HONLEY HIGH SCHOOL

SOCIAL, EMOTIONAL & MENTAL HEALTH POLICY

Approved by:	Governing Body	Date: July 2023
Next review due by:	March 2024	

Contents   Page

1. Statement of Intent

This policy outlines the framework for Honley High 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. It is the intent of Honley High School to work within the scope and guidance laid down by the SEN Code of Practice.

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

We will work with the Local Authority (LA) with regards to the following:

- 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

2. 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 2023'
- DfE (2018) 'Mental health and behaviour in schools' (https://www.gov.uk/government/publications/mental-health-andhttps://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2behaviour-in-schools--2#history)
- DfE (2016) 'Counselling in schools: a blueprint for the future'

(https://www.gov.uk/government/publications/counselling-in-schools)
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25 (https://www.gov.uk/government/publications/send-code-of-practice-0https://www.gov.uk/government/publications/send-code-of-practice-0-to-25to-25)

This policy also has due regard to the school's policies including, but not limited to, the following:

- Safeguarding and Child Protection Policies
- SEND Policy
- Behaviour Policy
- Medical Needs Policy
- Staff Code of Conduct
- Equality Policy & Objectives

3. Roles and Responsibilities

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

- Using a preventative approach to create a safe and calm environment where mental health problems are less likely to occur, in order to 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.
- Ensuring that only appropriately trained professionals should attempt to make a diagnosis of a mental health problem.
- Ensuring that staff are aware of how potentially traumatic adverse childhood experiences (ACE), including abuse and neglect, can impact on a student's mental health, behaviour and education.
- Equipping staff with the knowledge required, which allows early and accurate identification of emerging problems
- Raising awareness and employing efficient referral processes. This will ensure that leaders within the school can help students access evidence-based early support and interventions
- Working effectively with external agencies, maximising the opportunity to ensure that the school can provide swift access or referrals to specialist support and treatment
- Identifying and supporting students with SEMH. As part of this duty, the school's leadership will consider how to use available SEND and Inclusion resources efficiently to provide support for students with mental health difficulties that amount to additional needs

- 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 Safeguarding Policy

The Governing Board is responsible for:

- Ensuring that school policies for SEMH and SEND are appropriately robust in supporting learners experiencing difficulties
- Ensuring that provision for students experiencing SEMH difficulties is effective
- Maintaining oversight of the SEND provision required to support students' SEMH difficulties
- Ensuring that an appropriate member of staff is designated as SENDCO and receives the appropriate training, time and support to ensure the role is executed effectively
- Ensuring that an appropriate staff member is designated to act as the senior mental health lead, with sufficient authority to develop and oversee the school's approach to mental health and wellbeing.
- Taking all appropriate steps to ensure that students with SEMH difficulties are not discriminated against, harassed or victimised
- Selecting an individual governor to oversee the school's arrangements for SEND/SEMH

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 SENDCO has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school
- Ensuring regular reviews of the school's educational provision for students experiencing SEMH difficulties and all other 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
- Ensuring that a culture of high expectations is clear for all students, including those facing SEMH difficulties

- Ensuring that all students, including students with SEMH difficulties, have an equality of opportunity and access across the school
- Ensuring that all members of the school community are kept 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
- Ensuring that a member of the Senior Leadership Team (SLT) is assigned the role of Mental Health Lead, and is supported in being able to implement a high standard of mental health support, for all members of the school community. This will include time to collaborate with the SENDCO, plan and prepare CPD which supports staff understanding of students experiencing mental health difficulties and appropriate resourcing of the role. At the time of publishing the Mental Health Lead for the school is Ms Heidi Halliday

The Senior 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 SENDCO, headteacher and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school
- Working with the SENDCO and other key 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, parents and other agencies, including SEMH charities
- Referring students with SEMH difficulties to external services, e.g. specialist children and adolescent mental health services (CAMHS), to receive additional support where required
- Overseeing the outcomes of interventions on students' education and wellbeing
- Liaising with parents 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, such as FE colleges, to ensure that students and their parents are informed about options and a smooth transition is planned
- Leading mental health CPD
- Undertaking senior mental health lead training

The SENDCO is responsible for:

- Collaborating with the governing board and the SLT, to determine the strategic development of SEMH policies and provisions in the school
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy and implementation of strategies to support learners experiencing SEMH difficulties
- Supporting colleagues in the further assessment of a student's particular strengths and areas of development and advising on the effective implementation of support
- Ensuring that student profiles, IEPs and EHCPs are kept fully up to date and available to staff to support learners experiencing SEMH difficulties
- Reviewing, revising and implementing support strategies for all learners with SEMH difficulties, including those who are not yet diagnosed
- Ensuring collaborative work with mental health support workers and external agencies to provide timely, appropriate and targeted support for students experiencing mental health difficulties

