



POLICY	Positive Mental Health and Wellbeing Policy
STATUS/DATE OF THIS VERSION	Review and ratification by Trustees
APPROVED BY	TBC - Trustees (March 2023)
RATIFIED BY	TBC – Trustees (March 2023)
REVIEW	March 2024
	Non-statutory policy

This policy applies to all the schools in Unity Education Trust (as listed below). Procedures for implementation vary between schools and these are either attached for each school as Appendices or available in full at the school concerned or via the school website.

Any queries about this policy should be directed to the school concerned – normally to the Headteacher/Head of School:

- **Beeston Primary School**
- **Garvestone Primary School**
- **Grove House Infant and Nursery School**
- **King’s Park Infant School**
- **Northgate High School and Dereham Sixth Form College**
- **The Pinetree School**
- **The Short Stay School for Norfolk**
- **Churchill Park Academy**
- **Greyfriars Academy**
- **Highgate Infant School**
- **King’s Oak Infant School**
- **Wimbotsham and Stow Academy**
- **Magdalen Academy**
- **St German’s Academy**
- **Great Dunham Primary School**

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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 and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable 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 strategies to promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

Please refer to Appendix A- Guidance and Advice Documents

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 SEND and Safeguarding Policy

The Policy aims to:

- Promote positive mental health in all staff and students
- 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

Key Staff

Whilst all staff have a responsibility to promote the mental health and wellbeing of students. Key staff are, but not limited to:

- Mrs Zoe Galley and Dr Duncan Hone (Heads of School)
- The Senior Leadership Team
- Mr Ashley Darlow - Senior Mental Health and Pastoral Lead (Assistant Headteacher)
- Mrs Shelly Culley - Designated Safeguarding Lead and Mental Health First Aider
- Mr Calum MacDonald - Lead First Aider
- Mr Dave Brook (Assistant Headteacher) - CPD Lead
- Mr Simon Oldfield - Head of Citizenship and RE

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Headteacher / Mental health lead/ DSL in the first instance. If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the DSL or the Head teacher. 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.

Understanding Mental Health

Please see Appendix B- Further Information and sources of support about common mental health issues

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 included as part of our curriculum offer . This is within our citizenship curriculum and further influenced through PART lesson. Wherever possible we also invite external agencies and speakers to impart key information regarding mental health and awareness.

The specific 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 others.

We will follow national guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in their local community.

Please refer to Appendix C – Sources of support in school and the local community

We will display relevant sources of support in communal areas such as staff rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. We will ensure signposting is visual and easy to access.

Recognising and Identifying Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with their Headteacher, DSL or Mental Health Lead

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 or nausea with no evident cause
- An increase in lateness or absenteeism
- New behaviours or increased numbers of incidents which may be more prolonged
- Difficulty in self regulating
- Change in mood or low mood
- Communicating more/ less

Managing disclosures - *Please see Appendix D – talking to students when they make 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.

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

All disclosures should be recorded using CPOMS and appropriate actions taken in accordance with data protection and confidentiality procedures.

Supporting parents/ carers

We need to be sensitive in our approach when informing parents. 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, the student, other members of staff, Social Worker.

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 time to reflect.

We should always highlight further sources of information and where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums.

Supporting Staff

We recognise the importance and value of the wellbeing of our staff, particularly those working with any student receiving support for their mental health. 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 in order to enable them to keep pupils safe. We encourage all staff to seek advice or support in looking after and caring for themselves this maybe through the Norfolk Support Line, Remploy or the Anna Freud Centre.

Appendix A: 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)

[Teacher 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 (2020)

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

[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)

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

Prevalence of Mental Health and Emotional Wellbeing Issues¹

1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.

Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.

There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.

More than half of all adults with mental health problems were diagnosed in childhood.

Less than half were treated appropriately at the time.

Nearly 80,000 children and young people suffer from severe depression.

The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.

Over 8,000 children aged under 10 years old suffer from severe depression.

3.3% or about 290,000 children and young people have an anxiety disorder.

72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

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 of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (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](http://www.selfharm.co.uk): www.selfharm.co.uk

[National Self-Harm Network](http://www.nshn.co.uk): 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

¹ Source: [Young Minds](http://www.youngminds.org.uk)

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

Books

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 Connors (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](http://www.papyrus-uk.org)

[On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/)

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.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

[Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

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 C : Sources or support in school and in the local community

- Key colleagues – Headteacher / Assistant Head / Mental Health lead and first aiders/ DSLs/ Pastoral Team

Local Support

- The [Wellbeing Service](#) can support you in the first steps to make changes in your life to manage your levels of stress, as well as symptoms of anxiety and depression
- The [Reading Well Books on Prescription](#) scheme at Norfolk libraries offers self-help books that are recommended by healthcare professionals and mood-boosting books
- [Norfolk and Waveney Mind](#) offers services including supported housing, crisis helplines, drop-in centres, employment and training schemes, counselling and befriending.
- For social care advice the [Norfolk Community Advice Network](#) may be able to help
- Don't forget the benefits that being active can have for your wellbeing. Find out what support is available locally to [improve your fitness level](#) or visit [NHS Choices](#) for more tips, online tools and general advice about mental wellbeing and mental health.
- [Rethink - Mental Health Information](#)
- [MindEd](#) - Safe and reliable mental health advice for older people and those who care for them
- Find mental health advice and support for 0-25 year-olds in Norfolk, on the NHS Just One Norfolk website.

