OPEN BOX
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Social, Emotional & Mental Health (SEMH) Policy

1. Introduction

At Open Box Education Centre, we know that everyone experiences life challenges that can make us vulnerable to poor emotional wellbeing and mental health. This is no different to our physical health.

We take the view that supporting positive emotional wellbeing and good mental health is everybody's business and that we all have a role to play. It is an important part of the pastoral care of our whole community – this includes both the students in our care as well as our own staff and the families within our community.

Importantly, at our school we believe that those experiencing emotional wellbeing and mental health difficulties should not face discrimination and our school is committed to helping to identify these difficulties and supporting people to overcome them. Anyone may need some additional emotional support.

This policy is intended for all staff including non-teaching staff and governors. It describes our school's approach to promoting positive mental health and emotional wellbeing.
It sets out our approach to emotional wellbeing and mental health for all.

2. Scope

At Open Box Education Centre, we are committed to supporting the emotional health and wellbeing of our students and staff. We have a supportive culture and caring ethos which embraces our core values.

We promote a mentally healthy environment through:

- promoting our school values through all that we do
- listening to the voice of our students and creating opportunities to participate in decision-making
- celebrating academic and non-academic achievements
- providing opportunities to develop a sense of worth through taking responsibility for themselves and others
- providing opportunities to reflect
- accessing appropriate support that meets the needs of the individual

At our school our aim is also to help develop the protective factors which build resilience to mental health problems and support emotional wellbeing, and to be a school where we:

- help students to understand their emotions and feelings better
- ensure students have a sense of belonging and feel safe, so they are comfortable sharing any concerns or worries
- help students socially to form and maintain healthy respectful relationships as the evidence is that these provide strong protective factors
- promote self-worth and ensure students know that they are valued and respected
- encourage students to be confident and think and feel that it is okay to be different without feeling any stigma
- help students to develop emotional resilience so that they can manage setbacks
- value and promote positive emotional wellbeing and mental health.

We pursue our aims through:

- universal, whole school approaches (we are a recognised Trauma Informed UK school and an Attachment Aware school)
- support for students going through recent difficulties including bereavement, family separation or other trauma
- specialised, targeted approaches aimed at students with more complex or long-term difficulties
- not tolerating bullying, harassment, sexism, racism, or any other types of discrimination.

This policy needs to be read in conjunction with our other policies:

- Anti-bullying Policy
- Behaviour and Relationships Policy
- Self-harm Policy
- Child Protection Policy
- SEND Policy

3. The Role of the Mental Health Lead

At Open Box Education Centre, our SEND Manager provides a lead in promoting positive mental health and wellbeing. As the school's Mental Health Lead, the SEND Manager is trained to a Post Graduate level in SEMH skills and knowledge and is a qualified Mental Health First Aider.

The Mental Health Lead acts as a champion for mental health and wellbeing, reporting to the Principal. Their role is not to provide interventions necessarily, but to have a whole school overview and to coordinate the school's approach to positive mental health and wellbeing.

In line with the Department for Education's expectations, and in partnership with the Principal, the Mental Health Lead will:

- Oversee the whole school approach to mental health and wellbeing, including how it is reflected in the writing of behaviour policies, curriculum and pastoral support, how staff are supported with their own mental wellbeing and how students and parents are engaged
- Support the identification of at-risk children and children exhibiting signs of mental ill health

- Collate knowledge of local children and young people's mental health services and to enable referral of children and young people into NHS services where it is appropriate to do so
- Coordinate information about the mental health needs of students within the school and provide oversight of the delivery of interventions where these are being delivered in the educational setting
- Support staff in contact with students with mental health needs to help raise awareness, and give all staff the confidence to work with young people
- Oversee outcomes and monitor the impact of interventions on students' education and wellbeing.

