; and
- partnerships with families and the community: proactive engagement with families, outside agencies, and the wider community to promote consistent support for children's health and wellbeing[8].

2.2     An important element of school leadership at any level is to create a culture where calm, dignity and structure encompass every space and activity. This approach is one of the most effective ways of encouraging good mental health, in order to avoid circumstances where poor mental health is exacerbated. This model, in conjunction with an efficient system to identify common symptoms of mental health, followed by precise and targeted care by appropriate health care professionals, should be the aspiration for every school. Further advice on how to identify and support pupils with particular needs can be found in Chapter 3.

2.3     To create the culture, the leadership team should set out their vision for the school. This means setting clear behaviour expectations, that embody high expectations from all, conveyed consistently throughout the whole school community. The vision should be underpinned by a clear system of rewards and sanctions and an accountability system that sets expectations for all staff, parents and pupils to play their part as much as they are able; and should be aimed at all times to the mutual benefit of every member of the school community.

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[8] https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing

# Embedding the culture

2.4     As the first step in embedding the culture, the leadership team should ensure high levels of pupil commitment to the school vision and policies. They should communicate their vision clearly with the whole school community (which includes staff, parents/carers, pupils and partnerships with outside agencies), to ensure it is highly visible, embedded throughout the school and that it underpins everything the school does.  This can be achieved through high levels of pupil and parent engagement in designing the vision, such as working with children to ensure the language is child-friendly and accessible to all.

2.5     The school should also emphasise the importance of promoting positive mental wellbeing. Schools can use various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing mental health problems. This can include teaching through curriculum subjects such as relationships education, relationship and sex education, health education or PSHE; counselling[9]; positive classroom management; developing social skills; working with parents/carers; or peer support. Further information on the types of interventions available can be found in Chapter 5.

2.6     In addition, schools should develop a whole school behaviour policy, which includes measures to prevent and tackle bullying[10], along with setting out a clear system of rewards and sanctions. This should be paired with an individualised, graduated response[11] when the behaviour might be a result of educational, mental health, other needs or vulnerabilities.

2.7     The leadership team is responsible for determining the training needs of their staff within their approach to school improvement, professional development and performance management. The Teachers' Standards set out the expectation that all teachers manage behaviour effectively to ensure a good and safe educational environment, and requires teachers to have a clear understanding of the needs of all pupils, including those with mental health needs.

2.8     The leadership team should promote continuous professional development to ensure that staff are aware of some common symptoms of mental health problems: what is and isn't a cause for concern; and what to do if they think they have spotted a developing problem. Clear systems and processes should be in place to help staff who identify possible mental health problems, providing routes to escalate issues with clear referral and accountability systems. Schools should work closely with other

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[9] https://www.gov.uk/government/publications/counselling-in-schools

[10] https://www.gov.uk/government/publications/approaches-to-preventing-and-tackling-bullying

[11] https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

professionals to have a range of support services that can be put in place depending on the identified needs (both within and beyond the school).

2.9    The leadership team should also ensure there are clear policies and processes in place to ensure that stigma is reduced and pupils feel comfortable talking about mental health concerns. Pupils should know where to go for further information or support should they want to talk about their own, their peers', or their families mental health or wellbeing.

2.10    It is important that where vulnerable pupils or groups are identified within the school, provision should be made to support and promote their positive mental health.  Abuse, neglect, exploitation and a range of adverse parental, familial and contextual circumstances are identified risk factors for mental health problems, often experienced by children identified as Children in Need and supported by children's social care. Looked-after and adopted children may also have faced such risk factors. Socio-economic disadvantage is another identified risk factor for mental health, so this may include children currently or previously receiving Free School Meals and eligible for the Pupil Premium.

# Chapter 3 – Understanding the link between mental health and behaviour

> Mental health is defined as a state of wellbeing in which every individual recognises 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 his or her own community. *World Health Organisation, August 2014*

## Mental health problems in children

3.1     Short term stress and worry is a normal part of life and many issues can be experienced as mild or transitory challenges for some children and their families. Others will experience more serious and longer lasting effects. The same experience can have different effects on different children depending on other factors in their life. For example, it is normal for children to feel nervous or under stress around exam times, but other factors can make such stress part of an enduring and persistent mental health problem for some children. When a problem is particularly severe or persistent over time, or when a number of these difficulties are experienced at the same time, children are often described as experiencing mental health problems.

3.2     Where children experience a range of emotional and behavioural problems that are outside the normal range for their age, they might be described as experiencing mental health problems or disorders[12]. Mental health professionals have classified these as:

- emotional disorders, for example phobias, anxiety states and depression;
- conduct disorders, for example stealing, defiance, fire-setting, aggression and anti-social behaviour;
- hyperkinetic disorders, for example disturbance of activity and attention;
- developmental disorders, for example 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, for example children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers;
- Trauma disorders, such as post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect; and

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[12] https://www.nhs.uk/Conditions/Pages/bodymap.aspx?Subject=Mental%20health%20disorders

- other mental health problems including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic depressive disorder.

