Bedford High School

A Specialist Business and Enterprise College
To Care To Learn To Achieve

Social, Emotional, Mental Health
and Well-being Policy

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Document control

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Changes History

Version	Date	Description/Change	Page

1. Statement of intent

This policy outlines the framework for Bedford 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.
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 and/or negative behaviours
- Reduce emotionally based school avoidance, which can lead to increased probability of students becoming NEET.

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

- The involvement of students and their parents in decision-making
- The early identification of students' needs
- A multi-agency, student centered approach

2. Legal framework

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

- Young people and Families Act 2014
- Health and Social Care Act 2012
- Equality Act 2010
- Education Act 2002
- Mental Capacity Act 2005
- Young people Act 1989

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

- DfE (2021) 'Keeping young people safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

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

- Safeguarding, Child Protection and Early Help Policy
- SEND Policy
- Behaviour and Rewards Policy
- Staff Code of Conduct

3 Our Vision

Our school is a happy harmonious learning community where staff and students feel safe and secure. School life is characterised by a calm, businesslike environment underpinned by relationships built upon mutual respect. Our expectation is that all students and staff will behave in appropriate and socially acceptable ways. Our school takes seriously its' role in helping students success and we have a role to play in keeping them resilient and mentally healthy.

The school aims to increase the level of awareness and understanding of young people's mental health and well-being. The school aims to detect and address problems in the earliest stages and nurture effective working relationships with external agencies outside school that support mental health and well-being.

4 What is Mental Health and Well-Being?

Mental health is defined as a person's mental and emotional ability to make a full and positive contribution to the society in which they live in.

Young people who are mentally healthy have the ability to:
- develop psychologically, emotionally, intellectually and spiritually;
- initiate, develop and sustain mutually satisfying personal relationships;
- use and enjoy solitude;
- become aware of others and empathise with them;
- play and learn;
- develop a sense of right and wrong; and
- resolve (face) problems and setbacks and learn from them.

1 in 10 people aged 5-16 have clinically diagnosed mental health problems, while 1 in 6 has an emergent or less severe mental health issue.

5 Pressures on Young People

Some students may have a genetic predisposition to mental health problems, but there are also many pressures that might be placed on young people from external forces that may cause them to struggle with their well-being:
- loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted;
- life changes – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form; and
- traumatic events such as abuse, domestic violence, bullying, violence, accidents, injuries, natural disaster or a pandemic.

6 Types of common SEMH difficulties

A student may be considered to be suffering a mental health problem if they are diagnosed with the following:

6.1 **Anxiety:** Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a student's ability to develop, learn and sustain and maintain friendships. Specialists reference the following diagnostic categories:

- **Generalised anxiety disorder:** This is a long-term condition which causes people to feel anxious about a wide range of situations and issues, rather than one specific event.

- **Panic disorder:** This is a condition in which people have recurring and regular panic attacks, often for no obvious reason.
- **Obsessive-compulsive disorder (OCD):** This is a mental health condition where a person has obsessive thoughts (unwanted, unpleasant thoughts, images or urges that repeatedly enter their mind, causing them anxiety) and compulsions (repetitive behaviour or mental acts that they feel they must carry out to try to prevent an obsession coming true).
- **Specific phobias:** This is the excessive fear of an object or a situation, to the extent that it causes an anxious response such as a panic attack (e.g. school phobia).
- **Separation anxiety disorder:** This disorder involves worrying about being away from home, or about being far away from parents, at a level that is much more severe than normal for a student's age.
- **Social phobia:** This is an intense fear of social or performance situations.
- **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.

6. 2 Depression: Depression refers to feeling excessively low or sad. Depression can significantly affect a student's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:

- **Major depressive disorder (MDD):** A student with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
- **Dysthymic disorder:** This is less severe than MDD and characterised by a student experiencing a daily depressed mood for at least two years.

6.3 Hyperkinetic disorders: Hyperkinetic disorders refer to a student who is excessively easily distracted, impulsive or inattentive. If a student is diagnosed with a hyperkinetic disorder, it will be one of the following:

- **Attention deficit hyperactivity disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some young people show the signs of all three characteristics, which is called 'combined type ADHD', other young people 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.

6.4 Attachment disorders: Attachment disorders refer to the excessive distress experienced when a child is separated from a special person in their life, like a parent. Students suffering from attachment disorders can struggle to make secure attachments with peers. Researchers generally agree that there are four main factors that influence attachment disorders, these are:

- Opportunity to establish a close relationship with a primary caregiver.
- The quality of caregiving.
- The child's characteristics.

- Family context.