4. Whole School Approach to Mental Health

At our school we adopt a whole school approach to promoting positive emotional wellbeing and mental health that aims to help all students become more resilient, happy and successful and to prevent problems before they arise. This encompasses seven aspects:

1. Having an ethos and creating a culture that supports emotional wellbeing and mental health and resilience, and which everyone understands.
2. Helping students to develop healthy and supportive social relationships.
3. Helping students to be resilient learners by using co-regulation to support self-regulation.
4. Teaching students social and emotional skills and an awareness of the importance of their own emotional wellbeing and mental health (within our PSE and Skills for Success curriculum areas).
5. Early identification of students who have emotional wellbeing and mental health needs and planning support to meet their needs, including working with specialist services.
6. Effectively working with parents, families, and carers.
7. Recognising that transition times are particularly difficult for young people and ensuring robust support is in place for students moving into and out of our school.
8. Supporting and training staff to develop their skills and their own resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of emotional wellbeing and mental health issues. We therefore aim to create an open and positive culture that encourages discussion and understanding of these issues, and we encourage the use of positive language to describe social, emotional and mental health needs (see Appendix 1).

5. Whole School Support

We believe our school has a key role in promoting students' positive emotional wellbeing and mental health and helping to prevent mental health problems. The school provides wellbeing activities for our students that are embedded in our enrichment curriculum.

The skills, knowledge and understanding needed by our students to keep themselves mentally healthy and safe are included as part of our PSE curriculum. The specific content of lessons will be determined by the needs of the cohort we are teaching. We will also use the PSHE Association Guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner. Guidance overview (pshe-association.org.uk)

Information is displayed around the school about positive mental health and where to go for help and support.

We use the PACE model of nurture to promote wellbeing:

- Playfulness - opportunities to play games every day that foster relationships and joy
- Acceptance - small group activities that promote belonging and resilience
- Creativity – creative activities that enable students to access therapeutic strategies
- Empathy – bespoke 'Skills for Success' lessons that encourage empathy and emotional literacy

6. Targeted Support

We identify students who require targeted support with their mental health and wellbeing and provide timetabled opportunities for support, including bespoke 'Skills for Success' lessons, interest-based mentoring (both in-person and online, in school and in the community), 'Walking & Talking' mentoring sessions, 'Talk It Out' counselling sessions, Drama Therapy, Lego Therapy and therapeutic art lessons, and interest-based regular personal fitness sessions.

We ensure that all students have access to their trusted adult and their chosen safe space, if they are in crisis or need extra support to feel safe and well.

7. Student Wellbeing

Identification

Students with mental health needs are often identified by those closest to them: their parents/carers/family members or the school staff closest to them. These concerns can then be discussed with either the Principal or Mental Health Lead, depending on their nature. All staff receive training on helping them recognise the symptoms that an emotional wellbeing or mental health difficulty is affecting a student.

Raising Concerns

If a staff member has concerns about the emotional wellbeing or mental health of a student, they will initially speak to the Principal or the Mental Health Lead.

Staff may also become aware of warning signs which indicate someone is experiencing emotional wellbeing or mental health issues (see Appendix 4 and 5). These warning signs will always be taken seriously. Staff observing any of these warning signs will communicate their concerns with the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead.

Managing Disclosures

Students may disclose concerns about themselves or a friend to any member of staff, therefore, staff need to know how to respond appropriately to a disclosure.

If a student chooses to disclose concerns about their own mental health/wellbeing or that of a friend to a member of staff, the response will always be calm, supportive, and non-judgemental.

Our staff will always listen rather than give advice to ensure the student's emotional and physical safety rather than exploring the reasons by:

1. Letting the student know that they are there for them
2. Reassuring them
3. Offering to help them find support
4. Not making any promises about keeping information confidential if it is clear the student is in immediate danger or requires medical attention. Action is necessary if their safety is at risk.

Regular training is provided for staff regarding handling mental health disclosures and seeking the advice of the safeguarding team.

Any information which may constitute a potential child protection concern will be shared with the Designated Safeguarding Lead and will be recorded on safeguarding forms.

Wherever possible, parents/carers will be informed about any concerns, particularly if these are referred to another agency.

