Social, Emotional and Mental Health (SEMH) Policy

November 2025

Policy Approved by:	The Full Governing Body
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The Rosary Mission Statement

‘Together, God’s children,
We realise our dreams,
Inspiring and encouraging one another to reach our true potential,
Transforming our world through our unique gifts’

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Statement of intent

This policy outlines the framework for The Rosary Catholic Primary School to meet its duty in 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 – minimising the risk of SEMH difficulties escalating into physical harm.

We will work with the LA with regards to the following:

- The involvement of pupils and their parents in decision-making
- The early identification of pupils' needs
- Collaboration between education, health and social care services to provide support when required
- Greater choice and control for pupils and their parents over their support

Signed by:

	Headteacher	Date:	
	Chair of governors	Date:	

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

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

- **[New]** DfE (2020) '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**
- **SEND Policy**
- **Behavioural Policy**
- **Supporting Pupils with Medical Conditions Policy**
- **Staff Code of Conduct**
- **Administering Medication Policy**
- **Exclusion 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 pupil'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 disorder (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).
- **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.

2.2. **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.

2.3. **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.

2.4. **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.

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:

- **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 pupils 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**.

3.2. The **governing board** 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.

3.3. The Executive Headteacher is responsible for:

- 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.
- On an **annual** basis, carefully reviewing the quality of teaching for pupils at risk of underachievement, as a core part of the school's performance management arrangements.
- 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.

3.4. The mental health lead is responsible for:

- 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.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of pupils with 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 (CYPMHS), 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 secondary school teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.

3.5. The SENCO is responsible for:

- 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.

3.6. 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.

3.7. 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.

4. Creating a supportive whole-school culture

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

4.2. 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:
  - PSHE
  - RSE
- Counselling
- Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support

4.3. 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.

4.4. 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.

4.5. 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.

5. Staff training

5.1. The SLT ensures that all teachers have a clear understanding of the needs of all pupils, including those with SEMH needs.

5.2. The SLT promotes CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

5.3. Clear processes are in place to help staff who identify SEMH problems in pupils escalate issues through clear referral and accountability systems.

5.4. Staff receive training to ensure they:

- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a pupil demonstrating suicidal behaviour.
- Know what support is available for pupils and how to refer pupils to such support where needed.

6. Identifying signs of SEMH difficulties

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

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

6.3. 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

6.4. 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.

6.5. Staff members understand that persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, the headteacher 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.

6.6. Where appropriate, the headteacher asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.

6.7. 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.

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

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

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

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

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

6.13. 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.

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

6.15. Staff members promote resilience to help encourage positive SEMH.

6.16. Staff members understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.

6.17. 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.

6.18. Staff members understand that where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.

6.19. Poor behaviour is managed in line with the school's Behavioural Policy.

6.20. 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.

6.21. Pupils' data is reviewed on a termly basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

6.22. 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.

6.23. 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.

6.24. 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

7. Vulnerable groups

7.1. 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.

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

7.3. 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

7.4. 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.

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

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

8.2. 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.

8.3. 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.

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

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

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

8.7. 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.

8.8. 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.

8.9. 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.

9. Adverse childhood experiences (ACEs) and other events that impact pupils' SEMH

9.1. 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.

9.2. 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.

9.3. 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.

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

10. SEND and SEMH

10.1. 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.

10.2. 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.

10.3. 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.

10.4. 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.

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

10.6. 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).

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

10.8. 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.

11. Risk factors and protective factors

11.1. 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.

11.2. The table below displays common risk factors for SEMH difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a pupil:

	Risk factors	Protective factors
In the pupil	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills and 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 pupil's family	• 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,	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationships or the absence of severe discord

	or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	
In the school	• Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer-on-peer abuse • Poor pupil-to-teacher/school staff relationships	• 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 • Positive friendships • Effective safeguarding and child protection policies. • An effective early help process • Understand their role in, and are part of, effective multi-agency working • Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively
In the community	• 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	• 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

11.3. The following table contains 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
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

12. Stress and mental health

12.1. 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.

