HIGHFIELDS SCHOOL

Mental Health Policy

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Highfields School fully recognises its responsibilities for students' mental health and wellbeing needs. Everyone; staff, Governors, Trustees and volunteers working in or for our school, shares a fundamental ambition that we want our students to:

- Develop a range of skills and be mentally and physically fit to equip them for a successful adult life
- Be resilient and able to cope with the challenges they face in life
- Be confident, happy and feel safe
- Experience success and overcome barriers they may face
- Be motivated and enjoy learning and life

Some young people experience a range of emotional and behavioural issues that are outside the normal range. These children and young people could be described as experiencing mental health and wellbeing problems or disorders.

Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
- conduct disorders, e.g. stealing, defiance, fire-setting, aggression and antisocial 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; and
- other mental health problems include eating disorders, habit disorders, post- traumatic stress syndromes; somatic disorders; and psychotic disorders e.g. schizophrenia and manic depressive disorder.

Many of these problems will be experienced as mild and transitory challenges for the child and their family, whereas others will have serious and longer lasting effects. 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 having mental health disorders.

Difficult events that may have an effect on students

Students' mental health and wellbeing may be affected by difficult events that happen in life. All staff at Highfields work with students on a daily basis and have a responsibility to raise any concerns that they may have about a student or if they witness any changes in behaviour that may indicate a problem.

The following life events can have an impact on students' mental health and wellbeing:

- Illness
- Bereavement
- Family breakdown
- Relationship breakdown
- Abuse
- Bullying
- Peer pressure
- Eating disorders
- Exam pressure
- Issues around sexuality and gender identity
- Being a young carer
- Injuries
- Changes in appearance

We also recognise that positive mental health and wellbeing have never been more of a priority following the recent pandemic. Whilst many have developed the skills and strategies to cope better than might have been anticipated, lots of students have struggled, some very significantly.

Highfields is committed to ensuring that effective support and interventions are in place as early as possible to prevent mental health and wellbeing issues developing.

Promoting Positive Mental Health

There are certain individuals and groups who are more at risk of developing mental health problems. These risks can relate to the child themselves, the child's family, the community the child lives in or any life events that the child may have or be experiencing.

A number of children who may be exposed to multiple significant risk factors will develop into competent, confident and caring adults with no mental health or wellbeing needs and this is due to their individual resilience. In order to promote students' mental health, it is vital that Highfields understand protective factors that enable students to become resilient when they encounter problems and challenges.

The role that Highfields plays in promoting the resilience of our students is very important. Highfields is a safe, supporting and affirming school that will help students develop the key elements related to resilience which are:

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

Highfields has a supportive and inclusive culture that values every child and encourages all students to feel a sense of belonging and discuss any concerns that they may have. Positive mental health and wellbeing is promoted through:

- High expectations of all students with consistently applied support and challenge
- Close collaboration with Parents and Carers
- All staff work closely with school SENCO (Mrs A Bates) to ensure that they understand their responsibilities for children with SEND
- High quality staff training and continuous professional development relating to mental health and wellbeing of young people
- Clear systems and processes in place to help staff to identify students with possible mental health problems.
- Partnership working with others to provide interventions and support for students with mental health problems
- Graduated approach to inform a clear cycle of: assess, plan, action, review
- Raising awareness amongst students via assemblies, workshops and curriculum and teaching resilience

Identifying students with possible mental health problems

Behavioural difficulties do not necessarily mean that a student has a mental health problem or a SEND. Negative experiences and distressing life events can affect mental health in a way that brings about a temporary change in a young person's behaviour. However, consistent disruptive or withdrawn behaviour can be an indication of an underlying problem and where there are concerns staff should report these to the Designated Safeguarding Lead (Mrs A Bates) or Deputy Designated Safeguarding Leads (Ms J Rowley, Miss N Meanley, Mrs B Harrison and Mrs M Nicholls). The Safeguarding Leads will assess student concerns to determine if there are casual factors that are causing such behaviours.

Highfields can reliably identify students who may be at risk of mental health problems by:

- Effective use of data to establish changes in patterns of attainment and progress, attendance and behaviour.
- An effective pastoral system; all students have regular contact with Head of Year, Year Manager, Assistant Year Manager and Form Tutor. Staff are trained to notice changes in student attendance, behaviour and attitude and will follow school procedures to report these concerns.