3.3     Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Non-professional diagnoses, however well meant, can exacerbate or promote mental health problems. Schools, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.

## Prevalence of mental health problems in children

3.4     Mental health problems affect many people, and most schools will have pupils who need some mental health support[13].

3.5     We know that where a pupil has certain types of Special Educational Need (SEN) there is an increased likelihood of mental health problems. Children with autism or learning difficulties, for example, are significantly more likely to have conditions such as anxiety[14].

3.6     Children in Need, looked-after children and previously looked-after children are more likely to have SEN and to experience the challenge of social, emotional and mental health issues[15] than their peers.[16] For example, they may struggle with executive functioning skills[17], forming trusting relationships, social skills, managing strong feelings (e.g. shame, sadness, anxiety and anger), sensory processing difficulties, foetal alcohol syndrome and coping with transitions and change. Children in Need may be living in very chaotic circumstances and be suffering or at risk of suffering abuse, neglect and exploitation. They may also have less support outside

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[13] On 22 November 2018, the Office for National Statistics (ONS) will publish new data on the prevalence of mental health conditions in children and young people.

[14] https://sp.ukdataservice.ac.uk/doc/5269/mrdoc/pdf/5269technicalreport.pdf

[15] Social, emotional and mental health is one of the four broad areas of children's SEN identified in Special Educational Needs and Disability Code of Practice 0 – 25 years (see Paragraph 5.32)

[16] In 2015/16, 49% of Children in Need and 55% of looked-after children had a special educational needs compared with 14% of other children, with social emotional and mental health needs the most prevalent primary type of SEN. Based on Strength and Difficulties Questionnaire (SDQ) scores, in 2017 only 49% of looked after children had emotional and behavioural health that is considered normal. (Looked After Children Statistical First Release Additional Tables)

[17] The mental processes enabling us to plan, focus attention, remember instructions, and juggle multiple tasks successfully. (Harvard University Centre on the Developing Child)

of school. The impact of these circumstances can have wide-ranging impacts on children's own behaviour, their interpersonal behaviour and emotional state.[18]

# Risk and protective factors

## Factors that put children at risk

3.7    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. These risk factors are listed in table 1.

3.8    Risk factors are cumulative. For example, children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems[19]. Longitudinal analysis of data for 16,000 children suggested that boys with five or more risk factors were almost eleven times more likely to develop conduct disorder under the age of ten than boys with no risk factors. Girls of a similar age with five or more risk factors were nineteen times more likely to develop the disorder than those with no risk factors[20].

## Factors that make children more resilient

3.9    Research suggests that there is a complex interplay between the risk factors in children's lives, and the protective factors which can promote their resilience. As social disadvantage and the number of stressful life events accumulate for children, more protective factors are needed to act as a counterbalance. The key protective factors which build resilience to mental health problems are shown alongside the risk factors in table 1, below.

3.10    In order to promote positive mental health, it is important that schools have an understanding of the protective factors that can enable pupils to be resilient when they encounter problems and challenges. The role that schools play in promoting the resilience of their pupils is particularly important for children with less supportive home lives, who may not have a trusted adult they can talk to. Schools should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems.

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[18] Behavioural and emotional alerting features for abuse and neglect are set out in the NICE guideline on abuse and neglect

[19] Brown, E., Khan, L. and Parsonage, M. (2012) A Chance to Change: Delivering effective parenting programmes to transform lives. Centre for Mental Health

[20] Murray, J. J. (2010). Very early predictors of conduct problems and crime: results from a national cohort study. Journal Of Child Psychology & Psychiatry, 51(11), pp 1198-1207

**Table 1: Risk and protective factors that are believed to be associated with mental health outcomes**

|  | Risk factors | Protective factors |
|---|---|---|
| **In the child** | <ul><li>Genetic influences</li><li>Low IQ and learning disabilities</li><li>Specific development delay or neuro-diversity</li><li>Communication difficulties</li><li>Difficult temperament</li><li>Physical illness</li><li>Academic failure</li><li>Low self-esteem</li></ul> | <ul><li>Secure attachment experience</li><li>Outgoing temperament as an infant</li><li>Good communication skills, sociability</li><li>Being a planner and having a belief in control</li><li>Humour</li><li>A positive attitude</li><li>Experiences of success and achievement</li><li>Faith or spirituality</li><li>Capacity to reflect</li></ul> |
| **In the family** | <ul><li>Overt parental conflict including domestic violence</li><li>Family breakdown (including where children are taken into care or adopted)</li><li>Inconsistent or unclear discipline</li><li>Hostile and rejecting relationships</li><li>Failure to adapt to a child's changing needs</li><li>Physical, sexual, emotional abuse, or neglect</li><li>Parental psychiatric illness</li><li>Parental criminality, alcoholism or personality disorder</li><li>Death and loss – including loss of friendship</li></ul> | <ul><li>At least one good parent-child relationship (or one supportive adult)</li><li>Affection</li><li>Clear, consistent discipline</li><li>Support for education</li><li>Supportive long term relationship or the absence of severe discord</li></ul> |

