



Social, Emotional and Mental Health (SEMH) Student Policy

Mission Statement

We are a Catholic College dedicated to the education and development of the whole person and supporting all students to realise their full potential. As an outstanding learning organisation SJR will have a strong sense of purpose and a commitment to shared values within a Christian community. We will establish a unique, safe and challenging environment where every individual is valued, talents are recognised and nurtured, achievements are celebrated and dedication is rewarded. To achieve this as a community we will:

- Welcome all students who are happy to be educated within a Christian environment
- Value the uniqueness and dignity of each individual
- Deliver the highest standards of teaching and learning
- All show a commitment to our work, to the Christian values of the College and to the safety of all in our community
- Provide equality of opportunity, with mutual respect and positive encouragement
- Build and further develop local, national and international partnerships

Core values in daily life at St John Rigby College are expressed as:

- Genuine concern for others
- Support for and challenge of one another
- High standards and expectations
- Consistency and perseverance
- Recognition of talents, progress and achievements.

Purpose

This policy outlines the framework for St John Rigby College 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.

We will work with the partner high schools, the Local Authority and other relevant external agencies with regards to the following:

- The involvement of students and their parents/carers in decision-making as appropriate

- The early identification of a student's needs
- Collaboration between education, health and social care services to provide support when required
- To work with students and ensure that their voice is heard and captured when it comes to deciding how they can be supported within the remit of College's support network

1. Legal framework

This policy has due regard to all relevant legislation and statutory guidance.

Roles and responsibilities

The College's Senior Leadership Team (SLT) as a whole is responsible for seeking to:

Prevent mental health and wellbeing difficulties: By creating a safe and calm environment, where mental health problems are less likely to occur. SLT will aim to improve the mental health and wellbeing of the College community and instil resilience in students. A preventative approach includes teaching students about mental wellbeing through the curriculum and tutorial programme and developing a whole College Trauma Informed approach towards Adverse Childhood Experiences. (ACEs)

Identify mental health and wellbeing difficulties: By equipping staff with the knowledge required, so that early and accurate identification of emerging problems is enabled.

Provide early support for students experiencing mental health and wellbeing difficulties: By raising awareness and employing efficient referral processes, the College's safeguarding and pastoral team can help students access appropriate support and intervention.

Access specialist support to assist students with mental health and wellbeing difficulties: By working effectively with external agencies, the College can provide swift access or referrals to specialist support and treatment.

Identify and supporting students with SEND: As part of this duty, the College's Pastoral and Learning Support team will consider how to use some of the SEND resources to provide support for students with mental health difficulties.

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

1.1. The College will:

- Engage fully with students that have SEMH difficulties and work in partnership with parents/carers and health and social care professionals as required.
- Identify, assess, signpost, and organise relevant provision for students with SEMH difficulties through adopting a trauma informed approach.
- Coordinate provisions for students with SEMH difficulties via the Mental Health Lead, Safeguarding and Welfare Officer and Learning Support Manger.
- Take all necessary steps to ensure that students with SEMH difficulties are not discriminated against, harassed or victimised.

1.2. The College's Mental Health Lead and Safeguarding and Welfare Officer will work with the College's Learning Support Manager:

- To ensure that those teaching or working with students with SEMH difficulties are aware of their needs and that there are appropriate arrangements in place to meet them.

- To ensure that Subject Teachers and Progress Tutors/Coaches monitor and review students' academic and emotional progress during their time at College.
- To identify, monitor and review SEMH students as a specific cohort for being at risk of underachievement.
- To ensure that staff members understand the trauma informed strategies used to identify and support students with SEMH difficulties.
- To ensure that procedures and policies for the day-to-day running of the College do not directly or indirectly discriminate against students with SEMH difficulties.
- To establish and maintain a culture of high expectations and include students with SEMH difficulties in all opportunities that are available to other students.
- To keep parents/carers and relevant staff up-to-date with any changes or concerns involving students with SEMH difficulties.
- To ensure that relevant pastoral staff 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.

