

Mental Health and Wellbeing of Autistic Children and Young People Policy

Purpose

This policy describes our approach to promoting and supporting the emotional well-being and mental health of autistic children and young people.

The policy should be read in conjunction with the following policies:

- Adult at Risk Safeguarding Policy and Procedure
- Child Protection Policy and Procedure
- Health Care and First Aid Policy
- Restrictive Physical Intervention Policy
- Antbullying Policy

Scope

Whilst all education setting-based staff have a responsibility to promote the mental health of pupils/learners, there are senior leaders in each of our settings who have a specific remit in this area. They are:

- The Assistant Head of School (PWDB), TreeHouse School
- The Assistant Head of School, (Pastoral), The Rise School
- The Head of Campus, (CoNEL), Ambitious College

Our settings have a key role to play in:

- Promotion
- Prevention and early support
- Identification
- Supporting access to specialist support
- Delivering targeted support under the guidance of mental health specialists

Those working with autistic young people in our national services have a key role to play in:

- Promotion
- Prevention and early support
- Identification
- Signposting
- Supporting access to specialist support

Context

Mental health:

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Mental health encapsulates how we feel and think. It can affect our emotional, psychological and social well-being. We all have mental health and like our physical health, our mental health can fluctuate, meaning that sometimes we feel good and sometimes we do not feel as good. When we have good mental health, we still experience negative and painful emotions such as grief, loss and failure – these are a normal part of life that we can successfully navigate when we have good mental health.

It can be helpful to understand mental health as being made up of two key elements:

- Feeling good - experiencing positive emotions like happiness, contentment and enjoyment and feelings like curiosity, engagement, and safety.
- Functioning well - coping with the normal stressors of life, having a sense of purpose and experiencing positive relationships and social connections.

Mental health conditions

Mental health conditions, like physical health conditions, range from having a few mild symptoms and feeling a bit ‘under the weather’ to being seriously ill. Mental health conditions are usually classified as mild, moderate, severe or complex and are characterised by a combination of atypical emotions, thoughts, behaviours and relationships with others.

These problems can be worsened for those with greater support needs, particularly when individuals are unable to communicate their feelings or communicate their distress.

Most mental health conditions can be successfully treated by self-management, talking therapies and/or medication.

Autism and mental health:

Autistic people are at much higher risk of developing a mental health problem than the general population. Nearly 78% of autistic children and young people have at least one mental health condition and nearly half of those have more than one condition.

Mental health support for children and young people (Up to 18 years):

‘Tier 1’ support is provided by GPs who can inform, support and treat children and young people with mild mental health needs. Education settings are also considered to provide ‘Tier 1’ support through contributing to mental health promotion, early identification of problems, and by supporting parents or young people to consult their GP as and when needed.

Tier 2 support is provided by Local Child and Adolescent Mental Health Services (CAMHS) for those for those with moderate mental health needs. CAHMS provide treatment for under 18s as well as providing consultation and advice to families and other practitioners. CAMHS practitioners also identify severe or complex needs whereby children and young people require access to more specialist services.

Tier 3 provision is for children and young people with severe, complex and persistent conditions and is usually delivered though outpatient services.

Tier 4 services are provided for those whose needs require highly specialist support, which is usually provided in day units or in-patient provision.

Provision of mental health support for over 18s

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Adult mental health services are divided into 3 types. *Primary care*, which is provided by GPs; *secondary care* usually comprises of community and home treatment teams and is accessed through a referral from a GP; and *tertiary care*, which involves highly specialised treatment, often within an in-patient setting.

Promoting Positive Mental Health

The curriculums in our education settings incorporate teaching and learning activities that support knowledge and understanding about mental wellbeing. Across our education settings and national services, emphasis is placed on enabling autistic children and young people to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

Prevention and early support

In our education settings, the Ambitious Approach involves creating a safe and calm environment where mental health problems are less likely to occur.

The Ambitious Approach also takes a 'relational approach' whereby safe, supporting and accepting relationships sit at the centre of everything we do. There is strong evidence showing how a relational approach in schools serves as a protective factor for mental health and is an effective way for schools to support those with poor mental health.

We provide freely available resources and signposting on our website and Ambitious Youth Network and promote and provide activities for positive mental health and well-being.

Identification

When children and young people begin to struggle with their mental health, this usually becomes evident through signs of distress. Distress in itself is not a sign of a mental health issue, but most mental health issues are highly associated with distress. This means it can be hard to tell whether a child or young person is experiencing the normal ups and downs of life or the beginnings of a longer-term problem. This is particularly challenging with autistic people and those with learning disabilities. Even amongst mental health specialists, diagnostic overshadowing occurs whereby mental health symptoms are misattributed to autism or a learning disability.

