



Well-being and Mental Health Policy

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1. Introduction

At Bishop Stopford's School we aim to promote positive mental health and well-being for our whole school community (pupils, staff, parents, carers and governors) and recognise how important Mental Health and Emotional well-being is to our lives in just the same ways as physical health.

The Department of Education (DfE) recognises that: "in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

School can be a place for children and young people to experience a nurturing and supporting environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting children's wellbeing and can help engender a sense of belonging and community.

Our role in school is to help develop the protective factors which build resilience to mental health problems and to be a school where:

- All children are valued.
- Children have a sense of value of belonging and feel safe.
- Children feel able to talk openly with trusted adults about their problems without feeling any stigma.
- Positive mental health is promoted and valued.
- Bullying is not tolerated.

In addition to children's wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

2. Aims and Statement of Intent

Aims

At Bishop Stopford's School, we are committed to supporting the mental health and wellbeing of pupils, parents, carers, staff and other stakeholders.

This policy focuses on pupils' mental health and wellbeing. It aims to:

- Set out our school's approach to promoting positive mental health and wellbeing for all pupils across our school
- Provide guidance to staff on their role in supporting pupils' mental health and wellbeing, including how they can foster and maintain an inclusive culture in which pupils feel able to talk about and reflect on their experiences of mental health
- Support staff to identify and respond to early warning signs of mental health issues
- Inform pupils and their parents/carers about the support they can expect from our school in respect of pupils' mental health and wellbeing, and provide them with access to resources

This policy was written in consultation with the Deputy Headteacher, Mr G Sonuga. It should be read alongside:

- SEND policy
- Behaviour Policy
- Anti-bullying policy
- Child protection and safeguarding policy

Statement of Intent

This policy outlines the framework for Bishop Stopford's School providing and ensuring a high quality of education to all of its pupils, including pupils with social emotional and mental health (SEMH) difficulties, and to do everything it can to meet the needs of pupils with SEMH difficulties.

Through the successful implementation of this policy, we aim to:

- Promote a positive outlook regarding pupils with SEMH difficulties.
- Eliminate prejudice towards pupils with SEMH difficulties.
- Promote equal opportunities for pupils with SEMH difficulties.
- Ensure all pupils with SEMH difficulties are identified and appropriately supported – minimizing the risk of SEMH difficulties escalating into physical harm.

3. Definition of Mental Health and Wellbeing

We use the World Health Organisation's definition of mental health and well-being "***... a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life...***", can work productively and fruitfully, and is able to make a contribution to her or his community."

Mental health and well-being is not just the absence of mental health problems. We want all children/young people to:

- Feel confident in themselves.
- Be able to express a range of emotion appropriately.
- Be able to make and maintain positive relationships with others.
- Cope with the stresses of everyday life.
- Manage times of stress and be able to deal with change.
- Learn and achieve.

4. Legislation and Guidance

4.1. This policy has due regard to all relevant legislation and statutory guidance including but not limited to, the following:

- [Children and Families Act 2014](#)
- [Health and Social Care Act 2012](#)
- [Equality Act 2010](#) (note this is being updated in April 2026)
- [Education Act 2011](#) (note this is being updated in April 2026)
- [Mental Capacity Act 2005](#)
- [Children Act 2006](#)

4.2. This policy has been created with regard to the following DfE guidance:

- [DfE \(2025\) "Keeping children safe in education"](#)
- [DfE \(2018\) 'Mental Health and Behaviour in School'](#)
- [DfE \(2016\) 'Counselling in Schools: a blueprint for the future'](#)
- [DfE \(2015\) 'Special educational needs and disabilities code of practice: 0 to 25'](#)

4.3. This policy also has due regard to the school policies including but not limited to, the following:

- Child Protection and Safeguarding Policy
- SEND Policy
- Behavioural Policy
- Supporting Pupils with Medical Conditions Policy
- Staff Code of Conduct

5. Roles and Responsibilities

All staff are responsible for promoting positive mental health and wellbeing across our school and for understanding risk factors. If any members of staff are concerned about a pupil's mental health or wellbeing, they should inform the Designated safeguarding lead (DSL)/Deputy DSL/Designates/Head of Year.

Certain members of staff have extra duties to lead on mental health and wellbeing in school. These members of staff include:

- Headteacher
- Designated safeguarding lead (DSL)
- Designated safeguarding officer
- Special educational needs co-ordinator (SENCO)
- Head of Year
- Attendance lead

5.1. The school's leadership as a whole is responsible for:

- Preventing mental health and wellbeing difficulties: By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental health and wellbeing of the school community and instil resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.
- Identifying mental health and wellbeing difficulties: By equipping staff with the knowledge required, early and accurate identification of emerging problems is enabled.
- Providing early support for pupils experiencing mental health and wellbeing difficulties: By raising awareness and employing efficient referral processes, the school's leadership can help pupil's access evidence-based early support and interventions.
- Accessing specialist support to assist pupils with mental health and wellbeing difficulties: By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.
- Identifying and supporting pupils with SEND: As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.
- Identifying where wellbeing concerns represent safeguarding concerns: Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the

school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

5.2. The governing body is responsible for:

- Fully engaging pupils with SEMH difficulties and their parents when drawing up policies that affect them.
- Identifying, assessing and organising provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.
- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
- Designating an appropriate member of staff to be the SENCO and coordinating provisions for pupils with SEMH difficulties.
- Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems. See [Appendix 3](#)

5.3. The Headteacher:

- Ensuring that those teaching or working with pupils with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that teachers monitor and review pupils' academic and emotional progress during the course of the academic year.
- Ensuring that the SENCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- Ensuring that staff members understand the strategies used to identify and support pupils with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against pupils with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including pupils with SEMH difficulties in all opportunities that are available to other pupils.