1.3. The College's Designated Safeguarding Lead is also the College's Mental Health Lead and is responsible for:

- Overseeing the whole-college trauma informed 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 College engages students and parents/carers with regards to students' mental health and awareness.
- Collaborating with the Learning Support Manager, Principal and Governors to outline and strategically develop SEMH policies and procedures for the College.
- Coordinating with the partner high schools, alternative educational providers and mental health support teams to provide a high standard of care to students who have SEMH difficulties especially during the transition between high school and College.
- Liaising with the NHS Mental Health Support Team (MHST) that is linked to the College to ensure their meets the College's needs.
- Advising on the deployment of the College's budget and other resources in order to effectively meet the needs of students with SEMH difficulties.
- Being a key point of contact with external agencies.
- Providing professional guidance to colleagues about mental health and working closely with staff members, parents/carers and other agencies.
- Ensuring that students with SEMH difficulties are referred to external services, e.g. young people's mental health services (CAMHS), to receive additional support where required.
- Overseeing the outcomes of interventions on students' education and wellbeing.
- To work with members of the College's safeguarding and pastoral team when liaising with parents/carers of students with SEMH difficulties, where appropriate.
- Liaising with high schools, educational psychologists, health and social care professionals, and independent or voluntary bodies.
- Liaising with the potential future providers of education, such as HE providers if students give their consent to do so and to ensure that students and their parents/carers are informed about options and a smooth transition is planned.
- Leading mental health CPD in College with the support of the College's Mental Health Co-ordinator.
- Undertaking day-to-day responsibilities for the successful operation of the SEMH Policy.

1.4. Progress Tutors/Coaches in partnership with all staff are responsible for:

- Being aware of the signs of SEMH difficulties and implementing trauma informed practise when support students.
- Planning and reviewing support for their students with SEMH difficulties in collaboration with parents/carers, Mental Health Lead, Safeguarding and Welfare Officer, the Learning Support Manager and, where appropriate, the students themselves.
- 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 access their College programme of study.
- Being responsible and accountable for the progress and development of the students in their tutor group and class.
- Being aware of the needs, outcomes sought and support provided to any students with SEMH difficulties.
- Keeping the relevant members of staff up-to-date with any changes in behaviour, academic developments and causes of concern. The relevant members of staff include: Safeguarding and Welfare Officer, Subject Teachers, Progress Tutors/Progress Coaches, Learning Mentors (if applicable), Senior Tutor, Divisional Leader, Head of Department, Course Leader, Learning Support Manager and Mental Health Lead.
- Signposting students and their families to internal and external support.

2. Creating a Supportive Whole College Culture

- 2.1. The College will clearly communicate its vision for good mental health and wellbeing with the whole college community that includes both staff and students.
- 2.2. The College 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 and raising awareness about mental health and wellbeing through curriculum subjects as appropriate and also through the College's:

- Tutorial Programme
- Values for Living Programme
- Whole College Events e.g. Raising money for MIND charity

- 2.3. SLT ensures that there are clear policies and processes in place to reduce stigma and make students feel comfortable enough to discuss mental health concerns.
- 2.4. 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 or family member's mental health or wellbeing.

3. Staff Training

- 3.1. The SLT ensures that all teachers and support staff have a clear understanding of the needs of all students, including those with SEMH needs.
- 3.2. The SLT promotes CPD to ensure that staff can recognise common symptoms of mental health problems, understand what represents a concern, and know what to do if they believe they have spotted a developing problem.
- 3.3. Clear processes are in place to help staff who identify SEMH problems in students and escalate issues through clear referral and accountability systems as appropriate.
- 3.4. Key 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.

4. Identifying Signs of SEMH Difficulties

- 4.1. The College is committed to identifying students with SEMH difficulties at the earliest stage possible.