6.5 Eating disorders: Eating disorders are serious mental illnesses which affect an individual's relationship with food. Eating disorders often emerge when worries about weight begin to dominate a person's life.

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

6.7 Deliberate self-harm:
Self-harm is when someone hurts themselves deliberately, as a way of dealing with difficult feelings, experiences or situations. People who self-harm, choose to do so in many different ways including:
• Cutting / damaging skin

• Fighting with an intention of getting hurt

• Swallowing hazardous objects / Poisoning

• Taking prescription or non-prescription drugs

• Burning or scalding

• Hair-pulling

• Banging/hitting/punching/bruising the head or other parts of the body

• Scouring or scrubbing the body excessively

• Inappropriately using aerosols

• Episodes of alcohol/drug/substance misuse

• Under eating / Over eating

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

7 Roles and responsibilities

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

- **Preventing mental health and wellbeing difficulties:** By creating a safe and calm environment, where mental health problems are less likely to occur, the leadership can improve the mental health and wellbeing of the school community and instill resilience in students. A preventative approach includes teaching students 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 is enabled.
- **Providing early support for students experiencing mental health and wellbeing difficulties:** By raising awareness and employing efficient referral processes, the school's leadership can help students access evidence-based early support and interventions.
- **Accessing specialist support to assist students with mental health and wellbeing difficulties:** By working effectively with external agencies, the school can provide swift access or referrals to specialist support and treatment.

- **Identifying and supporting students with SEND:** As part of this duty, the school's leadership considers how to use some of the SEND resources to provide support for students with mental health difficulties that amount to SEND.
- **Identifying where wellbeing concerns represent safeguarding concerns:** Where mental health and wellbeing concerns could be an indicator of abuse, neglect or exploitation, the school will ensure that appropriate safeguarding referrals are made in line with the Child Protection and Safeguarding Policy.

7.2 The governing board is responsible for:

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

7.3 The Headteacher is responsible for:

- Ensuring that those teaching or working with students with SEMH difficulties are aware of their needs and have arrangements in place to meet them.
- Ensuring that teachers monitor and review students' academic and emotional progress during the course of the academic year.
- Ensuring that the SENCO, DSL, SMHL has sufficient time and resources to carry out their functions, in a similar way to other important strategic roles within the school.
- On an annual basis, carefully reviewing the quality of teaching for students at risk of underachievement, as a core part of the school's performance management arrangements.
- Ensuring that staff members understand the strategies used to identify and support students with SEMH difficulties.
- Ensuring that procedures and policies for the day-to-day running of the school do not directly or indirectly discriminate against students with SEMH difficulties.
- Establishing and maintaining a culture of high expectations and including students with SEMH difficulties in all opportunities that are available to other students.
- Consulting health and social care professionals, students and parents to ensure the needs of students with SEMH difficulties are effectively supported.
- Keeping parents and relevant staff up-to-date with any changes or concerns involving students with SEMH difficulties.

- Ensuring staff members have a good understanding of the mental health support services that are available in their local area, both through the NHS and voluntary sector organisations.

7.4 **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 SENCO, DSL, headteacher and governing board, as part of the SLT, to outline and strategically develop SEMH policies and provisions for the school.
- Coordinating with the SENCO, DSL and mental health support teams to provide a high standard of care to students who have SEMH difficulties.
- Advising on the deployment of the school's budget and other resources in order to effectively meet the needs of students with SEMH difficulties.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents and other agencies, including SEMH charities.
- 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 secondary school teachers, to ensure that students and their parents are informed about options and a smooth transition is planned.
- Leading mental health CPD.

7.5 **The DSL is responsible for:**

- 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.
- Referring students with SEMH difficulties to external services, e.g. specialist young people and young people's mental health services (CYPMHS), to receive additional support where required.
- Ensure accurate record keeping for safeguarding, including mental health concerns.

7.6 The SENCO 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.
- 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.

7.7 Teaching staff are responsible for:

- Being aware of the signs of SEMH difficulties.
- Planning support for their students with SEMH difficulties in line with teaching and learning procedures.
- Setting high expectations for every student and aiming to teach them the full curriculum, whatever their prior attainment.
- Planning lessons to address potential areas of difficulty to ensure that there are no barriers to every student achieving their full potential, and that every student with SEMH difficulties will be able to study the full national curriculum.
- Being responsible and accountable for the progress and development of the students in their class.
- Being aware of the needs, outcomes sought and support provided to any students with SEMH difficulties.
- Reporting any changes in behaviour, academic developments and causes of concern on CPOMS.

    The school works in collaboration with external agencies.

