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Mental Health and Wellbeing Policy

Chair of Trustees

Date

Knightsfield School

Mental Health & Wellbeing Policy

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1. Policy Statement

At Knightsfield School, we aim to promote positive mental health for every member of our staff, students, parents and wider school community. This will help to build positive coping strategies and will provide an environment that enables members to feel safe, resilient and empowered to seek help when they need it. We pursue this aim using universal whole school approaches and targeted, specialist interventions to support specific students.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for staff and students affected both directly and indirectly by mental ill health.

2. Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including support staff and trustees and should be read in conjunction with Education, Health and Care Plans (EHCPs) in cases where a student's mental health overlaps with or is linked to a medical issue, the SEND policy where a student has an identified special educational need in addition to their deafness, the Child Protection and Safeguarding policies and the Employee Wellbeing policy.

3. The Policy Aims to:

- Promote positive mental health and wellbeing in all staff, students and our wider school community
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to students suffering mental ill health and their peers and parents/carers

4. Lead Members of Staff

Whilst all staff have a responsibility to promote the mental health of students, staff with a specific, relevant remit include:

- Lucy Pope: Designated Safeguarding Person (DSP) & Staff Mental Health Lead
- Shantha Sharma: Pupil Mental Health Lead
- Keith Poole, Danny Bidwell, Linda Farenden and Victoria Sylvester: Deputy Designated Safeguarding Persons (DDSPs)
- Sharon Brake: Mental Health Champion
- Helen Mellor: Mental Health Trustee

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Designated Safeguarding Person (DSP) or Deputy Designated Safeguarding Persons (DDSPs) in the first instance, who will then liaise with the Pupil Mental Health Lead.

If the student is in danger of immediate harm, normal child protection procedures should be followed with an immediate referral to the DSPs. This should be recorded on CPOMS.

If the student presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS/ DeafCAMHS is appropriate, this will be led and managed by Keith Poole (SENCo).

5. Teaching about Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are specifically included as part of our PSHCE and the Social Emotional Mental Health (SEMH) pathway of our ABC curriculum as well as extended across our curriculum and activities across the entire educational context e.g. assemblies, focus weeks, school events etc.

The particular content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help as needed, for themselves or for others.

Since September 2020, there were new requirements for teaching mental wellbeing as part of health education. The statutory guidance for Mental wellbeing states that pupils should know:

- that mental wellbeing is a normal part of daily life, in the same way as physical health
- that there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different experiences and situations
- how to recognise and talk about their emotions, accurately and sensitively, using appropriate vocabulary
- how to judge whether what they are feeling and how they are behaving is appropriate and proportionate
- the benefits of physical exercise, time outdoors, community participation, voluntary and service-based activity on mental wellbeing and happiness
- that happiness is linked to being connected to others
- simple self-care techniques, including the importance of rest, time spent with friends and family and the benefits of hobbies and interests
- isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support
- that bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing
- where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online)
- it is common for people to experience mental ill health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough
- how to recognise the early signs of mental wellbeing concerns
- common types of mental ill health (e.g. anxiety and depression)
- how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health
- the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress
- the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions

Knightsfield School follows the statutory guidance outlined above and also incorporates topics that are designed to equip our students with a repertoire of skills such as Hertfordshire STEPS, NDCS Healthy Minds, peer mentoring, resilient classroom, teen brain, therapeutic approaches, and inclusion and diversity.

6. Signposting

Staff, students, parents, and our wider school community are aware of sources of support within school and in the local community - outlined in Appendix D.

We display relevant sources of support in communal areas such as corridors, staff rooms, and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of students seeking help by ensuring that students understand:

- What help is available
- Who it is aimed at
- How to access it
- Why to access it
- What is likely to happen next

We will also raise awareness of sources of support to parents through our school website, EHCP Review meetings, ARD events and general communications.