|  | Risk factors | Protective factors |
|---|---|---|
| **In the school** | <ul><li>Bullying including online (cyber)</li><li>Discrimination</li><li>Breakdown in or lack of positive friendships</li><li>Deviant peer influences</li><li>Peer pressure</li><li>Peer on peer abuse</li><li>Poor pupil to teacher/school staff relationships</li></ul> | <ul><li>Clear policies on behaviour and bullying</li><li>Staff behaviour policy (also known as code of conduct)</li><li>'Open door' policy for children to raise problems</li><li>A whole-school approach to promoting good mental health</li><li>Good pupil to teacher/school staff relationships</li><li>Positive classroom management</li><li>A sense of belonging</li><li>Positive peer influences</li><li>Positive friendships</li><li>Effective safeguarding and Child Protection policies.</li><li>An effective early help process</li><li>Understand their role in and be part of effective multi-agency working</li><li>Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively</li></ul> |
| **In the community** | <ul><li>Socio-economic disadvantage</li><li>Homelessness</li><li>Disaster, accidents, war or other overwhelming events</li><li>Discrimination</li><li>Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation</li><li>Other significant life events</li></ul> | <ul><li>Wider supportive network</li><li>Good housing</li><li>High standard of living</li><li>High morale school with positive policies for behaviour, attitudes and anti-bullying</li><li>Opportunities for valued social roles</li><li>Range of sport/leisure activities</li></ul> |

# Identifying children with possible mental health problems

3.11    Negative experiences and distressing life events can affect mental health in a way that can bring about changes in a young person's behaviour or emotional state, displayed in a range of different ways, all of which can be an indication of an underlying problem[21]. This can include:

- Emotional state (fearful, withdrawn, low self-esteem)
- Behaviour (aggressive or oppositional; habitual body rocking)
- Interpersonal behaviours (indiscriminate contact or affection seeking, over-friendliness or excessive clinginess; demonstrating excessively 'good' behaviour to prevent disapproval; failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed; coercive controlling behaviour; or lack of ability to understand and recognise emotions).

3.12    Where there are concerns about behaviour, the school should instigate an assessment (as set out in paragraph 3.14) to determine whether there are any underlying factors such as undiagnosed learning difficulties, difficulties with speech and language, child protection concerns, or mental health problems.

# Identification and measurement tools

3.13    There are two key elements that can enable schools to reliably identify children at risk of mental health problems.

- **effective use of data** so that changes in pupils' patterns of attainment, attendance or behaviour are noticed and can be acted upon; along with

- **an effective pastoral system** so that at least one member of staff (e.g. a form tutor or class teacher) knows every pupil well and has received training to spot where bad or unusual behaviour may have a root cause that needs addressing. Where this is the case, the mental health lead, pastoral system (including school nurses) or school policies should provide the structure through which staff can escalate the issue and take decisions about what to do next. This system should also provide the opportunity for pupils to seek support in a confidential way.

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[21] https://www.nice.org.uk/guidance/ng76/chapter/Recommendations#recognising-child-abuse-and-neglect
https://pathways.nice.org.uk/pathways/social-and-emotional-wellbeing-for-children-and-young-people

3.14    When schools suspect that a pupil is having mental health difficulties, they should not delay putting support in place, using the graduated response process :

- an **assessment** to establish a clear analysis of the pupil's needs;

- a **plan** to set out how the pupil will be supported;

- **action** to provide that support; and

- regular **reviews** to assess the effectiveness of the provision and lead to changes where necessary.

This can happen whilst the school is gathering the evidence, and the pupil's response to that support can help further identify their needs. Tools such as the Strengths and Difficulties Questionnaire (SDQ)[22] and the Boxall Profile[23] can support schools through this process. In addition to informing decisions on whether to seek specialist support, they can also provide a basis for ascertaining whether the initial intervention is working or whether something different needs to be tried. Further information on identification and measurement tools can be found in Chapter 4.

## Exclusions

3.15    When considering excluding a pupil, schools should consider any contributing factors that are identified after an incident of poor behaviour has occurred, which could include where the pupil has mental health problems. Further guidance on how to identify when pupils may have possible mental health problems can be found in paragraph 3.13.

