



**ROOKS HEATH SCHOOL**

*Strive to be your best*

## **Social, Emotional and Mental Health (SEMH) Policy**

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**Term of policy:** Every 3 years

**Approved by:** Board of Trustees

**Date ratified:** 18.8.22

**Next Review Date:** Summer 2025

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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. Creating a supportive whole-school culture
5. Staff training
6. Identifying signs of SEMH difficulties
7. Vulnerable groups
8. Children in need, LAC and previously LAC (PLAC)
9. Adverse childhood experiences (ACEs) and other events that impact students' SEMH
10. SEND and SEMH
11. Risk factors and protective factors
12. Stress and mental health
13. SEMH intervention and support
14. Suicide concern intervention and support
15. Working with other schools
16. Commissioning local services
17. Working with parents
18. Working with alternative provision (AP) settings
19. Behaviour and exclusions
20. Safeguarding
21. Monitoring and review

## 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

## 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 - The school's leadership as a whole is responsible for:**

- **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.

### **3.2 - Lead members of staff:**

Mrs Manderson – Headteacher

Ms Rockell - SMHL/DSL

SENCO

Miss Dale - Deputy DSL

Ms Cobblah-West - Deputy DSL

Mrs Geoghegan - School Counsellor

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Senior Mental Health Lead, a member of the Safeguarding team or SENCO in the first instance.

## **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.

## **5. Warning signs**

**5.1** – Those who are showing signs of mental distress do not always express problems directly or ask for help, even where there are clear signs that they are having difficulties and could be due to a number of reasons. A student may still feel stigma around mental health problems or may be concerned about the consequences of telling someone. They may be unaware that they have a problem or be aware but feel that they have to cope with it on their own.

**5.2** - Adolescence can be a difficult developmental time and this period of change can result in the gradual onset of mental illness. It is important that warning signs are recognised and an appropriate, supportive response is put in place as soon as possible. School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns with SMHL, a member of the safeguarding team, SENCO or school counsellor.

**Possible warning signs include:**

- The student has told you there is a problem, for example, they have been feeling low or anxious recently.
- Significant changes in the student's appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self-harm.
- Changes in mood, for example:
  - mood is very up and down, miserable, tired, withdrawn.
  - Physical signs of harm that are repeated or appear non-accidental.
  - Changes in eating patterns or sleeping habits.
  - Concerns expressed from friends, family, other staff members.
- Changes in behaviour, academic achievement, extracurricular activity engagement, or among peers. For example, doing too much work, not socialising as much as usual, withdrawn, not attending school, being late or, failure to meet deadlines.
  - Increased isolation from friends, family.
  - Talking or joking about self-harm or suicide.
  - Abusing drugs or alcohol.
  - Expressing feelings of failure, uselessness, or loss of hope.
  - Changes in clothing – e.g., long sleeves in warm weather.
  - Secretive behaviour.
  - Skipping PE or getting changed secretly.
  - Repeated physical pain or nausea with no evident cause.

## **6 Internal Support**

**Report any concerns via MyConcern.**

### **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
- Reduced timetable
- Time Out Cards
- Quiet space
- Counselling (referral only)
- Restorative conversations

## **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.
- 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 PSE and share ideas for extending and exploring this learning at home.
- 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.

## **9. Teaching about Mental Health**



The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSE and Wellbeing curriculum.

**9.1** The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will follow the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

## **10. 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.

**10.1** 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.

**10.2** 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.

**10.3** Ensure that you are aware that you will need to pass the information onto the Mental Health Lead, or other relevant member 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.

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

**10.5** 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**

**10.6** 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

**10.7** 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.

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

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

**10.10** 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.

**10.11** 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.

## **11. Promoting School-Wide Positive Mental Health**

### **Supporting Peers**

**11.1** When a student is suffering from mental health issues, it can be a difficult time for their friends who often try to support them. Friends generally want to offer support but do not know how without compromising their own well-being. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Students who are supporting their peers with mental health difficulties will know they can seek support from a member of the Support Hub.

### **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.