**The Roaches School Network**

**EMOTIONAL HEALTH Policy**

#### Rationale

A mental or emotional health problem can be seen as a 'disturbance in functioning' in one or more areas of relationships, mood, behaviour or development' (Mental Health Foundation 1999). Mental health disorders are divided into internalising and externalising disorders. Internalising disorders include depression (often affecting 2-4% of young people), suicidal thoughts (which peak in mid-adolescence and affect 10% of 15/16 year olds, particularly girls), and anxiety disorders including compulsive disorders (1% may have an eating disorder for example). Externalising disorders are more likely to be noticed in the classroom or around school. They include aggressive behaviour, hyperactivity, short attention spans and disaffection. Both sets of disorders can lead to alcohol or drug abuse or to promiscuous activity.

Research over the past few years has identified a 'cycle of disadvantage' which affects the poorest families and international research indicates strong links between poverty and negative outcomes for children of all ages. Community and family-based stresses can therefore significantly affect student performance and eventual life-chances. To break into the cycle, The Roaches School Network needs to understand and develop practices which support those protective factors which can lead to positive outcomes:

Family factors: supportive relationships with adults, small family size, material resources

e.g. adequate income, clear and consistent discipline, support for education.

*Social factors:* access to good educational facilities, wider support network, range of facilities available, positive school policies for behaviour and attitudes, effective antibullying policies, good liaison between school and local communities.

*Factors in the child:* a sense of mastery, participation in activities, sports and outside interests, being a member of a non-deviant group, personal attitudes such as good health, even temperament, positive self-esteem and intelligence, good social skills, religious affiliation.

Research indicates that in an EBD residential school there are likely to be:

* Students with a depressive illness
* Students suffering significant distress
* Students with obsessive-compulsive disorder and some students with an eating disorder (Young Minds 2002)

Due to the type of school, pupils lacking in some or all of the protective factors is high and the school has a duty to try to intervene with students and their families in order to help our pupils achieve positive outcomes

**Principles**

Three principles will continue to guide our actions:

* We shall continue to promote the emotional health and well-being of our students both in school and in the wider community
* We shall create school-based policies and practices grounded in knowledge about mental health issues relating to our students.
* We shall work in partnership with any agency or individual where there is a shared understanding concerning the need for principled and consistent practices in relation to the mental and emotional health of young people.

##### Guidelines

The following guidelines are not definitive and will change with changing practices:

We will continue to develop an inclusive culture in which all students are cared for and nurtured in order to secure a positive learning and social environment. Emotional literacy development in the school supports this through the following processes:

* The identification of a key worker for all students on the 'at risk' register.
* Using a counselling service and employing relevant therapists.
* Adults actively listening to students and engaging positively with them.
* The further development of the School Council and further opportunities for the student voice to be heard including the development of a 'learning council'.
* Adults using 'circle time' regularly as a vehicle for shared discussion and in order to provide opportunities for inclusive activity.
* Using praise and rewards more frequently than punishment; ensuring that principles of fair play are invoked when punishing young people; using restorative justice and related activities as positive vehicles for young people to make amends when wrong-doing.
* Adults defusing confrontation and ensuring that adult-student talk is open, non-confrontational and contains `win-win' outcomes.
* Using peer mediation as a positive force to include research.
* Further developing the learning environment in order to minimise institutionalism whilst maximising the notion of pleasurable learning.
* Undertaking action-research projects which have in the past, and currently, been undertaken in partnership with other organisations including our primary partners e.g. transition research (Ed. Psychs); school refuser's (CAMHS); ADHD; Healthy Living (School Nursing Service) in order to inform local practice.
* Identifying key issues for whole-staff or selected staff training.
* Continuing to use and develop curriculum-related programmes for individuals and groups to include nurture groups and the use of positive support programmes.

RSN Emotional Health Policy January 2020

To be reviewed annually - Reviewed September 2023