- Consulting health and social care professionals, pupils and parents to ensure the needs of pupils with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving pupils with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

5.4. Safeguarding team.

- Overseeing the whole-school approach to mental health, including how this is reflected in policies, the curriculum and pastoral support, how staff are supported with their own mental health, and how the school engages pupils and parents with regards to pupils' mental health and awareness.
- ~~Collaborating with the SENCO, Headteacher and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.~~
- Coordinating with the SENCO and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties. Being a key point of contact with external agencies, especially the mental health support services, the LA, LA support services and mental health support teams. Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities. Referring pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CAMHS), to receive additional support where required. Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils with SEMH difficulties, where appropriate.
- Liaising with other schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education, such as post 16 teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.

5.5. The SENCO:

- Collaborating with the governing board, Headteacher and the mental health lead, as part of the SLT, to determine the strategic development of SEMH policies and provisions in the school.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.
- Supporting the subject teachers in the further assessment of a pupil's particular strengths and areas for improvement, and advising on the effective implementation of support.

5.6. Teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning and reviewing support for their pupils with SEMH difficulties in collaboration with parents, the SENCO and, where appropriate, the pupils themselves.
- Setting high expectations for every pupil and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every pupil achieving their full potential, and that every pupil with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the pupils in their class.
- Being aware of the needs, outcomes sought and support provided to any pupils with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include: SENCO/Headteacher/subject leader, Mental Health Lead, HOYs and SSOs.

5.7. Collaboration

- The school works in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

6. Whole School Approach to Promoting Mental Health Awareness

6.1. Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

6.2. The school utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as PSHCE and RSHE
- Counselling Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support

6.3. We follow the PSHE Association Guidance teaching mental health and emotional wellbeing.

Pupils are taught to:

- Develop healthy coping strategies
- Challenge misconceptions around mental health
- Understand their own emotional state
- Keep themselves safe

For more information, see our PSHE curriculum on the school's website.

6.4. Creating a positive atmosphere around mental health Staff will create an open culture around mental health by:

- Discussing mental health with pupils in order to break down stigma
- Encouraging pupils to disclose when their mental health is deteriorating

6.5. The school's **Behaviour Policy** includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

6.6. The SLT ensures that there are clear policies and processes in place to reduce stigma and make pupils feel comfortable enough to discuss mental health concerns.

6.7. Pupils know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

7. Identifying needs, referring and supporting children with mental health needs

All concerns are recorded on CPOMS. We then implement our assessment system, which is based on levels of need to ensure that children get the support they need either from within the school or from an external specialist service (see [section 18](#)). Our aim is to put in place interventions as early as possible to prevent problems escalating. (see [appendix 4](#))

7.1. Our approach:

- Provide a safe environment to enable children to express themselves and be listened to.
- Ensure the welfare and safety of children are paramount.

Identify appropriate support for children based on their needs.

- Involve parents and carers when their child needs support.
- Involve children in the care and support they have.
- Monitor, review and evaluate the support with children and keep parents and carers updated.

7.2. Early Identification

Our identification system involves a range of processes. We aim to identify children with mental health needs as early as possible to prevent things getting worse. We do this in different ways including:

- SDQ (Social Difficulty Questionnaires) to identify individuals that might need support. Analysing behaviour, exclusions, visits to the medical room/school nurse, attendance and sanctions.
- Staff report concerns about individual children using CPOMS and this is pick up by a member of the safeguarding team
- Pupil Progress Review meetings termly.
- A parental information and health questionnaire on entry to the School.
- Gathering information from a previous school at transfer.
- Enabling children to raise concerns to any member of staff.
- Enabling parents and carers to raise concerns to any member of staff.

Procedures for responding to an acute mental health crisis are outlined in [Appendix 3](#) and must be followed immediately where risk is identified.

7.3. Supporting pupils

As part of our school's commitment to promoting positive mental health and wellbeing for all pupils, our school offers support to all pupils by:

- Raising awareness of mental health during assemblies, tutor time, PSHE and mental health awareness week
- Signposting all pupils to sources of online support on our school website
- Having open discussions about mental health during lessons
- Providing pupils with avenues to provide feedback on any elements of our school that is negatively impacting their mental health
- Monitoring all pupils' mental health through assessments, e.g. a strengths and difficulties questionnaire
- Appointing a senior Head of Year with a strategic oversight of our whole school approach to mental health and wellbeing
- Offering pastoral support, e.g. through heads of year
- Making classrooms a safe space to discuss mental health and wellbeing through interventions such as worry boxes

