Social, Emotional and Mental Health Policy

Person Responsible:	Mrs H Mukherjee	**Frequency of Review:**	1 Year
Authorisation By:	Headteacher	**Notice Date:**	21/05/2024
Authorisation Date:	21/06/2023	**Review Due By:**	21/06/2024

Contents

1 Policy Statement

"Mental health is 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."

World Health Organisation

2 Aims

At Upper Wharfedale School we aim to promote positive mental health for every member of our student body and staff. In addition and linked to the whole school aims of creating active, responsible citizens who are prepared for their future, we aim to support students to be able to manage change.

We pursue these aims using both universal, whole school approaches and specialised targeted approaches aimed at vulnerable students.

The importance of social, emotional and mental health (SEMH) is recognised within the School Development Plan with the aim of creating a successful SEMH strategy to ensure that students receive the mental health support they need quickly and efficiently.

The school intends to test its developing provision and current systems for SEMH through the application for The Carnegie Centre of Excellence for Mental Health in Schools. It is a whole school award, which focusses on ensuring effective practice and provision is in place that promotes the emotional wellbeing and mental health of both staff and students. The award has focus on changing the long-term culture of a school, and embedding an ethos where mental health is regarded as the responsibility of all.

- With this award we will demonstrate that we are committed to:
- Promoting mental health as part of school life
- Improving the emotional wellbeing of our staff and students
- Ensuring mental health problems are identified early and appropriate support provided
- Offering provision and interventions that matches the needs of our students and staff
- Engaging the whole-school community in importance of mental health awareness
- Capturing the views of parents, carers, students and staff on mental health issues

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

3 Scope

This document describes the school's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff and governors.

This policy should be read in conjunction with the following policies:

POLICY	REASON
Attendance Policy	Students with SEMH often have issues with regard to attendance.
Behaviour Principles	Students with SEMH may demonstrate challenging behaviour.
Child Protection Policy	SEMH and some aspects of CP often have close correlations.
NYCC LAC Policy	The emotional development and resilience of students can often be hindered significantly as a consequence of home life.

Curriculum Policy Statement	Subjects through SEMH the promise have a significant role in supporting the positive SEMH ethos of the school.
Substance Misuse Policy	Students with SEMH may be involved in substance misuse.
Exams Policy	To ensure the examinations do not increase the levels of anxiety and SEMH issues for our students.
Equality, Diversity & Community Cohesion Policy	Many students with SEMH are at risk of exclusion because of their underlying social, emotional and mental health concerns.
ICT Acceptable Usage Policy for Students	Social media can play a significant role in students SEMH.
Curriculum Statement	Core delivery of the SEMH Education & PSHCE
Sex and Relationship Education Policy	Young people can find this phase of their life challenging.
Supporting Students with Medical Conditions	This is important in cases where a students mental health overlaps with or in linked to a medical issue and the SEND policy where a student hasn't identified special educational need.
Safeguarding Policy (Appendix 9 - Prevent)	Poor SEMH can potentially lead students into extremism and radicalisation.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to one of the SEMH Team in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures must be followed with an immediate referral to the Designated Safeguarding Lead (DSL) or deputies if the DSL is unavailable. If the student presents a medical emergency then the normal procedures for medical emergencies must be followed, including alerting student support, first aid staff and contacting the emergency services if necessary.

Where a referral is required, including Healthy Child Team, Mental Health Support Team, project 6 ,Compass Phoenix, Child & Adolescent Mental Health Services (CAMHS) or other external agencies; this will be led and managed by the Mental Health Lead. Staff OT referrals or other agency support for mental health and wellbeing will be lead and managed by the Headteacher.

4 Governance and Leadership

5 Team Members

Whilst all governors and staff have a responsibility to promote the mental health of students and staff a core group of governors and staff will play a significant role in the development of the SEMH strategy and for ensuring successful application for the Mental Health Award.