3.16    Where appropriate, schools should consider if action can be taken to address underlying causes of disruptive behaviour before issuing an exclusion. In doing so, if a child has SEN or a disability and/or is a Looked After Child, there are additional requirements and expectations of them as set out in the relevant legislation and statutory guidance. Permanent exclusion, for example, needs to be very much a last resort. However, in all cases, schools must balance the interests of the pupil against of the mental and physical health of the whole school community. [24]

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[22] The English (UK) version of the SDQ is available here:
http://www.sdqinfo.com/py/sdqinfo/b3.py?language=Englishqz(UK)

[23] https://boxallprofile.org/

[24] https://www.gov.uk/government/publications/school-exclusion

## Adverse Childhood Experiences (ACEs) and other events that may have an impact on pupils

3.17    The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in pupils' 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, deployment of parents in armed forces families;

- **life changes** – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form;

- **traumatic experiences** such as abuse, neglect, domestic violence, bullying, violence, accidents or injuries; and

- **other traumatic incidents** such as a natural disaster or terrorist attack. Some groups could be susceptible to such incidents, even if not directly affected. For example, schools should ensure they are aware of armed forces families, who may have parents who are deployed in areas of terrorist activity and are surrounded by the issues in the media.


3.18    It is important that schools provide support to pupils at such times, including those who are not presenting any obvious issues. Providing early help is more effective in promoting the welfare of children than reacting later, and can also prevent further problems (including mental health problems) arising. Further guidance on early help can be found in 'Working together to Safeguard Children' statutory guidance[25].

3.19    This support may come from existing provision within the school, or it may require the involvement of specialist staff or support services, such as the school nursing service. Further information about how to support individual children through difficult events, and on whole school trauma and attachment awareness informed approaches, can be found in Chapter 5.

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[25] https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

## Children in Need, looked-after and previously looked-after children

3.20   Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. These children may be receiving statutory social care support and recognised as Children in Need, or currently or previously in local authority care as looked-after children.

3.21   It is key that school staff are aware of how these children's experiences, and their high prevalence of special educational needs and mental health needs, can impact on their behaviour and education. They should be able to reflect this in the design and application of behaviour policies, including through individualised graduated responses, balanced with the needs of the whole school community and its physical and mental health.

3.22   Where a child is being supported through local authority children's social care, their allocated social worker can be an important source of appropriately-shared information about wider developmental needs, child protection concerns, and parental, familial and contextual circumstances. Effective multi-agency working between schools and social care will help to inform a school's assessment of child's educational and mental health needs, as well as enabling a prompt response to any safeguarding concerns.

3.23   The school's designated teacher and local authority Virtual School Heads (VSH) are also sources of advice and expertise on looked after and previously looked after children. Where a school has concerns about a looked-after child's behaviour, the designated teacher and relevant VSH should be informed at the earliest opportunity so they can help decide how to support the child to improve their behaviour.  Where a school has concerns about the behaviour of a previously looked-after child, the child's parents or the school's designated teacher, following discussions with the child's parents, may seek the advice of the VSH on strategies to support the child to avoid exclusion.

## Mental health and special educational needs

3.24   Early intervention to address underlying causes of disruptive behaviour should include an assessment of whether appropriate provision is in place to support any SEN or disability that a pupil may have. The head teacher should also consider the use of a multi-agency assessment for a pupil who demonstrates persistent disruptive behaviour. Such assessments may pick up unidentified SEN, disability or mental health problems but the scope of the assessment could go further, for example, by seeking to identify housing or family problems.

3.25    Not all children with mental health difficulties will have SEN. But persistent or serious mental health difficulties will often meet the definition of SEN, in that they lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. As set out above, the graduated response process set out in the SEND Code of Practice provides a framework for deciding what support to offer, which would be good practice regardless of whether or not a pupil has SEN.

3.26    The majority of children with SEN will have their needs met through mainstream education providers and will not need Education, Health and Care plans (EHC plans).

3.27    It is important that the qualified teacher who acts as the special educational needs co-ordinator (SENCO) ensures that all adults working in the school understand their responsibilities to children with SEND. This includes pupils whose persistent mental health difficulties mean they need special educational provision. Specifically, the SENCO will ensure colleagues understand how the school identifies and meets pupils' needs, provide advice and support to colleagues as needed and liaise with external SEND professionals as necessary.

# Chapter 4 – Providing support and collaborative working with other agencies

4.1     There are a range of options for identifying where pupils might need extra support, and for helping schools to understand what sort of support might be suitable, including working with external agencies.

4.2     It is important that children are provided with support as soon as a problem emerges, at any point in their life. Providing early help is more effective in promoting the welfare of children than reacting later. Schools should have access to local educational psychology services, who will support children with SEND, but can also be well placed to advise on emerging mental health needs and either to provide direct intervention or signpost to other, more appropriate, forms of support.