7.4 Early warning signs

Any member of staff concerned about a pupil will take this seriously and talk to the Mental Health Link or the SENCO. These signs that staff may be concerned about may include:

- Changes in mood or energy level
- Eating or sleeping patterns
- Attitude in lessons or academic attainment
- Level of personal hygiene
- Social isolation
- Poor attendance or punctuality
- Expressing feelings of hopelessness, anxiety, worthlessness or feeling like a failure
- Abuse of drugs or alcohol
- Rapid weight loss or gain
- Secretive behaviour
- Covering parts of the body that they wouldn't have previously
- Refusing to participate in P.E. or being secretive when changing clothes
- Physical pain or nausea with no obvious cause
- Physical injuries that appear to be self-inflicted (see [section 8.7.](#) for specific procedures for identifying and responding to self-harm)
- Talking or joking about self-harm or suicide

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive or aggressive behaviour which could include problems with attention or hyperactivity. This may be related to home problems, difficulties with learning, peer relationships or development.

If there is a concern that a pupil is in danger of immediate harm then the School's child protection procedures are followed. If there is a medical emergency then the School's procedures for medical emergencies are followed.

7.5 Stress and mental health

The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal stress and more persistent mental health problems.

7.6 Assessing what further support is needed

If a pupil is identified as having a mental health need, the School's SENCO will take a graduated and case-by-case approach to assessing the support our school can provide, further to the baseline support detailed above in section 7.3.

Our school will offer support in cycles of:

- Working and referring with outside agencies
- Assessing what the pupil's mental health needs are
- Creating a plan to provide support
- Taking the actions set out in the plan
- Reviewing the effectiveness of the support offered

7.7. Internal mental health interventions

Where appropriate, a pupil will be offered support that is tailored to their needs as part of the graduated approach detailed above. The support offered at our school includes:

- Nurture groups
- Reduced timetable
- Time-out pass
- Counselling

7.8. Making external referrals

If a pupil's needs cannot be met by the internal offer our school provides, our school will make, or encourage parents/carers to make, a referral for external support.

A pupil could be referred to:

- Their GP or a paediatrician
- CAMHS
- Mental health charities (e.g. Samaritans, Mind, Young Minds, Kooth, MYME)
- Local counselling services

7.9. Individual risk assessments

Individual risk assessments will be written in conjunction with the child's parent, school and other agencies where appropriate. This will be monitored on a half-term basis.

- The pupil's risk assessment will contain the following details:
- The mental health issue (and its triggers, signs, symptoms and treatments)
- The pupil's needs resulting from the condition
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed
- Who will provide the support
- Who in our school needs to be aware of the child's condition
- What to do in an emergency
- A review cycle

8. Managing Disclosures

8.1. If a pupil makes a disclosure about themselves or a peer to a member of staff, staff should remain calm, non-judgmental and reassuring.

8.2. Staff will focus on the pupil's emotional and physical safety, rather than trying to find out why they are feeling that way or offering advice.

8.3. Staff will always follow our school's safeguarding policy and pass on all concerns to the Lead DSL/Deputy DSL/Designates/Head of Year. All disclosures are recorded on CPOMS.

8.4. Our school is clear about the need to record any concern held about a child/ren within our school. Child protection records will be kept separate from the main pupil records and in a locked cabinet. Our School uses 'CPOMS' safeguarding software. If staff have any concern they are to log it on CPOMS. All information is kept securely at all times and only shared on a strictly 'need to know' when in the best interests of the child.

8.5. When a student transfers to another school information will be passed on in a timely manner either via recorded delivery (paper) or through secure digital transfer via CPOMS software and school will check that the information has reached its intended source. The DSL will contact a school prior to a child transferring to another school. When a new student arrives at our school we will endeavour to obtain any child protections records in a timely manner.

8.6. When making a record of a disclosure, staff will include:

- The full name of the member of staff who is making the record
- The full name of the pupil(s) involved
- The date, time and location of the disclosure
- The context in which the disclosure was made
- Any questions asked or support offered by the member of staff

9 Common SEMH Difficulties

9.1. Anxiety:

Anxiety refers to the feeling fearful or panicked, breathless, tense, fidgety sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships. Specialists reference the diagnostic categories:

- **Generalised anxiety disorder:** this is a long – term condition which cause people to feel anxious about a wide range of situations and issues m rather than one specific event.
- **Panic disorder:** this is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive compulsive disorder (OCD):** this is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images, 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 through.)
- **Specific phobias:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia). Separation anxiety disorder: This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a pupil's age. Social phobia: This is an intense fear of social or performance situations. Agoraphobia: This refers

to a fear of being in situations where escape might be difficult, or help would be unavailable if things go wrong.

9.2. Depression:

Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** A pupil with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a pupil experiencing a daily depressed mood for at least two years.

9.3 Hyperkinetic disorders:

Hyperkinetic disorders refer to a pupil who is excessively easily distracted, impulsive or inattentive. If a pupil is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
- **Hyperkinetic disorder:** This 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. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at school and home.

9.4. Attachment disorders:

Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.
- Family context.

9.5. Eating disorders:

Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

9.6. Substance misuse:

Substance misuse is the use of harmful substances, e.g. drugs and alcohol.

