



Mental Health and Wellbeing Policy

2025 - 2026

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At St John Plessington Catholic College, we recognise that every child is created in the image and likeness of God and is deserving of love, dignity, and respect. Guided by the Gospel values of compassion, hope, forgiveness, and service, we are committed to nurturing the mental health and wellbeing of all members of our school community. In promoting positive wellbeing, we seek to create a safe, supportive environment where every child can flourish academically, spiritually, socially, and emotionally, living life to the full (John 10:10).

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1. Statement of Intent

At St John Plessington, we are committed to creating a nurturing and supportive environment that fosters the well-being and mental health of all members of our school community. This supports us in achieving our vision of 'A Catholic learning community committed to excellence in all we do' through our mission of 'To build an inclusive Catholic community founded on the Gospel Values.' We recognize that mental health is fluid and is as vital as physical health for personal development, academic achievement, and overall success.

This policy focuses on students' mental health and wellbeing. It aims to:

- Set out our school's approach to promoting positive mental health and wellbeing for all pupils across our school
- Provide guidance to staff on their role in supporting pupils' mental health and wellbeing, including how they can foster and maintain an inclusive culture in which pupils feel able to talk about and reflect on their experiences of mental health
- Support staff to identify and respond to early warning signs of mental health issues
- Inform pupils and their parents/carers about the support they can expect from our school in respect of pupils' mental health and wellbeing, and provide them with access to resources

At SJP, we endeavour to:

- Create a positive and inclusive environment where everyone feels safe and valued
- Develop and maintain a culture of empathy, understanding, and open communication
- Promote an ethos and environment that promotes pride, respect and determination
- Promote the mental health and well-being of all students and staff
- Provide support and intervention for individuals facing mental health challenges
- Raise awareness and reduce stigma surrounding mental health
- Provide opportunities for staff development to support their own wellbeing and that of pupils and learners
- Ensure that the curriculum promotes resilience and supports social and emotional learning and mental health literacy
- Enable student voice to influence decisions
- Identify the need for and monitoring the impact of interventions
- Working collaboratively with families

This policy is developed in accordance with the guidance from the Department of Education and outlines our commitment to promoting mental health and well-being.

2. Legislation and guidance

2.1 This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- [The Equality Act 2010](#)
- [The Data Protection Act 2018](#)
- Articles 3 and 23 of the [UN Convention on the Rights of the Child](#)
- [Children and Families Act 2014](#)
- [Health and Social Care Act 2012](#)
- [Education Act 2011](#)
- [Mental Capacity Act 2005](#)
- [Children Act 1989](#)

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

- DfE (2025) [Keeping Children Safe in Education](#)
- DfE (2025) [Promoting and supporting mental health and wellbeing in schools and colleges](#)
- DfE (2020) [SEND code of practice: 0 to 25 years](#)
- DfE (2018) [Mental health and behaviour in schools](#)
- DfE (2016) [Counselling in schools: a blueprint for the future](#)

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

- Child Protection and Safeguarding Policy
- Special Educational Needs and Disabilities (SEND)
- SEND Policy
- Behaviour Policy
- Staff Code of Conduct
- Online Safety Policy
- Anti-bullying Policy
- Accessibility Plan
- Code of Conduct

3. What is meant by mental health?

3.1 Mental health

'Mental health' is defined by the World Health Organization (WHO) as:

"a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community." (August, 2014)

Mental health encompasses all types of health related to the way that a person may feel, think and behave, relate to others and make choices. Every person has mental health, similar to physical health. People can have good mental health and experience poor mental health. In some instances, a person may have a mental health condition (mental ill health). Mental health is fluid and can change over time, similar to physical health.

3.2 Poor mental health

Poor mental health is a state that has a negative impact on the way that a person may think, feel and behave. Poor mental health can cause distress or inability in social, work, school, or family settings and may impact daily living. This includes how a person relates and interacts with those around them.

3.3. Mental ill health

The difference between poor mental health and mental ill health is generally the degree and length of time the difficulties experienced impact a person's wellbeing and functioning.

4. Common social, emotional and mental health difficulties

4.1. Anxiety

Most people experience anxiety at some time. It is a natural response that is useful in helping us to avoid dangerous situations. Anxiety can include feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a pupil's ability to develop, learn and sustain and maintain friendships.