4.3     Local areas should have a comprehensive range of effective, evidence-based services in place to address assessed needs early, and will typically include support for mental health. Full details regarding early help and the role of schools can be found in Part 1 of Keeping Children Safe in Education and Chapter 1 of Working Together to Safeguard Children.

## Additional in-school support for children with the most complex problems

4.4     For children with the most complex problems, additional in-school interventions may include:

- **support for the pupil's teacher**, to help them manage the pupil's behaviour within the classroom, taking into account the needs of the whole class;

- **additional educational one to one support for the pupil** to help them cope better within the classroom;

- **an individual health care plan**. Governing bodies, academy trusts and management committees must comply with their statutory duty in ensuring that schools to make arrangements to support pupils with medical conditions. If mental health professionals have recommended medication this should be detailed in the individual healthcare plan. School staff should be aware of any medication that children are taking, and how this should be stored and administered. The Department has published statutory guidance about the support pupils with medical conditions should receive at school[26];

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[26] https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

- **one to one therapeutic work** with the pupil, delivered by trained mental health specialists (within or beyond the school), which might take the form of cognitive behavioural therapy, behaviour modification or counselling approaches. Where possible, such therapy should be scheduled so as to minimise the disruption to the pupil's attendance in school; and

- **family support and/or therapy could also be considered by mental health professionals** to help the child and their family better understand and manage behaviour.

## Defining local services

4.5     Schools may wish to influence their local health and wellbeing boards, who are responsible for collecting and analysing information about current and future health and social care needs and develop a strategy for commissioning the right balance of services. All health services used by children are within the scope of the health and wellbeing board, including specialist children and young people's mental health services (CYPMHS).

4.6     Until 2021 all local areas must publish a multi-agency Local Transformation Plan (LTP), which is refreshed each year and overseen by the Health and Wellbeing Board. The LTP is the strategic document setting out how services for children's mental health are being improved. The LTP should be available on the Local Authority and CCG websites.

4.7     Schools can feed in what they know about the needs of their pupils, such as information on pupils with specific impairments (such as mental health problems) and more broadly, share their perspective, experience and knowledge of pupil needs. They can also agree the role they will play in commissioning and delivering specialist services. This can help to shape a system that is better able to deliver for their pupils. To get involved, schools should approach their Director of Children's Services (DCS) or local Healthwatch organisation, who are responsible for engaging children and young people, professionals and other stakeholders in the work of the board. The new Mental Health Support Teams introduced in the Transforming Children and Young People's Mental Health Provision green paper will build on these arrangements. Further information can be found in Chapter 5.

4.8     Schools should also be aware of the role they are expected to play in the new multi-agency safeguarding arrangements, and how they can influence those arrangements. Full details are in Chapter 3 of Working Together to safeguard Children.

## Commissioning services directly

4.9    Many individual schools are able to commission individual support and health services for pupils, which gives increased flexibility and provides an early intervention response.

4.10    It is important that schools commission appropriately qualified and experienced external providers, as this will provide assurance they are properly trained, supported, professionally supervised, insured and working within agreed policy frameworks and standards, and accountable to a professional body with a clearly articulated complaints procedure. Self-reported claims of efficacy are not enough, and schools should be very careful not to use resources to support interventions that may have little impact or potentially exacerbate pupil mental health problems. Further guidance on good commissioning, based on evidence from the DfE, can be found in Chapter 5.

4.11    It is important that schools are aware of how and when to access their local support services. Local voluntary and community sector (VCS) organisations can offer valuable services, either working directly with pupils and their families, or offering support and advice to schools.

4.12    The school nursing service is confidential, and not limited to term time, so can provide the opportunity for early identification of physical, emotional or mental health needs. Schools may wish to commission extra support from school nurses and their teams, who can:

- Build trusting and enduring professional relationships with children and young people throughout their time in education.
- Support the interaction between health and education working with schools to provide public health expertise. They can work with mental health support teams to identify vulnerable children, young people and carers, and provide a response through tailored packages of coordinated support, referring to other services when appropriate.
- Engage with children  and their families in their own homes; which can further enable early identification and interventions to mitigate problems worsening in the future, thus contributing to demand management in areas of statutory requirements.


## Working collaboratively with other schools

4.13    Where schools are organised in clusters or run by Multi-Academy Trusts, they should consider collectively commissioning specialist support for identifying and supporting pupils with mental health needs. Such support could take the form of

mental health workers, social workers or educational psychologists. They may also consider providing opportunities for groups of staff to be trained jointly on identifying and meeting mental health needs; thereby providing opportunities to share good practice and learn from one another.