9.7. Deliberate self-harm:

Mind describes self-harm as “... *when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences*”. Some people have described self-harm as a way to:

- Express something that is hard to put into words
- Turn invisible thoughts or feelings into something visible

- Change emotional pain into physical pain
- Reduce overwhelming emotional feelings or thoughts
- Feel more in control
- Escape traumatic memories
- Have something in life that they can rely on
- Punish themselves for their feelings and experiences
- Stop feeling numb, disconnected or dissociated
- Create a reason to physically care for themselves
- Express suicidal feelings and thoughts without taking their own life

9.7.1 People may self-harm in the following ways:

- Cutting themselves
- Poisoning themselves
- Over eating or under eating
- Exercising excessively
- Biting
- Picking or scratching at your skin
- Burning your skin
- Inserting objects into their body
- Hitting themselves or walls
- Misusing alcohol, prescription or recreational drugs
- Pulling their hair
- Having unsafe sex
- Self-neglect
- Putting yourself at risk of harm, such as getting into fights

9.7.2 Response

If a pupil discloses self-harm, or a member of staff has concerns that a pupil may be self-harming, you should follow the following procedures:

- Remain calm, non-judgemental and reassuring
- Focus on the pupil's emotional and physical safety, rather than asking why the behaviour has occurred
- Avoid asking leading questions or attempting to investigate
- Be clear about the limits of confidentiality and explain that the information will need to be shared with appropriate members of staff
- Listen carefully and take all concerns seriously
- Report immediately to DSL
- Record on CPOMS

9.8. Post-traumatic stress:

Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop posttraumatic stress disorder.

9.9. Loss and bereavement

SEMH (Social, Emotional, and Mental Health) interventions address loss and bereavement by providing support and resources for children and adults to cope with grief and trauma associated with the death of a loved one. This can involve creating safe spaces to express their feelings, offering

practical help with schoolwork and daily routines, and connecting them with external support services.

9.9.1. Intervention Strategies:

- **Encourage Emotional Expression:**
Providing opportunities for children and adults to express their grief through various means of talking therapies either internal and external provisions
- **Provide Practical Support:**
Offering assistance with schoolwork, daily routines, or other practical needs can alleviate some of the burden of grief.
- **Connect with External Support:**
Referring children to organizations like [Child Bereavement UK](#) or [Winston's Wish](#) can provide specialised grief support and resources.
- **Consider "Memories and Me" Programs:**
[Hamish & Milo](#) offers a 10-week intervention program specifically designed to help children with loss and bereavement.

9.9.2. Key Considerations for Schools:

- **Early Intervention:**
Schools can play a crucial role in recognising and responding to the needs of children who are grieving.
- **Staff Training:**
Providing staff with training on grief support and SEMH needs can help them effectively support children.
- **Creating a Supportive Environment:**
Schools should strive to create an environment where children feel safe to express their emotions and seek help.
- **Collaboration with Parents:**
Open communication and collaboration between schools and parents are essential in supporting bereaved children.

9.9.3. Organisations and Resources:

- **Child Bereavement UK:** Offers resources and support for bereaved children and young people.
- **Winston's Wish:** Provides resources, support, and training for educators and families dealing with bereavement.
- **Cruse Bereavement Support:** Offers support for those grieving, including a helpline and online resources.
- **YoungMinds:** Provides a parent's guide to supporting children and young people with mental health issues, including grief and loss.
- **Grief Encounter:** Offers support for children and young people who have been bereaved, including a helpline.
- **Hamish & Milo:** Offers a 10-week intervention program to help children with loss and bereavement,
- "Memories and Me".

10. Identifying signs of SEMH difficulties and assessment process

10.1. The school is committed to identifying pupils with SEMH difficulties at the earliest stage possible.

10.2. Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

10.3. When the school suspects that a pupil is experiencing mental health difficulties, the following graduated response is employed:

- An assessment is undertaken to establish a clear analysis of the pupil's needs
- A plan is set out to determine how the pupil will be supported
- Action is taken to provide that support Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

10.4. A strengths and difficulties questionnaire (SDQ) is utilised when a pupil is suspected of having SEMH difficulties. An SDQ can assist staff members in creating an overview of the pupil's mental health and making a judgement about whether the pupil is likely to be suffering from any SEMH difficulties.

10.5. Staff members understand that persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, **the Mental Health Link** ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing school counselling. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.

10.6. Where appropriate, the **Mental Health Link** asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.

10.7. Where possible, the school is aware of any support programmes GPs are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.

10.8. Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties.

10.9. Staff members consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.

10.10. Staff members take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously.

10.11. The assessment, intervention and support processes available from the LA are in line with the local offer.

10.12. All assessments are in line with the provisions outlined in the school's **SEND Policy**.

10.13. Staff members are aware of factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.

10.14. Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.