8. Supporting Friends and Peers

At our school we recognise that when a student is experiencing mental health problems it can be difficult and may be a challenging time for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected.

In the case of eating disorders and self-harm (please see our separate self-harm policy), it is possible that friends may learn unhealthy coping strategies from each other, and we will consider on a case-by-case basis what support might be appropriate including one to one and group support.

We will also make information available about where and how to access information and support for themselves and healthy ways of coping with the difficult emotions they may be feeling.

In order to keep friends safe, it is important to consider, on a case-by-case basis, which friends might need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents/carers with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing or saying which may inadvertently cause upset
- Warning signs that their friend may need help (eg signs of relapse)

Additionally, peers will be provided with information on:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling.

9. Working with Parents and families

We are aware that parents and carers react in different ways to knowing their child has an emotional wellbeing or mental health need and we will be sensitive and supportive.

Where it is deemed appropriate to inform parents, a sensitive approach will be adopted.

Before any discussions take place, consideration will be given to:

- Can the meeting happen face to face? (this is preferable)
- Where will the meeting happen?
- Who will be present? (consider parents, the student, other members of staff)
- What are the aims of the meeting?

Further sources of information and leaflets will be provided where possible as parents may find it hard to take on board all the details and advice alongside the concerns being shared.

In order to support parents and families we will:

- Highlight sources of information and support about mental health and emotional wellbeing on our school website.
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their child.
- Make our emotional wellbeing and mental health policy easily accessible to parents.
- Share ideas about how parents can support positive mental health in their children.
- Keep parents informed about the mental health topics their children are learning about in PSE lessons and share ideas for extending and exploring this learning at home.
- Include the mental health topics that are taught in the PSE curriculum on our school website.

10. Staff Wellbeing

In addition to the student's emotional wellbeing and mental health, we recognise the importance of promoting positive emotional wellbeing and mental health in our staff. Staff wellbeing is not only important due to its impact on health and staff absences, but it also plays an important part in providing children and young people with quality education, as it affects employee performance and how they carry out their duties. For this reason, our School Improvement Team and Governing Body ensures that the environment in which our staff work supports their wellbeing.

We support staff wellbeing through:

- Termly wellbeing meetings
- Offering counselling to all staff
- Trauma Informed UK schools supervision sessions for the Mental Health Lead

Raising Concerns

If a staff member has concerns about the emotional wellbeing or mental health of a colleague, they can offer support by speaking to them in the first instance. If they remain concerned, they can talk in confidence to the school Principal.

Support for Staff Emotional Wellbeing and Mental Health

Staff who feel they need support are able to access the following services:

- The Education Support Partnership – a free service for all those working in education in the UK, 08000 562 561, https://www.educationsupportpartnership.org.uk/
- Counselling sessions arranged by the school.

11. Working with other agencies and partners and signposting

We will ensure that staff, students and parents/carers are aware of what support is available within our school and how to access further support.

As part of our targeted provision the school will work with other agencies to support students' emotional health and wellbeing including:

- Family support workers
- School nurse / GP
- Educational Psychology services
- Mental Health Support Team (where available)
- Paediatricians
- SET CAMHS (Southend, Essex and Thurrock Child and Adolescent Mental Health Service)
- Counselling and mentoring services
- Therapists
- Social Care

Approved by: ..... (Principal) ..... (date)

Authorised by: ..... (Chair of Governors) ..... (date)

To be reviewed every: 1 Year

Next review date: May 2026

Date of Review	Reviewed by	Ratified by Governors	Date of next review
March 2024 Version 1.0	Samantha Hutton and Alison Dolan	19-03-2024	March 2025
May 2025 Version 1.1	Samantha Hutton and Alison Dolan		May 2026

Appendix 1: Language for discussing SEMH

Let's Talk… A Common language and understanding of emotional wellbeing and mental health

This table illustrates how some of the unhelpful language we may currently hear can be adapted to promote compassion and kindness, hope, connection and belonging.

