



ROOKS HEATH SCHOOL

Strive to be your best

SOCIAL, EMOTIONAL & MENTAL HEALTH POLICY (SEMH)

Term of policy: Every 3 years

Approved by: LGB 15.5.25

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Sources: The Key

Online location: SharePoint: Policies

Consulted with JCC? Yes ☒ No ☐

Introduction

This policy replaces any previous policy and follows the DfE regulations.

As part of our commitment to meet the Public Sector Equality Duty (PSED) requirement, to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations, we have carefully considered the impact of this policy on equality. The School will ensure that this policy is applied fairly to all employees and does not have a negative impact on or staff with protected characteristics, race, sex, religion and belief, sexual orientation, age, disability, gender reassignment, marriage and civil partnership and pregnancy and maternity.

Statement of intent

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

We aim to:

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

Contents

1. Legal framework
2. Common SEMH difficulties
3. Roles and responsibilities
4. Mental Health Emergencies or Crisis
5. Warning signs
6. Internal Support
7. External Support & Signposting
8. Supporting parents and staff
9. Supporting peers
10. Whole school approach to promoting mental health awareness
11. Managing disclosures
12. Training

1. Legal framework

1.1 - 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
Education Act 2002
Mental Capacity Act 2005
Children Act 1989/2004

1.2 - This policy has been created with regard to the following DfE guidance:

DfE (2021) 'Keeping children safe in education'
DfE (2018) 'Mental health and behaviour in schools'
DfE (2016) 'Counselling in schools: a blueprint for the future'
DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

1.3 This policy also has due regard to the school's policies including, but not limited to, the following:

Child Protection and Safeguarding Policy
Learning Development
Behavioural Policy
Supporting Students with Medical Conditions Policy
Staff Code of Conduct
Anti-bullying policy

2. Common SEMH difficulties

2.1

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

Generalised anxiety disorder: This is 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: This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.

Obsessive-compulsive Order (OCD): This is 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: 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).

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.

Depression: Depression refers to feeling excessively low or sad. Depression can significantly affect a student'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 student 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 student experiencing a daily depressed mood for at least two years.

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. Students 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.

2.5 - 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.

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

2.7 - Deliberate self-harm: Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

2.8 - 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 post-traumatic stress disorder.

3. Roles and responsibilities

3.1 - 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 student's mental health or wellbeing, they should inform the DSL/SMHL or any member of the safeguarding team. A concern should be raised on MyConcern

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

Mrs Manderson – Headteacher

Ms Rockell - SMHL/DSL

Mrs Wright - SENCO

Miss Dale - Deputy DSL

Ms Cobblah-West - Deputy DSL

Mrs Geoghegan - School Counsellor/SMHL

- **Helping to prevent 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 work with to instill resilience. A preventative approach includes teaching students 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 students experiencing mental health and wellbeing difficulties:** By raising awareness and employing efficient referral processes, the school's leadership can help students access evidence-based early support and interventions.
- **Accessing specialist support to assist students 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 students with SEND:** As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for students 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.

4. Mental Health Emergencies or Crisis

A Mental Health Emergency or Crisis is defined as:

