



# Bowden House School & Bowden Primary School

## Mental Health & Behaviour in Schools

This article summarises the DfE's 'Mental health and behaviour in schools' guidance, extracting the key points schools need to know about.

### What's inside?

- 📖 Key details
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### Key details

#### Overview

['Mental health and behaviour in schools'](#) is non-statutory guidance from the DfE that aims to help schools to support pupils whose mental health problems manifest themselves in behaviour.

The guidance is split into the following chapters:

1. Schools' responsibilities in relation to mental health
2. Creating a whole school culture
3. Understanding the link between mental health and behaviour
4. Providing support and collaborative working with other agencies
5. Where to find out more

This article will break down what you need to know about each section of the guidance.

## Status of the guidance

This is non-statutory guidance. The guidance was first published in June 2014.

## Who the guidance is for?

This guidance is applicable to all school staff working in any type of school to support children.

## Related documents

The DfE has stated that this guidance should be read alongside the following guidance:

- [‘Behaviour in schools’](#) (non-statutory)
- [‘Special educational needs and disability code of practice: 0 to 25 years’](#) (statutory)

## Review details

**Initial publication date:** 16 June 2014

**Last updated:** 12 November 2018

**Review details:** The DfE states that the guidance will be kept under review and updated as necessary.

## Schools’ responsibilities in relation to mental health

All schools are under a statutory duty to promote the welfare of their pupils – this includes preventing impairment of children’s health or development, and taking action to enable all children to have the best outcomes.

The role of schools in supporting and promoting pupils’ mental health and wellbeing can be summarised as follows:

- **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 they can manage the normal stress of life effectively. Prevention work will include teaching pupils about mental health through the curriculum and reinforcing this through school activities and ethos.
- **Identification:** Recognising emerging issues as early and accurately as possible.
- **Early support:** Helping pupils to access evidence-based early support and interventions.

- **Access to specialist support:** Working effectively with external agencies to provide swift access to referrals to specialist support and treatment.

Schools are not required to have a standalone policy on mental health. Schools are, however, required to have a range of policies that can be used to promote mental health. Adjustments may also need to be made to various school policies to ensure they support pupils with mental health difficulties.

Sometimes, a pupil's mental health difficulties may amount to SEND. In these cases, schools need to consider how best to use SEND resources to provide support to these pupils.

Arrangements also need to be in place that reflect the importance of safeguarding and promoting welfare. Mental health issues can sometimes be an indicator that a child has suffered or is at risk of suffering harm. Under '[Keeping children safe in education](#)', 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 DSL or a deputy.

## Creating a whole school culture

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 should be promoted through the 'hidden' or 'informal' curriculum, including leadership practice, the school's policies, values and attitudes, alongside the social and physical environment of the school.
- **Teaching:** The curriculum should be used to develop pupils' knowledge about health and wellbeing.
- **Partnerships with families and the community:** Schools should proactively engage with families, external agencies and the wider community to promote consistent support for pupils' health and wellbeing.

To create a culture that supports mental health, schools should make it part of their vision. This means setting clear behaviour expectations that are communicated consistently across the whole school community. The vision should be underpinned by a clear system of rewards and sanctions and an accountability system, which should be set out in a behaviour policy. This policy should come alongside an individualised, graduated response when a pupil's behaviour may be a result of educational, mental health, or other needs or vulnerabilities.

To embed the culture, schools need to ensure pupils are committed to the school's vision and policies – this will involve engaging pupils and their parents in designing the vision, whilst emphasising the importance of promoting positive mental health.

In line with the '[Teachers' Standards](#)', all teachers are expected to manage behaviour effectively and ensure a good and safe educational environment. Teachers need to have a clear understanding of the needs of all pupils, including those with mental health needs.

School leaders should also promote CPD to ensure staff are aware of the common signs that a pupil is experiencing mental health difficulties and what to do if they have concerns. Clear procedures should be in place to help staff who identify a possible mental health problem, providing routes to escalate issues with clear referral and accountability systems. Schools should work closely with other professionals and agencies to have a range of support services. Pupils should also be made aware of what to do if they want to talk about their own mental health or the mental health of their friends and family.

Vulnerable pupils and groups need to be identified and appropriate support needs to be put in place. 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. LAC and PLAC 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 FSM and pupils who are eligible for the pupil premium.

## Understanding the link between mental health and behaviour

### Mental health problems in children

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. Mental health professionals have classified these as follows:

- **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
- **Trauma disorders**, e.g. post-traumatic stress disorder, as a result of traumatic experiences or persistent periods of abuse and neglect
- **Other mental health problems**, including eating disorders, habit disorders, somatic disorders; and psychotic disorders such as schizophrenia and manic depressive disorder

Only appropriately trained professionals should make a diagnosis of a mental health problem – school staff are not expected to do this. School staff, 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.

