

# Mental Health and Wellbeing Policy

Axe Valley Academy



**Approved by:**

Axe Valley Governing Body

**Date:**

**Last reviewed on:**

**Next review due by:**

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## **1. Why Mental Health and Well-Being is Important**

At Axe Valley, we aim to promote positive mental health and well-being for our whole school community; pupils, staff, parents and carers, and recognise how important mental health and emotional well-being is to our lives in just the same way as physical health.

We recognise that children's mental health is a crucial factor in their overall well-being and can affect their learning and achievement. Persistent mental health problems may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age.

The Special Educational Needs and Disabilities (SEND) Code of Practice identifies Social, Emotional and Mental Health as one of the four areas of Special Educational Need.

All children go through ups and downs through their school career and some face significant life events. About 10% of children aged 5 to 16 have a diagnosable mental health need and these can have an enormous impact on their quality of life, relationships and academic achievement.

The Department for Education (DfE) recognises that: "in order to help their pupils succeed; schools have a role to play in supporting them to be resilient and mentally healthy".

Schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models and relationships, which are critical in promoting pupils well-being and can help engender a sense of belonging and community.

Our role in school is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when they need it. We also have a role to ensure that pupils learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where:

- all pupils are valued
- pupils have a sense of belonging and feel safe
- pupils feel able to talk openly with trusted adults about their problems without feeling any stigma
- positive mental health is promoted and valued
- bullying is not tolerated

In addition to children's well-being, we recognise the importance of promoting staff mental health and well-being.

## **2. 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 Organisation

## **3. Aims**

At Axe Valley Academy we aim to promote positive mental health for every member of our student body and staff. In addition and linked to the whole school aims of creating active, responsible citizens who are prepared for their future, we aim to support students to be able to manage change.

We pursue these aims using both universal, whole school approaches and specialised targeted approaches aimed at vulnerable students.

The importance of mental health is recognised within the School Development Plan with the aim of creating a successful mental health strategy to ensure that students and staff receive the mental health support they need quickly and efficiently.

The school intends to develop the provision and current systems for mental health through the research of 'The Carnegie Centre of Excellence for Mental Health in Schools' and the 'Anna Freud 5 Steps to Mental Health and Wellbeing'

The 'Carnegie Centre of Excellence for Mental Health in Schools' It is a whole school research based project which focusses on ensuring effective practice and provision is in place that promotes the emotional wellbeing and mental health of both staff and students. The project has focus on changing the long-term culture of a school, and embedding an ethos where mental health is regarded as the responsibility of all. With this project we will demonstrate that we are committed to:

- Promoting mental health as part of school life
- Improving the emotional wellbeing of our staff and students
- Ensuring mental health problems are identified early and appropriate support provided
- Offering provision and interventions that matches the needs of our students and staff
- Engaging the whole-school community in importance of mental health awareness
- Capturing the views of parents, carers, students and staff on mental health issues

The 'Anna Freud 5 Steps to Mental Health and Wellbeing' is an evidence-based framework allowing the school to develop its mental health and wellbeing in 5 simple steps. The 5 Steps Framework has been developed by mental health experts and teachers. It will allow staff to feel supported, lead change, and engage with parents, carers and the community so that the school can meet the pupils' and school community needs.



In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for students affected both directly and indirectly by mental ill health.

## 4. Scope

This document describes the school's approach to promoting positive mental health and wellbeing and is intended as guidance for all staff and governors.

This policy should be read in conjunction with the following policies:

<b>Policy</b>	<b>Link with Mental Health</b>
Acceptable use	Social media and communication devices can have a significant role in a child's mental health.
Accessibility	Students with mental ill health may have difficulty accessing the curriculum.
Anti-Bullying	Bullying will have a negative impact on a child's mental health
Attendance	Students with mental ill health often have issues with regard to attendance.
Behaviour	Students with mental ill health may demonstrate challenging behaviour.
Careers	Mental ill health can have a negative impact on post 16 and future career choices.
Child Protection	Mental ill health and some aspects of CP often have close correlations.
CLA	The emotional development and resilience of students can often be hindered significantly as a consequence of previous experiences.
Exams	To ensure the examinations do not increase the levels of anxiety and mental ill health for our students.
PSHE	Core delivery of mental health education.
SEND	Identifying unmet needs and supporting those with specific needs.
Sex and Relationships	Young people can find this phase of their life challenging.
Supporting students with medical conditions	This is important in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student hasn't identified special educational need.

