Social, Emotional and Mental Health (SEMH) Policy

Ermysted's Grammar School

This policy was ratified on behalf of the Governors of Ermysted's Grammar School (the 'School') on **2 March 2023**.

Introduction and Aims

At Ermysted's Grammar School we aim to promote positive social, emotional mental health (SEMH) and well-being for every pupil and every member of staff. We pursue this aim via our ethos and school culture, and through specialised, targeted interventions for individuals.

We define mental health as "a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community[1]".

We understand that every member of our school community needs to care for their mental health and that good mental health is more than the absence of mental disorders. We understand that mental health exists on a complex continuum, is experienced differently from one person to the next, and has potentially very different social and clinical outcomes. We also acknowledge the important role of teachers, as they are often in a position to identify concerns early, provide help for children, and prevent concerns from escalating.

We aim to recognise and respond to mental ill health, wherever it sits on the complex continuum of need, through creating a whole school culture of work practices and strategies to promote positive mental health and well-being for all.

We as a school want to make a positive impact on the mental health and well-being of our young people, as well as building resilience and reducing stigma around mental health. Part of this will be equipping our pupils to be able to be confident to articulate their emotions using specialised vocabulary and have access to talk about their own mental health with skilled practitioners. This will enable our young people to look after their mental and physical health, build positive relationships, ask for help if needed, and to set and follow their own academic and personal goals and reach their full potential.

Our ambition is:

- To ensure emotional wellbeing and mental health are prioritised within the school for pupils, parents, staff and governors.
- To create a culture where the open discussion of mental health and engagement with support is stigma-free and the norm.

This will positively impact both pupils and staff. It will enable pupils to build confidence and resilience, and to flourish personally and academically; for staff, support and learning opportunities for all, will promote and support emotional wellbeing and mental health, so that staff are mentally and physically empowered to facilitate learning, aspiration and discovery.

Scope

This policy describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all stakeholders within the school: pupils, parents, staff and governors.

This should be read in conjunction with the following policies:
Anti-bullying policy, Attendance policy, Behaviour policy, Child Protection policy, Staff Code of Conduct, Looked After Children policy, Relationships and Sex Education policy, SEND policy, Supporting Pupils with Medical Conditions policy.

[1] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Responsibilities

The Governors are responsible for ensuring the policy is fully implemented. The member of staff responsible for the school's approach to SEMH, is **Mr A Jackson**, Deputy Headteacher and Mental Health Lead.

All staff and governors have a responsibility to promote the mental health of pupils as part of their safeguarding responsibilities.

The majority of the monitoring, communication with parents, reviewing and targeted support to pupils and referral process to external providers will be managed by the pastoral team.

The pastoral team is heavily support by the work of the Additional Pastoral Provision team. This comprises of a trained counsellor, a trainee counsellor, a Youth Worker, two Social Prescribers, and a mental health practitioner. All such colleagues work with identified pupils on a one-to-one basis on site. Some of these services are funded via the NHS.

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the relevant pastoral Head of Year in the first instance. If there is a concern that the pupil is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to **Mr A Jackson**, Designated Safeguarding Lead, or Deputy, in person and record the incident via CPOMS. If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the Office Staff.

Promoting Pupil Wellbeing

The school is committed to promoting positive mental, physical and emotional wellbeing for all pupils. This can be achieved by:

- Fostering a clear ethos and culture that promotes respect for all
- Providing opportunities to participate in pupil leadership roles
- Celebrating academic and non-academic achievements
- Providing access to support to meet pupil needs
- Teaching staff modelling positive and appropriate behaviours and interactions

Furthermore, a range of strategies will be adopted to achieve this and are outlined below:

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, through year-specific drop-down days, and through student-led initiatives.

The personal, social, health, citizenships, economic (PSHCE) education curriculum is a highly valued and important part of the curriculum. PSHCE is embedded within the broader school curriculum and school ethos. PSHCE content is delivered through form periods and timetabled lessons for Years 7 to 11, and through form periods and via a lecture programme for Years 12 and 13. The PSHCE curriculum has a specific strand for Health and Well-being and incorporates statutory relationships and sex education (RSE) content. The PSHCE content is further supported by using external providers to deliver specialist content.