8   Creating a supportive whole-school culture

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

8.2   The school utilises various strategies to support students who are experiencing high levels of psychological stress, or who are at risk of developing SEMH problems, including:

- Teaching about mental health and wellbeing through curriculum subjects such as:
- Personal Development and Ethics (PDE)
- Form time activities and assemblies
- Awareness days/weeks
- Counselling
- Wellbeing support through Child Action Northwest (CANW)
- Early Helps
- Aspiration Centre interventions
- SEND interventions
- Positive rewards / incentives
- Developing students' social skills
- Parental engagement
- Peer support / Mental health and wellbeing champions

8.3   Through the curriculum, students are taught how to:

- Build self-esteem and a positive self-image.
- Foster the ability to self-reflect and problem-solve.
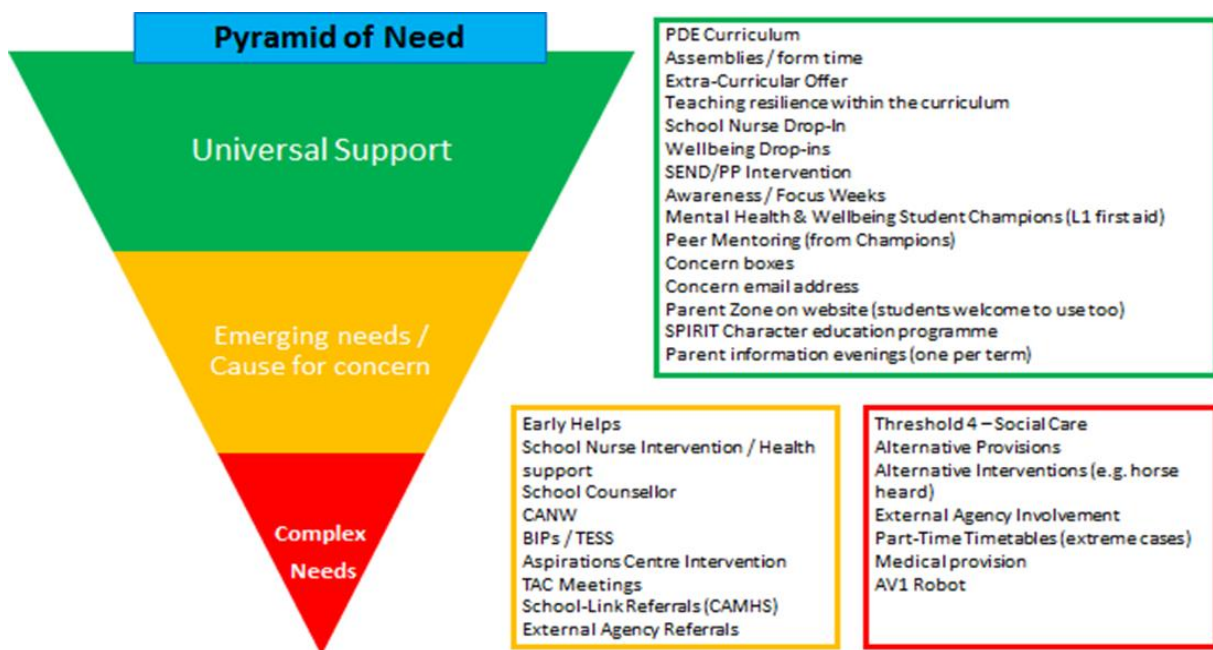- Protect against self-criticism and social perfectionism.

- Foster self-reliance and the ability to act and think independently.

- Create opportunities for positive interaction with others.

- Get involved in school life and related decision-making.

8.4 The school's Behaviour Policy includes measures to prevent and tackle bullying, and contains an individualised, graduated response when behaviour may be the result of mental health needs or other vulnerabilities.

8.5 The SLT ensures that there are clear policies and processes in place.

8.6 Students know where to go for further information and support should they wish to talk about their mental health needs or concerns over a peer's or family member's mental health or wellbeing.

Pyramid of Need

Universal Support

Emerging needs / Cause for concern

Complex Needs

PDE Curriculum
Assemblies / form time
Extra-Curricular Offer
Teaching resilience within the curriculum
School Nurse Drop-In
Wellbeing Drop-ins
SEND/PP Intervention
Awareness / Focus Weeks
Mental Health & Wellbeing Student Champions (L1 first aid)
Peer Mentoring (from Champions)
Concern boxes
Concern email address
Parent Zone on website (students welcome to use too)
SPIRIT Character education programme
Parent information evenings (one per term)

Early Helps
School Nurse Intervention / Health support
School Counsellor
CANW
BIPs / TESS
Aspirations Centre Intervention
TAC Meetings
School-Link Referrals (CAMHS)
External Agency Referrals

Threshold 4 – Social Care
Alternative Provisions
Alternative Interventions (e.g. horse heard)
External Agency Involvement
Part-Time Timetables (extreme cases)
Medical provision
AV1 Robot

9 Staff training

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

9.2 The SLT promotes CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know how to report concerns.

9.3 Staff receive training to ensure they:

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

where needed.