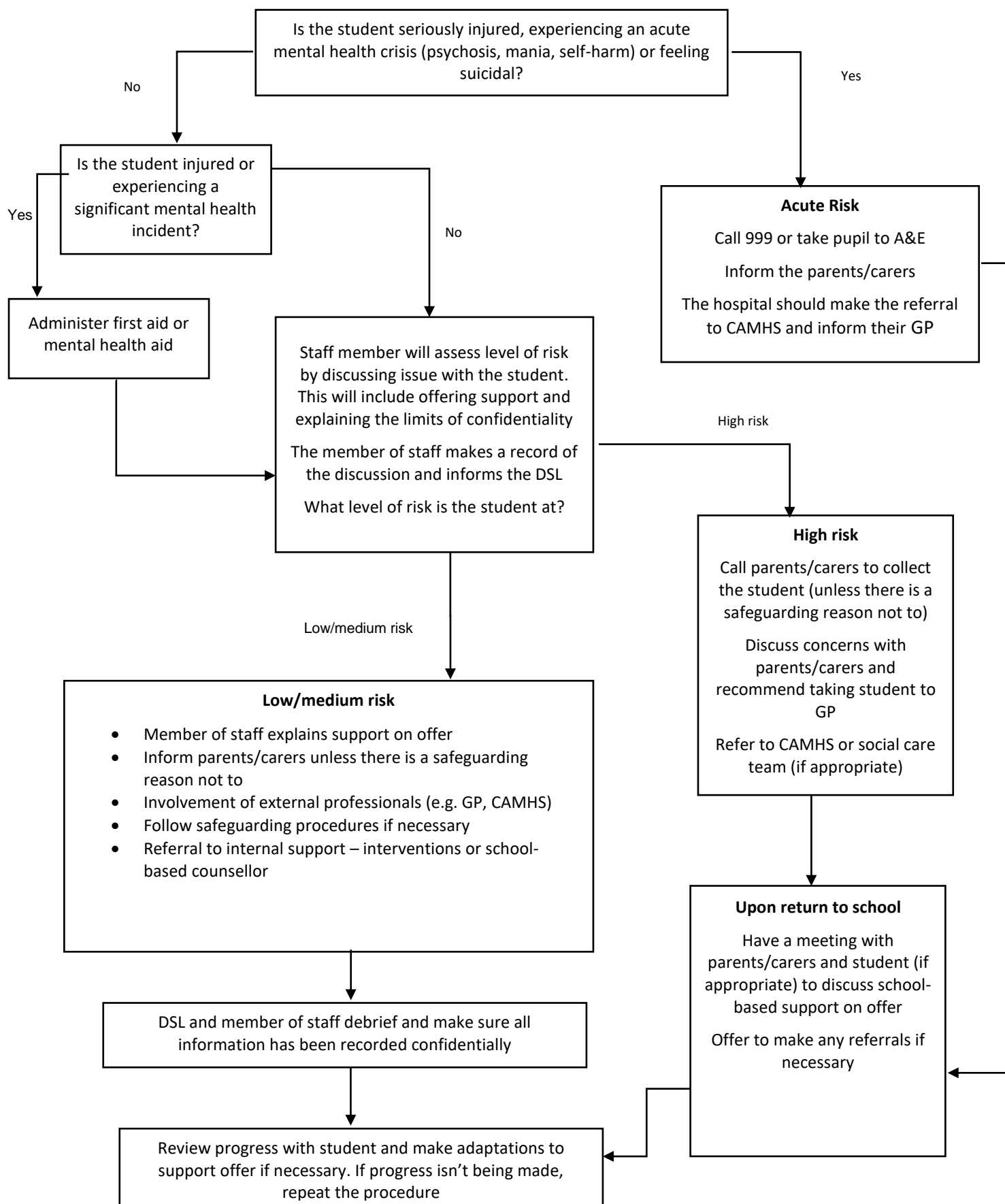
'A mental health crisis often means that you no longer feel able to cope or be in control of your situation. You may feel great emotional distress or anxiety, cannot cope with day-to-day life or work, think about suicide or self-harm, or experience hallucinations and hearing voices.' NHS, 2019.

4.1 - There may be instances where a student's behaviour and mental state are concerning and may lead to immediate danger through harm to themselves or others. The following situations or symptoms classify as a mental health emergency:

- Self-harm
- Suicidal ideation
- Hearing voices
- Psychosis: Experiencing hallucinations and/or delusions.
- Extreme emotional distress

4.2 - If a student presents with any of the above problems, the relevant members of staff will assess next steps and inform parent/carers.

4. Procedure to follow in a case of acute mental health crisis



5. Warning signs

All staff will be on the lookout for signs that a student's mental health is deteriorating. Some warning signs 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
- Talking or joking about self-harm or suicide

6. Internal Support

Report any concerns via MyConcern.

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

A disclosure cannot be kept secret because:

- Being the sole person responsible for a student'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 student will be dependent on the member of staff being at school
- Other staff members can share ideas on how to best support the student in question
- Before sharing information disclosed by a student with a third party, the member of staff will discuss it with the student and explain:
 - Who they will share the information with
 - What information they will share
 - Why they need to share that information
- Staff will attempt to receive consent from the student to share their information, but the safety of the student comes first.
- Parents/carers will be informed unless there is a child protection concern. In this case the child protection safeguarding policy will be followed.

6.1 - Internal Interventions

The following list are examples of interventions currently used internally with who are experiencing mental health difficulties:

- One-to-one intervention with a member of the Support Hub
- Pastoral support with Head of Year

- Reduced timetable
- Time Out Cards
- Quiet space
- Counselling (referral only)
- Restorative conversations
- Raising awareness of mental health during assemblies, tutor time, PSHE lessons and mental health awareness week
- Signposting students to online support

7. External Support & Signposting

7.1 - Experiencing mental health difficulties are often best supported with support both in and outside school. There are various mental health charities who provide helpful information for parents, and who offer tools to assist young people with their mental health outside school. The following resources can be helpful to review and are often signposted to in school for support.

- GP – Your local GP is usually the first person to contact regarding concerns about a child’s mental health.
- Kooth – Online, free counselling for young people.
- Childline – Free counselling for young people via phone or online.
- Calm Harm – Free app for self-harm
- Clear Fear – Free app for anxiety
- Mind – General mental health support and knowledge.
- Young Minds – General mental health support and knowledge.
- Samaritans – Suicide phone-line (116 123)
- A&E – Young people can be taken to A&E during a mental health emergency or crisis.
- Any relevant referrals to any outside agencies. These could also include Early Help, WISH, Compass,
- Young Carers, Children Services, and any other appropriate service provider.