7. Warning Signs

Knightsfield School is committed to the early identification of students experiencing mental health or emotional wellbeing difficulties to offer prompt help and ensure that problems can be addressed with the least disruption. School staff may become aware of warning signs which indicate that a student may be struggling. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with a DSP. The concern must be recorded on CPOMS. The DSP will share with the Pupil Mental Health Lead as appropriate.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness, or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain, nausea or illness with no evident cause
- An increase in lateness or absenteeism

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 such as Adverse Childhood Experiences (ACEs)
- Children in need
- Looked After Children (LAC)
- Previously Looked After Children (PLAC)
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of Free School Meals and the Pupil Premium

Adverse Childhood Experiences (ACEs) and other events that impact Mental Health and Wellbeing

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 to a new 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 systems or via specialist staff and support services.

The Strengths and Difficulties Questionnaire (SDQ) and Pearson Resiliency tests are used as tools to identify mental health needs. In conjunction with staff observations, these may be used to inform discussions with health professionals who will offer diagnoses if required.

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):

| | Risk factors (staff remain vigilant of) | Protective factors (staff look for) |
|-----------------------|--|---|
| In the pupil | <ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neurodiversity • 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 • Poor pupil-to-teacher/school staff relationships | <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 • 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 |

8. Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure.

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

They should follow the **ALGEE** principles:

- Assess
- Listen
- Give reassurance
- Encourage professional help
- Encourage self-help

Staff should listen, rather than advise, and their first thoughts should be of the student's emotional and physical safety rather than exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix F.

All disclosures should be recorded in writing, via CPOMS. This written record should include:

- The date and time of the disclosure
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation

9. Confidentiality

We will be honest with regards to the issue of confidentiality and should discuss with the student:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should avoid sharing information about a student without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent/carer by the Senior Leadership Team.

It is necessary to share disclosures with the Designated Safeguarding Person who will share with other staff as appropriate.

Parents/carers must always be informed, and students may choose to tell their parents themselves.

However, if a student gives us reason to believe that by informing parents/carers there may be underlying child protection issues which places them at significant risk, the parents should not be informed, but the Designated Safeguarding Person must be informed immediately.

10. Working with Parents/Carers

When informing parents/carers, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case-by-case basis):

- Can the meeting happen face to face? This is preferable.
- Who should be present? Consider parents/carers, the student, and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent/carer time to reflect.

Further sources of information should be highlighted and where possible, information such as leaflets or specific helplines should be provided to take away.

We should provide clear means of contacting us if there are further questions and consider booking in a follow-up face-to-face meeting or phone call after they have had time to process the given information. Finish each meeting with an agreed next step and keep a brief record of the meeting on CPOMS.

11. Working with All Parents/Carers

Parents/carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents/carers we will:

- Highlight sources of information and support about common mental health issues on our school website, and through electronic updates
- Ensure that all parents/carers are aware of who to talk to and how to contact them, if they have concerns about their own child or a friend of their child
- Make this mental health and wellbeing policy easily accessible to parents/carers
- Share ideas about how parents/carers can support positive mental health in their children through our ARD days and Edulink communication
- Keep parents/carers informed about the mental health topics their children are learning about through distribution of curriculum maps.

12. Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends.

Friends often want to support but do not know how to. In cases of self-harm or eating disorders, friends may learn unhealthy coping mechanisms from each other. To keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one-to-one or group settings, and will be guided by conversations by 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 / saying which may inadvertently cause upset
- Warning signs that their friend needs further help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- 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

13. Absence from, and reintegration to school

If a student is absent from school for any length of time, then Knightsfield School will be fully supportive and will make appropriate arrangements to send work home. This may be in discussion with any medical professionals who may be treating a student.

If the school considers that the presence of a student in the school is having a detrimental effect on the wellbeing and safety of other members of the community, or that a student's mental health concern cannot be managed effectively and safely in school, the Headteacher reserves the right to request that parents/carers withdraw their child temporarily until appropriate reassurances have been put in place.