Specialists reference the following **diagnostic** categories:

- **Generalised anxiety disorder:** This is a long-term diagnosed 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 diagnosed condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder (OCD):** This is a diagnosed 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 diagnosed excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack.
- **Separation anxiety disorder:** This diagnosed 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 pupil's age.
- **Social phobia:** This is a diagnosed intense fear of social or performance situations.

- **Agoraphobia:** This refers to a diagnosed fear of being in situations where escape might be difficult, or help would be unavailable if things go wrong.

4.2. Depression

Depression impacts individuals in different ways and affects emotions, thinking, behaviour and physical wellbeing. Depression refers to feeling excessively low or sad. Depression can significantly affect a pupil'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 pupil 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 pupil experiencing a daily depressed mood for at least two years.

4.3 Hyperkinetic disorders

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

4.4. Attachment disorders

Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Pupils 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.

4.5. Eating disorders

Despite common thought, eating disorders are not a result of wanting to lose weight. There is no single cause of an eating disorder. An eating disorder can be an attempt to deal or control emotional and stress-related issues. Eating disorders are serious mental illnesses which affect an individual's relationship with food.

4.6. Substance misuse

Substance misuse is the use of harmful substances, e.g. drugs, solvents and alcohol. Substance misuse is often an unhelpful coping strategy for people struggling with poor mental health.

4.7. Self-harm

Deliberate self-harm is a behaviour, not a mental health condition. Self harm is not the same as attempted suicide. Self-harm is where a person intentionally inflicts physical pain upon themselves. It is usually an attempt to cope with underlying feelings of distress or despair, regain a sense of control, self punish or communicate feelings of distress.

4.8. Post-traumatic stress

Post-traumatic stress is recurring trauma due to experiencing or witnessing something deeply shocking or disturbing. If symptoms persist, a person can develop diagnosed post-traumatic stress disorder.

5. Stress and mental health

The school recognises that short-term stress and worry is a normal part of life and that most pupils will face mild or transitory changes that induce short-term mental health effects. Staff are taught to differentiate between 'normal' stress and more persistent mental health problems.

6. Roles and responsibilities

All staff are responsible for promoting positive mental health and wellbeing across our school and for understanding risk factors. If any members of staff are concerned about a pupil's mental health or wellbeing, they should inform a member of the deputy designated safeguarding lead team, or the designated safeguarding lead (DSL).

which sets out how we relate to our pupils and build positive relationships.

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

- **Preventing mental health and wellbeing difficulties:**

By creating a safe and calm environment, where relational practice is at the heart of every interaction with a child; mental health problems are less likely to occur. With positive relationships and the three key touchstone principles of kind, smart and present underpinning our core values of Pride, Respect & Determination, the leadership team can improve the mental health and wellbeing of the school community and instil resilience in pupils. A preventative approach includes teaching pupils about mental wellbeing through the curriculum and reinforcing these messages in our activities and ethos.

- **Identifying mental health and wellbeing difficulties**

By equipping staff with the knowledge required, early and accurate identification of emerging problems are enabled.

- **Providing early support for pupils experiencing mental health and wellbeing difficulties**

By raising awareness and employing efficient referral processes, the school's leadership can help pupils access evidence-based early support and interventions.

- **Accessing specialist support to assist pupils with mental health and wellbeing difficulties**

By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.

- **Identifying and supporting pupils with SEND**

As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for pupils with mental health difficulties that amount to SEND.

- **Identifying where wellbeing concerns represent safeguarding concerns**

Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

6.2. The governing board is responsible for:

- Fully engaging pupils with SEMH difficulties and their parents when drawing up policies that affect them.
- Identifying, assessing and organising provision for all pupils with SEMH difficulties, whether or not they have an EHC plan.
- Endeavouring to secure the special educational provision called for by a pupil's SEMH difficulties.
- Designating an appropriate member of staff to be the SENDCo and coordinating provisions for pupils with SEMH difficulties.
- Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised.
- Ensuring arrangements are in place to support pupils with SEMH difficulties.
- Appointing an individual governor or sub-committee to oversee the school's arrangements for SEMH.
- Ensuring there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems.

6.3. The Headteacher, Mr McLoughlin is responsible for:

- Ensuring that those teaching or working with pupils 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 role, in a similar way to other important strategic roles within the school.
- Ensuring that staff members understand the strategies used to identify and support students with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against students with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including students with SEMH difficulties in all opportunities that are available to other students.
- Consulting health and social care professionals, pupils and parents to ensure the needs of students with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving students with SEMH difficulties.
- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through voluntary sector organisations and the NHS.