When we have concerns about the mental health of children and young people working and learning with us, and where we can hold conversations with them, we explore, with them, changes in behaviour and changes in their thoughts and feelings and then make a decision as to whether we think specialist support might be needed. Where children and young people are unable to express themselves clearly, we are reliant on noting changes. Appendix 1 provides an overview of the signs and symptoms we look out for. We attend to changes that are sudden and those that occur over a period of months.

When children and young people exhibit distressed and distressing behaviours, we consider that the cause could be a mental health-based issue that requires specialist support, not just focus on a plan to address the behaviour. If we don't, mental health issues can escalate whilst a range of different behavioural approaches are found to be unsuccessful.

Supporting Access to Specialist Support

We have a role to play supporting timely access to specialist support that may be needed by those who learn and work with us.

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In our education settings, when staff have concerns about unmet mental health needs, these are discussed with the trans disciplinary team (TDT), including the person in the setting who leads on mental health.

If a child or young person is already under the care of a mental health specialist, a nominated member of the TDT will liaise with them, to share the arising concerns and to access advice and support. Where this is not the case, a plan is made to support access to specialist support.

With under 16s, the first step is usually to ask and support a parent/carer to make an appointment with the GP. The education setting can provide a supporting letter, outlining the concerns arising, changes that have been observed and what steps have been taken to provide support. Another route is for the education setting to make a direct referral to CAMHS. Where this is the case, parental consent to make the referral is, and must be, obtained. If parents are not willing or able to consent to a referral where there is evidence of unmet mental health needs, safeguarding procedures are followed.

With over 18, unless they have been deemed to lack mental capacity, consent from the young person is, and must be, sought before making a referral to CAMHS or adult services. Best practice involves us also working with parents/carers to share concerns and action being taken, where permission is granted.

With autistic children and young people in contact with our national services, we have a role to play in making them aware of what support can be accessed and how they can access it.

Children, young people, and their parents/carers can be resistant to seeking/ accessing mental health support for a range of reasons. We have a role to play in destigmatising mental health issues and encouraging access to support. We do this by recognising that they may not think they or their child could be mentally unwell and understanding that they may feel too embarrassed or frightened to talk to a doctor. In such instances we:

- are calm, patient and sympathetic;
- bring up the subject when everyone has time to talk;
- explain what has led to our concerns (describe the behaviours / experiences that underpin our concerns);
- explain that we think that the professionals we are suggesting they consult can and do help with needs like the ones we have concerns about; and

Responding to a mental health emergency

If there is a fear that a child or young person who is learning or working with us is in danger of immediate harm due to their mental health, the normal child/adult protection procedures are followed with an immediate referral to the designated safeguarding lead (DSL).

If a child or young person presents a medical emergency then the normal procedures for medical emergencies are followed, including alerting the first aid staff and contacting the emergency services if necessary. Immediate expert advice can be sought from local NHS emergency mental health helplines whereby advice from trained mental health advisors and clinicians can be accessed 24 hours a day, 7 days a week, 365 days a year.

Treehouse School and Conel Campus of Ambitious College: 0800 151 0023
Barnet, Enfield and Haringey Mental Health NHS Trust

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The Rise School and West Thames Campus of Ambitious College: 0800 328 4444
West London NHS Trust

Spring School: 0800 028 8000
Kingston, Merton, Richmond, Sutton and Wandsworth 24/7 Mental Health Crisis line

Training

Core induction processes and ongoing learning and development activities ensure that all education staff receive training in the Ambitious Approach whereby they learn about environments and relationships that meet the physical and emotional needs of children and young people.

In addition, all staff receive training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep children and young people safe.

Training opportunities for staff who require more in-depth knowledge is considered as part of our performance management process and additional continuing professional development (CPD) is supported throughout the year where it becomes appropriate due to developing situations with one or more children or young people. Where the need to do so becomes evident, we host training sessions for groups of staff to promote learning or understanding about specific issues related to mental health.

Some staff are Youth Mental Health First Aid trained to support identification and signposting.

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Appendix 1: Possible Signs and Symptoms of mental health needs

Changes in behaviour that *can be* a sign that someone needs mental health support are:

- being anxious,
- being irritable,
- trying to start arguments,
- having mood swings,
- self-harming,
- sleeping too much or too little,
- not wanting to be around other people,
- being less able to cope with work or studies,
- having concentration problems,
- having memory problems,
- eating more or less,
- having suicidal thoughts.

Changes linked to psychosis (uncommon in under 18s and very uncommon in under 13s) can include:

- focusing on odd ideas or beliefs,
- being suspicious and paranoid, such as thinking people are talking about them,
- believing that friends or family members want to harm them,
- thinking that the TV is talking to them,
- believing they are on a special mission or have special powers,
- not talking to anyone or not wanting to leave their room for days,
- having problems concentrating or remembering things,
- stopping eating, washing or dressing properly.

Many of the above behaviours/experiences are not untypical of autistic children and young people and/or those with learning disabilities. The key task for us is to notice **changes in frequency and intensity and when such behaviours/ experiences are new or different**.

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