- 10.15. Staff members promote resilience to help encourage positive SEMH.
- 10.16. Staff members understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.
- 10.17. Staff members understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude.
- 10.18. Staff members understand that where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.
- 10.19 Poor behaviour is managed in line with the school's **Behavioural Policy**.
- 10.20. Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of SEMH difficulties; however, **only medical professionals** will make a diagnosis of a mental health condition.
- 10.21. Pupils' data is reviewed in line with the assessment calendar by the **SLT** so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.
- 10.22. An effective pastoral system is in place so that every pupil is well known by at least **one** member of staff, for example, a **form tutor**, who can spot where disruptive or unusual behaviour may need investigating and addressing.
- 10.23. Staff members are mindful that some groups of pupils are more vulnerable to mental health difficulties than others; these include LAC, pupils with SEND and pupils from disadvantaged backgrounds.
- 10.24. Staff members are aware of the signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:
- Anxiety
 - Low mood
 - Being withdrawn
 - Avoiding risks
 - Unable to make choices
 - Low self-worth
 - Isolating themselves
 - Refusing to accept praise
 - Failure to engage
 - Poor personal presentation
 - Lethargy apathy
 - Daydreaming
 - Unable to make and maintain friendships
 - Speech anxiety/reluctance to speak
 - Task avoidance
 - Challenging behaviour
 - Restlessness/over-activity
 - Non-compliance Mood swings
 - Impulsivity
 - Physical aggression
 - Verbal aggression

- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions Absconding Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

11. Vulnerable groups

11.1. Some pupils are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

11.2. Staff are aware of the increased likelihood of SEMH difficulties in pupils in vulnerable groups and remain vigilant to early signs of difficulties.

11.3. Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances.
- Children in need
- LAC
- Previously LAC (PLAC)
- Socio – economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium.

11.4. These circumstances can have a far – reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable pupils.

12. Children in need, LAC, and previously LAC (PLAC)

12.1. Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers.

12.2. Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.

12.3. Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most pupils.

12.4. School staff are aware of how these pupils' experiences and SEND can impact their behaviour and education.

12.5. The impact of these pupils' experiences is reflected in the design and application of the school's Behaviour Policy, including through individualised graduated responses.

12.6. The school uses multi-agency working as an effective way to inform assessment procedures.

12.7. Where a pupil is being supported by LA children's social care services (CSCS), the school works with their allocated social worker to better understand the pupil's wider needs and contextual

circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.

12.8. When the school has concerns about a looked-after child's behaviour, the designated teacher and virtual school head (VSH) are informed at the earliest opportunity so they can help to determine the best way to support the pupil.

12.9. When the school has concerns about a previously looked-after child's behaviour, the pupil's parents/carers or the designated teacher seeks advice from the VSH to determine the best way to support the pupil.

13. Adverse childhood experiences (ACES) and other events that impact pupils' SEMH

13.1. The balance between risk and protective factors is disrupted when traumatic events happen in pupils' lives, such as the following:

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.
- **Life changes:** This may include the birth of a sibling, moving house, changing schools or transitioning between schools.
- **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- **Other traumatic incidents:** This may include natural disasters or terrorist attacks.

13.2. Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

13.3. The school supports pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress - early help is likely to prevent further problems.

13.4. Support may come from the school's existing support systems or via specialist staff and support services.

14. SEND and SEMH

Persistent mental health problems may lead to children having significantly greater difficulty in learning than the majority of those of the same age. In some cases, the child may benefit from being identified as having a special educational need (SEN).

14.1. The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the [SEND Policy](#).

14.2. Where pupils have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties are significantly more likely to experience anxiety.

14.3. Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the pupil's SEND.

14.4. The Headteacher considers the use of a multi-agency assessment for pupils demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse effect on the pupil.

14.5. The school recognises that not all pupils with mental health difficulties have SEND.

14.6. The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the school, regardless of whether or not a pupil has SEND).

14.7. All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties.

14.8. The SENCO ensures that staff understand how the school identifies and meets pupils' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

15. Risk factors and protective factors

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

See appendix 1

16. SEMH intervention and support

16.1. The curriculum for PSHE focusses on promoting pupils' resilience, confidence and ability to learn.

16.2. Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem.

16.3. Relevant external services are utilised where appropriate, e.g. Mind, Anthony Seddon or The Hive.

16.4. The school develops and maintains pupils' social skills.

16.5. Where appropriate, parents have a direct involvement in any intervention regarding their child.

16.6. Where appropriate, the school supports parents in, the management and development of their child via external agencies

16.7. Serious cases of SEMH difficulties are referred to CAMHS.

16.8. To ensure referring pupils to CAMHS is effective, staff follow the process below:

- Use a clear, approved process for identifying pupils in need of further support
- Document evidence of their SEMH difficulties
- Encourage the pupil and their parents to speak to the pupil's GP
- Work with local specialist CAMHS to make the referral process as quick and efficient as possible

- Understand the criteria that are used by specialist CAMHS in determining whether a pupil needs their services
- Have a close working relationship with the local CAMHS specialist
- Consult CAMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CAMHS

The school commissions individual health and support services directly for pupils who require additional help.

16.9. The services commissioned are suitably accredited and are able to demonstrate that they will improve outcomes for pupils.

16.10. The school implements the following approach to interventions:

16.11. Through the curriculum, pupils are taught how to:

- Build self-esteem and a positive self-image.
- Foster the ability to self-reflect and problem-solve.
- Protect against self-criticism and social perfectionism.
- Foster self-reliance and the ability to act and think independently.
- Create opportunities for positive interaction with others.
- Get involved in school life and related decision-making.