7.2 - We will display relevant sources of support in communal areas such as form rooms, Student Support Hub, and toilets and will regularly highlight sources of support to within relevant parts of the curriculum. When we highlight sources of support, this will increase the chance of ensuring all students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

8. Support Parents and Staff

8.1 - Parents are often very welcoming of support and information from the school about supporting their children’s emotional and mental health. To support parents, we will:

- Highlight sources of information and support about common mental health issues on our school website.
- Ask parents/carers to inform us of any mental health needs their child is experiencing, so we can offer the right support.
- 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.
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child.
- Make our mental health policy easily accessible to parents.

- Share ideas about how parents can support positive mental health in their children through our regular information evenings.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.
- Encourage parents/carers to make contact their GP in the first instance. Other external organisations,
 - [Samaritans](#), [Mind](#), [Young Minds](#), [Kooth](#)
- When possible, offer workshops for parents to attend regarding mental health concerns and practice.

8.2 - Parents and staff members may also struggle with their mental health. Caregiving and teaching can both be emotionally demanding jobs and it is important to ensure that care is taken around personal wellbeing. The following resources can be helpful for parents and staff members to support with their own mental health.

- GP – The NHS offers a variety of therapeutic interventions to assist with mental health problems.
- The Safeguarding Newsletter.
- Seek advice from our school counsellor.
- EAP Employee Assistance Programme 08000 856 148

9. Supporting Peers

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

We will offer support to all students 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

10. Whole school approach to promoting mental health awareness

10.1 Mental health is taught in PSHE

We follow the [PSHE Association Guidance teaching mental health and emotional wellbeing](#).

Students 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.

10.2 Creating a positive atmosphere around mental health

Staff will create an open culture around mental health by:

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

11. Managing disclosures

A student may choose to disclose mental health concerns about themselves or a friend to any member of staff, therefore, all staff need to know how to respond appropriately to a disclosure.

How to respond to a Mental Health Disclosure

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgmental.

11.1 Staff should listen rather than advise and our first thoughts should be of the student's emotional and physical safety rather than of exploring 'Why?'. Try to be sympathetic and understanding and remember to be sensitive to issues relating to sexuality, race, religion, culture, and gender or any physical or sensory impairment or condition that they might have.

11.2 Be prepared to listen and give some time if you can. Listen to the student's situation, this may only require empathetic listening. You can simply ask the student how they are as this may provide them with an opportunity to discuss their concerns with you.

11.3 Ensure that you are aware that you will need to pass the information onto the Mental Health Lead, or other relevant members of staff as a result of the school's responsibility to their safety and duty of care. Try to be clear about what you will communicate and answer any questions the student might have about information sharing. See the next topic on confidentiality for more information.

11.4 The mental health disclosure should be communicated as soon as possible via MyConcern.

11.5 Staff should be very clear about boundaries in the instance of a serious threat by a student to harm themselves. Staff's responsibility to the student in a crisis is limited to listening, being supportive, and passing the information onto the relevant professionals, Senior Mental Health Lead or a member of the Children Safeguarding team. Under no circumstances should a member of staff who is not professionally qualified attempt to counsel the student.

Confidentiality

11.6 We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a student, then we should discuss with them:

- Who are we going to talk to
- What we are going to tell them
- Why we need to tell them

11.7 We should never share information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent, (this is anything linked to a CP issue). Staff are clear to the student that the concern will be shared with the Senior Mental Health Lead and/or a member of the CS team and recorded in order to provide appropriate support to them.

11.8 All disclosures are recorded via MyConcern. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student.

11.9 Parents must always be informed if the child is in Years 7-9 or judged to be emotionally immature.

11.10 Students may choose to tell their parents themselves. If this is the case, they should be given 24 hours to share this information before the school contacts parents. We should always give the option of us informing parents for them or with them.

11.11 If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Safeguarding team must be informed immediately via MyConcern marked URGENT.

12. Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep safe.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional PD will be supported throughout the year where it becomes appropriate due developing situations with one or more.

Training can be provided within schools by identifying staff with experience in this area. The SENCO and Mental Health Lead might be able to offer this training. For more advanced training on specific topics, external expertise will be utilised. Where the need to do so becomes evident, we will deliver training sessions for all staff to promote learning or understanding about specific issues related to mental health.

In addition to training sessions, improved awareness of mental health issues may be achieved through awareness raising campaigns or events. These are particularly effective if tied in with other events such as World Mental Health Day which provide opportunities for staff and to work together. Campaigns that include practical activities such as workshops to promote mental well-being may be particularly effective in promoting the awareness of good mental health.