Mental Health and Well-Being Policy

March 2023

Our Vision

Our Christian school exists to provide a welcoming environment in which everyone is cherished and challenged to fulfil their potential.

Policy Statement

Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)

At our school, we aim to promote positive mental health for every member of our staff team and for all pupils. We want everyone to feel that they **belong** to the school; we want everyone to **believe** in themselves and support each other; and we want everyone to **become** well-rounded individuals who achieve their best for society. This cannot be achieved unless all members of our community are supported with their mental health.

In addition to promoting positive mental health, we aim to recognise and respond to mental health difficulties. In an average classroom, five children are likely to have a mental health problem (The Children's Society Website as on 21.02.23). By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental health difficulties.

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 non-teaching staff and governors.

This policy should be read in conjunction with our medical policy in cases where a pupil's mental health overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The Policy Aims to:

- Promote positive mental health in all staff and pupils
- 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 pupils with mental health difficulties
- Provide support to pupils suffering mental ill health and their peers and parents or carers

Lead Members of Staff

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

- Helena Miller (Executive Head), Emma Chamberlain (Deputy Head), Ruth Whittaker and Kathryn Thompson- Designated Safeguarding Leads
- Emilie Smith – SENDCo, Mental Health Lead, trained CAMHS referrer and Deputy Designated Safeguarding Lead
- Emma Chamberlain - PSHE Lead

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to a Designated Safeguarding Lead in the first instance. If the pupil 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 is appropriate, this will be led and managed by Emilie Smith (SENDCo and Mental Health Lead). Didsbury CE's Mental Health Need Identification and Support Procedure is provided in Appendix A.

Individual Pupil Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do and who to contact in an emergency
- The role the school can play

At Didsbury CE, we have Wellbeing Plans (Appendix B) for pupils presenting with a mental health need which is impacting their wellbeing. These plans focus on the NHS 5 Steps to Wellbeing and are drawn up in conjunction with parents and reviewed regularly. Pupils who have a 'Social, Emotional or Mental Health Need' which is persistent and needs longer term support might be on SEND support and receive a Provision Plan which outlines the ways in which school are supporting.

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum using the scheme, Jigsaw.

The content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge,

understanding, language and confidence to seek help, as needed, for themselves or others. There will be an 'open' attitude to discussing mental health and it will be understood as of equal importance to physical health. Throughout all lessons, we promote an ethos of striving for progress not perfection; however, staff also reiterate the message that, 'it is okay, to not be okay' sometimes.

We will follow the [PSHE Association Guidance](#)[1] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

If pupils require further support with their mental health and wellbeing then they might be included in an intervention group. The intervention programme that we typically run for pupils with social, emotional and mental health needs is called Hamish and Milo and covers 10 broad themes:

* Actions, words and me (conflict resolution)
* Celebrating me (celebrating difference and diversity)
* Resilient me (resilience and overcoming adversity)
* Calm me (helping children with anxiety, expressing and regulating)
* Finding me (helping children with sadness)
* New beginnings and me (change and transitions)
* Memories and me (loss and bereavement)
* Amazing me (self-esteem and self-worth)
* My friends and me (friendship situations)
* Exploding me (helping children with strong emotions)

The programme runs for 10 weeks and has a pre and post measure of impact. An evaluation is shared with parents at the end of the intervention.

Pastoral organisation for pupils

We pride ourselves on the whole school, team approach that is integral to our way of working at Didsbury CE. Our methods include but are not limited to:

- Strong Christian vision which encourages ALL pupils to flourish and become well-rounded individuals.
- Daily worship to promote values such as justice, compassion, generosity, friendship and helps pupils understand why these values are important to them.
- An Ethos Group who help promote the school's Christian vision.
- A designated member of staff who is trained as a Mental Health Lead (Emilie Smith).
- A designated member of staff who is trained to make CAMHS referrals (Emilie Smith).
- Regular training for staff on mental health.
- A dedicated mental health working group who regularly meet to improve the provision of mental health.

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[1] [Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#)

- A programme of pastoral interventions.
- Wellbeing Plans for pupils identified as having a mental health difficulty.
- Celebration assemblies with awards for academic achievements, character development and house rewards.
- Robust policies and an identification procedure.
- Close communication with parents, particularly those of pupils with SEND, to monitor the progress and wellbeing of pupils.
- A rich, balanced and purposeful curriculum.
- Strong links with outside agencies e.g. Educational Psychologist.
- A wide-range of extra-curricular club opportunities for pupils, including Stretch and Relax.
- Health Awareness Week: a week dedicated to promoting the importance of healthy minds and bodies.
- Fantastic pupil-staff relationships mean that pupils feel comfortable talking to staff about their worries.
- Use of CPOMS (SLT, teachers, TAs, LSAs, Lunchtime Organisers) to carefully monitor changes in behaviour which might indicate a mental health/wellbeing issue.
- Worry jars placed in each class and worry bugs for EYFS/KS1 pupils: this gives pupils the chance to express any worries or concerns they have.
- A school council with elected membership from Years 2-6.
- Roles and responsibilities given to older pupils to encourage independence.
- A 'preparation not overkill' approach to SATs to reduce stress. Pupils are consistently given the message that effort is valued rather than just results.

Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and outside of school - please see Appendix C.

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

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

Appendix C contains a list of documents which offer guidance and advice about supporting mental health difficulties.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing difficulties. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with Helena Miller, Emma Chamberlain, Emilie Smith, Kathryn Thompson or Ruth Whittaker (our Designated Safeguarding Leads).

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or 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
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Getting changed secretively or not wanting to take part in P.E
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Abusing drugs or alcohol

Managing disclosures

A pupil 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 pupil 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.

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

All disclosures should be recorded in writing on CPOMS and held on the pupil's confidential CPOMS file. This written record should include:

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

- Agreed next steps

This information is shared with the Designated Safeguarding Leads, who can offer support and advice about next steps.

Confidentiality

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a pupil on, then we should discuss with the pupil:

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

We should never share information about a pupil without first telling them. Ideally, we would receive their consent, though there are certain situations (pupils who are in danger of harm) when information must always be shared with another member of staff and / or a parent.

It is always advisable to share disclosures with a colleague, usually the Mental Health Lead, Emilie Smith. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence; and it provides an extra source of ideas and support.

Parents must always be informed if staff are concerned about a pupil's mental health or well-being. If a child gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but a Designated Safeguarding Lead must be informed immediately.

Working with All Parents

Parents 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 we will:

- Highlight sources of information and support about common mental health issues on our school website and in the half termly Wellbeing Newsletter.
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child.
- Make our mental health policy easily accessible to parents on the school website.
- Share ideas about how parents can support positive mental health in their children through our curriculum information evenings and the Wellbeing Newsletter.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular child protection training to enable them to keep pupils safe.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Staff Mental Health and Well-Being

Pastoral support for all members of the school community is fundamental to the vision of Didsbury CE Primary School. We believe that a well-supported, valued staff with a clear and shared purpose are best placed to provide emotional well-being for children in their care.

Actions to support new staff

Practical actions to support new staff

- All staff will be given a school orientation by the Head of School.
- All new staff will receive the staff induction pack/staff handbook. This will continue to include all important policies, or their location, and will include this policy on health and wellbeing.
- All staff will be made to feel welcome and given as much support as required.
- Students and ECT to be supported by a mentor as well as their Performance Manager.
- At the end of the first week of employment, new staff will have a review with a member or the Senior Leadership Team (SLT).
- All new staff will have a 3-month review interview with a member of SLT. Additional reviews may be scheduled at 6-months and/or a year.

Procedures for handling issues of wellbeing

The Senior Leadership Team (Head of School, Deputy Head of School and other managers) must encourage the creation and maintenance of an atmosphere where all staff members feel comfortable asking for help or raising concerns. The Senior Leadership Team should be sensitive to any problems which may cause the employee stress-related issues and should act in a professional, fair, consistent and timely manner when a concern arises.

Where additional, professional advice is required, the school has contacts with Occupational Health Professionals and Human Resource experts and these avenues should be utilised.

Where necessary, staff should be encouraged to use the confidential counselling service listed on the staff notice board. This service provides staff who have serious concerns to obtain advice and support outside of the workplace.

The school will provide support to any employees facing high-levels of stress in the workplace, as well as other work-related issues which are having/have the potential to have negative impacts on the staff member's health and wellbeing. The various options for dealing with such issues should be discussed with staff members where appropriate. In some cases, this may include a Stress Management Plan, external support such as the teacher helpline or support from the Local Authority e.g. counselling. Contact numbers for a range of mental health services are displayed in the staff room.

During this time, the school will ensure that at all times the staff member's privacy and dignity is respected. This means maintaining confidentiality, upholding the employee's rights and dealing with the employee with tact and sensitivity.

Ways in which we support staff well-being

- Continuing professional development and a focus on wellbeing in these meetings.
- Supportive performance management.
- A named staff wellbeing lead-Emilie Smith.
- A dedicated Designated Safeguarding Lead team.
- A Mental Health Working Group that focuses on staff wellbeing.
- All staff encouraged to contribute to the School Improvement Plan.
- An area on the staff drive that contains resources for supporting mental health.
- 'Thank You' board in the staff room.
- Option to take PPA time at home.
- Extra time given for teachers to fill in assessment tracking at the end of each term.
- INSET day dedicated to assessment and report writing in the Summer term.
- Yearly MAT questionnaire seeking the views of all members of staff.
- Staff shared lunch at the end of each term.
- Recognition on staff birthdays/special occasions.
- A consultative approach to some staff meetings to give staff the opportunity to voice concerns and to have their views sought.
- No expectation from SLT for staff to respond to their emails during the evening or at weekends.
- A culture where SLT explain the reasoning behind decisions made that directly impact staff.
- Contact numbers for a range of mental health services displayed in the staff room.