- 4.2. Staff are trained to know how to identify possible mental health problems and understand what to do if they spot signs of emerging difficulties.
- 4.3. When the College suspects that a student is experiencing mental health difficulties, the following graduated response is employed:
 - A meeting takes place to establish a clear analysis of the student's needs. The meeting will involve relevant pastoral members of staff, the student, parents/carers and external agencies as required
 - The level of risk will be identified and if the level of risk is considered high, the Mental Health Lead/ Safeguarding and Welfare Officer will conduct a risk assessment to ensure the risk can be managed
 - Depending on the level of risk identified, a safety plan or wellbeing plan is set out to determine how the student will be supported
 - Action is taken to provide that support which may include signposting to internal and external support
 - Reviews are undertaken to assess the effectiveness and viability of the provision, and changes are made as necessary.
- 4.4. Staff members understand that persistent mental health difficulties can lead to a student developing SEND. If this occurs, the Mental Health Lead and/or Safeguarding and Welfare Officer in partnership with the Learning Support Manager will ensure that correct provisions are implemented to provide the best learning conditions for the student, such as sign posting the student to the College self referral counselling service and also by referring them to the Learning Support Manger. Both the student and their parents/carers are involved in any decision-making concerning what support the student can access.
- 4.5. Where appropriate, the student and /or parents/carers will be asked to give consent to their son's/daughter's GP or other health professionals to share relevant information regarding SEMH with the College for not only teaching and learning purposes but also safeguarding too.
- 4.6. The College should be made aware of any support programmes GPs/CAMHS workers are offering to students who are diagnosed with SEMH difficulties, especially when these may impact upon the student's behaviour and attainment at College.
- 4.7. Staff members take any concerns expressed by parents/carers, other students, colleagues and the student in question seriously.
- 4.8. Staff members are aware of factors that put students at risk of SEMH difficulties, such as low self-esteem, physical illnesses, academic difficulties, family problems, familial loss or separation, significant changes in a student's life or traumatic events.
- 4.9. Staff members are aware that risks are cumulative and that exposure to multiple risk factors can increase the risk of SEMH difficulties.
- 4.10. Staff members promote resilience to help encourage positive SEMH.
- 4.11. 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.
- 4.12. Poor behaviour is managed in line with the College's Students' Charter, Support and Disciplinary and Support to Study policy.
- 4.13. 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.
- 4.14. 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.

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

4.16. 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

5. Vulnerable Groups

5.1. Some students are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems.

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

5.3. Vulnerable groups include the following:

Students who have experienced abuse, neglect, exploitation or other adverse contextual circumstances such as

- Child in Need
- Child Protection
- Looked After Children (LAC)

- Previously LAC (PLAC)
 - Socio-economically disadvantaged students, including those in receipt of, or previously in receipt of, free college meals and student premium.
 - LGBTQ+.
- 5.4. These circumstances can have a far-reaching impact on behaviour and emotional states. These factors will be considered when discussing the possible exclusion of vulnerable students.

6. Children In Need, LAC and Previously LAC (PLAC)

- 6.1. Children in need, LAC and PLAC are more likely to have SEND and experience mental health difficulties than their peers.
- 6.2. Children in need, LAC and PLAC are more likely to struggle with executive functioning skills, forming trusting relationships, social skills, managing strong feelings, sensory processing difficulties, foetal alcohol syndrome and coping with change.
- 6.3. 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 college than most students.
- 6.4. College staff are aware of how these students' experiences and SEND can impact their behaviour and education.
- 6.5. The College uses multi-agency working as an effective way to inform assessment procedures.
- 6.6. Where a student is being supported by LA children's social care services (CSCS), the College works with their allocated social worker to better understand the student's wider needs and contextual circumstances. This collaborative working informs assessment of needs and enables prompt responses to safeguarding concerns.
- 6.7. When the College 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 student.
- 6.8. When the College has concerns about a previously looked-after child's behaviour, the student's parents/carers or the designated teacher seeks advice from the VSH to determine the best way to support the student.

7. SEND and SEMH

- 7.1 The College recognises it is well-placed to identify SEND at an early stage and works with partner agencies to address these needs. The College's full SEND identification and support procedures are available in the SEND Policy.
- 7.2 Where students have certain types of SEND, there is an increased likelihood of mental health problems. For example, children with autism or learning difficulties are significantly more likely to experience anxiety.
- 7.3 Early intervention to address the underlying causes of disruptive behaviour includes an assessment of whether appropriate support is in place to address the student's SEND.
- 7.4 The Mental Health Lead considers the use of a multi-agency assessment for students demonstrating persistently disruptive behaviour. These assessments are designed to identify unidentified SEND and mental health problems, and to discover whether there are housing or family problems that may be having an adverse effect on the student.
- 7.6 The graduated response is used to determine the correct level of support to offer (this is used as good practice throughout the College, regardless of whether or not a student has SEND).

- 7.7 All staff understand their responsibilities to students with SEND, including students with persistent mental health difficulties.
- 7.8 The Mental Health Lead and the Learning Support Manager ensures that staff understand how the College identifies and meets students' needs, provides advice and support as needed, and liaises with external SEND professionals as necessary.

