Bramcote College
A member of The White Hills Park Trust

Bramcote College Sixth Form

Social, Emotional and Mental Health (SEMH) Policy

Date	Review date	SEMH Lead	Nominated Governor
September 2023	September 2025	Faye Parker Dennis	

Contents:

Statement of intent

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

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

- Promote a positive outlook regarding student with SEMH difficulties.
- Eliminate prejudice towards student 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.

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

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

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:

- 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'

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
- Behaviour Policy
- Medical 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 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.

2.2. 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.

2.3. 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.

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. 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:

- Reducing the risk of 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 /PSHE lessons and reinforcing these messages in our extra-curricular provision and school 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 student's 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. The governing board is responsible for:

- Fully engaging students with SEMH difficulties and their parents/carers when drawing up policies that affect them.
- Identifying, assessing and organising provision for all students with SEMH difficulties, whether or not they have an EHC plan.
- Endeavouring to secure the special educational provision called for by a student's SEMH difficulties.
- Designating an appropriate member of staff to be the SENCO and coordinating provisions for students with SEMH difficulties.
- Taking all necessary steps to ensure that students with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support students with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.

3.3. 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 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 students 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 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.
- 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 students and parents with regards to students' 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 students who have SEMH difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of students 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, parent/carers and other agencies, including SEMH charities.
- Referring students with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CAMHS/Kooth etc.), to receive additional support where required.
- Overseeing the outcomes of interventions on students' education and wellbeing.
- Liaising with parents/carers of students 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, to ensure that students 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 governors, Headteacher and the Mental Health Lead, 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 teachers in the further assessment of a student'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 students with SEMH difficulties in collaboration with parents/carers, the SENCO 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 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 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 such as:
  - PSHE
  - RSE
- Raising awareness of keeping your mind healthy during tutor time and through weekly power points.
- Counselling
- Positive classroom management
- Developing students' 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 students feel comfortable enough to discuss mental health concerns.

4.5. 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

5.1. The SLT ensures that all teachers have a clear understanding of the needs of all students, including those with SEMH needs. Student profiles will include bespoke strategies to help support the child and teaching staff.

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

6. Identifying signs of SEMH difficulties

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

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

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

- An assessment is undertaken to establish a clear analysis of the student's needs
- A plan is set out to determine how the student 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. Staff members understand that persistent mental health difficulties can lead to a student developing SEND. If this occurs, the headteacher ensures that correct provisions are implemented to provide the best learning conditions for

the student, such as providing school counselling. Both the student and their parents are involved in any decision-making concerning what support the student needs.

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

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

6.7. Staff members discuss concerns regarding SEMH difficulties with the parents of students who have SEMH difficulties.

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

6.9. Staff members take any concerns expressed by parents/carers, other students, colleagues and the student in question seriously.

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

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

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

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

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

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

6.16. Staff members understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, students distancing themselves from other students or changes in attitude.

6.17. Staff members understand that where SEMH difficulties may lead to a student developing SEND, it could result in a student requiring an EHCP.

6.18. Poor behaviour is managed in line with the school's Behaviour Policy.

6.19. Staff members will observe, identify and monitor the behaviour of students potentially displaying signs of SEMH difficulties; however, only medical professionals will make a diagnosis of a mental health condition.

6.20. Students' 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.

6.21. An effective pastoral system is in place so that every student is well known by at least one member of staff, for example, a form tutor/Head of Year, who can spot where disruptive or unusual behaviour may need investigating and addressing.

6.22. Staff members are mindful that some groups of students are more vulnerable to mental health difficulties than others; these include LAC, students with SEND and students from disadvantaged backgrounds.

6.23. Staff members are aware of the signs that may indicate if a student 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 students 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 students in vulnerable groups and remain vigilant to early signs of difficulties.

7.3. Vulnerable groups include the following:

- Students who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- LAC
- Previously LAC
- Socio-economically disadvantaged students, including those in receipt of, or previously in receipt of, free school meals and the student 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 students.

8. Children in need, LAC and previously LAC

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 students.

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

8.5. The impact of these students' experiences is reflected in the design and application of the school's Positive 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 student is being supported by LA children's social care services (CSCS), the school works with their allocated social worker to better understand the student'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 student.