Although staff at Highfields can raise concerns about students and provide support, only medical professionals should make a formal diagnosis of a mental health condition. The Designated Safeguarding Lead or Deputy Designated Safeguarding Leads will refer any students they feel may be at risk of a mental health issue to Child and Mental Health Services (CAMHS) and Wolverhampton's Multi Agency Support Hub (MASH) and/or advise Parents/ Carers to take their child to a GP or A&E where appropriate.

Students who have issues relating to mental health and wellbeing are recorded on an Additional Needs register that is updated and maintained by the Safeguarding Team. This register documents the concerns that have been raised about the student and the support the student has received.

Persistent mental health difficulties may lead to students having significantly greater difficulty in learning than the majority of those of the same age. Highfields will consider whether students need to be identified as having a special educational need or whether their needs will be addressed and monitored via the Additional Needs Register.

When deciding whether a student has a special educational need, Highfields will use the following definition from the SEND Code of Practice: 0 to 25 years. This states that:

A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- has a significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him or her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream Post-16 institutions.

Students who are identified as having a SEND due to their mental health problems will require provision that is additional to or different from that made generally for others of the same age. This means provision that goes beyond the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. It may take the form of additional support from within the setting or require the involvement of specialist staff or support services.

Interventions and Support

There are a variety of ways that Highfields supports students who may have or develop mental health or wellbeing needs. Students are educated about positive mental health and wellbeing through assemblies, workshops and inclusive extra-curricular activities. However, some students may need intervention and support to address needs/issues that they may have.

Highfields offers the following interventions to support students with mental health and wellbeing needs:

Roles within school

- The Inclusion Team offer daily support to students. This team meet weekly to provide updates regarding needs, support and reviews.
- The Safeguarding Team are available in school every day and also via email. This team also meet on a weekly basis to discuss and review students' needs and support.
- The Student Welfare Manager provides support for students on a daily basis. The Student Welfare Manager has an 'open door policy' and students can access this support throughout the school day. The Student Welfare Manager co-ordinates support for students who may be receiving Early Help or may be subject to a Child in Need or Child Protection Plan. Student Welfare Manager also supports Looked After Students Children & Young People in Care and completes work around students' wishes and feelings.
- The Manager of Emotional Health and Wellbeing provides daily support for students. The Manager of Emotional Health and Wellbeing also manages and delivers school counselling and group work. Highfields usually operate peer support for students and this is managed by the Manager of Emotional Health and Wellbeing.

Counselling

- One to one counselling with qualified Highfields' Counselling staff
- Group work sessions will cover bereavement, conflict resolution, social skills, stress and anxiety issues and body image

Peer Support

- PALS is a peer mentor scheme that involves Sixth Form students mentoring and supporting younger students who may be struggling within school
- Buddies is a peer mentor scheme that is used to support Year 6 students with the transition to Highfields

Curriculum Support

We believe that the skills and qualities needed for positive mental health and wellbeing are both caught and taught in a successful school community through:

- Ethos of the school
- Curriculum provision
- Extra- Curricular Opportunities
- Enrichment
- Support, Care and Guidance
- Student Leadership
- Celebrating success
- Engagement with parents and the wider community
- Assemblies and Form Time

Our Personal Development curriculum is delivered through Citizenship and the form time and assembly programmes. We have identified three closely related specific areas of focus for 2021/22 which we feel are particularly important considering the current climate globally, nationally, and locally:

- Positive mental and physical health
- Healthy and effective relationships
- Equality and diversity.

Penn Resilience is an eighteen-lesson programme that is aimed at 11-16 year olds. The programme enables young people to develop skills that empower them to be more resilient in dealing with situations both in and out of school. Young people develop skills in emotion control and emotional awareness, problem solving, assertiveness, peer relationships, and decision making.

SUMO delivers skills for life and helps students develop literacy that will help them deal with the challenges of the future. SUMO support is summarised by the acronym CRAMS:

C How to accept and manage **change** in our lives and how to build confidence to deal with the challenges of the future.
R Building better and lasting **relationships** with friends and families.
A Developing a resilient **attitude** to life and learning to deal with setbacks.
M Improve and maintain **motivation** for ourselves and those around us.
S Learning to cope with **stress** and turning stressful situations into positive ones.