6.4. The mental health lead, Ms Gascoigne 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 pupils and parents with regards to pupils' 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.
- Coordinating with the SENDCo and mental health support teams to provide a high standard of care to pupils who have SEMH difficulties.
- Being a key point of contact with external agencies, especially the mental health support services, the Local Authority, Local Authority 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 pupils with SEMH difficulties to external services, e.g. specialist children and young people's mental health services (CAMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on pupils' education and wellbeing.
- Liaising with parents of pupils 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 post 16 teachers, to ensure that pupils and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.

6.5. The SENDCo, Mrs Dakers is responsible for:

- Collaborating with the governing board, Headteacher and the mental health lead, as part of 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.
- Collaborating with the mental health lead in supporting the subject teachers in the further assessment of a student's particular strengths and areas for improvement, and advising on the effective implementation of support.

6.6. Teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning and reviewing support for their students with SEMH difficulties in collaboration with parents, the SENDCo and, where appropriate, the students themselves.
- Setting high expectations and practising concept of high support with high challenge for every student,
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every student achieving their full potential.
- Being responsible and accountable for the progress and development of the students in their class.
- Being aware of the needs, outcomes sought and support provided to any students with SEMH difficulties.
- Keeping the relevant figures of authority up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant figures of authority include: SENDCo Headteacher, Head of Department, Mental Health Lead, Head of Learning and Learning Coaches.

6.7. Mental Health First Aid

At SJP, we have five staff members that have completed the Mental Health First Aid England course. Our mental health first aid staff are:

- Mrs E Donohoe- Deputy Headteacher
- Ms J Gascoigne- Designated Safeguarding Lead
- Mrs H Clark- Teacher of Maths and MHFA England Instructor

Mental Health First Aid is the support given to someone experiencing poor mental health if professional help is not required or before professional help is accessed. Mental health first aid adopts a person-centred approach to mental health and provides first-level support and early intervention. **This does not mean that they are qualified to diagnose mental health conditions.**

6.8. The school works in collaboration with mental health support workers who are trained professionals who act as a bridge between schools and mental health agencies.

7. Creating a supportive whole-school culture

7.1. Senior leaders will clearly communicate their vision for good mental health and wellbeing with the whole school community.

7.2. The school utilises various strategies to support pupils who are experiencing high levels of psychological stress, or who are at risk of developing SEMH concerns, including:

- Teaching about mental health and wellbeing through our personal development curriculum
- Counselling
- Creative arts therapy
- Mental health first aid
- Mentoring
- Positive classroom management
- Developing pupils' social skills
- Working with parents
- Peer support

7.3. The school's [Behaviour Policy](#) and Anti-bullying Policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

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

7.5. Pupils 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.

7.6 Supporting Peers

When a student experiences poor mental health, it can be a difficult time for their friends who often try to support them. Friends generally want to offer support but do not know how without compromising their own well-being. It is possible that friends may learn unhelpful coping strategies from each other.

In order to keep peers safe, we will consider on a student by student basis which friends may need additional support. Students who are supporting their peers with mental health difficulties will know they can seek support from mental health first aiders in school and the year pastoral team.

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 family 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

7.7 Peer Mentoring

We are currently developing a mental health peer training programme that will be launched in the 2025/26 academic year.

7.8. Support for staff

We recognise that supporting a student experiencing poor mental health can affect that staff member's own mental health and wellbeing. To help with this we will:

- Outline the support offered to staff
- Treat mental health concerns seriously
- Support staff experiencing poor mental health themselves
- Create a pleasant and supportive work environment
- Health Assured newsletter is circulated to all staff monthly
- Employees are reminded that School offers an Employee Assistance Programme, partnered with Health Assured and also offers support their immediate family members*, 24 hours a day, 7 days a week, 365 days a year.

8. Training in School

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

8.2. The SLT promotes CPD to ensure that staff can recognise common signs of mental health concerns, improve mental health literacy and language, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.

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

8.4. Staff receive training to ensure they:

- Can recognise common suicide risk factors and warning signs.
- Understand what to do if they have concerns about a pupil demonstrating suicidal thoughts or behaviour.
- Know what support is available for pupils and how to refer pupils to such support where needed.