Examples of unhelpful language	**Our preferred language (helpful language)** **Explanations of these terms can be found in the Glossary.*
Vocabulary: Behaviour Naughty Defiant Manipulative Tantrums **Phrases:** "Just want people to feel sorry for them" "Red mist" "Doing it on purpose"	Communicating behaviours* "I wonder if…"
Vocabulary: Rough Violent Aggressive Refusal Rude **Phrases:** "Kicking off" "Meltdown" "Out of control"	Stress & distress Hyper-arousal (fight/flight) Hypo-arousal (freeze/shutdown/disassociation)
Vocabulary: Dramatic Emotional Hormonal Feral Disturbed Crisis **Phrases:** "Overreacting" "They didn't mean it" (related to self-injury)	Dysregulation Outside their window of tolerance* Overwhelmed The CYP requires: Co-regulation Self-regulation

Vocabulary: Broken Surly Dangerous **Phrases:** "There's nothing we can do for them" "Causing harm to others" "Harmful to others"	Adaptive response* Building resilience Risk May have experienced/be experiencing Trauma/Adverse Childhood Experiences* Compromising the safety to themselves and others
Vocabulary: Over-sensitive Attention seeking **Phrases:** "It's not that serious"	Attachment/connection seeking Anxiety Separation anxiety Avoidance/withdrawn Not feeling safe yet
Vocabulary: Unstable Fragile Odd Special Nutter Mad **Phrases:** "Maybe it's not that bad" "A few sandwiches short of a picnic"	Emotional wellbeing and/or mental health difficulties Neuro-diverse* Emotional literacy skills Social and emotional development

It may be useful to use the above table to promote the use of more helpful language in discussions and in written documents, such as One Plans and EHCPs.

Appendix 2: Risk and Protective Factors

Risk & Protective Factors

Risk and protective factors are environmental influences on a CYP's wellbeing. They are important to consider as they explore the barriers and support mechanisms that are available to them. It is important to understanding the influences of risk and protective factors upon CYP. This develops a better understanding of the complexities around communicating behaviours and needs. Two CYP who have the same risk factors will have a different experience. This is based on the number of protective factors and how much resilience they have. Both will influence which level of need a CYP will present in.

By using this approach our assessments are more holistic. It moves us away from a 'within child' model. It places more of a focus on the support that needs to be made available to them and what will make the greatest amount of difference for them.

It must be noted that assessments provide a snapshot of the current situation and it is expected that levels of need will fluctuate over time. Regularly reviewing the impact of the provision/resources is key to facilitating an effective step down/up approach. This will provide seamless transitions between services/providers. By putting the CYP needs at the centre of all plans, it ensures that they receive the right support, in the right place at the right time.

Exploring risk and protective factors with families can enable increased knowledge and understanding. It can show how more protective factors can be provided within different contexts. This includes school, home and community, which provides families with autonomy and empowerment. It allows them to explore further changes that could be made.

To use the below Risk & Protective factors table, review the factors with the CYP, family and support agencies. It may be helpful to highlight or mark the factors which are present.

Theme	Risk Factors	Protective Factors
CYP	• Genetic influences • Genetic disposition • Prenatal alcohol exposure • Low IQ • Learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic 'failure/disappointment' • Low self-esteem • Feelings of isolation • Difficulties with impulse control • Underdeveloped executive functioning skills • Low harm avoidance • Sensation seeking • Difficulties with self-control/regulation • Aggressiveness • Anxiety • Depression	• Secure attachment(s) experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • Confident • A positive attitude, optimistic approach to life • Experiences of success and achievement • Faith or spirituality • Capacity to reflect • Ability to self-regulate/self-soothe • Ability to make friends and get along with others • Positive physical development • Good self-esteem • Good coping skills and problem-solving skills