Student, staff and parent feedback, as well as local and national evidence based research will be used regularly to feed into all teaching resources of PSHCE in general, including that of mental health and wellbeing.

The PSHCE overview can be accessed here.

Identification of Pupils with SEMH

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. It is essential that staff are aware of their responsibilities, as set out in statutory guidance (Part 1 of KCSIE[2] and in Working Together to Safeguard Children).

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101454/Keeping_children_safe_in_education_2022.pdf

If staff have a mental health concern that is also a safeguarding concern, immediate action should be taken, following their school's child protection policy and speaking to the designated safeguarding lead or a deputy. The school uses two key elements to reliably and consistently identify pupils at risk of mental health problems:

- effective use of data so that changes in pupils' patterns of attainment (SISRA), attendance (SIMS), or behaviour (Class Charts / CPOMS) are noticed and can be acted upon; along with
- an outstanding pastoral system so that at least one member of staff knows every pupil well and has received training to spot where bad or unusual behaviour (Class Charts / CPOMS) may have a root cause that needs addressing

The school will act decisively when it is suspected that a pupil is having mental health difficulties should and the following graduate response support is put into place:

- an assessment to establish a clear analysis of the pupil's needs;
- a plan to set out how the pupil will be supported;
- action to provide that support; and
- regular reviews to assess the effectiveness of the provision and lead to changes where necessary

The regularly issued pupil SEMH survey is also utilised to further support the identification of pupils in need (see Appendix 3).

An individual care plan could be created for pupils causing concern or who receive a diagnosis pertaining to their mental health. If used they can be collaboratively devised involving the voice of the student, the parents, carers and guardians and relevant health professionals and would be recorded via CPOMS. The details included within the care plan could include:

- Details of a pupil'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

Staff may become aware of warning signs, which indicate a pupil 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 the DSL.

Possible warning signs include, but are not limited to:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing
- Secretive behaviour
- Absconding PE or getting changed secretively
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

Managing Disclosures

If a pupil chooses to disclose concerns about their own mental health and well-being or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. All staff receive training on signs and symptoms of poor mental health and are adept at responding to disclosures with professionalism and consistency. If it is necessary for staff to pass on their concerns about a pupil they should discuss the following the pupil:

- Who we are going to talk to;

- What we are going to tell them;
- Why we need to tell them

All staff know any disclosure must be recorded on CPOMS following a discussion with the relevant Head of Year and/or DSL.

Parents, carers and guardians will generally be informed of SEMH issues regarding their child unless if doing so puts the pupil at further risk. The pupil's views will be considered when determining how and when to inform parents/carers. If a pupil gives 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.

Where parents/carers are informed the information will be shared in a sensitive manner as the information may be difficult for the parents/carers to initially respond to. The conversation will usually contain key facts from the disclosure, signposting for additional information and guidance, agreed action plan to support, and a review date. A summary of the conversation will be recorded on CPOMS as an 'action'.

Further details on responding to a disclosure and confidentiality should be obtained from the Child Protection policy and Staff Code of Conduct.

Signposting

Staff, pupils and parents, carers will be made aware of sources of support within school and in the local community. This will be provided primarily through conversations with targeted parents usually in response to a known concern, but also via the school website, home-school communication, information boards in classrooms, and through SEMH-themed events.

We will regularly highlight sources of support to pupils within relevant parts of the curriculum and in other presentations and assemblies. Whenever sources of support are highlighted and normalised, we will increase the chance of pupil help-seeking by ensuring they understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

Support offered within school could include pastoral staff intervention, counsellor, Youth Worker, Social Prescriber, MHST practitioner or Student Advisor.

External support offered could include, but not limited to, Compass, SELFA, Early Help, CAMHS etc.

Promoting Staff Wellbeing

The school is committed to promoting positive mental, physical and emotional wellbeing for all members of staff and will provide appropriate support as necessary.

This can be achieved by:

- Fostering a supportive work environment, operating in a fair and consistent manner.
- Promoting a healthy workplace and practices
- Paying attention to any indication of changes in performance or behaviour in staff and promote sympathetic alertness to staff who show signs of being under stress.
- Managing pressures, which may affect staff, including the impact of workload pressures, and anticipate likely problems, taking action to reduce the effects of these pressures where possible
- Conducting staff surveys, including a section on health and wellbeing, and share and act upon findings.