13. SEMH intervention and support

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

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

13.3. School-based counselling is offered to pupils who require it.

13.4. Relevant external services are utilised where appropriate, e.g. MindEd, Rethink or ThinkTwice.

13.5. A child psychologist is made available where a pupil requires such services.

13.6. The school develops and maintains pupils' social skills, for example, through one-to-one social skills training.

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

13.8. Where appropriate, the school supports parents in the management and development of their child.

13.9. Peer mentoring is used to encourage and support pupils suffering with SEMH difficulties.

13.10. Mentors act as confidants, with the aim of easing the worries of their mentees.

13.11. Mentors are always older, competent and confident pupils.

13.12. The mentee reports to their mentor about social anxieties, academic concerns, future aspirations and anything else that is appropriate.

13.13. The meetings are informal, and the mentor reports any significant concerns they may have to the pupil's teacher.

13.14. Mentees are expected to meet with their mentor at least once a month.

13.15. When in-school intervention is not appropriate, referrals and commissioning support will take the place of in-school interventions. The school will continue to support the pupil as much as possible throughout the process.

13.16. Serious cases of SEMH difficulties are referred to CYPMHS.

13.17. To ensure referring pupils to CYPMHS 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 CYPMHS to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CYPMHS in determining whether a pupil needs their services
- Have a close working relationship with the local CYPMHS specialist
- Consult CYPMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CYPMHS

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

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

13.20. The school implements the following approach to interventions:

- In addition to talking therapy, support is provided through non-directive play therapy.
- Interventions are structured in a way that addresses behavioural issues through education and training programmes.

- Individual pupil-orientated interventions are less effective than ones that involve parents, and so parents are involved in interventions where appropriate.
- Parental training programmes are combined with the pupil's intervention to promote problem-solving skills and positive social behaviours.
- Small group sessions will take place and focus on developing cognitive skills and positive social behaviour.
- Well-established nurture groups are in place to address any emerging SEMH difficulties in pupils.
- Play-based approaches are in place to develop more positive relationships between pupils and their parents.
- Specific classroom management techniques for supporting pupils are in place. These techniques may include, for example, using a token system for rewards or changing seating arrangements.
- 'Self-instruction' programmes may be implemented in combination with parental support.

13.21. 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.

13.22. 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 therapeutic 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.

14. Suicide concern intervention and support

14.1. 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 for support.
- Record details of their observations or discussions and share them with the DSL.

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

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

14.4. 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.

14.5. 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.

15. Working with other schools

15.1. The school works with local schools to share resources and expertise regarding SEMH.

15.2. The school collectively commissions specialist support where appropriate.

16. Commissioning local services

16.1. 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.

16.2. 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.

16.3. 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.

16.4. The LA has a multi-agency Local Transformation Plan setting out how children's mental health services are being improved. The school feeds into this to improve local provision.

17. Working with parents

17.1. The school works with parents wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.

17.2. The school ensures that pupils and parents are aware of the mental health support services available from the school.

17.3. Parents and pupils are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in CYPMHS, voluntary organisations and other sources.

18. Working with alternative provision (AP) settings

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

18.2. 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. Administering medication

19.1. The full arrangements in place to support pupils with medical conditions requiring medication can be found in the school's Supporting Pupils with Medical Conditions Policy and the Administering Medication Policy.

19.2. The governing board will ensure that medication is included in a pupil's IHP where recommended by health professionals.

19.3. Staff know what medication pupils are taking, and how it should be stored and administered.

20. Behaviour and exclusions

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

20.2. 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.

20.3. To assess underlying issues, the school uses an SDQ.

20.4. 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.

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

21. [New] Safeguarding

21.1. 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.

21.2. If a staff member has a SEMH concern about a pupil that is also a safeguarding concern, they take immediate action in line with the Child Protection and Safeguarding Policy.

22. Monitoring and review

22.1. The policy is reviewed on an annual basis by the Executive headteacher in conjunction with the governing board − any changes made to this policy are communicated to all members of staff.

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

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