	• Hyperactivity/ADHD • Early persistent social, emotional and mental health needs • Early substance use • Social disengagement / Retreating coping strategy • Conduct disorder • Favourable attitudes toward drugs • Rebelliousness • Early substance use • Antisocial behaviour • Self-injury • Risk taking behaviours • Risk of knowing or knowing of someone who has completed suicide.	• Engagement and connections in two or more of the following contexts: at school, with peers, in athletics, employment, religion, culture • Identity exploration in love, work, and world view • Subjective sense of self-sufficiency, making independent decisions, becoming financially independent • Future orientation • Achievement motivation • Feeling valued
Family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear boundaries and limitations • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect, maltreatment • Parental or sibling psychiatric illness • Parental or sibling criminality, Substance e.g. drugs & alcoholism or personality disorder • Death and loss – including loss of friendship & pets • Permissive parenting • Parent–child conflict • Inadequate supervision and monitoring • Low parental warmth • Parental hostility • Harsh discipline • Low/high parental aspirations for child where the child is experiencing extreme pressure or feel unsupported • Fragile attachments with parents • Leaving home as a result of conflict • Homelessness • Family distress • Leaving institutional/government care (hospital, foster care, correctional facility, etc.)	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationship or the absence of severe discord • Responsiveness • Protection from harm and fear • Opportunities to resolve conflict • Adequate socioeconomic resources for the family • Consistent and clear boundaries and limitations implemented and maintained including family that provides structure, limits, rules, monitoring, and predictability • Language-based, rather than physical, discipline • Extended family support • Supportive relationships with family members • Clear expectations for behaviour and values • Balance of autonomy and relatedness to family • Behavioural and emotional autonomy • Healthy prenatal and early childhood development • Connectedness to adults in the extended family / family support network
School/ Setting	• Bullying / abuse including online (cyber) • Discrimination e.g. Racism • Breakdown in or lack of positive friendships • Peer influences towards risk taking e.g. associating/partaking with drug-using peers • Peer pressure • Fragile pupil to teacher/school staff relationships • Experience of school 'failures' • Low motivation around school	• Inclusive practice • Personalised/ tailored curriculum if required • 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

	• Accessibility/ availability • Peer rejection / lack of a sense of belonging/ Interpersonal alienation • Exclusion / Non-attendance • Aggression toward peers • Accessibility/ availability • Lack of positive role models • Low ratio of caregivers to children	• Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences/ friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively including risk assessments • Support for early learning • Access to supplementary services to support the child's needs • Stable, secure attachment to childcare provider • Regulatory systems that support high quality of care • Healthy peer groups • Pupil school engagement/ motivation • Positive teacher expectations • Effective classroom management • Positive partnering between school and family • High academic standards • Presence of mentors and support for development of skills and interests • Opportunities for engagement within school and community • Positive norms • Physical and psychological safety • Opportunities for exploration in work and school • Positive adult role models, coaches, mentors
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 • Presence of neighbourhood crime • Negative Social Media	• Wider supportive network • Good/stable housing • High standard of living • Opportunities for valued social roles • Range of sport/leisure activities available • Steady employment • Availability of services (social, recreational, cultural, etc) • Access to Technology

Please note, this isn't an exhaustive list and you may have other examples of risk and protective factors impacting upon the CYP.