Provision Mapping – Northgate High School and Dereham Sixth Form College

Tier 0 – Universal Level Support

These are concerns that last for a short period where a child feels unable to cope. These will cause distress but do not have a long term or lasting impact

<u>Concerns E.g</u>	<u>Responsibility</u>	<u>Response</u>
<ul style="list-style-type: none"> • Minor Illness • Pet Death • Friendship fall outs • Low level worry (transition/set change/tests) • Short Term academic Stress • Past history of concern that requires monitoring 	Class Teacher / Form Tutor / TA / Duty Staff	<ul style="list-style-type: none"> • Listen and reassure Child • Monitor issue and provide appropriate support. • Move to Tier 1 response if issue remains unresolved • Child should be encouraged to remain in normal lessons wherever possible. If this is not possible seek support from WALK / Office / LSC / HoY or SLT

Tier 1 – Universal Level Support

These are concerns that last longer and begin to have an impact on welfare and progress.

<u>Concerns E.g</u>	<u>Responsibility</u>	<u>Response</u>
<ul style="list-style-type: none"> • Sustained low mood • Long term or repeated friendship issues • Anxiety around specific issues following support from Tier 0 • Divorce • Bereavement (extended family) • Emotional response to an event that causes distress (not a safeguarding concern) 	HoY with support of form tutor	<ul style="list-style-type: none"> • Ensure teaching staff are aware • Record concern on SIMS • HoY to contact parents (if not already been contacted) • Targeted group or 1:1 work with EWB officer • Ability to move incident to Tier 0 or 2 support depending on impact of interventions

Tier 2 – Targeted Support

A sustained concern that is effecting the wellbeing and academic progress of the pupil

<u>Concerns E.g</u>	<u>Responsibility</u>	<u>Response</u>
<ul style="list-style-type: none"> • Persistent low mood / anxiety • Attachment difficulties • Bereavement (close family member) • Historic abuse causing legacy MH distress • Self Harm • Suspected eating disorder • Risky behaviour • Questioning sexual identity 	HoY, DSL, SENDCO and SLT	<ul style="list-style-type: none"> • Initial assessment by EWB officer • HoY or DSL to contact parents • Concern logged on SIMS or CPOMS • In school support (Drop ins, Group work, 1:1, 6 week plan and exit proposal/review) whilst awaiting external support • External agency referrals (Early Help [EHAP], point-1, CAMHS, Justone number, Nelson’s Journey, Counselling, young careers, Matthew project • Staff to monitor and report concerns via CPOMS • Ability to move incident to Tier 1 or 3 depending on impact of interventions • Added to inclusion team monitoring list

Tier 3 – Personalised support

Serious and possibly life threatening incidents that require external professional intervention

<u>Concerns E.g</u>	<u>Responsibility</u>	<u>Response</u>
<ul style="list-style-type: none"> • School refusing due to persistent low mood/anxiety • Diagnosed anxiety/depression • Disclosure of indirect or direct abuse (Physical, emotional, sexual or neglect) • Sustained self harm • Suicide attempts 	DSL and external agencies	<ul style="list-style-type: none"> • Direct support from DSL or SLT if concern becomes apparent in school • Child is removed to a safe space to talk to DSL • DSL to consider appropriateness of contacting parents/carers • Staff to follow policy if disclosure made • Social Services consultation • Risk Assessment consideration • Reduction in time table consideration (Parental consent and LA to be informed) • Cooperate and collaborate with external agencies

Overarching Support

Curriculum	Pastoral	Other
<p>Inclusive whole school ethos based on trust and respect</p> <p>Open –door approach for parents and students – parents and children know they are listened to</p> <p>Positive behaviour management strategies used consistently across school</p> <p>Access to the LSC at break and lunchtimes</p> <p>After school clubs open to all pupils</p> <p>Curriculum enrichment experiences</p> <p>Teachers advised on how to support students and identify signs of students who might be struggling</p>	<p>PSHE / CZ / PART curriculum includes themes within mental health and emotional wellbeing e.g. body confidence, building resilience, supporting others, etc.</p> <p>External Speakers and performances</p> <p>PSHE form displays and books</p> <p>Whole school assemblies explore different themes across the year</p> <p>End of Term celebration assemblies</p>	<p>Senior Mental Health Lead teacher is also a DSL</p> <p>Pupil voice opportunities, including school council</p> <p>Restorative strategies adopted to support pupils when they have conflicts</p> <p>Access to Mental Health wildlife garden and quiet spaces during lunchtime – TBC</p> <p>Support worker drop-ins available to any student at break or lunch time</p> <p>Signposting to services available to all students and parents – posters, leaflets and on the website</p>

Emotional Wellbeing and Mental Health Support Services

These services have websites that offer supportive advice and communication information.

