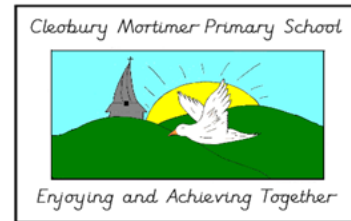


Date Prepared: October 2025

Review Date: October 2026



Cleobury Mortimer Primary School

Mental Health and Wellbeing Policy

Policy Statement of Intent:

At our school, we are committed to supporting the mental health and wellbeing of our pupils and staff.

Our culture is supportive, caring, respectful and tolerant. The school provides a safe, happy and secure learning environment where we encourage pupils to be open and where we can fully embrace pupil voice.

At our school, we offer a range of opportunities for pupils to develop healthy bodies and minds; however, we know that not everyone has the same life experiences. Some children and adults may need help to cope with more complex feelings and emotions sometimes. At our school, positive mental health is a responsibility that is fully understood by all staff and our children are promoted to develop personal responsibility and demonstrate respect for others whilst celebrate diversity.

Policy Scope:

This policy is a guide to all staff, including teachers, governors and non-teaching staff. It outlines our strategic approach to promoting pupil mental health and wellbeing. It should be read and understood in conjunction with our other relevant school policies.

Policy Aims:

The aim of our policy is to demonstrate our commitment to the mental health of our staff and pupils.

At our school, we will always:

- Help children to understand their emotions and experiences better and provide ways of coping with setbacks.
- Ensure our pupils feel comfortable sharing any concerns and worries.
- Help children to form and maintain relationships.
- Encourage children to set goals, have ambitions and make a contribution to society.
- Help children to be confident, resilient, help to promote their self-esteem.

We will always promote a healthy environment by:

- Promoting positive mental health and emotional wellbeing in all pupils and staff.
- Celebrating both academic and non-academic achievements.
- Promoting our school values and encouraging a sense of belonging and community.
- Providing opportunities to develop a sense of worth and to reflect.
- Promoting and valuing parenting involvement and pupil's voice by giving them the opportunity to participate in decision making.
- Celebrating each child for who they are and making every pupil feel valued and respected through equal opportunities & inclusive practices.
- Adopting a whole school approach to mental health through prevention and early intervention and providing support to any pupil that needs it.
- Collaborating between education, health and social care services to provide support when required.

- Raising awareness amongst staff and pupils about mental health issues and their signs and symptoms.
- Enabling staff to respond to early warning signs of mental-ill health in pupils in order to minimise the risk of SEMH difficulties escalating into physical harm.
- Supporting staff who are struggling with their mental health (See staff wellbeing policy)

Legal framework:

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

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

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

- DfE (2022) 'Keeping children safe in education'
- DfE (2018) 'Mental health and behaviour in schools'
- DfE (2022) 'Promoting and supporting mental health and wellbeing in schools and colleges'
- DfE (2016) 'Counselling in schools: a blueprint for the future'
- DfE (2015) 'Special educational needs and disabilities code of practice: 0 to 25'

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

- Safeguarding and Child Protection Policy
- SEND Policy
- Positive Behaviour & Relationship Policy
- SGET Supporting Pupils with Medical Conditions Policy
- SGET Staff Code of Conduct
- SGET Exclusion Policy

Common SEMH difficulties:

- **Anxiety:** Anxiety refers to feeling fearful or panicked, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. Anxiety can significantly affect a 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 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 pupil's age.

Social phobia: This is an intense fear of social or performance situations.

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

- **Depression:** Depression refers to feeling excessively low or sad. Depression can significantly affect a 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.

- **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.

- **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:

1. Opportunity to establish a close relationship with a primary caregiver.
2. The quality of caregiving.
3. The child's characteristics.
4. Family context.

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

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

- **Deliberate self-harm:** Deliberate self-harm is a person intentionally inflicting physical pain upon themselves.