All staff should:

- Seek support or help when they think they are experiencing a problem, if possible, to a clearly identified line manager
- Act in a manner that respects the health and safety needs of themselves or others whilst in the workplace
- Consider wellbeing support mechanisms offered

- Where possible, be alert of any indication of changes of behaviour in colleagues and promote sympathetic alertness to colleagues who show signs of stress

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. Training opportunities for staff, who require more in-depth knowledge, will be considered as part of the performance management process.

Appendix 1

Common SEMH Conditions

Below is a non-exhaustive list of SEMH challenges:

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

Body dysmorphic disorder (BDD): Body dysmorphia is a mental health condition where a person spends a lot of time worrying about flaws in their appearance that are often unnoticeable to others. It is most common in teenagers and young adults affecting both men and women. It can seriously affect daily life, including work, social life and relationships. BDD can also lead to depression, self-harm and even suicidal ideation.

Depression: Depression refers to feeling excessively low or sad for weeks or months. 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 impairing work, social or personal functioning and could be displayed through behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

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: An eating disorder is a mental condition which affect an individual's relationship with food. The control of food is used to cope with feelings and other situations. Unhealthy eating behaviours may include eating too much or too little. Eating disorders often emerge when worries about weight or body image begin to dominate a person's life. Teenagers between 13 and 17 are mostly affected.

The most common eating disorders are:

- anorexia nervosa – trying to control your weight by not eating enough food, exercising too much, or doing both
- bulimia – losing control over how much you eat and then taking drastic action to not put on weight
- binge eating disorder (BED) – eating large portions of food until you feel uncomfortably full

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

Deliberate self-harm: Deliberate self-harm is behaviour where a young person intentionally inflicts physical pain upon themselves in order to cope with thoughts, feelings or experiences. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents. Younger children and pupils with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise 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.

Further information regarding mental health conditions can be obtained here: NHS - Mental Health Conditions

Appendix 2

Risk and protective factors that are believed to be associated with mental health outcomes[3] are displayed below.

	Risk factors	Protective factors
In the child	• 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, 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 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 relationship or the absence of severe discord
In the school	• Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships

[3] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1069687/Mental_health_and_behaviour_in_schools.pdf

		• Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can 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

Whole-school SEMH survey questions and rationale

Pupil Wellbeing Questionnaire Analysis

January 2023

Introduction

The first whole-school pupil wellbeing questionnaire was issued in September 2020 to gauge pupil wellbeing upon returning to education following the nationwide lockdown and subsequent school closures in March. The questionnaire was then repeated in February 2021 to gauge pupil wellbeing as before, but as a result of a further nationwide lockdown and school closure.

The survey was reissued for a third time in December 2022 and this document provides analysis of the data obtained from then. The release date of the survey followed a pupil-led initiative to raise awareness of mental health and how to access further support and also coincided with Year 11 and 13 mock exams.

The survey used at Ermysted's is based, in part, on the Short Warwick-Edinburgh Mental Wellbeing Scales. This provided positively worded questions and guidance on an average wellbeing score to provide comparison.

The questionnaire was conducted using Microsoft Forms and distributed through email and Class Charts. It was completed during December and requested pupils reflect on the winter term.

Question Summary

- 11 questions were asked in total which included school-specific questions. The questions asked were:
    - I've been feeling optimistic about the future
    - I've been feeling cheerful
    - I've been feeling relaxed
    - I've been dealing with problems well
    - I've been thinking clearly
    - I've been feeling close to other people
    - I've been feeling good about myself
    - I've been feeling safe in school
    - I've been feeling happy in school
    - I've been bullied
    - I know where to get help in school if I need it
- All questions were answered with five response categories; None of the time, Rarely, Some of the time, Often, All of the time and referred to the previous three weeks of being back in school.
- The questions were all worded positively and covered both feeling and functioning aspects of mental wellbeing.
- The five response categories were given a score 1-5 and an average score was calculated to indicate the pupil's wellbeing score.