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to one of the 'Mental Health Team' in the first instance. If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures must be followed with an immediate referral to the Designated Safeguarding Lead (DSL) or deputies if the DSL is unavailable. If the student presents a medical emergency then the normal procedures for medical emergencies must be followed, including alerting student support, first aid staff and contacting the emergency services if necessary. Where a referral is required, including the School Nurse, Child & Adolescent Mental Health Services (CAMHS) or other external agencies; this will be led and managed by the Mental Health Lead. Staff OT referrals or other agency support for mental health and wellbeing will be lead and managed by the Headteacher

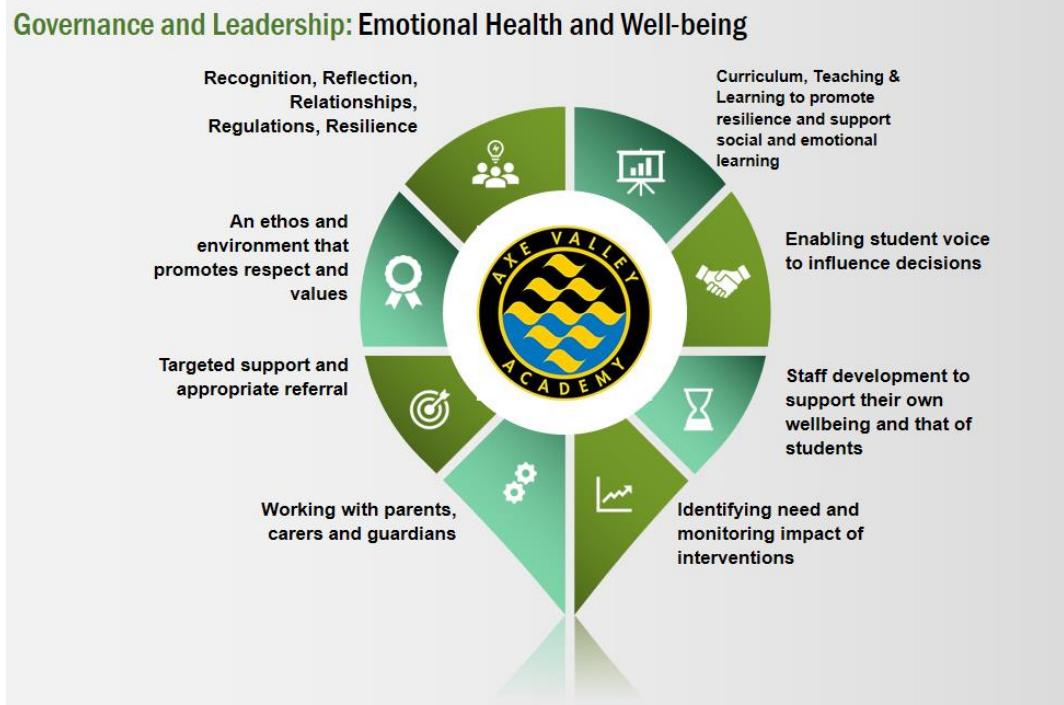
## 5. Team Members

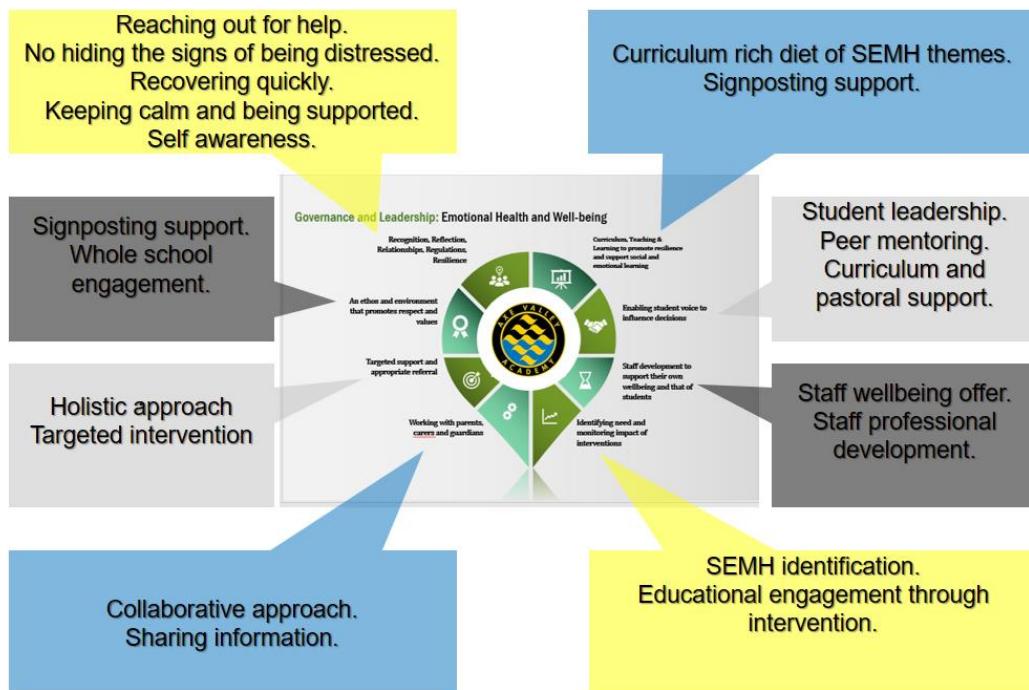
Whilst all governors and staff have a responsibility to promote the mental health of students and staff a core group of governors and staff will play a significant role in the development of the mental health strategy.