Knightsfield School will also take every step necessary to ensure a smooth reintegration back into school when the student is ready. Senior Leadership will work with the Mental Health Leads, parents/carers and the student to draw up an appropriate intervention plan. The student should have as much ownership as possible. If a phased return to school is deemed appropriate, this will be agreed with the parents/carers.

14. Training

Knightsfield School Mental Health Leads have received Hertfordshire-led Mental Health Leads- Level 2 training. In addition to this, some members of staff have undertaken Mental Health First Aid Training from Mental Health First Aid England.

As well as Child Protection and Safeguarding training, staff learn about recognising and responding to mental health issues during tailored INSETs that deliver the Hertfordshire Mental Health Awareness- Level 1 course and the Hertfordshire Steps Programme. Subsequently, staff actively promote the use of a de-escalation script and may offer opportunities for pupils to talk about their feelings through active listening and questioning enabling them to keep students safe.

15. Policy Review

It is good practice for this policy to be reviewed every 3 years. It is next due for review in July 2027.

Additionally, this policy will be discussed with staff and updated as appropriate e.g. to reflect statutory changes. This policy will always be immediately updated to reflect personnel changes.

Appendix A: Guidance and advice documents

Counselling in Schools: a blueprint for the future- departmental advice for school staff and counsellors. Department for Education (2016)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf

The Healthy Young Minds in Herts website contains evidence based (and free) local and national tools, resources and training information:

<https://www.healthyyoungmindsinherts.org.uk/schools/lesson-plans-and-free-resources>

<https://healthyyoungmindsinherts.org.uk/publications/2018/apr/signposting-guide-young-people>

The 'Just Talk' Schools and College toolkit contains lesson plans, posters, leaflets, and short activities designed to embed important and accessible mental health messages into every-day life:

<https://www.justtalkherts.org/professionals/schools-colleges-and-other-professionals.aspx>

[Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2018)

Physical health and mental wellbeing (Primary and Secondary) (2020)

<https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education/physical-health-and-mental-wellbeing-primary-and-secondary>

Relationships Education, Relationships and Sex Education (RSE) and Health Education

Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers (2019)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908013/Relationships_Education_Relationships_and_Sex_Education_RSE_and_Health_Education.pdf

Appendix B: Possible Causes, Signs and Symptoms

Possible Causes:

- Friendship problems, peer conflict, bullying, cyberbullying
- Bereavement or a distressing event
- Changing school/home, living in institutional settings
- Poverty, homelessness
- Family/community violence, physical, sexual, emotional abuse
- School work problems, exam pressure
- Physical illness in themselves/carers, long term carer
- Parents arguing, living in conflict, divorce, family break-up, feeling rejected
- A family history of depression
- Pregnancy
- Experiencing other mental/emotional problems
- Medical conditions, side effects of medication

Depression:

- Expressions of hopelessness or helplessness
- An overwhelming sense of shame or guilt
- A dramatic change in personality or appearance
- Fighting/law breaking or behaving “out of character”
- Changed eating or sleeping habits
- A serious drop in school, performance
- Avoiding social events
- Finding it hard to concentrate
- Refusal to go to school
- Tearfulness
- Becoming very withdrawn
- Low self-esteem, isolation, irritability and mood changes
- Loss of interest in favourite hobbies or sports.

Suicidal Intentions:

- A lack of interest in the future
- A serious drop in school, performance
- Written/spoken notice of intention to end own life
- Giving away possessions or putting affairs in order

- Use of suicide chat rooms / pro-suicide Internet sites
- Talking about suicide
- Feeling useless/unwanted/unneeded/hopeless
- Feeling like everyone would be better off without you
- Neglect of oneself e.g. appearance
- Urges to self-harm
- Poor sleep
- Weight gain/loss
- Wanting to avoid others

Self-Injury:

- Unexplained accidents or injuries of cuts, bruises or cigarette burns, on wrists, arms, thighs and chest
- Keeping fully covered, even in warm weather.
- Avoidance of situations where revealing clothing is expected
- Sharp objects or cutting instruments amongst a person's belongings
- Relationship problems, changes in socialising, sleeping and eating patterns
- Low self-esteem, isolation, irritability and mood changes
- Loss of interest in favourite hobbies or sports