The DSL is responsible for:

- Acting as a source of support, advice and expertise for all staff
- Liaising with staff on matters of safety, safeguarding and welfare
- Liaising with the senior mental health lead and, where available, the Mental Health Support Team, where safeguarding concerns are linked to mental health

All staff and volunteers are responsible (as applicable) for:

- Being aware of the signs of SEMH difficulties
- Being aware that mental health problems can, in some cases, be an indicator that a student has suffered or is at risk of suffering abuse, neglect or exploitation
- Understanding how potentially traumatic adverse childhood experiences can impact a student's mental health, behaviour and education
- Planning and reviewing support for their students experiencing SEMH difficulties by ensuring that support plans, IEPs and EHCPs are implemented

- 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, desired outcomes for and support provided to any students with SEMH difficulties
- Feeding back to the SENDCO as requested on the progress of students or groups of students, either as part of a request for information or proactively following their observation of progress and behaviour in lessons

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.

The school will utilise 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:
    - Personal Social Health and Citizenship Education (PSHCE)
    - Relationships and Sex Education (RSE)

      (at Honley High School PSHCE and RSE are taught through our 'CREATE' curriculum)
- Counselling
- Positive classroom management
- Developing students' social skills
- Working with parents
- Peer support
- Referrals to the Additional Needs Team
- Work led by the Inclusion Team to help students to understand how to deal with the emotional difficulties they are experiencing

The school's Behaviour Policy includes measures to prevent and tackle bullying, and promotes restorative practice as the best way of supporting students in dealing with potential bullying. It will also allow reasonable adjustment where it is believed students may be experiencing SEMH difficulties.

The SLT will ensure that there are clear policies and practices in place to reduce stigma and make students feel comfortable enough to discuss mental health concerns.

Students will 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

Senior leaders will ensure that all teachers have a clear understanding of the needs of all students, including those with SEMH needs.

Senior leaders will provide and promote 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 to escalate issues through clear referral and accountability systems.

Staff will receive training to ensure they:

- Promote good mental health and wellbeing throughout the school
- Can quickly identify individual students who need support with their mental health
- 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

The school is committed to identifying students with SEMH difficulties at the earliest stage possible, and staff will be trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

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. This will be personal to each student but may include lesson observations, strengths and difficulties questionnaires or Educational Psychologist (EP) discussions.
- 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

A strengths and difficulties questionnaire (SDQ – see appendix 3) can be utilised when a student is suspected of having SEMH difficulties. An SDQ can assist staff members in creating an overview of the student's mental health and making a judgement about whether the student is likely to be suffering from any SEMH difficulties. It will usually be used when students have been escalated to the Additional Needs Team (ANT) to access more intensive support.

Staff members will understand that persistent mental health difficulties can lead to a student developing SEND. If this occurs, the SENDCO will ensure that correct provisions are implemented to provide the best learning environment for the student, such as providing targeted intervention through school or via an external agency. Both the student and their parents are involved in any decision-making concerning what support the student needs.

Where appropriate, the SENDCO will ask parents to give consent to their child's GP to share relevant information regarding SEMH with the school.

The assessment, intervention and support processes available from the LA are in line with the local offer and statutory services (such as EP for LAC). All assessments are in line with the provisions outlined in the school's SEND Policy.

Staff members will be aware that:

- factors that put students at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems
- risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.

Staff members will understand:

- the importance of promoting resilience to help encourage positive SEMH
- that familial loss or separation, significant changes in a student's life or traumatic events are likely to cause SEMH difficulties
- the 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
- that where SEMH difficulties may lead to a student developing SEND, it could result in a student requiring an EHC plan

Poor behaviour will be managed in line with the school's Behaviour Policy and Procedures. Whilst reasonable adjustments may be made, this will not lower our expectations of student behaviour.

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.

Students' data will be reviewed on a regular basis by key staff so that patterns of progress, attendance or behaviour are noticed and acted upon where necessary.

An effective pastoral system is in place so that every student is well supported by members of staff, for example, a class teacher, who can spot where disruptive or unusual behaviour may need investigating and addressing.

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:

- 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
- 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
- Task avoidance

7. Vulnerable Groups

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.

Staff members will be aware of the increased likelihood of SEMH difficulties in students in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

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

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 with Social Care Involvement, LAC and PLAC

Children with Social Care involvement, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers.

Children with Social Care involvement, 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.

Children with Social Care involvement may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect or exploitation. They are also likely to have less support available outside of school than most students.

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

The school will use multi-agency working as an effective way to inform assessment procedures.