Young People - seeking self- help and support	Support Offered	Website Details	Contact Number
Chathealth	ChatHealth is a secure NHS approved text messaging service for 11- 19 year olds.	Texting Service only	07480 635 060
Childline	Emotional wellbeing and mental health support for young people	https://www.childline.org.uk/	0800 1111
Connects	Supports Young Carers, Young Adult Carers and Young Adult Carer Parents.	http://connectsandco.co.uk/groups/	01603 405328
Kooth	Emotional wellbeing and mental health support for young people 11 to 25 years across Norfolk and Suffolk access to online counselling delivered by qualified counsellors 365 days a year	https://www.kooth.com/	Urgent Help - call the 24/7 NSFT First Response Helpline on 0808 196 3494
MAP	MHS supporting young people through signposting & counselling	advice@map.uk.net	0800 074 4454
Matthew Project	Matthew Project supports vulnerable adults and young people in the East of England. Focusing on reducing drug and/or alcohol misuse with young people under 18, providing support for both young people and adults in recovery, and improving individuals' mental wellbeing.	unity@matthewproject.org	Advice Line: 0800 970 4866 (office hours) Unity Office: 01603 216420
NSPCC	Fighting for Childhoods. Preventing Child Abuse. Protecting Children Today. 24/7 Help.	https://www.nspcc.org.uk/	020 7825 2505

Point 1	Emotional wellbeing and mental health support for young people	Point1@ormistonfamilies.org.uk	0800 977 4077
Samaritans	Whatever you're going through, a Samaritan will face it with you. Open 24 hours a day, 365 days a year.	https://www.samaritans.org/	Telephone:116 123
SHOUT	Shout is a free text messaging service which provides 24/7 support for anyone experiencing a mental health crisis.	Texting service only	TEXT: 85258
The Mix	The Mix is the UK's leading support service for young people. To help you take on any challenge you're facing.	www.themix.org.uk	0808 808 4994

Parents/Carers – seeking support for young people	Support Offered	Website Details	Contact Number
Anna Freud	Advice & guidance for parents and carers to help them support their child experiencing mental health difficulties.	https://www.annafreud.org/parents-and-carers/	Tel: 02077942313
Chathealth	ChatHealth is a secure NHS approved text messaging service	Texting service only	07520 631 590
Just One Number	NHS single point of contact that will guide to age appropriate services	justonenorfolk.nhs.uk	0300 3000123

NSFT First Response	24/7 advice, support and signposting for people with mental health difficulties		0808 196 3494
Parentline	Offers parents support and guidance	Texting service only	07520 631590
Point 1	Emotional wellbeing and mental health support for young people	Point1@ormistonfamilies.org.uk	0800 977 4077
Young Minds	Emotional wellbeing and mental health support for young people and Parents helpline	youngminds.org.uk	0808 802 5544
Parents/Carers – seeking support for themselves and their family	Support Offered	Website Details	Contact Number
Galop	National LGBTQ+ Domestic Abuse Helpline and web chat service	help@galop.org.uk	0800 999 5428
Leeway Adults, Young Adults and Children	Domestic Abuse Support 24 hour helpline	adviceandsupport@leewaynwa.org.uk	0300 661 0077
Refuge Men and Children	Domestic Abuse Support Men's advice line	nationaldahelpline.org.uk	0808 801 0327
Refuge Women and Children	Domestic Abuse Support 24 hour helpline	nationaldahelpline.org.uk	0808 2000 247
Relate	Supporting families experiencing difficulties	relate.org.uk	0333 257 4042
Samaritans	Mental Health Support 24 hour helpline	samaritans.org	116 123

Further Specific Online support

SelfHarm.co.uk:

www.selfharm.co.uk

National Self-Harm Network:

www.nshn.co.uk

Depression Alliance:

www.depressionalliance.org/information/what-depression

Anxiety UK:

www.anxietyuk.org.uk

OCD UK:

www.ocduk.org/ocd

Prevention of young suicide UK – PAPYRUS:

www.papyrus-uk.org

On the edge: ChildLine spotlight report on suicide:

www.nspcc.org.uk/preventingabuse/research-and-resources/on-the-edge-childline-spotlight/

Beat – the eating disorders charity:

www.b-eat.co.uk/about-eating-disorders

Eating Difficulties in Younger Children and when to worry:

www.inourhands.com/eatingdifficulties-in-younger-children

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

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students 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 student 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 student 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 student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student 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 student 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 student 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 student.

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 student 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 they have a problem to themselves, let alone share that with anyone else. If a student 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 student.

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 student 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 student.

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 student 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 student’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.