15.12. For pupils with more complex problems, additional in-school support includes:

- Supporting the pupil's teacher to help them manage the pupil's behaviour.
- Additional educational one-to-one support for the pupil.
- One-to-one work with the pupil delivered by mental health specialists.
- The creation of an IHP - a statutory duty for schools when caring for pupils with complex medical needs.
- Seeking professional mental health recommendations regarding medication.
- Family support and/or therapy where recommended by mental health professionals.

17. Suicide concern, intervention and support

17.1. Where a pupil discloses suicidal thoughts or a teacher has a concern about a pupil, teachers should:

- Listen carefully, remembering it can be difficult for the pupil to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.
- Be non-judgemental, making sure the pupil knows they are being taken seriously.
- Be open, providing the pupil a chance to be honest about their true intentions.
- Supervise the pupil closely whilst referring the pupil to the DSL
- Record details of their observations or discussions and share them with the DSL

17.2. Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the pupil's parents are contacted.

17.3. Medical professionals, such as the pupil's GP, are notified as needed.

17.4. The DSL and any other relevant staff members, alongside the pupil and their parents, work together to create a safety plan outlining how the pupil is kept safe and the support available.

17.5. Safety plans:

- Are always created in accordance with advice from external services and the pupil themselves.
- Are reviewed regularly by the DSL.
- Can include reduced timetables or dedicated sessions with counsellors.

See [appendix 2](#) for common warning signs for suicidal behaviour

18. Working with specialist services to get swift access to the right specialist, support and treatment.

18.1. In some case a pupil's mental health needs require support from a specialist service. These might include anxiety, depression, self-harm and eating disorders.

18.2. We have access to a range of specialist services and during the support will have regular contact with the service to review the support and consider next steps, as part of monitoring the children' Individual Care Plan.

18.3. School referrals to a specialist service will be made by either the Head of Year, a member of the safeguarding team or the SENCO following the assessment process and in consultation with the pupil and his/her parents and carers. Referrals will only go ahead with the consent of the pupil and parent/carer and when it is the most appropriate support for the pupil's specific needs.

18.4. The school commissions appropriately trained, supported, supervised and insured external providers who work within agreed policy frameworks and standards and are accountable to a professional body with a clear complaints procedure.

18.5. The school does not take self-reported claims of adherence to these requirements on face value and always obtains evidence to support such claims before commissioning services.

18.6. The school commissions support from school nurses and their teams to:

- Build trusting relationships with pupils.
- Support the interaction between health professionals and schools – they work with mental health teams to identify vulnerable pupils and provide tailored support.
- Engage with pupils in their own homes – enabling early identification and intervention to prevent problems from escalating.

19. Working with alternative provision (AP) settings

19.1. The school works with AP settings to develop plans for reintegration back into the school where appropriate.

19.2. The school shares information with AP settings that enables clear plans to be developed to measure pupils' progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans for pupils with SEND.

19.3. For pupils in AP at the end of Year 11, the school works with the provider to ensure ongoing arrangements are in place to support the pupil's mental wellbeing when the pupil moves on.

20. Supporting and collaborating with parents/carers

We will work with parents/carers to support pupil's mental health by:

- Asking parents/carers to inform us of any mental health needs their child is experiencing, so we can offer the right support
- Informing parents/carers of mental health concerns that we have about their child
- Engaging with parents/carers to understand their mental health and wellbeing issues, as well as that of their child, and support them accordingly to make sure there is holistic support for them and their child
- Highlighting sources of information and support about mental health and wellbeing on our school website, including the mental health and wellbeing policy
- Liaising with parents/carers to discuss strategies that can help promote positive mental health in their child
- Providing guidance to parents/carers on navigating and accessing relevant local mental health services or other sources of support (e.g. parent/carer forums)
- Keeping parents/carers informed about the mental health topics their child is learning about in PSHE, and share ideas for extending and exploring this learning at home

When informing parents/carers about any mental health concerns we have about their child, we will endeavour to do this face-to-face.

These meetings can be difficult, so our school will ensure that parents/carers are given time to reflect on what has been discussed, and that lines of communication are kept open at the end of the meeting.

A record of what was discussed, and action plans agreed upon in the meeting will be recorded and added to the pupil's confidential record.

If appropriate, an Individual risk assessment will be created in collaboration with parents/carers (see [section 7.9](#)).

21. Behaviour and Suspension

21.1. When a suspension is a possibility, the school considers contributing factors, which could include mental health difficulties.

21.2. Where there are concerns over behaviour, the school carries out an assessment to determine whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health problems.

21.3. Where underlying factors are likely to have contributed to the pupil's behaviour, the school considers whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue an exclusion. If a pupil has SEND or is a looked-after child, permanent exclusion will only be used as a last resort.

21.4. In all cases, the school balances the interests of the pupil against the mental and physical health of the whole school community.

22. Safeguarding

22.1. All staff are aware that SEMH issues can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.

23. Confidentiality

23.1. Staff will not promise a pupil that they will keep a disclosure secret – instead they will be upfront about the limits of confidentiality.