## Referring serious cases to CYPMHS

4.14   The specific services offered by CYPMHS vary depending on the needs of the local area. The best way to influence those services overall is to get involved with the local health and wellbeing board, as detailed above.

4.15   Schools have told us, however, that several things can be helpful to them in referring pupils effectively to specialist CYPMHS and otherwise working well with the service for the benefit of their vulnerable pupils. These include:

- using a clear process for identifying children in need of further support (such as the Strengths and Difficulties Questionnaire or Boxall Profile – for further information see Chapter 5);
- documenting evidence of the symptoms or behaviour that are causing concern (and including this with the referral);
- encouraging the pupil and their parents/carers to speak to their GP or school nurse, where appropriate;
- working with local specialist CYPMHS to make the referral process as quick and efficient as possible – for example by being clear who can refer, by ensuring schools have access to the relevant forms and by sharing information about when decisions will be taken and fed back;
- understanding the criteria that will be used by specialist CYPMHS in determining whether a particular pupil needs their services;
- having a close working relationship with local specialist CYPMHS, including knowing who to call to discuss a possible referral and allowing pupils to access CYPMHS professionals at school; and
- consulting CYPMHS about the most effective things the school can do to support children whose needs aren't so severe that they require specialist CYPMHS.

## Working with parents and carers

4.16   Evidence shows that where support is provided to help manage behaviour at home, alongside work being carried out with the child at school, there is a much greater likelihood of success in reducing the child's problems, and in supporting their academic and emotional development. Many support services will provide this support as well as that for the child.

4.17    Surveys show that a large proportion of pupils and families[27] are not aware of the mental health support available in their school; and many indicate that the information on what the school provides is one of the most useful resources to support their child's mental health. It is important that schools make all aware what support is available.

4.18    Whilst it is good practice to involve families wherever possible, in some circumstances the child may not wish to have their families involved with any interventions or therapies they are receiving. In these cases schools should be aware that those aged 16 or over are presumed to be capable of consenting to their own medical treatment, and any ancillary procedures involved in that treatment (by virtue of section 8 of the Family Law Reform Act 1969). Children under the age of 16 may in certain circumstances consent to their own treatment if they are deemed to be 'Gillick competent', i.e. a relevant medical professional judges that they have sufficient intelligence, competence and understanding to appreciate what is involved in their treatment. Otherwise, an adult with parental responsibility can consent for them[28][29].

## Working with Alternative Provision (AP)

4.19    Local authorities are responsible for arranging suitable education for permanently excluded pupils, and for other pupils who because of illness or other reasons including social, emotional and mental health needs, would not receive suitable education without such provision

4.20    Routes into AP include off-site direction from schools to improve a child's behaviour; and referrals from the NHS, as a result of a child's physical or mental health needs. In cases of health needs, local authorities are normally responsible for commissioning provision. Provision will differ from pupil to pupil, but there are some common elements that AP should aim to achieve, including the below:

- good pupil motivation and self-confidence, attendance and engagement with education; and
- clearly defined objectives, including the next steps following the placement such as reintegration into mainstream education, further education, training or employment.

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[27] https://www.gov.uk/government/publications/pupils-and-their-parents-or-carers-omnibus-wave-1-survey

[28] https://www.nhs.uk/conditions/consent-to-treatment/children/

[29] https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-8-gillick-competency-fraser-guidelines

4.21    There is clear evidence that schools can, and do, play a vital role in supporting these children to engage in education. This can include identifying special educational needs and mental health needs at an early stage and working jointly with partner agencies in health and children's social care, educational psychology, and children and young people's mental health services.

4.22    Schools and AP settings should also work together to develop a plan for reintegration of the pupil's return to mainstream education, where this is considered appropriate. To facilitate reintegration, information should be shared between schools and AP providers; this should lead to clear plans with baselines against which to measure progress (including towards reintegration into mainstream schooling, further education, or employment). Where children have SEN, these plans will link to 'Education, Health and Care Plans'.

4.23    For young people who at the end of Year 11 are still in AP, the school should work with the provider to ensure that the young person can move on into suitable education, or employment alongside part-time study or training whilst providing ongoing arrangements to support mental wellbeing.

# Chapter 5 – Where to find out more

## Transforming Children and Young People's Mental Health provision: Green Paper

5.1     As set out in Chapter 4, it is important that schools are aware of the local services available, in order to ensure they are able to draw on them when required. The measures set out in the Green Paper[30] will provide further support schools to do this. The new Mental Health Support Teams will be established in 20-25% of England by 2023. Trailblazer areas will start work in 2019-20 and will test this model. They will improve collaboration between schools and specialist services, providing a wider range of support and interventions in or near schools and colleges. The teams will be linked to groups of schools and colleges, and will work closely with other professionals such as educational psychologists, school nurses, counsellors, social workers and others to assess and refer children for other specialist treatments if necessary.