NAME	ROLE
Helen Mukherjee	Mental Health Lead / Designated Safeguarding Lead / MHFA qualified
Catherine Reeves	Headteacher / Deputy DSL
James Ashley	Deputy DSL
Howard Barton	Deputy DSL
Janet Laidler-Smith	Inclusion Coordinator / SEMH Team / MHFA qualified
Laura Mason	Student support co-ordinator/ MHFA qualified / First Aider
Taz Zaman	Student support officer
Sarah Headington	Student support officer
Sally Neill	First Aider
Jo Selby	First Aider
Stuart Bond	SEMH Governor

6 Identification of Students with SEMH

Using a range of data and information, the school will identify and record students about who we have SEMH concerns. CPOMS (safeguarding and child protections software) will be used to record incidents, behaviours and emotions, which can be interpreted as expressions of SEMH e.g. self-harm, anxiety, suicidal thoughts, being withdrawn, challenging behaviour etc. CPOMS along with Provision Mapper will be used to record diagnosed SEMH conditions e.g. eating disorders, Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), and Post Traumatic Stress (PTS) etc.

This data and information will allow the student support / safeguarding teams working in conjunction with the SENCO to flag students who have significant SEMH concerns.

Risk Assessments for some students who require them will be shared via staff portal.

7 Individual Care Plans

Individual care plan for students causing concern or who receive a diagnosis pertaining to their mental health. This must be drawn up involving the student, the parents, carers and guardians and relevant health professionals. This can include:

- Details of a student's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

8 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 subject curriculum, through the assembly programme and deep learning days.

The specific content of lessons will be determined by the specific needs of the cohort, 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. Signposting will be an important aspect for all four of these elements as well as teaching about the underlying factors of SEMH. Each subject area will be required to develop an SEMH Promise; this outlines each curriculums areas approach to:

- Creating an ethos and environment that supports SEMH
- That includes teaching about SEMH
- That enables Student Voice
- That develops staff understanding of SEMH
- That helps to identify need
- That works with parents, carers and guardians in supporting SEMH
- And that helps in targeting support for students with SEMH need

We will follow the PSHCE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner, which helps rather than harms.

9 Signposting

We will ensure that staff, students and parents, carers and guardians are aware of sources of support within school and in the local community. This will be provided on the School Website, on information boards in classroom and through the SEMH Bulletins. We will regularly highlight sources of support to students within relevant parts of the curriculum and in other presentations and assemblies. 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

10 Warning Signs

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 our SEMH team. This must be recorded on CPOMS.

Listed below are some possible examples of warning signs of SEMH. This list is not comprehensive but give a small insight into some examples of SEMH expression:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Ab using drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope.
- Change in clothing, e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively lateness to or absence from school
- Repeated physical pain or nausea with no evident cause

- An increase in lateness or absenteeism

11 Managing Disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure. Staff must follow the guidance in the schools Child Protection Policy.

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?'

All disclosures must be recorded in writing and then transferred to CPOMS as part of the student's confidential file. This written record should include:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps
- This information must be shared, via CPOMS but as these incidents are often urgent, personal contact is also required to communicate the issue with the DSL or deputy DSL. Support and advice about next steps will then be agreed.

12 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, is appropriate. This will be when students are in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health Lead and the DSL. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who this will be, as finding the most appropriate support and help is imperative.

Parents, carers and guardians will generally be informed regarding SEMH issues. This may not happen immediately and will not happen if we feel this puts the student at further risk (This decision will be taken by the MHL or DSL) and students may choose to tell their parents, carers and guardians themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents, carers and guardians. We should always give students the option of us informing parents, carers and guardians for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents, carers and guardians should not be informed, but the DSL must be informed immediately.

13 Working with Parents and Carers

Where it is deemed appropriate to inform parents and carers, we need to be sensitive in our approach. Before disclosing to parents, carers and guardians we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, carers and guardians, the student and other members of staff.

- What are the aims of the meeting?

It can be shocking and upsetting for parents, carers and guardians to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information (signposting) and give them information to take away where possible, as they will often find it hard to take much in whilst coming to terms with the news that is being shared. Sharing sources of further support aimed specifically at parents, carers and guardians can also be helpful too, e.g. the school website, parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents, carers and guardians often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record on CPOMS.