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

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

9.1. The balance between risk and protective factors is disrupted when traumatic events happen in students' 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 student, 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 students may be susceptible to such incidents, even if they are not directly affected. For example, students with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

9.3. The school supports students 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 students 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 student's SEND.

10.4. The headteacher considers the use of a multi-agency assessment for students 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 student.

10.5. The school recognises that not all students 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 student has SEND).

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

10.8. The SENCO ensures that staff understand how the school identifies and meets students' 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 student:

Risk factors	Protective factors

In the student	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 student'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, or neglect Parental psychiatric illness Parental criminality, alcoholism or personality disorder Death and loss – including loss of friendship	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
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 student-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 student-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 student has mentioned the following:	The student displays the following behaviour:	The student 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 students 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 students' 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 students who require it.

13.4. Relevant external services are utilised where appropriate, e.g. CAMHS, Base 51, Kooth, MHST and school counsellor.

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

13.6. The school develops and maintains students' 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 students 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 students.

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 student's teacher.

13.14. Mentees are expected to meet with their mentor regularly.

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 student as much as possible throughout the process.

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

13.17. To ensure referring students to CAMHS is effective, staff follow the process below:

- Use a clear, approved process for identifying students in need of further support
- Document evidence of their SEMH difficulties
- Encourage the student and their parents to speak to the student's GP
- Work with local specialist CAMHS to make the referral process as quick and efficient as possible
- Understand the criteria that are used by specialist CAMHS in determining whether a student needs their services
- Have a close working relationship with the local CAMHS specialist
- Consult CAMHS about the most effective things the school can do to support students whose needs aren't so severe that they require specialist CAMHS

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

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

13.20. The school implements the following approach to interventions:

- School-based counselling will often take the form of talking therapy, drawing on creative approaches where appropriate and necessary.
- Parents are directly involved in the intervention, where possible.
- For severe cases, a range of tailored and multi-component interventions are established and used.
- For chronic and enduring problems, specialist foster placement with professional support is utilised, within the context of an integrated multiagency intervention.

13.21. Through the curriculum, students 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 students with more complex problems, additional in-school support includes:

- Supporting the student's teacher to help them manage the student's behaviour.
- Additional educational one-to-one support for the student.
- One-to-one therapeutic work with the student delivered by mental health specialists.

- The creation of an IHP – a statutory duty for schools when caring for students 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 student discloses suicidal thoughts or a teacher has a concern about a student, teachers should:

- Listen carefully, remembering it can be difficult for the student to talk about their thoughts and feelings.
- Respect confidentiality, only disclosing information on a need-to-know basis.
- Be non-judgemental, making sure the student knows they are being taken seriously.
- Be open, providing the student a chance to be honest about their true intentions.
- Supervise the student closely whilst referring the student to the DSL for support. (within 10 minutes of a disclosure)
- Record details of their observations or discussions and share them with the DSL via CPOMS.

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

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

14.4. The DSL and any other relevant staff members, alongside the student and their parents/carers, work together to create a risk assessment outlining how the student is kept safe and the support available.

14.5. Individual Risk Assessment:

- Are always created in accordance with advice from external services and the student 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 students.
- Support the interaction between health professionals and schools – they work with mental health teams to identify vulnerable students and provide tailored support.
- Engage with students in their own homes – enabling early identification and intervention to prevent problems from escalating.

17. Working with parents/carers

17.1. The school works with parents/carers 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 students and parents are aware of the mental health support services available from the school.

17.3. Parents and students are expected to seek and receive support elsewhere, including from their GP, NHS services, trained professionals working in 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 students' progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans for students with SEND.

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

19. Administering medication

19.1. The full arrangements in place to support students with medical conditions requiring medication can be found in the school's Medical Policy.

19.2. Staff know what medication students 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 underlying factors are likely to have contributed to the student'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 student has SEND or is a child looked after, permanent exclusion will only be used as a last resort.

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

21. Monitoring and review

21.1. The policy is reviewed on an annual basis by the Head teacher and Mental Health Lead in conjunction with the Governors – any changes made to this policy are communicated to all members of staff.

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

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

21.4. The next scheduled review date for this policy is Sept 23