Anxiety/Panic Attacks:

- Feeling shaky, sick, dizzy, faint
- Breathing fast or finding it hard to breathe
- Heart palpitations, sweating
- Feeling scared/panicky
- Lacking confidence to try new things, face challenges or even carry on as normal

Eating Disorders:

- Regularly skipping meals/counting calories obsessively
- Eating only low-calorie food
- Wearing loose clothing
- Obsession with exercise
- Dramatic weight loss/gain
- Disappearing immediately after meals
- Talking about being unhappy with their body
- Sudden unexplained recovery

Appendix C: Sources of support at Knightsfield School and in the local community

School Based Support:

Counselling: We use SafeSpace to deliver counselling sessions to identified students, they work largely from a standpoint of 'person-centred counselling'. Referrals can be made through the SENCo.

Pastoral Monitoring: Is undertaken by all staff working closely with students. Support is provided in-house where possible, but also through pro-active engagement with outside agencies when the need arises.

First Aid: Nine members of staff are qualified First Aiders and are available to students when they are feeling unwell.

Local Support:

Youth Concern Trust (YCT): Counselling and therapeutic support charity for children and young people aged 5-25

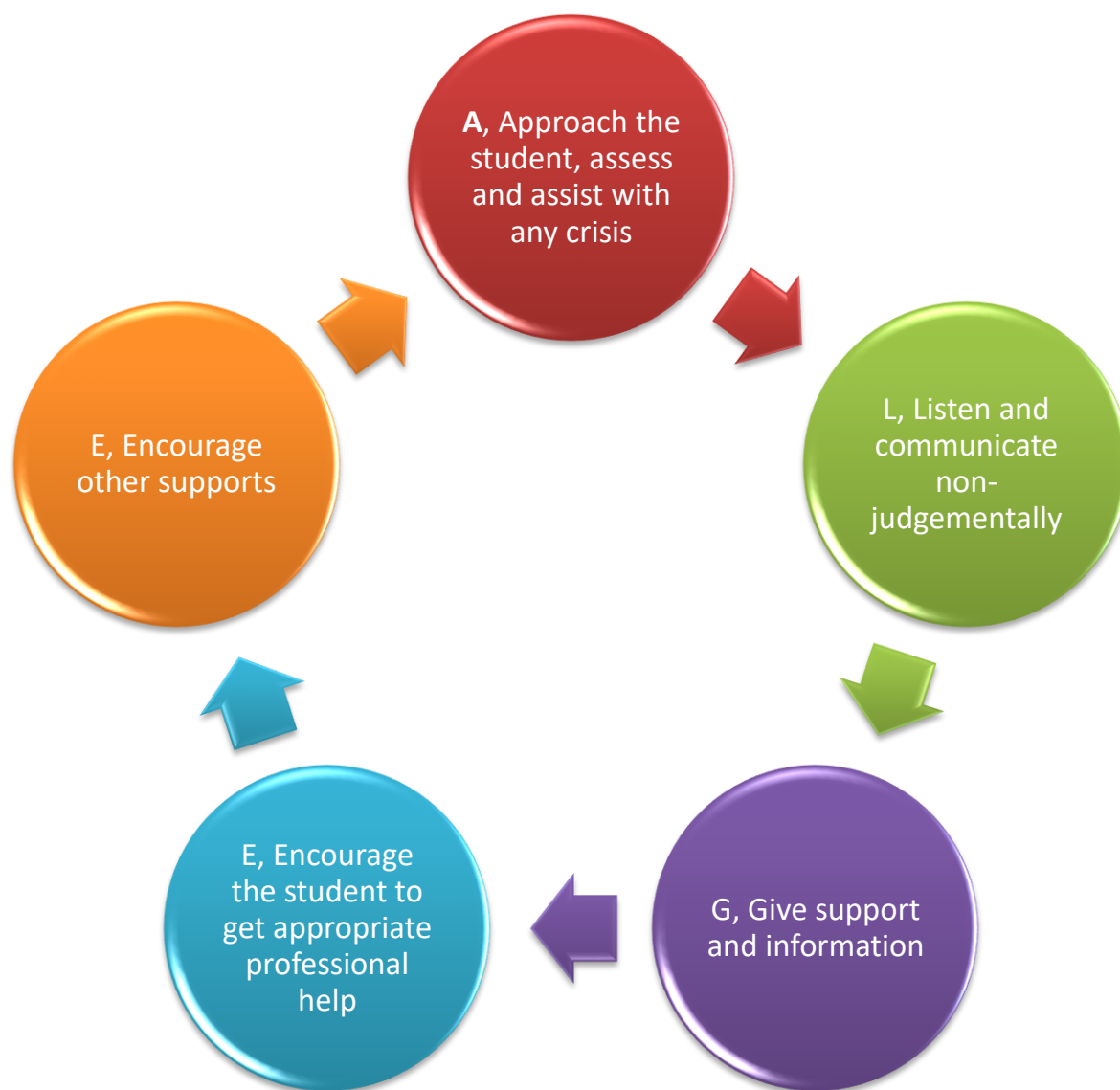
Contact details: YCT House, Maddox Road, Harlow, Essex. CM20 3GA. 01279 414090
admin@yctsupport.com