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

Key Staff Members: Roles and responsibilities

All staff members have a responsibility to identify, provide early support, prevent, improve & promote the mental health of pupils and each other. However, certain staff members have a specific role in the process. These are:

Our Designated Safeguarding Officers/Senior Leadership:

- **Headteacher/DDSL** Sarah Desborough,
- **Deputy Head/DDSL** Jenny Bate,
- **Assistant Head/DSL/SENCo/DT** Leigh Hector
- **Assistant SENCo** Hannah Snape
- **Pastoral Lead/DDSL** Nicky Mountjoy.
- **Operational DDSL** Kerry Jasper
- **Deputy DSL** Rachael Martin

**(DSL – Designated Safeguarding Lead, DDSL – Deputy Designated Safeguarding Lead, DT – Designated Teacher for Children who are Looked After/Previously Looked After, SENCO – Special Educational Needs Co-ordinator)*

- ❖ **Mental Health Lead:** Leigh Hector
- ❖ **Mental Health Champions:** Louise Poole, Kassie Greenhill & Sue Jones.
- ❖ **Emotional Literacy Support Assistants (ELSA):** Vanessa Auger & Kassie Greenhill

If a member of staff is concerned about the mental health and wellbeing of a pupil, then in the first instance they should speak to: **Nicky Mountjoy or Leigh Hector**.

If a child presents a medical emergency, then relevant procedures will be followed, including involving the emergency services.

The Governing Body is responsible for ensuring that effective policies are drawn up that detail identification, assessment and organisation of provision for all pupils with SEMH difficulties. Ensure that there are clear systems and processes in place for identifying possible SEMH problems, including routes to escalate and clear referral and accountability systems. Taking all necessary steps to ensure that pupils with SEMH difficulties are not discriminated against, harassed or victimised. The Governing Body are also responsible for overseeing the school's arrangements for SEMH.

Teaching About Mental Health:

Our PSHE/RSE curriculum is developed to give pupils the skills, knowledge, and understanding they need to keep themselves mentally healthy. This includes resilience techniques and training. We will regularly review our PSHE/RSE curriculum and lesson content to ensure that they're meeting the aims outlined in this policy. We'll also implement this into our curriculum at all stages to provide pupils with strategies to help keep them mentally well.

Our curriculum drivers will be embedded into the delivery of mental health and wellbeing teaching to ensure local relevance as well as national awareness.

Support At School And In The Local Community:

We have a range of support available in school for any pupil struggling. Specific support agencies, programmes and professionals also are detailed on the school's website in the Schools Local Offer SEND pages. [SEND Information for Parents & Carers: Shropshire Local Offer and Useful Weblinks | Cleobury Mortimer Primary School](#)

Community support –

- **CAMHS** – provides support and advice to parents in Shropshire. They offer an assessment of mental health needs and in some cases, provide a diagnosis. They are able to signpost parents to seek further support and advice from service partners.
- **KOOTH** – Kooth is a safe App based service, promoted and commissioned by Shropshire Local Authority to provide young people in Shropshire, access to mental health and wellbeing advice.
- **Schools Youth Worker – Naomi** works with the school to improve the overall wellbeing of pupils who present with a range of behaviours causing concerns. Naomi works with small groups, pairs of children or 1-1 depending on needs. Her work is highly practical and provides increased opportunities to develop self-esteem and resilience in children who may be feeling isolated and withdrawn.
- **Community Paediatrician** – the Community Paediatrician can be accessed through the GP if appropriate. The Community Paediatrician will provide additional support where health related concerns are more complex. Some physical symptoms of mental health and wellbeing may be the result of an underlying health condition. The Community Paediatrician will be able to signpost to further Specialist Consultants if appropriate.
- **Local GP Services** – we have good links with our local GP surgery who offer useful health related support and attend inclusion meetings where appropriate.
- **Public Health School Nursing Team** – We work closely with this highly professional team. Our link nurse works with parents to offer health advice and help signpost to other health agencies if necessary.
- **In School**, we run ‘**No Worries**’ programme for children experiencing feelings of increased anxiety and worry. This is a small group intervention designed to give children strategies to cope with anxiety and worry.
- **Where appropriate, ELSA support staff will work directly with pupil’s on bespoke issues under the supervision of the Operational DDSL and SENCo.** We also run **Nurture Sessions** for pupils who have experienced early childhood trauma and/or more in depth social and emotional behaviours including anxiety, self-esteem and self-sabotage.
- We also have **Year 6 mentors** for younger children who may be struggling to engage with play during lunchtime. Peer mentoring is promoted within our school and can be highly effective.
- **Lunchtime club** is run for children identified as having more complex concerns with socialisation. It is a small group where children can play in a quieter and more structured environment. Children have the opportunity to discuss any worries they may have or talk through any issues they need help to understand.
- **Drawing and Talking** is a school based intervention run in small groups or individually. It is designed to help pupils discuss their feelings in relation to specific events that may have been traumatic or upsetting for them. This is used when children present with self-isolating, low mood characteristics.