8.5. In addition to training sessions, improved awareness of mental health issues may be achieved through awareness raising campaigns or events. These are particularly effective if tied in with other events such as World Mental Health Day, which provide opportunities for staff and students to work together.

Campaigns that include practical activities such as workshops to promote mental well-being may be particularly effective in promoting the awareness of good mental health.

8.6. Suggestions for individual, group or whole school CPD can be discussed with J Gascoigne, Mental Health Lead, who will also highlight sources of relevant training and support for individuals as needed.

9. Identifying signs of SEMH difficulties

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

9.2. Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.

9.3. All students will complete the PASS test twice during the academic year. At SJP we firmly believe that social and emotional wellbeing is essential for effective learning, PASS enables schools to understand how a student feels about themselves, their engagement with the curriculum, and their feelings about school. At SJP, we use the data from the PASS test to put support in place for highlighted students needing pastoral support immediately and sensitively. This enhances student-teacher relationships and improves wellbeing for students in school.

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

- **Stage 1 – Universal Support**
- **Stage 2 – Targeted Support**
- **Stage 3 – Individual Support**

It is essential to recognise that children and young people can experience crisis points, and there may be isolated times where it is not appropriate or safe to follow this graduated approach, and a more immediate response is required.

Examples of this include:

- If a child or young person informs you they have taken an overdose or made an attempt to end their life
- If a child or young person informs you they have actual INTENT or a PLAN to end their life
- If a child or young person appears to be in a highly distressed state due to experiencing altered perceptions, unusual or abnormal experiences such as hearing voices

In these circumstances, the following steps may be followed:

- If the child or young person reports an overdose/severe self-harm and appears physically unwell then an ambulance should be called and parents/carers informed.
- If the child or young person reports any intent/plan to end their life a telephone consultation should be initiated with Healthy Young Minds and the child's family is informed and is collected from school.
- If there is any uncertainty about the risk to a child or young person's mental health or safety, the DSL will be informed immediately.
- If there are safeguarding concerns, our staff will follow their usual safeguarding procedures.
- A safety plan for the student is created, with the input of both the student and their family. All staff are aware of the safety plan.

9.5. Staff members understand that persistent mental health difficulties are a barrier to learning and may lead to SEND. If this occurs, the mental health lead ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing school counselling. Both the student and their family are involved in any decision-making concerning what support the pupil needs.

- 9.6.** Where appropriate, the mental health lead may ask parents to give consent to their child's GP to share relevant information regarding SEMH with the school.
- 9.7.** Where possible, the school is aware of any support programmes GPs are offering to pupils who have been diagnosed with SEMH conditions, especially when these may impact the student's behaviour and progress at school.
- 9.8.** Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties.
- 9.9.** Staff members consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.
- 9.10.** Staff members take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously.
- 9.11.** The assessment, intervention and support processes available from the LA are in line with the local offer.
- 9.12.** All assessments are in line with the provisions outlined in the school's SEND Policy.
- 9.13.** Staff members are aware of factors that put pupils at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties and family problems.
- 9.14.** Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.
- 9.15.** Staff members promote resilience to help encourage positive SEMH.
- 9.16.** Staff members understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.
- 9.17.** Staff members understand what indicators they should be aware of that may point to SEMH difficulties, such as behavioural problems, pupils distancing themselves from other pupils or changes in attitude.
- 9.18.** Staff members understand that where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.
- 9.19.** Poor behaviour is managed in line with the school's Behavioural Policy.
- 9.20.** Staff members will observe, identify and monitor the behaviour of pupils potentially displaying signs of SEMH difficulties; however, only **medical professionals will make a diagnosis of a mental health condition**. Non-professional diagnoses, however well meant, can exacerbate or promote mental health problems. Schools, however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.
- 9.21.** Student's summative assessment data is reviewed during pastoral, attendance and curriculum AIM meetings in line with the school calendar by the SLT, Heads of Department and Heads of Learning so that patterns of attainment, attendance or behaviour are noticed and can be acted upon swiftly.
- 9.22.** An effective pastoral system based on relational practice is in place at SJP so that every pupil is well known and can build positive relationships with staff.
- 9.23.** Staff members are mindful that some groups of pupils are more vulnerable to mental health difficulties than others; these include CLA, PLAC, pupils with SEND and pupils from disadvantaged backgrounds.
- 9.24.** Staff members are aware of the signs that may indicate if a pupil is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:

- Anxiety

- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings
- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

10. Vulnerable groups

10.1. Some pupils 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.

10.2. Staff are aware of the increased likelihood of SEMH difficulties in pupils in vulnerable groups and remain vigilant to early signs of difficulties.