Kooth: online counselling service www.kooth.com

Deaf CAMHS: Deaf Child and Adolescent Mental Health Services. Contact details: Single Point of Access (SPA) 0300 777 0707 hpft.spa@nhs.net (referrals are managed by the Headteacher)

Appendix D: Knightsfield School's ALGEE Mental Health Support Flowchart

The ALGEE Model of Mental Health Support
(Mental Health First Aid England 2017)



If you are the first point of contact of a student who is experiencing a mental health crisis or has made a disclosure to you, please follow the process below as far as practicable to ensure the student's safety, then refer the student and all information to the Designated Safeguarding Person (LP) who will share information with the MHL for Pupils.

A

•Approach the student, assess and assist with any crisis

- Hertfordshire STEPS approach, e.g use of the de-escalation script
- Use of the SDQ questionnaire
- Yearly Resiliency Scales testing
- Classroom observations
- Reporting of concerns in staff meetings
- On-going discussions with staff during meetings and INSET
- Incidental reporting directly to the Form Tutor, Deputy Head, SLT or SENCo, verbally or via Edulink or CPOMS.

L

•Listen and communicate non-judgementally

- For mild issues, the Form Tutor or Deputy Head will have a conversation with student.
- For on-going issues, interventions such as Protective Behaviours (for social communication needs), NDCS Healthy Minds (for accepting Deafness), Art Therapy (for anxiety), Functional Communication Skills- that draws on the Penn Resiliency Programme (for individual or pairs of students presenting with a mixed picture or Additional Needs), Homunculous Programme.

G

•Give support and information

- Curriculum offer
- Mental Health and Wellbeing display board
- Assemblies
- Focus Weeks
- All interventions
- On-going staff communication
- EHCP Annual Review Process

E

•Encourage the student to get appropriate professional help

- Deaf CAMHS for students with severe behavioural anxiety or Mental Health needs that cannot be specifically addressed by interventions within the school
- Kooth
- Counselling for students with specific issues related to ACEs, bereavement, family issues, severe anxiety.
- Family Support Worker for issues related around the family that can contribute to ACEs
- Specialist Professionals for students with Autism, ADHD, Social communication needs and anxiety
- Educational Psychologists who provide training when required and carry out a yearly consultation with the SENCo about issues in the school. They undertake observations of specific students and offer specialist advice.

E

•Encourage other support

- The PSHCE and SEMH Language curriculum cover specific aspects on Mental Health and encourage students to actively utilise strategies to promote and support their own Mental Health as well as others. SEMH Language sessions are led by the Mental Health Lead for Pupils.