

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

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**Date to be reviewed: Every two years**

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### **Statement of intent**

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

Through the successful implementation of this policy, 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.
- Increase understanding and awareness of common mental health issues
- Provide support to staff working with young people with mental health issues

## **What is meant by 'mental health difficulty'?**

The term 'mental health' describes 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. A mental health difficulty is one in which a person is distracted or unable to engage with ordinary life due to upsetting, disturbing thoughts and/or feelings. These problems may distort or negatively impact a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern.

### **1. Legal framework**

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

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

- **DfE (2022) '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'**

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**
- **Behaviour for Learning Policy**
- **Staff Code of Conduct**

## 2. Common SEMH difficulties

### 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 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 student'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.

### 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.

### Hyperkinetic disorders:

Hyperkinetic disorders refer to a student who is excessively easily distracted, impulsive or inattentive. If a student 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.

### **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.

### **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.

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

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

**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**

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 students. 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 School Safeguarding Policy.

**The headteacher, is responsible for:**

- Ensuring that those teaching or working with students with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that teachers monitor and review students' academic and emotional progress during the course of the academic year.
- Ensuring that the DIRECTOR OF INCLUSION 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 students with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against students with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including students with SEMH difficulties in all opportunities that are available to other students.
- Consulting health and social care professionals, students and parents to ensure the needs of students with SEMH difficulties are effectively supported.

- Keeping parents and relevant staff up-to-date with any changes or concerns involving students with SEMH difficulties.

**The SLT mental health lead, Cathy Moisan 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 students and parents with regards to students' mental health and awareness.
- Collaborating with the Director of Inclusion, Headteacher and governing body, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.
- Being a key point of contact with external agencies 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.
- Overseeing the outcomes of interventions on students' education and wellbeing.
- Liaising with parents of students with SEMH difficulties, where appropriate.
- Liaising with the potential future providers of education, such as post 16 teachers, to ensure that students and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.

**Teaching staff are responsible for:**

- Being aware of the signs of SEMH difficulties.
- Planning and reviewing support for their students with SEMH difficulties in collaboration with parents, the Director of Inclusion and, where appropriate, the students themselves.
- Setting high expectations for every student 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 student achieving their full potential, and that every student with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the students in their class.
- Being aware of the needs, outcomes sought and support provided to any students with SEMH difficulties.
- Keeping the Mental health Lead or HOYs updated with any changes in behaviour, academic developments and causes of concern.

#### **4. Creating a supportive whole-school culture**

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 students 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
- Counselling
- Positive classroom management
- Developing students' social skills
- Working with parents

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

Students 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**

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

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

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

#### **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 student demonstrating suicidal behaviour.
- Know what support is available for students and how to refer students to such support where needed.

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#### **6. 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.

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

If a student presents with any of the above problems, relevant staff will go through the following school-wide Mental Health Emergency Protocol Flow-Chart (see below) to ensure the student, fellow students, and staff members are safe. If the student requires being sent home or is advised to go to A&E, this will be directed by the Mental Health Lead or a member of SLT.

CHART

## 7. Warning Signs

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

Students 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 several reasons. Students 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.

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 Cathy Moisan, Mandy Berner or a HOY.

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

## **8. Internal Support**

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

- One-to-one intervention within Student Support
- Group work ( provided by JYS)
- Reduced timetable
- Time Out Cards •
- Stress ball/fiddle toy
- Sensory Room
- School Based Counselling
- Primary mental Health Team appointments

## **9. Individual Care Plans**

It is helpful to draw up an individual care plan for students experiencing mental health difficulties. This should be drawn up involving the student, the parents and relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions • Medication (if any) and associated side effects
- Internal support and in-school interventions
- What to do and who to contact in an emergency

An Individual Care Plan can be an effective way of discussing, agreeing, and monitoring the support and study needs of a student with mental health difficulties. The Individual Care Plan will include information on any adjustments that have been

agreed upon, for example on such things as changes to timetable, and use of Time Out Cards.

The Individual Care Plan will be regularly reviewed and this will give both staff and the student the opportunity to discuss how things are going and to make any changes to the adjustments. Review dates of an Individuals Care Plan can be flexible and responsive to the needs of the student and the concerns of the staff member.

## **10. External Support & Signposting**

Students 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 students 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 Jersey – 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.

We will display relevant sources of support in communal areas such as form rooms, Student Support, and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring 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

## **11. Support Parents and Staff**

Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order 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 PSHE 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.

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 –Your GP can sign post you to a variety of therapeutic interventions to assist with mental health problems.

## **12. 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 PSHE and Wellbeing curriculum.

The specific content of lessons will be determined by the specific needs of the cohort we're 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 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.

Mental health will also be thematically addressed in lessons such as Drama, Dance, English, and on Whole School Curriculum Days. These classes and special topic

days will enable students to put their learning into practice and engage in different ways of learning about Mental Health.

### **13. 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-judgemental.

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.

Be prepared to listen and give the student some time if you can. Listen to the student - the situation 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.

Ensure that students are aware that you will need to pass the information onto the Mental Health Lead, 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.

The mental health disclosure should be communicated as soon as possible to Cathy Moisan, Mental Health Lead or Mandy Berner and recorded on MyConcern.

Staff should be very clear about boundaries in the instance of a serious threat by a student to harm themselves. Staff responsibility to the student in a crisis is limited to listening, being supportive, and passing the information onto Cathy Moisan or Mandy Berner. Under no circumstances should a member of staff who is not professionally qualified attempt to counsel the student.

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

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

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) advice. Staff are clear to students that the concern will be shared with the Mental Health Lead and recorded in order to provide appropriate support to the student.

All disclosures are recorded on MyConcern. Parents must always be informed if the child is in Years 7-9 or judged to be emotionally immature Year 10-11, and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the Designated Safeguarding Lead must be informed immediately.

**Policy Review This policy will be reviewed every 2 years as a minimum.**