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in March 2026.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Emilie Smith or Emma Chamberlain.

This policy will always be updated to reflect personnel changes.

Procedure for Mental Health Need Identification and Support

If an emergency response is needed contact CAMHS immediately on 0161 902 3400 (South) or take the child to A&E if emergency occurs out of working hours.

Initial concern raised by the class teacher or parents at any time. Discussion with SENCo about behaviour displayed by pupil and how long it has been displayed for. Staff to log concerning behaviours.

SENCo to work with class teacher, parents and other agencies to identify if there is an underlying need e.g. SEND, safeguarding concern, change in circumstance, mental health need. Useful resource-The Three Houses tool.

Action plan for a half term/ approximately 6 weeks to be decided upon. Class teacher/SENCo to meet with parents and share action plan. Class teacher/SENCo to explain that following this period, we will review the pupil's progress.

SENCO to advise staff if assessment tool is needed e.g. EHA, Boxall Profile, SDQ. SENCo, class teacher and parents to consider whether a referral to another service or CAMHS is needed at this point or if in-class support, adjustments and intervention might be enough support initially. For referral to CAMHS the difficulty must be severe enough to negatively impact on the pupil's day to day functioning that is beyond support from the school nurse or EP for over a one month period.

SENCo and class teacher to monitor progress throughout support. If at any point during this time there are further or growing concerns, SENCO/class teacher/parents to reconsider external support.

SENCo and class teacher to meet following half term/6 week point. Has progress been made? If some progress has been made, consider whether the intervention should continue or whether the pupil can be removed from the concern list and monitored. If no or little progress has been made then SENCo to consider a referral to an outside service or CAMHS.

Class teacher/SENCo, if appropriate, to meet with parents again and discuss progress and next steps e.g. closely monitoring progress or referral to outside agency or CAMHS.

Appendix B

Home and School Wellbeing Plan

Name: **Year:** **D.O.B:**	**Area of need:** **Start Date:** **Review Date:**

Feelings rating before plan starts:	🙂 🙂 😐 🙁 ☹️

Connect **Good relationships**	**Be Active** **Physically active**	**Take Notice** **Mindfulness**	**Keep Learning** **New skills**	**Give** **Acts of kindness**
•	•	•	•	•
Review	**Review**	**Review**	**Review**	**Review**

Feelings rating at review date:	🙂 🙂 😐 🙁 ☹️

Parent/carer date and signature	Signature:	Date:

Appendix C: Further information and sources of support about common mental health issues

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents but they are listed here because we think they are useful for school staff too.

Support on all these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

Self-harm

Self-harm describes any behaviour where a young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

Online support

SelfHarm.co.uk: www.selfharm.co.uk

National Self-Harm Network: www.nshn.co.uk

Books

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

Ups and downs are a normal part of life for all of us, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

Online support

Depression Alliance: www.depressionalliance.org/information/what-depression

Books

Christopher Dowrick and Susan Martin (2015) *Can I Tell you about Depression?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

<u>**Books**</u>

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

[Prevention of young suicide UK – PAPYRUS](): [www.papyrus-uk.org]()

[https://letterfromsanta.nspcc.org.uk/globalassets/documents/research-reports/on-the-edge-childline-suicide-report.pdf]()

Books

Keith Hawton and Karen Rodham (2006) *By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents*. London: Jessica Kingsley Publishers

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating problems

Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people, particularly those of primary or preschool age, may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Online support

[Beat – the eating disorders charity: www.beateatingdisorders.org.uk]()

Books

Bryan Lask and Lucy Watson (2014) *Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

Pooky Knightsmith (2012) *Eating Disorders Pocketbook*. Teachers' Pocketbooks

Appendix D: Talking to pupils when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help you in initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."

If a pupil has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."

The pupil should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the pupil does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the pupil to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the pupil may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a pupil may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the pupil.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a pupil chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the pupil.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a pupil has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the pupil.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a pupil wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the pupil's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix E: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2014)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2015)

https://pshe-association.org.uk/guidance/ks1-4/mental-health-guidanceTeacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2022)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2015)

Healthy child programme from 5 to 19 years old is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing - a report produced by the Children and Young People's Mental Health and Wellbeing Taskforce to examine how to improve mental health services for children and young people. Department of Health (2015)

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

What works in promoting social and emotional wellbeing and responding to

mental health problems in schools? Advice for schools and framework

document written by Professor Katherine Weare. National Children's Bureau (2015)

Promoting and supporting mental health and wellbeing in schools and colleges. Advice for schools on developing an approach to mental health and wellbeing (2021)