Further School Support

- Learning and Inclusion Centre (LINC) is available for students who may not be able to cope in the mainstream environment due to mental health and wellbeing needs
- Staff receive training and updates regarding safeguarding and mental health and wellbeing needs to ensure that students are supported in school
- Clear policies relate to safeguarding, bullying, behaviour and e-safety
- Secure email account to Safeguarding Team is promoted to all students
- Regular updates and information regarding mental health and wellbeing are promoted for parents on school website
- Information posters around school
- Parental support sessions
- Individual Healthcare Plans and Risk Assessments are produced and regularly reviewed for students with complex needs

External Support

When individual needs cannot be met within school, we refer to external agencies and organisations to request advice and support. We work collaboratively with external agencies and organisations to improve the mental health and wellbeing of students and to ensure that support is effective:

- The Educational Psychology Service complete assessments with individual students to explore mental health and wellbeing needs and provide recommendations to ensure that effective support is provided. Educational Psychologists may also provide one to one therapy with students or provide training to staff to ensure that mental health and wellbeing needs are understood and supported.
- Early Help may be offered to students and families if staff are concerned about students' mental health and wellbeing and feel that external support is needed.
- Child Adolescent Mental Health Services (CAMHS) assess students and provide a range of interventions and support to improve students' mental health and wellbeing.
- The Orchard Centre/Nightingale provide an alternative resource if students are struggling to cope in mainstream school.
- The School Nurse offers support and guidance to students via drop-in sessions

Review

Students with mental health and wellbeing needs will either be monitored via the SEND or Additional Needs register. The SENCO or Safeguarding Team and will regularly review the needs and support of these students during Inclusion and Safeguarding meetings.

The Safeguarding Team will also meet individually with identified students every half term to give students the opportunity to discuss any concerns that they may have relating to their mental health and wellbeing.

Inclusion and Safeguarding staff meet with external agencies and organisations to review external support and interventions. Parents/Carers are also involved in the review process.

Roles and Responsibilities

The Senior Mental Health Lead is the SENCO and DSL. The Deputy Senior Mental Health Lead is the Manager for Emotional Health and Wellbeing.

Designated Safeguarding Lead/Deputy Designated Safeguarding Leads

- Keep an up-to-date record of all incidents relating to mental health and wellbeing
- Inform Headteacher of all incidents and developments relating to students' mental health and wellbeing
- Contact other organisations and external agencies including social care and CAMHS where appropriate
- Work collaboratively with parents
- Assess, plan, action and review support and interventions regarding mental health and wellbeing.

Local Governing Board

- Monitor the Mental Health and Wellbeing Policy to ensure that students are being supported effectively
- Ensure that staff receive guidance and training around mental health and wellbeing
- Ensure that procedures are in place to enable students with mental health and wellbeing needs to be assessed and supported.

All Staff

- Highfields will ensure that all staff have read and understand the Mental Health and Wellbeing Policy and Safeguarding Policy
- Follow school safeguarding procedures
- Report any concerns that they have regarding students' mental health and wellbeing on a pink safeguarding form and return this to a member of the Safeguarding Team
- Ensure that they attend training/CPD opportunities relating to mental health and wellbeing
- Do not make promises regarding confidentiality
- Do not ask leading questions or discuss in-depth mental health and wellbeing issues with students

Appendix One
Below are links to some national support and information services offering assistance for child mental health issues.

Local services can be found in Wolverhampton's Local Offer
http://win.wolverhampton.gov.uk/kb5/wolverhampton/directory/localoffer.page?localo fferchannel=0