Commissioning local services:

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.

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.

We are a member of ARC - Attachment Research Community which support schools to become Attachment & Trauma Aware.

We are also part of the PINS project - Partnerships in Neurodiversity in Schools Project. Both will support the implementation of this policy.

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.
- The LA has a multi-agency Plan setting out how children’s mental health services are being improved. The school feeds into this to improve local provision.

Managing Disclosures:

If a pupil discloses concerns about themselves or a friend, to any member of staff, then all staff will respond calmly, supportively, and in a non-judgemental manner.

All disclosures will be recorded confidentially and only shared with the appropriate authorities if it’s necessary, to keep the child safe, in line with our Safeguarding Policy.

The disclosure record will contain:

- The date of the disclosure.
- The name of the staff member to whom the disclosure was made.
- The nature of the disclosure and the main points from the conversation.
- Agreed next steps

Confidentiality:

If a member of staff thinks it’s necessary to pass on concerns about a pupil, then this will first be discussed with the pupil. They will be told:

- Who the staff member is going to tell.
- What the staff member is going to disclose.
- Why it’s necessary for somebody else to be told.
- When the contact will be.

However, it may not be possible to gain the pupil’s consent first, such as in the case of pupil’s who are at immediate risk. Protecting a pupil’s safety is our main priority so we would share disclosures if we judged a child to be at risk.

Whole School Approach:

At Cleobury Mortimer Primary, we take a whole school approach towards the mental health of our pupils. This means working with parents and carers and with other agencies and partners, where necessary. Particular mental health and wellbeing developments will be evidence in the Schools Development Plan and the SEND Development Plan. The school utilises various strategies to support pupils 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:

- PSHE
- RSE
- Resilience
- Positive classroom management
- Developing pupils’ social skills
- Working with parents
- Peer support

- The school's Positive 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.
- 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.
- 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.

Working With Parents And Carers:

We work closely and collaboratively with parents in order to support them to manage a range of concerns and issues. This always means keeping them informed about their child and offering support. To support parents, we will:

- Highlight sources of information and support about mental health and emotional wellbeing that we have in our school.
- Share and allow parents to access further support such as GP, NHS services, trained professionals working in CAMHS, voluntary organisations and other sources.
- Ensure that parents are aware of who to talk to if they have any concerns about their child.
- Give parents guidance about how they can support their child's/children's positive mental health.
- Ensure this policy is easily accessible to parents.
- Keep parents informed about the mental health training our school staff receive and how mental health is covered in our school curriculum.

Working With Other Agencies And Partners

As part of our whole school approach, we will also work with other agencies to support our pupil's emotional health and wellbeing. This might include liaising with:

- ✚ The Public Health Nursing Team (School Nurse).
- ✚ Local GP Surgery.
- ✚ Paediatricians.
- ✚ CAMHS.
- ✚ Therapists (Play Therapist, Communication, Speech and Language Therapist).
- ✚ Targeted Early Help - Family support workers.
- ✚ SMYP Youth Worker.
- ✚ MATi Outreach Support
- ✚ Educational Psychology Service

Signposting:

We will ensure that all staff, pupils, and parents are aware of the support that's available in our school for mental health. This includes how to access further support, both inside and outside of school hours. We will do this through our website, workshops, staff meetings and PSHE curriculum.