Where a student is being supported by LA children's social care services, the school will work with their allocated social worker and / or the Virtual School to better understand the student's wider needs and contextual circumstances. This

collaborative working will inform assessment of needs and enable prompt responses to safeguarding concerns.

When the school has concerns about a looked-after child's behaviour, the Designated Teacher and Virtual School Head (VSH) will be informed at the earliest opportunity so they can help to determine the best way to support the student.

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

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.

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.

The school will support 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.

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

10. SEND and SEMH

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.

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.

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.

The Headteacher will consider 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.

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

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

The SENDCO will ensure 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. Stress and Mental Health

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 will be supported in differentiating between 'normal' stress and more persistent mental health problems.

12. SEMH Intervention and Support

The curriculum across the school focuses on promoting students' resilience, confidence and ability to learn.

Positive classroom management techniques are utilised to promote positive behaviour, social development and high self-esteem.

Relevant external services are utilised where appropriate.

A referral to an Educational Psychologist can be made when it is felt that a student's difficulties with SEMH require more detailed and expert support.

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

When in-school intervention is not likely to be the most effective support for specific needs, referrals and commissioning support will supplement and support in-school interventions. The school will continue to support the student as much as possible throughout the process, having due regard not to undermine the work of external agencies.

Serious cases involving SEMH difficulties are referred to CAMHS.

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

- Encourage the student and their parents to speak to the student's GP
- Use a clear, approved process for identifying students in need of further support
- Document evidence of the SEMH difficulties
- 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 specialists

The school will commission individual health and support services directly for students who require additional help.

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

Through the curriculum, students will be taught how to:

- Build self-esteem and a positive self-image
- Foster the ability to self-reflect and problem-solve
- 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

For students with more complex problems, additional in-school support includes:

- Supporting the student's teachers to help them manage the student's behaviour
- Additional educational one-to-one support is appropriate
- One-to-one or small group therapeutic work with the student delivered by mental health specialists

- The creation of a Health Care Plan (HCP) – 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

13. Suicide Concern Intervention and Support

Where a student discloses suicidal thoughts or a member of staff/volunteer has a concern about a student, colleagues 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. However, it is essential that the student knows we will not be able to keep their disclosure confidential from parents and safeguarding staff
- 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 or other safeguarding staff for support
- Record details of their disclosure and share them with the DSL or other safeguarding staff. As with all record taking, remember not to ask leading questions

Once suicide concerns have been referred to safeguarding staff, local safeguarding procedures will be followed and the student's parents **MUST** be contacted.

If necessary, medical professionals will be notified OR parents advised that they must take the young person to Accident and Emergency.

The DSL and any other relevant staff members, alongside the student and their parents, work together to create a safety plan based on a risk assessment outlining how the student will be kept safe in school and what support is available.

Safety plans:
- Are always created in accordance with advice from external services, and the student themselves
- Are reviewed regularly by the DSL

14. Working with Other Schools

The school works with other local schools and schools within the Together Learning Trust to share resources and expertise regarding SEMH. This includes attendance at DSL and SENDCO networks.

The school will commission specialist support where appropriate.

15. Commissioning Local Services

The school will commission appropriately trained, supported, supervised and insured external providers who will work within agreed policy frameworks and standards, and are accountable to a professional body with a clear complaints procedure.

The school will not take self-reported claims of adherence to these requirements on face value and will always obtain evidence to support such claims before commissioning services.

The school will commission support from school nurses (Locala) and other medical professionals 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, or from remediating the impact of SEMH on students and their development

16. Working with Parents

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

The school will ensure that students and parents are aware of the mental health support services available from the school.

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

17. Working with Alternative Provision (AP) Settings

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

The school will share 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. Behaviour and Exclusions

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

Where there are concerns over behaviour, the school will assess whether the behaviour is a result of underlying factors such as undiagnosed learning difficulties, speech and language difficulties, child protection concerns or mental health problems.

Where underlying factors are likely to have contributed to the student's behaviour, the school will consider whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue a suspension. If a student has SEND or is a looked-after child, permanent exclusion will only be used as a last resort.

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

19. Monitoring and Review

The policy is reviewed annually by the Headteacher in conjunction with the Governing Board – any changes made to this policy are communicated to all members of staff.

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

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

The next scheduled review date for this policy is March 2023. It will be reviewed alongside the SEND Policy.

Appendix 1 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

Appendix 2 Risk Factors and Protective Factors

There are a number of **risk factors** beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties. There are also **protective factors** associated with a decreased likelihood of SEMH difficulties.

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 neurodiversity 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

	RISK FACTORS	PROTECTIVE FACTORS
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

Appendix 3

Strengths and Difficulties Questionnaire (SDQ)

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	