10.3. Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- Looked after children (PLAC)
- Previously Looked After Children (PLAC)
- Socio-economic disadvantage is another identified risk factor for mental health. This may include children currently or previously receiving Free School Meals and eligible for the Pupil Premium.

10.4. These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible suspension of vulnerable pupils, in line with the graduated response outlined in our Behaviour Policy.

11. Children in need, looked after children (CLA) and previously looked after children (PLAC)

11.1. Children in need, CLA and PLAC are more likely to have SEND and experience mental health difficulties than their peers.

11.2. Children in need, CLA and PLAC may struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings (e.g. shame, sadness, anxiety and anger), sensory processing difficulties, foetal alcohol syndrome and coping with transition and change.

11.3. Children in Need may be living in very chaotic circumstances and be suffering or at risk of suffering abuse, neglect and exploitation. They may also have less support outside of school. The impact of these circumstances can have wide-ranging impacts on children's own behaviour, their interpersonal behaviour and emotional state, school staff are aware of this.

11.4. The impact of these pupils' experiences is reflected in the design and application of the school's Behaviour Policy, including through individualised graduated responses.

11.5. The school uses multi-agency working as an effective way to inform assessment procedures.

11.6. Where a pupil is being supported by Local Authorities Children's Social Care Services, the school works collaboratively with their allocated social worker, carer and Looked After Children Education Services (LACES) to better understand the pupil's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.

11.7. When the school has concerns about a looked-after child's behaviour, the designated teacher and Virtual School Head (VSH) are informed at the earliest opportunity so they can help to determine the best way to support the pupil.

11.8. 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 pupil.

12. Adverse childhood experiences (ACEs) and other events that impact pupils' SEMH

12.1. The balance between risk and protective factors is disrupted when traumatic events happen in pupils' 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 pupil, 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.

12.2. Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

12.3. The school supports pupils 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.

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

13. SEND and SEMH

13.1. The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the SEND Policy.

13.2. Where pupils 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.

13.3. Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the pupil's SEND.

13.4. The headteacher considers the use of a multi-agency assessment for pupils 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 pupil.

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

13.6. The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the school, regardless of whether or not a pupil has SEND).

13.7. All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties.

13.8. The SENCO ensures that staff understand how the school identifies and meets pupils' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

14. What influences mental health?

There is often no single cause for poor mental health or diagnosable mental health conditions. There are risk factors in a person's life that may contribute to developing poor mental health. In addition, there are protective factors, which contribute towards positive mental health. Identifying protective and risk factors for students may guide the prevention and intervention strategies to support them with their mental health.

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 pupil:

	Risk Factors	Protective Factors
In the student	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills, 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 • 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

15. SEMH intervention and support

15.1. The Personal Development curriculum focuses on promoting student's resilience, confidence and ability to learn.

We follow the [PSHE Association Guidance teaching mental health and emotional wellbeing](#).

Pupils are taught to:

- Develop healthy coping strategies
- Challenge misconceptions around mental health
- Understand their own emotional state
- Keep themselves safe

15.2. Relational practice and positive classroom management is utilised to promote positive behaviour, social development and high self-esteem.

15.4. As part of our school's commitment to promoting positive mental health and wellbeing for all pupils, our school offers support to all pupils by:

- Raising awareness of mental health during assemblies, tutor time, PSHE and mental health awareness week
- Signposting all pupils to sources of online support on our school website
- Having open discussions about mental health during lessons
- Providing pupils with avenues to provide feedback on any elements of our school that is negatively impacting their mental health
- Monitoring all pupils' mental health through assessments, e.g. PASS tests
- Appointing a senior mental health lead with a strategic oversight of our whole school approach to mental health and wellbeing
- Offering pastoral support, e.g. through Heads of Learning Making classrooms a safe space to discuss mental health and wellbeing through interventions such as:
 - Raise a concern boxes

15.4. School-based mentoring and counselling is offered to pupils who require it. Relevant external services are utilised where appropriate, e.g. Action for Children counselling, HSIS, signposting to Kooth and Hatch.