Appendix 3: Glossary and Acronyms

Glossary & Acronyms

Term	Definition
Adaptive response	The perception of a threat leads to a response within the body for dealing with the threat. This is an adaptive response as it prepares the body to take the necessary action (fight, flight, freeze, etc).
Adverse Childhood Experiences	A wide range of circumstances and experiences that impact on a child's development through heightened and unsupported stress, gaps in care and stimulation, or material deprivation. In Essex we take an adverse experience to be any that in an on-going or severe way compromises whether a child is safe.
Alternative Provision	An educational setting which provides and alternative, and often specialist, education offer for pupils who do not attend mainstream or special schools.
CAMHS	Children and Adolescent Mental Health Service
CCG	Clinical Commissioning Groups are our local health providers. There are 7 across Southend, Essex & Thurrock: Southend, Castle Point & Rochford, Basildon & Brentwood, Mid Essex, West Essex, NE Essex and Thurrock.
CETR	Care, Education Treatment Review: If a CYP with learning difficulties or autism is experiencing significant difficulties with their mental health and are at risk of requiring an hospital placement in relation to their mental health, it may be recommended that they have a CETR to assess the appropriateness of such a placement.
Communicating Behaviour	All behaviour is communication. We must act as 'stress detectives' to explore what a CYP is telling us through their communicating behaviours.
CYP	Child or Young Person.
Directory	A list of provisions, resources, tools, etc.
Discharge	When an individual's care is ceased from a service provider. Usually used in health contexts.
Early Intervention	Provision which is put in place to prevent further escalation of need.
EHCP	Education, Health & Care Plan. A statutory plan outlining targeted/specialist support for pupils with SEND.
Enhanced Provision	An educational setting which provides targeted, short-term education for pupils with additional needs.
EP	Educational Psychologist.
FCAMHS	Forensic Child & Adolescent Mental Health Service.
Graduated response	The structure of Assess, Plan, Do, Review to respond to SEND.
In-patient	A person who experiences a stay in a hospital setting.
IP	Inclusion Partner (part of the SEND Quadrant Teams in Essex).
Mainstream	An educational setting which provides universal education for the majority of pupils.

Multi-Agency Team, with examples	A Multi-Agency Team is made up of a group of professionals from different services who work together in collaboration with joint responsibility to ensure that the whole needs of a child or family are met.
Multi-Disciplinary Team, with examples	A Multidisciplinary team is made up of a group of health care professionals who are members of different 'disciplines' e.g. Psychiatrist, Psychotherapist, Clinical Psychologist, nurse and occupational therapist etc.
NELFT	North East London Foundation Trust are the providers of EWMHS in Southend, Essex & Thurrock.
Neuro-diverse	The notion that conditions like autism, dyslexia and ADHD should be regarded as naturally occurring cognitive variations, regarding sociability, learning, attention, mood and other mental functions, with distinctive strengths that have contributed to the evolution of technology and culture rather than mere checklists of deficits and dysfunctions.
One Page Profile	A One Page Profile captures all the important information about a person on a single sheet of paper under three simple headings: what people appreciate about me, what's important to me and how best to support me.
One planning / One Plan	Essex's approach to the Graduated Response. One planning is a process which is used to create a One Plan: a collaborative plan of support.
Ordinarily Available	The universal educational offer that is available to all pupils.
PRU	An educational setting which provides education for pupils who have been excluded from mainstream school/settings.
Quadrant	A geographical area in which Essex County Council support is structured. These are Mid, South, North East and West.
Reasonable adjustments	Changes that a school/setting must make so that all pupils can participate in their education and enjoy the provision and facilities the school/setting offers.
Safeguarding	Measures to protect the health, well-being and human rights of individuals, which allow people — especially children, young people and vulnerable adults — to live free from abuse, harm and neglect.
Self-injury	Actions which are used as a coping strategy by an individual to manage their emotions that physically affect the body (e.g. pulling hair, picking/scratching skin, hitting self, cutting, etc). Also referred to as self-harm.
SEND	Special Educational Needs and Disabilities.
SET-CAMHS	South Essex & Thurrock Child and Adolescent Mental Health Service
SPA	Single Point of Access for contacting EWMHS.
Special School	An educational setting which provides specialist education for pupils with a SEND.
STP	Sustainability & Transformation Partnerships. There are 44 STPs covering all of England, where local NHS organisations and councils have drawn up proposals to improve health and care in

	the areas they serve. There are 3 which cover Southend, Essex & Thurrock: Mid & South Essex, Suffolk & NE Essex and Hertfordshire & West Essex.
Threshold	A point at which criteria changes and indicates a need to alter/change provision.
Tier / Level	A category of need or support which is defined by criteria and varying degrees of intensity.
Transition	A point of change, such as changing year groups or moving to a new school/setting.
Trauma Perceptive Practice (TPP)	The Essex approach to understanding behaviour and supporting emotional wellbeing. This is a free comprehensive training programme for all Essex schools/settings.
Window of Tolerance	The window of tolerance is a term used to explain and help adults understand the stress response system. Every individual has a unique window of tolerance. When they are within their window of tolerance, they feel regulated, calm and able to learn, love and play to the best of their ability. When they experience a stressor, making them feel worried or scared, they are pushed outside of their window of tolerance. The task for the adult is to widen the window.