Supporting Peers:

We understand that, when a pupil is suffering from mental health issues, it can be a difficult time for peers. In response to this, we will consider, on a case-by-case basis, any peers that may need additional support.

We will provide support in a one-to-one or group intervention. These sessions will be guided by the pupils, but they will discuss how peers can help, how peers can access support themselves, and healthy ways of coping with any emotions they might be feeling.

Staff Training: CMPS is part of the PINS Project (Partnership for Inclusion of Neurodiversity in Schools) upskilling the workforce.

All staff will receive regular training in child mental health so that they can recognise and respond to a range of health issues. This will form part of their regular safeguarding training and is a requirement to keep children safe in education. Training will also be ongoing during regular staff meetings where all staff are invited to attend. Training records will be held in staff files.

We will post all relevant information, and additional information, on our school website so staff can learn more about child mental health. We will consider additional training opportunities for staff and we will support additional CPD throughout the year where it becomes appropriate due to developing situations with pupils.

Identifying Needs And Warning Signs:

All our staff will be trained in how to recognise warning signs of common mental health problems. This means that they will be able to offer help and support to pupils who need it, when they need it.

These warning signs will always be taken seriously and staff who notice any of these signs will communicate their concerns with the Designated Safeguarding Officer as appropriate.

Staff will be able to identify a range of behaviour and physical changes, including:

- Physical signs of harm.
- Changes in eating and sleeping habits.
- Increased isolation from friends and family and becoming socially withdrawn.
- Changes in mood.
- Talking and/or joking about self-harm and/or suicide.
- Drug and alcohol abuse.
- Feelings of failure, uselessness, and loss of hope.
- Secretive behaviour.
- Clothing unsuitable for the time of year, e.g. a large winter coat in summer.
- Negative behaviour patterns, e.g. disruption.

Staff will also be able to identify a range of issues, including:

- Attendance and absenteeism.
- Punctuality and lateness.
- Changes in educational attainment and attitude towards education.
- Family and relationship problems.

Staff will be well placed to identify any additional needs arising from difficulties that may impact on a child's mental health and wellbeing, such as bereavement and health difficulties.

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

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

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

1. An assessment is undertaken to establish a clear analysis of the pupil's needs
 2. A plan is set out to determine how the pupil will be supported
 3. Action is taken to provide that support
 4. Regular reviews are undertaken to assess the effectiveness of the provision, and changes are made as necessary
 5. Appropriate assessment tools, such as an entry and exit questionnaire, are utilised to assess need and impact.
-
- Staff members understand that persistent mental health difficulties can lead to a pupil developing SEND. If this occurs, SLT ensures that correct provisions are implemented to provide the best learning conditions for the pupil, such as providing school support. Both the pupil and their parents are involved in any decision-making concerning what support the pupil needs.
 - Where appropriate, the SENCo asks parents to give consent to their child's GP to share relevant information regarding SEMH with the school.
 - Where possible, the school is aware of any support programmes GPs are offering to pupils who are diagnosed with SEMH difficulties, especially when these may impact the pupil's behaviour and attainment at school.
 - Staff members discuss concerns regarding SEMH difficulties with the parents of pupils who have SEMH difficulties.
 - Staff members consider all previous assessments and progress over time, and then refer the pupil to the appropriate services.
 - Staff members take any concerns expressed by parents, other pupils, colleagues and the pupil in question seriously.
 - The assessment, intervention and support processes available from the LA are in line with the local offer.
 - All assessments are in line with the provisions outlined in the school's SEND Policy.
 - 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.
 - Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.
 - Staff members promote resilience to help encourage positive SEMH.
 - Staff members understand that familial loss or separation, significant changes in a pupil's life or traumatic events are likely to cause SEMH difficulties.
 - 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.
 - Staff members understand that where SEMH difficulties may lead to a pupil developing SEND, it could result in a pupil requiring an EHC plan.
 - Poor behaviour is managed in line with the school's Positive Behaviour Policy.
 - 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.
 - Pupils' data is reviewed on a regular basis so that patterns of attainment, attendance or behaviour are noticed and can be acted upon if necessary.
 - An effective pastoral system is in place so that every pupil is well known by at least one member of staff, for example, the Learning Mentor/Pastoral Lead/SENCo/SLT who can spot where disruptive or unusual behaviour may need investigating and addressing.