10 Identifying signs of SEMH difficulties

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

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

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

- An assessment is undertaken to establish a clear analysis of the student's needs
- A plan is set out to determine how the student will be supported
- Action is taken to provide that support
- Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary

10.4 A strengths and difficulties questionnaire (SDQ) is 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.

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

10.6 Where possible, the school is aware of any health-related support programmes for students diagnosed with SEMH difficulties.

10.7 Staff members discuss concerns regarding SEMH difficulties with the parents.

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

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

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

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

10.12 Staff members promote resilience to help encourage positive SEMH.

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

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

10.15 Poor behaviour is managed in line with the school's Behavioural Policy.

10.16 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.

10.17 Students' data is reviewed on a termly basis by the SLT so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.

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

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

10.20 Staff members are aware of the signs that may indicate if a student is struggling with their SEMH. The signs of SEMH difficulties may include, but are not limited to, the following list:

- Anxiety
- Low mood
- Being withdrawn
- Avoiding risks
- Unable to make choices
- Low self-worth
- Isolating themselves
- Refusing to accept praise
- Failure to engage
- Poor personal presentation
- Lethargy/apathy
- Daydreaming
- Unable to make and maintain friendships
- Speech anxiety/reluctance to speak
- Task avoidance
- Challenging behaviour
- Restlessness/over-activity
- Non-compliance
- Mood swings

- Impulsivity
- Physical aggression
- Verbal aggression
- Perceived injustices
- Disproportionate reactions to situations
- Difficulties with change/transitions
- Absconding
- Eating issues
- Lack of empathy
- Lack of personal boundaries
- Poor awareness of personal space

11 Risk factors and protective factors

11.1 There are a number of risk factors that are associated with an increased likelihood of SEMH difficulties, these are known as risk factors. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as protective factors.

11.2 The table below displays common risk factors for SEMH difficulties (as outlined by the DfE) that staff remain vigilant of, and the protective factors that staff look for and notice when missing from a student.

	Risk factors	Protective factors
In the student	- Genetic influences - Low IQ and learning disabilities - Specific development delay or neuro-diversity - Communication difficulties - Difficult temperament - Physical illness - Academic failure - Low self-esteem	- Secure attachment experience - Outgoing temperament as an infant - Good communication skills and sociability - Being a planner and having a belief in control - Humour - A positive attitude - Experiences of success and achievement - Faith or spirituality - Capacity to reflect
In the student's family	- Overt parental conflict including domestic violence - Family breakdown (including where young people are taken into care or adopted) - Inconsistent or unclear discipline - Hostile and rejecting relationships	- 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

	• 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	
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 young people to raise problems • A whole-school approach to promoting good mental health • Good student-to-teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and child protection policies. • An effective early help process • Understand their role in, and are part of, effective multi-agency working • Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

11.3 The following table contains common warning signs for suicidal behaviour:

Speech	Behaviour	Mood
The student has mentioned the following:	The student displays the following behaviour:	The student often displays the following moods:
Killing themselves	Increased use of alcohol or drugs	Depression
Feeling hopeless	Looking for ways to end their lives, such as searching suicide online	Anxiety
Having no reason to live	Withdrawing from activities	Loss of interest
Being a burden to others	Isolating themselves from family and friends	Irritability
Feeling trapped	Sleeping too much or too little	Humiliation and shame
Unbearable pain	Visiting or calling people to say goodbye	Agitation and anger
	Giving away possessions	Relief or sudden improvement, e.g. through self-harm activities
	Aggression	
	Fatigue	
	Self-harm	

12. Suicide concern intervention and support

12.1 Where a student discloses suicidal thoughts or a teacher has a concern about a student, teachers must report this on CPOMS and inform the DSL immediately.

12.2 The pastoral team will liaise with parents and carers regarding concerns around suicidal thoughts/language.

12.3 Appropriate external agencies are notified.

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

13. Working with parents/guardians

13.2 The school works with parents wherever possible to ensure that a collaborative approach is utilised.

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

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

14. Monitoring and review

14.2 The policy is reviewed on a bi-annual basis in conjunction with the governing board – any changes made to this policy are communicated to all stakeholders.

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

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

14.5 The next scheduled review date for this policy is date March 2024.