23.2. A disclosure cannot be kept secret because:

- Being the sole person responsible for a pupil's mental health could have a negative impact on the member of staff's own mental health and wellbeing
- The support put in place for the pupil will be dependent on the member of staff being at school

23.3. Other staff members can share ideas on how to best support the pupil in question

23.4. Staff should always share disclosures with at least 1 appropriate colleague from the Safeguarding Team. This will usually be the Lead DSL/Deputy DSL/Designates/Head of Year from the safeguarding Team; if information needs to be shared with other members of staff or external professionals, it will be done on a need-to-know basis.

23.5. Before sharing information disclosed by a pupil with a third party, the member of staff will discuss it with the pupil and explain:

- Who they will share the information with
- What information they will share
- Why they need to share that information

23.6. Staff will attempt to receive consent from the pupil to share their information, but the safety of the pupil comes first.

23.7. Parents/carers will be informed unless there is a child protection concern. In this case the child protection/ safeguarding policy procedures will be followed.

23.8. Procedure for managing confidentiality around disclosures

1. Pupil makes a disclosure
2. Member of staff offers support
3. Member of staff explains the issues around confidentiality and rationale for sharing a disclosure with Lead DSL/Deputy DSL/Designates/Head of Year; Member of staff will attempt to get the pupil's consent to share – if no consent is given, explain to the pupil who the information will be shared with and why
4. Member of staff will record the disclosure and share the information with the chosen elected member of staff
5. The Lead DSL/Deputy DSL/Designates/Head of Year; will inform the parent/carer (if appropriate)
6. Any other relevant members of staff or external professionals will be informed on a need-to-know basis

23. Supporting peers

Watching a friend experience poor mental health can be very challenging for pupils. Pupils may also be at risk of learning and developing unhealthy coping mechanisms from each other.

We will offer support to all pupils impacted by mental health directly and indirectly. We will review the support offered on a case-by-case basis. Support might include:

- Strategies they can use to support their friends
- Things they should avoid doing/saying
- Warning signs to look out for
- Signposting to sources of external support

24. Signposting

Sources of support are displayed around our school, on each year group google classroom page and linked to on our school website, so pupils and parents/carers are aware of how they can get help.

The Head of Year will be available to provide further information to pupils and parents/carers if they want to learn more about what support is available.

The school provides information to pupils on safeguarding posters that are placed around the school; i.e. Designated safeguarding officer contact information; outside agencies who can help and advise. Other sources are assemblies, school policies, the curriculum (PSHCE lessons).

25. Training

All staff will be offered training so they:

- Have a good understanding of what pupils' mental health needs are
- Know how to recognise warning signs of mental ill health
- Know a clear process to follow if they identify a pupil in need of help

The main safeguarding training is held with all staff at the beginning of each academic year. The process is repeated for new and temporary staff members. All training is in line with the KCSIE and the school's safeguarding and child protection policy. Mental health and wellbeing is covered within staff inset sessions.

26. Support for staff

We recognise that supporting a pupil experiencing poor mental health can affect that staff member's own mental health and wellbeing. To help with this we will:

- Treat mental health concerns seriously
- Offer staff supervision sessions
- Support staff experiencing poor mental health themselves
- Create a pleasant and supportive work environment
- Offer an employee assistance programme – counselling services

27. Monitoring review

This policy will be reviewed by Mr Sonuga, Deputy Headteacher, yearly. At every review, the policy will be approved by the governing body and the headteacher.

This policy is reviewed in light of any serious SEMH related incidents.

All members of staff are required to familiarise themselves with this policy as part of their induction programme

