



## **Supporting Students with Depression Policy September 2019**

Date of Policy	1 <sup>st</sup> September 2019
Review Date	September 2020
Staff Link	Headteacher
Governing Body Link	Dan Palmer Boarding and Safeguarding Governor

A handwritten signature in black ink, appearing to read 'Helen Cullen', written in a cursive style.

Signed  
Helen Cullen  
Headteacher

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## **SCHOOL ETHOS AND VALUES**

Our Christian values are at the heart of the ethos of the school and through these we grow individually and as a community. The Story of the Good Samaritan underpins our 7 core values of:

- Honesty
- Forgiveness
- Empathy
- Courage
- Resilience
- Kindness
- Respect

These core values underpin our policies, procedures and the way we treat one another in our community.

### **Introduction**

This policy outlines the School's response to managing a student presenting with depression whilst the student is in school. The policy serves to assist the student and their parents in the management of their depression as well as helping Houseparent's, support staff, matrons and other teachers understand how to help the individual concerned.

### **Definition of clinical depression**

Depression is a common mental health disorder that presents with depressed mood, loss of interest, feelings of guilt or low self-worth, disturbed sleep and/or changes of appetite, low energy and poor concentration. It is sometimes difficult to ascertain whether an individual is just feeling sad or miserable; everyone's mood will change during the day and from day to day. It is important to recognise that depression is a

widely, and often incorrectly used word and as a result its meaning has become somewhat confused. Young people today may talk about being “depressed” when they are actually disappointed, fed up or feeling sad. True depression is when there is *consistent* low mood and a loss of interest and self-worth. It is often present out of proportion to any precipitating factors or even without any external cause. Whilst it is important to identify any causal or contributory factors, these should not be seen as a requirement for diagnosis.

### **Possible causes of depression amongst adolescents**

- Difficulty negotiating being a teenager
- Experiencing more than their fair share of situational crises
- Specific individual characteristics such as low self-esteem and perfectionism
- Specific family characteristics (other family members suffering mental health problems or a history of suicide in the family)
- Alcoholism or drug use by with young person or within their family
- Sexual or physical abuse patterns in the family
- How easily they relate socially to peers
- Physical illness and medication
- Being bullied
- Experiencing a bereavement
- Relationship difficulties with their families or peers.

### **Supporting students with depression**

Anxiety and depression are serious problems for teenagers. Teachers are well placed to notice the changes caused by anxiety and depression. Common features of anxiety and depression include:

- Tension
- Worry
- Frustration
- Irritability
- Sadness
- Withdrawal
- Isolation
- Worthlessness.

Young people do not often express their anxiety or depression in a straightforward way and can show they are affected through passive or negative behaviours – they may appear disinterested or their behaviour may become more attention-seeking in style. Such changes can be picked up effectively by teachers, tutors and Houseparent’s.

All members of staff working at the School should also be aware that they may be the first port of call for a young person who may wish to speak about their feelings for the first time.

Sexey’s School also has a safeguarding and child protection responsibility to deal as quickly and appropriately as possible with presenting mental health problems and any situation in which the wellbeing of an individual student is threatened.

Identifying teenage depression at school may be difficult but some of the **warning signs** include:

### ***Behaviour***

- Changes in school performance – a change in effort grades / not handing in the same quality work
- Loss of concentration
- Slow performance
- Difficulty sticking to deadlines
- Withdrawal from friends and activities
- Absent from school more and not wanting to return to school on a Sunday evening (if a Boarder)
- Lack of engagement
- May become more challenging behaviourally
- Skipping lessons and making excuses
- Self-harm
- Risky behaviour – e.g. excessive drinking at the weekend;
- Obsessive behaviour
- Over or under activity in particular tasks
- Neglect of appearance

### ***Physical factors:***

- Changes in weight and appetite
- May avoid physical activity
- Appears tired and without energy
- May present with a lot more physical illness, aches and pains, absences from school due to illness.

### ***Psychological changes:***

- Looks sad and withdrawn;
- Less able to concentrate;
- Memory changes;
- Reduced motor speed;
- Easily irritable and angry;
- More easily tearful.

### ***Social factors:***

- Friends may present with concerns
- Withdrawal from social group
- Forming new and transient friendships;
- Not joining in any social activities;
- Not contributing in group work or in class.

## **Actions staff should take**

The flow chart below should be followed if you have concerns about a student, if another student raises concerns about one of their friends or if an individual student speaks to you specifically about how they are feeling.

It should be noted that the symptoms highlighted above may be apparent in young people where anxiety rather than depression would be the key issue. It is therefore vitally important that if a member of staff has concerns they speak to a professional.

**IN THE EVENT OF A STUDENT TELLING YOU THEY HAVE CONSIDERD OR ARE CONSIDERING SUICIDE YOU MUST NOTIFY THE DESIGNATED SAFGEURDING LAED IMMEDIATELY IN ADDITION TO LOGGING YOUR CONCERN ON MY CONCERNS**

Additional avenues of support for Students and Parents can be found on the School website. In addition to this advice can be accessed from:

Stem4: <http://www.stem4.org.uk>  
Young Minds: <http://www.youngminds.org.uk>  
Childline: <http://www.childline.org.uk>  
Youth2Youth: <http://youth2youth.co.uk>  
Mind: <http://mind.org.uk>

### **SUPPORT and LISTEN**

Reassure; tell them how brave they have been; empathise with them and give them time to talk; gently explain that you would like to help them; work with them to gain their confidence to take the issue to someone who could help further; do not promise confidentiality – depression could be a child protection matter and the young person needs help; work through the avenues of support; explain that you would like to share their thoughts with someone else so that they can get the best help; encourage them to speak to someone – offer to go with them.

### **TELL SOMEONE**

Remember that you are not trained to deal with mental health issues and you should speak to someone about your concerns who has the expertise to help the individual. Even if the young person tells you that they don't want you to tell someone, they probably do – otherwise they would not have told you in the first place.

**Report your concerns to the Designated Safeguarding Lead, the Deputy Safeguarding Lead or Assistant Head**

### **AFTERWARDS**

Do not speak about the conversation to other students /casually to other members of staff  
Access support for yourself if you need it; there is a counselling service for staff or a senior colleague or line manager will happily speak to you and support you.

### **NEXT STEPS**

The Designated Safeguarding Lead, in discussion with the Pastoral Support team will decide on the next steps/actions

### **AVENUES OF SUPPORT IN SEXEY'S**

Houseparent's, Tutors, Matron, School Counsellor, Assistant Head (Pastoral), Boarding Manager, Pastoral Support Manager, Pastoral Assistants, Health and Well Being Assistants and Health Centre Matron

### **EXTERNAL AGENCY SUPPORT**

CAMHS, GP referral, Get Set and the Targeted Youth Support