Parents, carers and guardians 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, carers and guardians we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents, carers and guardians 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, carers and guardians
- Share ideas about how parents, carers and guardians can support positive mental health in their children through our regular information evenings
- Keep parents, carers and guardians informed about the mental health topics their children are learning about in PSHCE and share ideas for extending and exploring this learning at home.

14 Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their peers and friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents, carers and guardians with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse). Additionally, we will want to highlight with peers:
- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

15 Equalities Committee

The student leadership team will include one committee with the brief of Equality including SEMH. The council will be formed from a selected group of students; this will be done by the Pastoral and Welfare team. This council will have the following aims:

- To represent the students with regard to outlining SEMH issues within the student body
- To help in assemblies and with dissemination of signposting

- To help evaluate current provision for students and propose solutions
- This council will be appropriately trained, with agreement from PCGs where necessary, to ensure that they and those they speak to remain safe, particularly as they will be involved in 'Peer Listening'

16 Managing Expectations

Mental health issues can be ongoing for a long time. They can influence a student's ability to access learning. We need to ensure that all members of staff are familiar with students who are suffering from mental health and provide information that helps manage expectations of affected students in order to ensure those students are not placed under undue stress which may exacerbate their mental health issues.

In addition to the SEMH Team, Teachers will play a significant part in monitoring these identified students, taking a holistic approach which may include considering issues addressing:

- Academic achievement
- Absence and lateness
- Access to extra-curricular activities including sport
- Duration and pace of recovery
- Ability to interact and engage within lessons

17 Continuous Professional Development

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep students safe. We will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. We will host relevant information on our Website for staff who wish to learn more about mental health.

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

The school will train all staff in Level 1 SEMH awareness. The school will also train an identified group of staff as in Mental First Aid. These staff will emphasised to all in the school community. They will be drawn from all aspects of the school not just from the teachers.

18 Further Information and Sources of Support about Common Mental Health Issues

- Prevalence of Mental Health and Emotional Wellbeing Issues
- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder- that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.
- Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents, carers and guardians but they are listed here because we think they are useful for school staff too.
- Support on all these issues can be accessed via Young Minds (https://www.youngminds.org.uk), Mind

(https://www.mind.org.uk) and for e-learning opportunities Minded (https://www.minded.org.uk).

19 Types of Mental Health

19.1 Self-Harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support includes:

www.selfharm.co.uk/National

www.nshn.co.uk/

Books:

- Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers
- Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2012) A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm. London: Jessica Kingsley Publishers

19.2 Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support includes:

www.mind.org.uk/about-us/what-we-do/depression-alliance/

Books:

- Christopher Dowrick and Susan Martin (2015) Can I Tell you about Depression?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers

19.3 Anxiety, Panic Attacks and Phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support include:

www.anxietyuk.org.uk

Books:

- Lucy Willetts and Polly Waite (2014) Can I Tell you about Anxiety?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers
- Carol Fitzpatrick (2015) A Short Introduction to Helping Young People Manage Anxiety. London: Jessica Kingsley Publishers

19.4 Obsessions and Compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support includes:

www.ocduk.org/ocd

Books:

- Amita Jassi and Sarah Hull (2013) Can I Tell you about OCD?: A guide for friends, family and professionals. London: Jessica Kingsley Publishers
- Susan Conners (2011) The Tourette Syndrome & OCD Checklist: A practical reference for parents, carers and guardians and teachers. San Francisco: Jossey-Bass

19.5 Suicidal Feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support include:

www.papyrus-uk.org

www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books:

- Keith Hawton and Karen Rodham (2006) By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley Publishers
- Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention. New York: Routledge

19.6 Eating Problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support includes:

www.b-eat.co.uk/about-eating-disorders

Books:

- Bryan Lask and Lucy Watson (2014) Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2015) Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies. London: Jessica Kingsley Publishers
- Pooky Knightsmith (2012) Eating Disorders Pocketbook. Teachers' Pocketbooks