Organisation	Focus	Website
Childline	A confidential service provided by NSPCC	www.childline.org.uk
Samaritans	Available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts.	www.samaritans.org
MindEd	Provide mental health advice	www.minded.org.uk
HeadMeds	Developed by the charity young minds to provide mental health advice	www.headmeds.org.uk
Mental Health and Bullying	A guide for teachers and other children's workforce staff	http://www.anti-bullyingalliance.org.uk/media/5436/Mental-health-and-bullying-module-FINAL.pdf
National Institute for Care Excellence (NICE)	To improve outcomes for people using the NHS	https://www.nice.org.uk
Place2BE	Charity working in schools providing early intervention and mental health support	www.place2be.org.uk
Play Therapy UK	Is a not-for-profit professional organisation addressing Mental Health Issues	www.playtherapy.org.uk
Relate	Offers advice and relationship counselling	www.relate.org.uk
School Nursing Public Health	Supporting students at school with medical conditions – statutory advice for schools	https://www.gov.uk/government/publications/school-nursing-
Women's Aid	National Domestic Violence Charity - provide support for abused women and	www.womensaid.org.uk
Young Minds	Charity to improve emotional wellbeing and mental health in schools up to the age of 25	www.youngminds.org.uk
Mental Health and Behaviour in	Departmental advice for schools	https://www.gov.uk/government/publications/mental-health-and-
Re Think	Provide mental health advice for young people and parents	www.rethink.org
Mind	Provide mental health advice for young people and parents	www.mind.org.uk

Appendix Two

This appendix provides a brief description of the main types of mental health needs and summarises which approaches other professionals **might** use if a mental health problem is diagnosed.

Conduct disorders
(e.g. defiance, aggression, anti-social behaviour, stealing and fire-setting)

Overt behaviour problems often pose the greatest concern for practitioners and Parents/Carers, because of the level of disruption that can be created in the home, school and community. These problems may manifest themselves as verbal or physical aggression, defiance or anti-social behaviour. In the clinical field, depending on the severity and intensity of the behaviours they may be categorised as Oppositional Defiant Disorder (a pattern of behavioural problems characterised chiefly by tantrums and defiance which are largely confined to family, school and peer group) or Conduct Disorder (a persistent pattern of anti- social behaviour which extends into the community and involves serious violation of rules).

Around 4-14% of the child and adolescent population may experience behaviour problems. Many children with attention deficit hyperactivity disorder (ADHD) will also exhibit behaviour problems. Such problems are the most common reason for referral to mental health services for boys, and the earlier the problems start, the more serious the outcome. There is, however, evidence to support the effectiveness of early intervention.

Where particular problems have been identified the strongest evidence supports:

- Working with the family is preferable as therapeutic approaches are most effective when they look at the young person in the context of their family structure and work with all family members, even while intervening in the school. Where this is impossible, individual work focusing on thoughts and behaviour can also be helpful.
- For more severe and entrenched problems, a range of tailored, multicomponent interventions. In multi-systemic therapy, therapists have multiple contacts each week and deliver a range of different evidence-based services according to each family's individual needs. While effective, this approach involves high levels of professional resources; and
- For chronic and enduring problems, specialist foster placement with professional support, within the context of an integrated multi-agency intervention. Multi- component interventions without integration by an overarching organisational focus and shared set of principles are ineffective.

Anxiety
Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships.

Children and young people may feel anxious for a number of reasons – for example because of worries about things that are happening at home or school, or because of a traumatic event. Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. If they become persistent or exaggerated, then specialist help and support will be required.

Clinical professionals make reference to a number of diagnostic categories:

- Generalised anxiety disorder (GAD) – a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.
- Panic disorder – a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- Obsessive-compulsive disorder (OCD) – a mental health condition where a person has obsessive

thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).

- Specific phobias – the excessive fear of an object or a situation, to the extent that it causes an anxious response, such as panic attack (e.g. school phobia).
- Separation anxiety disorder (SAD) – worry about being away from home or about being far away from Parents/Carers, at a level that is much more than normal for the child's age
- Social phobia – intense fear of social or performance situations.
- Agoraphobia – a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.

While the majority of referrals to specialist services are made for difficulties and behaviours which are more immediately apparent and more disruptive (externalising difficulties), there are increasing levels of concern about the problems facing more withdrawn and anxious children, given the likelihood of poor outcomes in later life.