Appendix 1: DfE Mental Health and Behaviour in Schools. Table 1

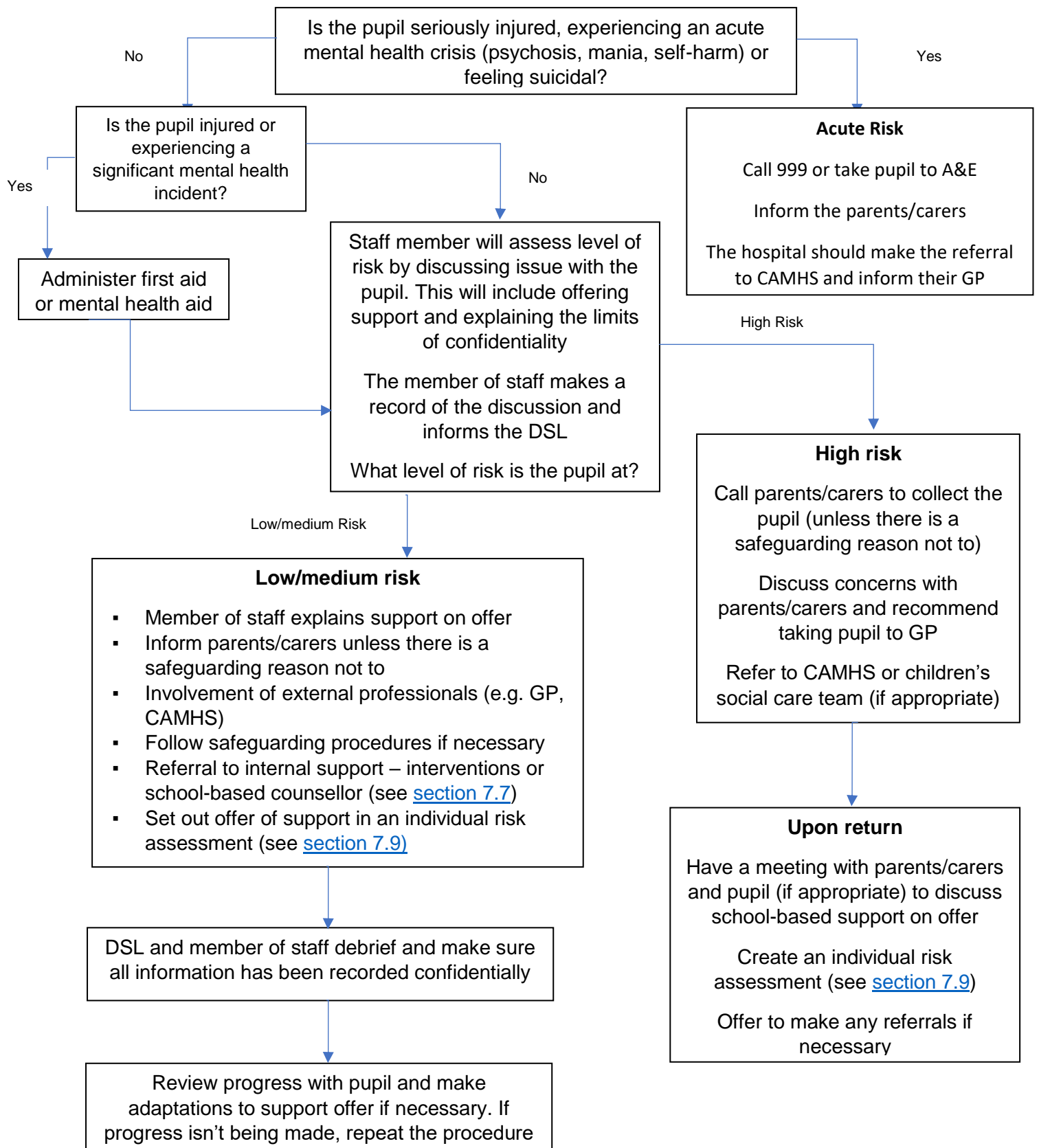
	Risk factors	Protective factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationship or the absence of severe discord
In school	<ul style="list-style-type: none"> • Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences

		<ul style="list-style-type: none"> • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • 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
In the community	<ul style="list-style-type: none"> • Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events 	<ul style="list-style-type: none"> • Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

Appendix 2: Common warning signs for suicidal behaviour.

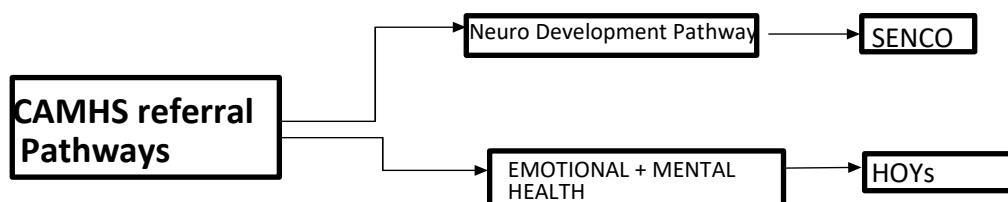
Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Aggression	Relief or sudden improvement, e.g. through self-harm activities
	Fatigue	
	Self-harm	

Appendix 3: Procedures to follow in a case of acute mental health crisis



Appendix 4: Assessment intervention and support

<p style="text-align: center;">Need</p> <p>The level of need is based at the level regular inclusion meetings/panel with key members of staff and involves parents and children.</p>	<p style="text-align: center;">Evidence-based intervention and support</p> <p>The kind of intervention and support provided will be decided in consultation with key staff members of staff, parents and pupil for example</p>	<p style="text-align: center;">Monitoring</p>
<p>Highest need</p>	<p>CAMHS – assessment, 1:1 or family support or treatment, consultation with school staff and other agencies.</p> <p>Other external agency support.</p> <p>Other intervention e.g. art therapy.</p> <p>If the school, professionals and /or parents conclude that a statutory education, health and care assessment is required, we refer to the SEND policy and SEN School information Report.</p>	<ul style="list-style-type: none"> ▪ HOY to complete <u>Individual risk assessment</u> and review regularly. <ul style="list-style-type: none"> ○ Needs of the child ○ Actions to provide support. ○ Parents pupils to be involved in drawing up plan. ▪ Head of Year / SENCo / Safeguarding officer to oversee the plan.
<p>Some need</p>	<p>Access to in school nurture group, family support worker, school nurse, small group intervention, skills for life/wellbeing programmes, GP informed.</p>	
<p>Low need</p>	<p>General support, e.g. school nurse, drop in, class teacher, learning mentor.</p>	<ul style="list-style-type: none"> ▪ Check-ins by form tutors, PSOs and Safeguarding officer ▪ Regular contact with parents/carers for any changes in behaviour



Communication: Liaison between the Safeguarding team, HOY and SENCO regarding individual pupils