5.2     Mental Health Support Teams will work with the Designated Senior Leads for Mental Health which schools are encouraged to put in place. These staff will have access to free of charge training in providing strategic oversight of the whole school approach to mental health and wellbeing. This should include how it is reflected in the design of behaviour policies, curriculum and pastoral support, how staff are supported with their own mental wellbeing and how pupils and parents are engaged.

## Further information

5.3     Links to further frameworks, tools and resources are provided in table 2 below. We have only listed national services, but schools should also ensure they look for local services available (including those listed in the local authority's 'local offer' of services in the area to support children with SEND[31]).

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[30] https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

[31] http://www.thelocaloffer.co.uk/the-local-offer-by-local-authority

**Table 2 – Sources of support and information**

| Creating a whole school culture | |
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| | • **Creating a culture: how school leaders can optimise behaviour** – Tom Bennett's independent review on behaviour in schools, which looked at leadership, culture and methods to improve pupil behaviour |
| | • **Promoting children and young people's emotional health and wellbeing** – Public Health England's guidance for head teachers and college principals on the eight principles for promoting emotional health and wellbeing in schools and colleges |
| | • **A whole school framework for emotional wellbeing and mental health** – The National Children's Bureau's self-assessment and improvement tool for school leaders, to support them in implementing a whole school approach for emotional wellbeing and mental health. |
| | • **Supporting mental health in schools and colleges: pen portraits of provision** – this report presents pen portraits of mental health provision based on case study research in 36 schools, colleges and other educational institutions across England |
| | • **Mentally Healthy Schools** – is recommended by NAHT, and brings together quality-assured information, advice and resources to help primary schools understand and promote children's mental health and wellbeing. |
| | • **What works for wellbeing** - work with a network of researchers, think tanks, businesses, government departments and non-profits to provide evidence, guidance and discussion papers on a range of subjects, including community wellbeing and measuring wellbeing. |
| | • **Children's Society** – provide a range of research tools to support schools to talk to pupils about wellbeing and mental health. |
| | • **Supporting staff wellbeing in schools** – aims to give school staff and senior leadership teams simple guidance and good practical examples where schools have successfully implemented staff wellbeing strategies. |

| Supporting and promoting positive mental health (including early intervention and supporting children through difficult life events) | • **Royal College of Psychiatrists (RCPSYCH)** – Provide specifically tailored information for young people, parents, teachers and carers about mental health through their <u>Parents and Youth Info A-Z</u>. |
| :--- | :--- |
| | • **National Institute for Health and Care Excellence (NICE)** – NICE's role is to improve outcomes for people using the NHS and other public health and social care services, including by producing evidence-based guidance and advice. This can be useful in understanding social, emotional and mental health conditions and their recommended treatments. |
| | • **British Association for Counselling and Psychotherapy (BACP)** – Register of Counsellors and Psychotherapists which is accredited by the Department of Health and Social Care. |
| | • **Young Minds** – Young Minds is charity committed to improving the emotional wellbeing and mental health of children and young people. They undertake campaigns and research, make <u>resources</u> available to professionals (including teachers) and run a helpline for adults worried about the emotional problems, behaviour or mental health of anyone up to the age of 25. They also offer a <u>catalogue</u> of resources for commissioning support services. |
| | • **Nasen SEND Gateway** - an online portal offering education professionals free, easy access to high quality information, resources and training for meeting the needs of children with special educational needs and disabilities (SEND), including a large number of specific mental health resources. |
| | • **Schools in Mind** - a free network for school staff and allied professionals which shares practical, academic and clinical expertise regarding the wellbeing and mental health issues that affect schools. |
| | • **MindEd** – provides free e-learning to help adults to identify and understand children and young people with mental health problems. It provides simple, clear guidance on mental health to adults who work with children and young people, to help them support the development of young healthy minds. |
| | • **Counselling MindEd** – Counselling MindEd is an online resource within MindEd that provides free evidence-based, e-learning to support the training of school and youth counsellors and supervisors working in a wide variety of settings. |

- **PSHE Teacher Guidance: Preparing to teach about mental health and emotional wellbeing** - Has been produced by the PSHE Association. It provides guidance for schools on teaching about mental health and emotional wellbeing as part of PSHE and signposts to organisations that can provide support for specific mental health conditions.

- **Sexual violence and sexual harassment between children in schools and colleges** – departmental advice which amongst other things includes detailed guidance on supporting victims of peer on peer sexual violence.

- **Bullying and mental health: Guidance for teachers and other professionals** - Free resource produced by the Anti-Bullying Alliance to help schools, teachers and other professionals understand the issues around bullying and mental health for children and young people.

- **ChildLine** – A confidential service, provided by the NSPCC, offering free support for children and young people up to the age of nineteen on a wide variety of problems.