The strongest evidence supports prevention/early intervention approaches that include a focus on:

- Regular targeted work with small groups of children exhibiting early signs of anxiety, to develop problem-solving and other skills associated with a cognitive behavioural approach; and
- Additional work with Parents/Carers to help them support their children and reinforce small group work. Such work is likely to be especially effective when the Parents/ Carers are themselves anxious and the children are younger

Where particular problems have been identified the strongest evidence supports:

- Therapeutic approaches focusing on cognition and behaviour for children with specific phobias, generalised anxiety and obsessive compulsive disorder (in some casesdoctors may consider using medicines alongside therapy if therapy alone is not working but this does not include anxiety related to traumatic experiences). This should include Parents/Carers where the child is under 11 or where there is high parental anxiety.
- Specific individual child-focused programmes which show recovery in 50-60% of children and young people include Coping Cat and FRIENDS. On the other hand, group- based interventions are likely to be almost as effective. The programmes have been shown to be effective when delivered by different professionals, including teachers.
- Education support, training in social skills and some behaviour-focused interventions are highly effective for social phobia (e.g. Social Effectiveness Therapy).
- For obsessive compulsive disorders, professionally administered Exposure and Response Prevention (ERP) and cognition-focused interventions are most effective, and
- Trauma-related problems require special adaptations of therapy (e.g. Trauma - focused CBT) including sexual trauma. Trauma and grief component therapy is effective for trauma and can be delivered in school (e.g. Cognitive Behavioural Intervention for Trauma in Schools).

There is also evidence to support:

- For anxiety, the use of play-based approaches to develop more positive child/parent relationships or to enable the child to express themselves; and
- Psychoanalytic family psychotherapy (focusing on the 'internal' world of family members and their unconscious processes) has reported some positive outcomes especially when trauma is involved.

Depression

Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness. According to the Royal College of Psychiatrists, depression affects 2% of children under 12 years

old and 5% of teenagers.

Depression can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships. There is some degree of overlap between depression and other problems. For example, around 10% to 17% of children who are depressed are also likely to exhibit behaviour problems.

Clinicians making a diagnosis of depression will generally use the categories major depressive disorder (MDD – where the person will show a number of depressive symptoms to the extent that they impair work, social or personal functioning) or dysthymic disorder (DD – less severe than MDD but characterised by a daily depressed mood for at least two years).

The strongest evidence supports prevention/early intervention approaches that include a focus on:

- regular work with small groups of children focusing on cognition and behaviour – for example changing thinking patterns and developing problem-solving skills – to relieve and prevent depressive symptoms.

Where particular problems have been identified the strongest evidence supports:

- therapeutic approaches focusing on cognition and behaviour, family therapy or inter-personal therapy lasting for up to three months (in severe cases these interventions are more effective when combined with medication);
- psychoanalytic child psychotherapy may also be helpful for children whose depression is associated with anxiety;
- family therapy for children whose depression is associated with behavioural problems or suicidal ideation; and
- for mild depression, non-directive supportive counselling.

Hyperkinetic disorders
(e.g. disturbance of activity and attention)

Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning and with progress at school, they become a matter for professional concern.

Attention Deficit Hyperactivity Disorder (ADHD) is a diagnosis used by clinicians. It involves three characteristic types of behaviour – inattention, hyperactivity and impulsivity. Whereas some children show signs of all three types of behaviour (this is called 'combined type' ADHD), other children diagnosed show signs only of inattention or hyperactivity/ impulsiveness.

Hyperkinetic disorder is another diagnosis used by clinicians. It is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. These core symptoms must also have been present before the age of seven and must be evident in two or more settings.

The strongest evidence supports:

- Use of medication, where ADHD is diagnosed and other reasons for the behaviour have been excluded. These treatments have few side-effects and are effective in 75% of cases when there is no depression or anxiety accompanying ADHD. High doses can be avoided if behavioural treatments accompany medication;
- Introduction of parent education programmes and individual behavioural therapy where there is insufficient response to medication. These need to be provided in the school as well as home, as they do not appear to generalise across settings;

- For children also experiencing anxiety, behavioural interventions may be considered alongside medication; and
- For children also presenting with behavioural problems (e.g. conduct disorder, Tourette's Syndrome, social communication disorders), appropriate psychosocial treatments may also be considered by medical professionals.

Evidence also supports:

- making advice about how to teach children with ADHD-like behaviour in their first two years of schooling widely available to teachers, and encouraging them to use this advice.

Attachment disorders

Attachment is the affectionate bond children have with special people in their lives that lead them to feel pleasure when they interact with them and be comforted by their nearness during times of stress. Researchers generally agree that there are four main factors that influence attachment security: opportunity to establish a close relationship with a primary caregiver; the quality of caregiving; the child's characteristics; and the family context. Secure attachment is an important protective factor for mental health later in childhood, while attachment insecurity is widely recognised as a risk factor for the development of behaviour problems.