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

Vulnerable groups:

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.

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

Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances
- Children in need
- CLA
- Previously CLA (PLAC)
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of, free school meals and the pupil premium

These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable pupils.

Children in need, Child Looked After (CLA) and Previously Looked After (PLAC):

- Children in need, CLA and PLAC are more likely to have SEND and experience mental health difficulties than their peers.
- Children in need, CLA and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.
- Children in need may also be living in chaotic circumstances and be suffering, or at risk of, abuse, neglect and exploitation. They are also likely to have less support available outside of school than most pupils.
- School staff are aware of how these pupils' experiences and SEND can impact their behaviour and education.
- The impact of these pupils' experiences is reflected in the design and application of the school's Positive Behaviour & Relationship Policy, including through individualised graduated responses.
- The school uses multi-agency working as an effective way to inform assessment procedures.
- Where a pupil is being supported by LA children's social care services (CSCS), the school works with their allocated social worker 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.
- 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.
- When the school has concerns about a previously looked-after child's behaviour, the pupil's parents/carers or the designated teacher seeks advice from the VSH to determine the best way to support the pupil.

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

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.

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.

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.

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

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.

Behaviour and exclusions:

- When exclusion is a possibility, the school considers contributing factors, which could include mental health difficulties.
- Where there are concerns over behaviour, the school carries out an assessment 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.
- To assess underlying issues, the school uses assessment tools.
- 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. Permanent exclusion will only be used as a last resort.
- In all cases, the school balances the interests of the pupil against the mental and physical health of the whole school community.

SEND and SEMH:

- The school recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The school's full SEND identification and support procedures are available in the SEND Policy.
- Where 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.
- 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.
- SLT 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.
- The school recognises that not all pupils with mental health difficulties have SEND.
- 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).
- All staff understand their responsibilities to pupils with SEND, including pupils with persistent mental health difficulties.
- 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.

Administering medication:

The full arrangements in place to support pupils with medical conditions requiring medication can be found in the school's Supporting Pupils with Medical Conditions Policy. The governing board will ensure that medication is included in a pupil's IHP where recommended by health professionals.

Staff know what medication pupils are taking, and how it should be stored and administered.

Risk factors and protective factors:

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

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 pupil	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • 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 pupil's family	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
In the school	<ul style="list-style-type: none"> • Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer-on-peer abuse 	<ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> Poor pupil-to-teacher/school staff relationships 	<ul style="list-style-type: none"> 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 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	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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

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

Speech	Behaviour	Mood
The pupil has mentioned the following:	The pupil displays the following behaviour:	The pupil 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	

Suicide concern intervention and support

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 Operational DDSL for support.
- Record details of their observations or discussions and share them with the Operational DDSL.

Once suicide concerns have been referred to the Operational DDSL, local safeguarding procedures are followed, and:

- the pupil's parents are contacted.
- Medical professionals, such as the pupil's GP, are notified as needed.
- The ODDSL 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.

Safety plans:

- are always created in accordance with advice from external services and the pupil themselves.
- Are reviewed regularly by the ODDSL & DSL.
- Can include reduced timetables or dedicated sessions with therapists.

Safeguarding:

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

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.

Working with other schools:

The school liaises with local schools to share resources and expertise regarding SEMH.

The school seeks to take a lead both locally and nationally with its SEMH provision.

Policy Review

This policy will be reviewed every year. This is so that it remains up to date, useful and relevant. We will also regularly review it in accordance with local and national policy changes.

Signed: _____ **Dated:** _____

Next review: October 2026

Useful websites:

[BeeU :: Midlands Partnership University NHS Foundation Trust](#)

[Emotional wellbeing and mental health | Shropshire Council](#)

[Mental health support for children and young people - NHS](#)

[Parents Helpline | Mental Health Help for Your Child | YoungMinds](#)

[Childline | Free counselling service for kids and young people | Childline](#)