15.5. The school develops and maintains pupils' social skills.

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

15.7. Where appropriate, the school supports parents in the management and development of their child. This may also mean signposting parents to further support and working with Early Help services.

15.8. When in-school intervention is not appropriate, referrals and commissioning support will take the place of in-school interventions. The school will continue to support the pupil as much as possible throughout the process.

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

15.10. To ensure referring pupils to CAMHS is effective, staff follow the process below:

- Use a clear, approved process for identifying pupils in need of further support
- Document evidence of their SEMH difficulties
- Encourage the pupil and their parents to speak to the pupil's GP
- Work with parents when completing the referral
- 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 pupil needs their services
- Have a close working relationship with the local CAMHS specialist
- Consult CAMHS about the most effective things the school can do to support pupils whose needs aren't so severe that they require specialist CAMHS

15.10. The school seeks to commission individual health and support services directly for pupils who require additional help.

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

15.12. The school implements the following approach to interventions:

- School-based counselling will often take the form of talking therapy, drawing on creative approaches where appropriate and necessary.
- For severe cases, a range of tailored and multi-component interventions are established and used.

15.13. Through the curriculum, pupils are taught how to:

- Build self-esteem and a positive self-image.
- Foster the ability to self-reflect and problem-solve.
- Protect against self-criticism and social perfectionism.
- Foster self-reliance and the ability to act and think independently.
- Create opportunities for positive interaction with others.
- Get involved in school life and related decision-making.

15.14. For pupils with more complex concerns, additional in-school support includes:

- Supporting the student's teacher to help them manage the pupil's behaviour.
- Additional pastoral mentoring through the year team to support the student.
- Tailored work with the student delivered by mental health first aiders and external mental health specialists.
- The creation of an IHP – a statutory duty for schools when caring for pupils with complex medical needs.
- Seeking professional mental health recommendations regarding medication.
- Family support and/or therapy where recommended by mental health professionals.

16. Suicide concern intervention and support

16.1. Where a pupil discloses suicidal thoughts or a teacher has a concern about a pupil, teachers should:

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

16.2. Once suicide concerns have been referred to the DSL, safeguarding procedures are followed and the pupil's parents are contacted.

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

16.4. The DSL and any other relevant staff members, alongside the pupil and their parents, work together to create a safety plan outlining how the pupil is kept safe and the support available.

16.5. Safety plans:

- Are always created in accordance with advice from external services and the students themselves
- Are reviewed regularly by the family, student, DSL and mental health first aiders

17. Working with other schools

17.1. The school works with local schools to share best practice, resources and expertise regarding SEMH.

18. Commissioning local services

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

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

18.3. The school commissions support from school nurses and their teams to:

- Build trusting relationships with pupils.
- Support the interaction between health professionals and schools – they work with mental health teams to identify vulnerable pupils and provide tailored support.
- Engage with pupils in their own homes – enabling early identification and intervention to prevent problems from escalating.

19. Working with families

19.1. The school works with families wherever possible to ensure that a collaborative approach is utilised which combines in-school support with at-home support.

19.2. The school ensures that pupils and parents are aware of the mental health support services available from the school.

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

20. Working with alternative provision (AP) settings

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

20.2. The school shares information with AP settings that enables clear plans to be developed to measure student progress towards reintegration into mainstream schooling, further education or employment. These plans link to EHC plans, where necessary, for pupils with SEND.

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

21. Behaviour

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

21.2. Where there are concerns over behaviour, the school carries out a graduated approach to determine 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. These concerns are raised initially through GAS meetings. The actions are reviewed by key pastoral staff and SLT. During these meetings further interventions may be considered and the SENDCAR updated.

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

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

22. Safeguarding

22.1. All staff are aware that SEMH concerns can, in some cases, be an indicator that a pupil has suffered or is at risk of suffering abuse, neglect or exploitation.

22.2. If a staff member has a SEMH concern about a pupil that is also a safeguarding concern, they take immediate action in line with the Child Protection and Safeguarding Policy.

23. Monitoring and review

23.1. The policy is reviewed on an annual basis by the DSL and Mental Health Lead in conjunction with the governing board – any changes made to this policy are communicated to all members of staff.

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

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

23.4. The next scheduled review date for this policy is September 2026