8. Stress and Mental Health

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

9. SEMH Intervention and Support

- 9.1. The curriculum where appropriate and tutorial programme focusses on promoting students' resilience, confidence and ability to learn.
- 9.2. Positive classroom management and working in small groups is utilised to promote positive behaviour, social development and high self-esteem.
- 9.3. College-based counselling is available to students on a self referral basis.
- 9.4. Relevant external services are utilised where appropriate, e.g. Mental Health Support Team (MHST), Early Detection and Intervention Team (EDIT), Kooth etc
- 9.5. Where appropriate, parents/carers have a direct involvement in any intervention regarding their child.
- 9.6. Where appropriate, the College supports parents/carers in the management and development of their child.
- 9.7. Peer mentoring being developed so that it can be used to encourage and support students suffering with SEMH difficulties.
- 9.8. When in-college intervention is not appropriate, referrals and commissioning support will take the place of in-college interventions. The College will continue to support the student as much as possible throughout the process.
- 9.9. Serious cases of SEMH difficulties are dealt with by the Designated Safeguarding Lead and Deputies as well other relevant staff.
- 9.10. To ensure referring students to CAMHS is effective, staff follow the process below:
- Use a clear, approved process for identifying students in need of further support
 - Document evidence of their SEMH difficulties
 - Encourage the student and their parents/carers to speak to the student's GP
 - Work with local specialist CAMHS to make the referral process as quick and efficient as possible
 - Understand the criteria that are used by specialist CAMHS in determining whether a student needs their services
 - Have a close working relationship with the local CAMHS specialist
 - Consult CAMHS about the most effective things the College can do to support students whose needs aren't so severe that they require specialist CAMHS

- 9.11. The College commissions individual care plans, safety or wellbeing plans for students who require additional help.
- 9.12. The services commissioned are suitably accredited and are able to demonstrate that they will improve outcomes for students.
- 9.13. The College implements the following approach to interventions:
- College-based counselling will often take the form of talking therapy, drawing on creative approaches where appropriate and necessary.
 - Parents/carers are involved in the intervention, where possible.
 - For severe cases, reasonable adjustments and interventions are established and used.
 - For chronic and enduring problems, professional support is utilised, within the context of an integrated multi-agency intervention.
- 9.14. Through the curriculum where appropriate, the Tutorial and Values for Living programmes, students are taught how to:
- Build self-esteem, resilience 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 college life and related decision-making.
- 9.15. For students with more complex problems, additional in-college support includes:
- Supporting the student's teachers to help them manage the student's behaviour.
 - Additional educational one-to-one support for the student.
 - One to one therapeutic work with the student delivered by mental health specialists can be accommodated on College campus if requested.
 - Seeking professional mental health recommendations regarding medication.

10. Suicide Concern Intervention and Support

- 10.1. Where a student discloses suicidal thoughts or a teacher has a concern about a student, teachers should:
- Listen carefully, remembering it can be difficult for the student to talk about their thoughts and feelings.
 - Respect confidentiality, only disclosing information on a need-to-know basis.
 - Be non-judgemental, making sure the student knows they are being taken seriously.
 - Be open, providing the student a chance to be honest about their true intentions.
 - Supervise the student closely whilst referring the student to the DSL for support.
 - Record details of their observations or discussions and share them with the DSL.
- 10.2. Once suicide concerns have been referred to the DSL, local safeguarding procedures are followed and the student's parents/carers are contacted.
- 10.3. College will advise the student and their parents/carers to go to their GP if there are concerns. If they feel they are unable to keep themselves safe they are advised to go to A and E.

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

10.5. **Safety Plans and Wellbeing Plans**

- Are always created in accordance with advice from external services if applicable and the student themselves.
- Are reviewed by the member of staff that created the plan.
- Can include reduced timetables or other reasonable adjustments.

11. **Commissioning External Providers**

11.1. The College 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.

11.2. The College 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.

12. **Working with Parents/Carers**

12.1. The College works with parents/carers wherever possible to ensure that a collaborative approach is utilised which combines in-college support with external support.

12.2. The College ensures that students and parents/carers are aware of the mental health support services available from the College. College will also sign post parents/carers to other external agencies if appropriate.