The strongest evidence supports:

- Video feedback-based interventions with the mothers of pre-school children with attachment problems, with a focus on enhancing maternal sensitivity.

Evidence also supports:

- Use of approaches which use play as the basis for developing more positive child/parent relationships.

Eating disorders

The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person's life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and if female, their periods may stop. Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then binging. They vomit or take laxatives to control their weight. Both of these eating disorders affect girls and boys but are more common in girls.

The strongest evidence supports:

- The primary aim of intervention is restoration of weight and in many cases inpatient treatment might be necessary.
- For young people with anorexia nervosa, therapeutic work with the family, taking either a structural systemic or behavioural approach may be helpful even when there is family conflict, and
- For young people with bulimia nervosa, individual therapeutic work focusing on cognition and behaviour, for example to change thinking patterns and responses.

Evidence also supports:

- Early intervention because of the significant risk of ill-health and even death among sufferers of anorexia.
- School-based peer support groups as a preventative measure (i.e. before any disordered eating patterns become evident) may help improve body esteem and self- esteem; and
- When family interventions are impracticable, cognitive-behavioural therapy may be effective.

Substance Misuse

Substance misuse can result in physical or emotional harm. It can lead to problems in relationships, at home and at work. In the clinical field, a distinction is made between substance abuse (where use leads to personal harm) and substance dependence (where there is a compulsive pattern of use that takes precedence over other activities). It is important to distinguish between young people who are experimenting with substances and fall into problems, and young people who are at high risk of long-term dependency. This first group will benefit from a brief, recovery-oriented programme focusing on cognitions and behaviour to prevent them to move into more serious use. The second group will require ongoing support and assessment, with careful consideration of other concurrent mental health issues.

The strongest evidence supports:

- Therapeutic approaches which involve the family rather than just the individual; this assists communication, problem-solving, becoming drug-free and planning for relapse prevention. These approaches are especially helpful with low-level substance users, and when combined with cognitive behavioural therapy or treatments focusing on motivation.
- A variation of family therapy known as 'one-person family therapy', where families cannot be engaged in treatment, and
- Multi-Systemic Therapy, Multi-dimensional Family Therapy and the Adolescent Community Reinforcement Approach and other similar approaches (which consider wider factors such as school and peer group), where substance misuse is more severe, and part of a wider pattern of problems.

Evidence also supports:

- The introduction of programmes, delivered in community settings or schools and which focus on developing skills that enhance resilience, as a preventative measure as substance abuse is connected to other problems that can be addressed within these settings.

Deliberate Self-Harm

Common examples of deliberate self-harm include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. The clinical definition includes attempted suicide, though some argue that self-harm only includes actions which are not intended to be fatal. It can also include taking illegal drugs and excessive amounts of alcohol. It can be a coping mechanism, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

The strongest evidence supports:

- Brief interventions engaging the child and involving the family, following a suicide attempt by a child or young person.
- Assessment of the child for psychological disturbance or mental health problems which, if present, should be treated as appropriate. At times, brief hospitalisation may be necessary, and
- Some individual psychodynamic therapies (Mentalisation Based Treatment) and behavioural treatments (Dialectic Behaviour Therapy).

Post-Traumatic Stress

If a child experiences or witnesses something deeply shocking or disturbing they may have a traumatic stress reaction. This is a normal way of dealing with shocking events and it may affect the way the child thinks, feels and behaves. If these symptoms and behaviours persist, and the child is unable to come to terms with what has happened, then clinicians may make a diagnosis of post-traumatic stress disorder (PTSD).

The strongest evidence supports:

- therapeutic support focused on the trauma and which addresses cognition and behaviour especially regarding sexual trauma and some can be delivered in schools such as *Trauma and grief component therapy and Cognitive Behavioural Intervention for Trauma in Schools (CBITS).* Trauma focused CBT should be adapted appropriately to suit age, circumstances and level of development. The evidence specifically does not support:

    - Prescription of drug treatments for children and young people with PTSD.
    - The routine practice of 'debriefing' immediately following a trauma.

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