- **Place2Be** – Place2Be is a charity working in schools providing early intervention mental health support to children aged 4-14 in England, Scotland and Wales.

- **Play Therapy UK (PTUK)** - is a not-for-profit professional organisation with registrants located all over the UK, many working in primary schools, alleviating social, emotional, behaviour and mental health problems. The Register managed by PTUK is accredited by the Professional Standards Authority, providing an assurance of the quality of the Registrant's work.

- **Relate** – Relate offers advice, relationship counselling, workshops, mediation, consultations and support face-to-face, by phone and through their website. This includes counselling for any child or young person who is having problems.

- **Women's Aid** – is the national domestic violence charity that works to end violence again women and children and supports domestic and sexual violence services across the country. They provide services to support abused women and children such as The HideOut, a website to help children and young people.

| Information about mental health conditions, identification and measurement | <ul><li>**Nurture UK** – is dedicated to improving the mental health and wellbeing of children and young people, and removing barriers to education by promoting nurture in education.</li><li>**Trauma Informed Schools UK** – provides training for schools, communities and organisations to become trauma informed and mentally healthy places for all.</li><li>**Early Intervention Foundation guidebook** – on trauma-focused cognitive behavioural therapy.</li><li>**Beat Eating Disorders UK** – provides information on what to do if you're worried about a friend, family member or pupil, along with how to support someone with an eating disorder.</li><li>**Child Bereavement UK** – provides information and resources to support bereaved pupils, schools and staff.</li><li>**Young Minds – Young Carers** – information about how to spot if young carers need support, and how to get help.</li><li>**MindEd –** provides free online teaching to help adults to identify and understand children and young people with mental health problems. It provides simple, clear guidance on mental health to adults who work with children and young people, to help them support the development of young healthy minds.</li><li>**Health A-Z - Conditions and treatments by subject - Mental health disorders** – information from the NHS on mental health disorders.</li><li>**Strengths and Difficulties Questionnaire (SDQ)** – the SDQ can assist schools in taking an overview and making a judgement about whether a pupil is likely to be suffering from a mental health problem.</li><li>**Boxall Profile** – an online assessment tool for social emotional and behavioural difficulties for children and young people.</li><li>**Education Endowment Foundation –** The Sutton Trust-EEF Teaching and Learning Toolkit is an accessible summary of educational research which provides guidance for teachers and schools on how to use their resources to improve the attainment of all pupils and especially disadvantaged pupils.</li></ul> |
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| **Commissioning services directly** | • **CORC outcome and experience measurements** – provides easily accessible resources for individuals looking for information on how to measure children and young people's mental health and wellbeing<br><br>• **Good Childhood Wellbeing Index** - is an easy and free to run simple assessment of children's well-being in the classroom.<br><br>• **Measuring and monitoring children and young people's mental wellbeing: a toolkit for schools and colleges** – this toolkit aims to raise awareness amongst school and college staff of the range of validated tools that are available to help measure subjective mental wellbeing amongst the pupil population.<br><br>• **Youth Wellbeing Directory** - provides a list of local and national organisations for anyone up to the age of 25 (including teachers helping pupils to find support), along with additional important information and support.<br><br>• **BOND: Learning from Practice Review** – This report from BOND sets out the findings of an evidence based practice review, exploring the nature of the relationship between the voluntary & community sector and commissioners (Schools, NHS, LA), with a focus on the delivery of early intervention mental health services for children and young people).<br><br>• **School nursing public health services** – guidance produced by the Department of Health and Social Care and Public Health England. This guidance supports effective commissioning of school nursing services to provide public health for school aged children.<br><br>• **Supporting public health: children, young people and families** - documents to support local authorities and providers in commissioning and delivering children's public health services aged 0 to 19 years. |

| Working with parents | The strongest evidence supports working with parents/carers in a structured way to address behavioural issues through education and training programmes such as:<br><br>• **Triple P** – which gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems developing.<br><br>• **The Incredible Years** – a series of interlocking, evidence-based programs for parents, children, and teachers, supported by over 30 years of research, which aims to prevent and treat young children's behavior problems and promote their social, emotional, and academic competence.<br><br>• **MindEd for Families** – advice and information from trusted experts to help improve understanding of mental health problems, and how parents and carers can best support their families. |
|---|---|
| **Supporting children with medical conditions** | • **HeadMeds** – website developed by the charity YoungMinds providing general information about common medications that may be prescribed for children and young people with mental health conditions.<br><br>• **Health Conditions in Schools Alliance** – this website offers guidance and tools to schools who are looking after children with health conditions. This includes a template medical conditions policy; a sample individual healthcare plan and advice on what it should contain; and a process for making sure children who require education in different settings get the support they need. |

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