Appendix 4: Recognising Signs of Anxiety or Depression

Supporting a child or Young Person with Anxiety or Depression

Signs of depression or anxiety in children can sometimes look like normal behaviour, particularly in teenagers who might keep their feelings to themselves. So, knowing how to talk to a child or young person about their mental health is important.

Many children or young people will feel stressed or anxious about things like exams or moving to a new school. But while these experiences can be challenging, they're different from longer-term depression or anxiety, which affect how a child or young person feels every day.

It can help to think about what's normal for a child or young person and if you've noticed signs that they've been behaving differently.

Signs of depression in children and young people can include:

- ongoing low mood or lack of motivation
- not enjoying things they used to like doing
- becoming withdrawn and spending less time with friends and family
- experiencing low self-esteem or feeling like they are 'worthless'
- feeling tearful or upset regularly
- changes in eating or sleeping habits.

Signs of anxiety in children and young people can include:

- becoming socially withdrawn and avoiding spending time with friends or family
- feeling nervous or 'on edge' a lot of the time
- having panic attacks
- feeling tearful, upset or angry
- having trouble sleeping
- changes in eating habits.

Information taken from NSPCC website: How to support a child with depression or anxiety | NSPCC

Appendix 5: If You‘re Worried a Child or Young Person is Feeling Suicidal

If You‘re Worried a Child or Young Person is Feeling Suicidal

While not every child with depression or anxiety will feel suicidal, sometimes mental health problems can feel overwhelming for children and young people. If a young person talks about wanting to hurt or harm themselves or expresses suicidal feelings, they should always be taken seriously.

Signs that a child or young person may be having suicidal feelings or thinking about suicide include:

- becoming more depressed or withdrawn, spending a lot of time by themselves
- an increase in dangerous behaviours like taking drugs or drinking alcohol
- becoming obsessed with ideas of suicide, death or dying, which could include internet searches
- saying things like “I’d be better off dead”, “No one would miss me”, “I just wish I wasn’t here anymore”.

If you're worried, it's important to get help right away. NSPCC trained Helpline counsellors can provide help or advice over the phone at 0808 800 5000. Children and young people under 19 can also get support from Childline online or over the phone, 24 hours a day.

However a child or young person feels, remind them that they're not alone and there are ways to cope and feel better. Childline also has online advice and tips for young people on coping with suicidal feelings that they can use right now.

Information taken from NSPCC website: How to support a child with depression or anxiety | NSPCC

Appendix 6: Helpful Links

For more information on all aspects of SEMH please go to the Essex CC info link: Social, Emotional and Mental Health Portal for Schools, Colleges and Settings

For support on specific mental health needs:

Anxiety UK www.anxietyuk.org.uk

OCD UK www.ocduk.org

Depression Alliance www.depressoinalliance.org

Eating Disorders www.b-eat.co.uk and www.inourhands.com

National Self-Harm Network www.nshn.co.uk and www.selfharm.co.uk

Suicidal thoughts Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

For general information and support:

www.youngminds.org.uk champions young people's mental health and wellbeing

www.mind.org.uk advice and support on mental health problems

www.minded.org.uk (e-learning)

www.time-to-change.org.uk tackles the stigma of mental health

www.rethink.org challenges attitudes towards mental health

Training

Essex CC provide information and training opportunities: Social, Emotional and Mental Health Portal for Schools, Colleges and Settings

Social, Emotional Mental Health Strategy Team
SEND Strategy and Innovation
semhstrategy@essex.gov.uk