### **Risk and protective factors**

Certain individuals and groups are more at risk of developing mental health problems than others.

There are also certain protective factors which can promote resilience. Schools need to have an understanding of these protective factors and support pupils to build these.

	<b>Risk factors</b>	<b>Protective factors</b>
<b>In the child</b>	<ul style="list-style-type: none"> <li>• Genetic influences</li> <li>• SEND</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 style="list-style-type: none"> <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>

<p><b>In the family</b></p>	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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>
<p><b>In the school</b></p>	<ul style="list-style-type: none"> <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>• Child-on-child abuse</li> <li>• Poor pupil to teacher/school staff relationships</li> </ul>	<ul style="list-style-type: none"> <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> </ul>

		<ul style="list-style-type: none"> <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>
<b>In the community</b>	<ul style="list-style-type: none"> <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 style="list-style-type: none"> <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>

The balance between risk and protective factors is most likely to be disrupted when difficult events happen in pupils' lives, including loss or separation, life changes, and traumatic experiences or incidents. It is important that schools provide support to pupils at such times, including those who are not presenting any obvious issues. This support may come from a school's existing provision, or involvement from specialist staff or services may be required.

### **Pupils potentially more at risk**

Pupils with certain types of SEND can have an increased likelihood of mental health problems. Children in need, LAC and PLAC are more likely to have SEND and to experience mental health issues.

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 LA care as LAC.

It is important that school staff are aware of how these children's experiences, and their high prevalence of SEND and mental health needs, can impact on their behaviour and education. Schools should reflect this in the design and application of behaviour policies.

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

Not all children with mental health difficulties will have SEND; however, persistent or serious mental health difficulties will often meet the definition of SEND in that they lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. The SENCO should ensure that all adults working in the school understand their responsibilities to children with SEND.

### **Identifying children with possible mental health problems**

Pupils who are experiencing mental health challenges can present changes in their behaviour and/or emotional state, displayed in a range of different ways, including:

- **Emotional state**, e.g. fearful, withdrawn, low self-esteem.
- **Behaviour**, e.g. aggressive or oppositional, habitual body rocking.
- **Interpersonal behaviours**, e.g. 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.

Where there are concerns about behaviour, schools should instigate an assessment to determine whether there are any underlying factors, such as undiagnosed learning difficulties, difficulties with speech and language, safeguarding concerns or mental health problems.

### **Identification and measurement tools**

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

- **Effective use of data** so patterns can be identified and acted upon.
- **An effective pastoral system.**

When schools suspect that a pupil is having mental health difficulties, they should not delay putting support in place. A graduated approach should be adopted, which includes:

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

## Exclusions

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. Where appropriate, schools should consider if action can be taken to address underlying causes of disruptive behaviour before issuing an exclusion.

## Providing support and collaborative working with other agencies

There are a range of options available to support pupils with mental health difficulties.

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

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

- **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 **IHP**
- **One-to-one therapeutic work with the pupil**, delivered by trained mental health specialists (within or beyond the school)
- **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

## **Local services**

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).

Schools also need to be aware of the role they play in local safeguarding arrangements.

## **Commissioning services directly**

Many schools are able to commission individual support and health services for pupils. It is important that schools commission appropriately qualified and experienced external providers.

Schools need to be aware of how and when to access their local support services.

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.

## **Working collaboratively with other schools**

Where schools are organised in clusters or part of MATs, they should consider collectively commissioning specialist support for identifying and supporting pupils with mental health needs. Groups of schools and MATs may also consider providing opportunities for groups of staff to be trained jointly on identifying and meeting mental health needs.

## **Referring serious cases to CYPMHS**

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. Effective practice for schools working with CYPMHS includes the following:

- Using a clear process for identifying children in need of further support
- Documenting evidence of the symptoms or behaviour that are causing concern
- Encouraging the pupil and their parents to speak to their GP or school nurse
- Working with local specialist CYPMHS to make the referral process as quick and efficient as possible
- 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
- 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**

Schools should make parents aware of the support available. 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. 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.

### **Working with alternative provision (AP)**

LAs 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.

Schools play a vital role in supporting these children to engage in education, including identifying SEND and mental health needs at an early stage and working with partner agencies.

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.

### **Where to find out more**

This section of the DfE's guidance provides links to further frameworks, tools and resources to help schools support pupils' mental health and behaviour. A full list of resources can be found in chapter 5 of the guidance.

### Next steps

- Read the DfE's guidance in full [here](#).
- Find more resources to support promoting pupils' mental health in our [Pupil Mental Health and Wellbeing Resource Pack](#).

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### Bibliography

DfE (2018) 'Mental health and behaviour in schools'