



## **The Broad Areas of Need, Social, Emotional and Mental Health Needs (SEMH): Information**

### **Introduction**

One of the four broad areas of need in the SEND Code of Practice (2015), SEMH includes all pupils who may be experiencing a wide range of social and emotional difficulties, which manifest themselves in many ways. 'These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.' (SEND Code of Practice, 2015, para 6.32).

Pupils with SEMH needs made up 17% of all pupils with SEND in 2019 (DfE SEN data, 2019), making it the third most commonly identified area of need. The rate of identification of SEMH increases with age, comprising 12% of pupils at age 4 and 21% at age 14. The data does not split 'SEMH' into separate areas as it does for Cognition and Learning.

Exclusions data (DfE, Permanent and fixed period exclusions in England, July 2019) shows that approximately 47% of permanent exclusions are of pupils with SEN; approximately 60% of these are pupils with SEMH. The exclusion of pupils with SEND, and particularly SEMH, is a national concern.

### **Mental health difficulties**

Half of mental health disorders begin under the age of 15 and 75% develop by 18 (Department of Health, 2009); 12.8% of 5 – 19 year olds had at least one mental disorder when assessed in 2017 (NHS Digital, 2017); and one in four 11 – 16 year olds with a mental disorder have self-harmed or attempted suicide (NHS Digital, 2017). These stark figures inform us that this is a major and growing concern in schools and beyond. Diagnosable mental health disorders include depression, anxiety, psychosis, schizophrenia and eating disorders. Mental health difficulties may also be related to drug and substance misuse.

When a child or young person has a social, emotional or mental health difficulty which is impacting on their ability to function and learn at school, and for which they require special educational provision, then they should be regarded and treated as having a Special Educational Need. This applies to pupils whether or not they have a diagnosis, where their difficulties result in special educational provision being required.

Mental health difficulties manifest themselves in many different ways and it is not for teachers to try to diagnose what these difficulties might be. However, teachers have a responsibility to report any concerns that they may have in this area to the SENCO, who will then make the decision about what to do next, in conjunction with the pupil and their parents when appropriate.

### **Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD)**

These medically diagnosed conditions differ in that people with ADD do not have hyperactivity characteristics, but they are otherwise the same. The ADHD Foundation suggests 'Dysregulation' rather than Deficit and 'Condition' rather than Disorder, as these terms offer a more positive position. As a general rule, it can be helpful to think of pupils diagnosed with ADHD as having a developmental delay of 2-3 years and have appropriate expectations based on this. ADHD is a neurodevelopmental condition, which lasts throughout life; one of the core symptoms is deficient emotional self-regulation. Difficulties with executive functioning make it difficult to organise and plan. ADHD is



caused by brain differences in areas relating to attention control, resistance of distraction, timing and coordination of movement and reward mechanisms; a pupil with ADHD is not 'choosing' to behave as they do.

Girls are more likely to be diagnosed with ADD and boys with ADHD; girls' needs can go unnoticed because of their usual lack of hyperactivity; unrecognised ADD can lead to significant coping problems, which may in turn lead to depression in adolescence. There is significant co-morbidity with other needs, particularly SpLD, ASD and mental health disorders, so the whole range of an individual's needs should be taken into account.

### **Attachment disorders**

Attachment disorders and issues may develop if a child experiences negative or disrupted interactions or bonding with caregivers in their early life; it is common amongst children who are in care or who have been adopted from care, and its effects are lifelong and can be severe. Children may find it extremely difficult to make and maintain positive relationships, they lack basic trust and have little understanding of 'unacceptable' behaviour; they may present as confident or untouchable but usually feel insecure, wrong and powerless. Attachment disorders, like ADHD, are often co-morbid with other conditions. This is a very complex area; as a teacher you are not expected to diagnose attachment disorders, but consider that for some pupils whose behaviour may be giving you cause for concern, this may be due to attachment issues – discuss this with the SENCO if you think this might be the case.

### **Links with other areas of SEND; behaviour as communication**

The co-morbidity of SEMH and other SEND has already been mentioned. Sometimes, what is recognised as a pupil's 'primary area of need' may change as they get older, or as their context changes. It is important to consider that when a child or young person is presenting with SEMH needs, some or all of these needs may have their roots in another area of need. For example, a young child with speech, language and communication needs will find it difficult to make themselves understood and/or to understand others. This often leads to frustration and a need to communicate in the only way they can, i.e. through their behaviour; at the same time, they are likely to have difficulty with early literacy development due to their language difficulties. This may mean that as they move into KS2, they become primarily identified with literacy difficulties or possibly MLD; by the time they start secondary school, their frustration and possibly aggressive behaviour may have become their primary need.

We must always try to look past any presenting behaviour (or other social or emotional indicators) to discover what may underlie it. This will in turn help us to teach the pupil in a way which is most effective for them, by meeting their primary need, which should reduce any instances of challenging behaviour.

School behaviour policies should not be applied in a blanket way and should take account of pupils with SEND where some flexibility may need to be applied; check with your school, probably via the SENCO, about this. The SEND Code of Practice (2015, para 6.33) states: 'Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils.'



## Classroom practice that supports pupils with SEMH

Pupils with SEMH will each have a very individual range of needs; this list suggests general principles which will be of benefit, but you should ask for specific individual plans for pupils with diagnosed needs.

- A knowledge and understanding of an individual pupil's profile of strengths and difficulties
- Follow any individual advice given by specialists who are involved with the pupil, such as the educational psychologist, psychiatrist etc
- Try to understand the possible reasons for any behaviours that you may observe; many instances are related to anxiety and/or emotional distress
- Aim to make sure a child has access to someone to talk to with whom they feel comfortable, and spend time with the child to understand their perspective and try to accommodate reasonable requests
- Create structured and predictable environments where possible, to increase security and confidence
- Break work down into more manageable chunks
- Be consistent, firm and fair in your approach and expectations, giving plenty of positive feedback
- Use language positively wherever possible e.g. say what behaviour you would like to see rather than what you would not
- For some pupils, a teacher is a 'secure emotional base' which may not be present or consistent in their home lives (or was missing at a crucial earlier stage); aim to offer this emotional consistency by, for example, using eye contact, smiling, speaking to the pupil directly in class (but be cautious – remain 'teacher' rather than 'friend')
- It really helps to greet every pupil every day and allow a behavioural clean slate each lesson; judge the behaviour not the child
- Be aware of those pupils who may be withdrawn and/or isolated, as they may have mental health needs. If they are reluctant to engage with you, see if they will engage with another member of staff
- Always speak with the SENCO if you have any concerns about the mental and emotional wellbeing of a pupil you teach
- Aim for your classroom environment to be as calm and relaxed as possible; consider noise levels (are they too high? Could you use calming music?), movement around the room as well as entry to and exit from the classroom (does this feel safe and calm for everyone?), interactions between adults and pupils and between pupils (are they polite and respectful?), and does the visual environment promote a calm focus on learning?
- Some pupils may have 'time out' cards or toilet passes – if this is the case, you should be made aware of these, and allow their use
- Think about the seating arrangements – it might be really important for some pupils to be able to sit next to a trusted friend, and/or to not sit next to specific people; if you are not sure, ask (either the pupil, one of their other teachers or the SENCO)