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

13. **Working with Alternative Provision (AP) settings**

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

13.2. The College shares information with AP settings that enables clear plans to be developed to measure students' progress towards reintegration into mainstream education, further education or employment. These plans link to EHCP plans for students with SEND.

13.3. For students in AP at the end of Year 11, the College works with the provider to ensure ongoing arrangements are in place to support the student's mental wellbeing through the transition process.

14. **Administering Medication**

14.1. The full arrangements in place to support students with medical conditions requiring medication can be found in the College's Medication Policy.

14.2. The Learning Support Manager will ensure that medication is included in a student's Health and Care Plan where recommended by health professionals.

14.3. Relevant staff know what medication students are taking, where this has been declared and how it should be stored.

15. **Behaviour and Exclusions**

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

- 15.2. Where there are concerns over behaviour, the College 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.
- 15.3. Where underlying factors are likely to have contributed to the student's behaviour, the College considers whether action can be taken to address the underlying causes of the disruptive behaviour, rather than issue an exclusion. If a student has SEND or is a looked-after child, permanent exclusion will only be used as a last resort.
- 15.4. In all cases, the College balances the interests of the student against the mental and physical health of the whole college community.

Appendix I: Key SEMH Indicators and Factors

Adverse Childhood Experiences (ACEs) and other events that impact students’ SEMH

The balance between risk and protective factors is disrupted when traumatic events happen in students’ lives, such as the following:

Loss or separation: This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the student, being taken into care or adopted, or parents/carers being deployed in the armed forces.

Life changes: This may include the birth of a sibling, moving house, transitioning between high school and college.

Traumatic experiences: This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.

Other traumatic incidents: This may include natural disasters or terrorist attacks.

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

The College supports students when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems.

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

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 student:

	Risk factors	Protective factors
Student	<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
Student’s Family	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult)

	<ul style="list-style-type: none"> • Family breakdown (including where young people/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"> • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationships or the absence of severe discord
<p>In College</p>	<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 • Poor student-to-teacher/college staff relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff Code of Conduct • 'Open door' policy for students to raise problems • A whole-college approach to promoting good mental health • Good student-to-teacher/college 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

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 • A college with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities
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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	

Appendix II: Glossary

- * **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. college phobia).
 - **Separation Anxiety Disorder:** This disorder involves worrying about being away from home, or about being far away from parents/carers, at a level that is much more severe than normal for a student's age.
 - **Social Phobia:** This is an intense fear of social or performance situations.
 - **Agoraphobia:** This refers to a fear of being in situations where escape might be difficult or help would be unavailable if things go wrong.
- * **Depression:** Depression refers to feeling excessively low or sad. Depression can significantly affect a student's ability to develop, learn or maintain and sustain friendships. Depression can often lead to other issues such as behavioural problems. Generally, a diagnosis of depression will refer to one of the following:
 - **Major Depressive Disorder (MDD):** A student with MDD will show several depressive symptoms to the extent that they impair work, social or personal functioning.
 - **Dysthymic Disorder:** This is less severe than MDD and characterised by a student experiencing a daily depressed mood for at least two years.
- * **Hyperkinetic Disorders:** Hyperkinetic disorders refer to a student who is excessively easily distracted, impulsive or inattentive. If a student is diagnosed with a hyperkinetic disorder, it will be one of the following:
 - **Attention Deficit Hyperactivity Disorder (ADHD):** This has three characteristic types of behaviour: inattention, hyperactivity and impulsivity. While some children show the signs of all three characteristics, which is called 'combined type ADHD', other children diagnosed show signs of only inattention, hyperactivity or impulsiveness.
 - **Hyperkinetic Disorder:** This is a more restrictive diagnosis but is broadly similar to severe combined type ADHD, in that signs of inattention, hyperactivity and impulsiveness must all be present. The core symptoms must also have been present from before the age of seven, and must be evident in two or more settings, e.g. at college and home.
 - **Attachment Disorder:** 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.
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- **Eating Disorder:** 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.

Other Related Policies

- Child Protection and Safeguarding Policy
- Counselling Policy
- Disclosure and Confidentiality Procedures
- Equality and Diversity Policy
- Medical Policy
- Physical and Mental Health First Aid Procedures
- Student Charter
- Support and Disciplinary Procedures
- Support to Study Policy
- Transgender Policy