<b>Name</b>	<b>Role</b>

Jon Scott	Mental Health Lead / Assistant Head / DSL
Laura Jenkins	Headteacher / Deputy DSL
Gill Cooper	SENCO
Rob Selby	PSHE lead / Arts faculty lead
Rupert Carr	Year Leader / Maths teacher
Greg Horn	Year Leader / Geography teacher
Emily Ward	Year Leader / English Teacher / Deputy DSL
Yvonne Ashby	PASCO / Deputy DSL
Carol Horwood	PASCO / Deputy DSL
Sandie Tregale	PASCO / Deputy DSL
Liz Jackson	Inclusion Officer / Deputy DSL
Matt Brown	Librarian
Jill Larcombe	Governor
Many Bujneiwicz	Governor

## 6. Governance and Leadership Strategy





<b>Ethos and Environment</b>	<b>Teaching and Learning</b>	<b>Student Voice</b>	<b>Staff Development</b>
Displays and information around the school to signpost support mechanisms for all students and staff	All curriculum areas will outline a commitment to social, emotional, mental health and wellbeing in their subjects. This includes identifying opportunities to the issues of social, emotional, mental health in the curriculum plans. A commitment to signposting support and developing in students an inherent resilience.	The school is committed to student leadership and student voice. SEMH will form a fundamental part of the Student Council, peer mentoring and support systems will be established. Students will be empowered to understand SEMH through the curriculum and pastoral support.	A trust wide wellbeing service will be embedded into the school.
The school will share the ethos of the organisation that recognises mental wellbeing as being an important part of school life.			Staff will receive training on mental health as part of the schools CPD programme. This will include how staff can support their own wellbeing and that of students
<b>Need and Impact</b>	<b>Partnerships</b>	<b>Support and Referrals</b>	<b>Five R's</b>
Staff and students will be provided with the skills and tools to help identify SEMH issues. They will be provided with clear routes to support.	Key to supporting students SEMH needs is the collaborative approach between the school and home. We will engage with families, providing information, support and guidance.	We will develop systems that are data and information rich. These systems will provide holistic understanding of patterns of SEMH as well as developing the needs of the individual student. These systems will allow targeted interventions to occur.	<b>Recognition</b> – staff will show students how to recognise the signs of being distressed. <b>Reflection</b> – staff will employ reflective questioning while working with students, encouraging students to think about feelings <b>Relationships</b> – Students will be encouraged to reach out to others for help. <b>Regulation</b> – staff will help students keep calm and utilise the supportive networks that are in school. <b>Resilience</b> – Students will use techniques to recover quickly.
Through monitoring and intervention there will be a school drive to improve educational engagement through improving attendance, behaviour for learning and resilience.	We will create information systems that provide home with SEMH information and guidance.		

## **7. Identification of Students with SEMH**

Using a range of data and information, the school will identify and record students about who we have SEMH concerns. Bromcom will be used to record incidents, behaviours and emotions, which can be interpreted as expressions of SEMH e.g. self-harm, anxiety, suicidal thoughts, being withdrawn, challenging behaviour etc. Bromcom will also be used to record diagnosed SEMH conditions e.g. eating disorders, Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD), and Post Traumatic Stress (PTS) etc. This data and information will allow the student support / safeguarding teams working in conjunction with the SENCO to flag students who have significant SEMH concerns. Assessment tools, such as the 'Boxall profiling tool' and the 'Devon graduated response tool' will be used to help with the identification of need and what the targeted support should be. For some students a passport will be written to highlight these areas of need with strategies for staff to work on with the students.

Risk Assessments for some students who require them will be shared via passports, Bromcom and other information sharing pathways.

## **8. Individual Care Plans**

Individual care plan for students causing concern or who receive a diagnosis pertaining to their mental health. This must be drawn up involving the student, the parents, carers and guardians and relevant health professionals.

This can include:

- Details of a student'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

## **9. 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 subject curriculum, through the assembly programme and PSHE.

The specific content of lessons will be determined by the specific needs of the cohort, 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. Signposting will be an important aspect for all four of these elements as well as teaching about the underlying factors of SEMH. Each subject area will be required to develop SEMH awareness. This outlines each curriculums areas approach to:

- Creating an ethos and environment that supports SEMH
- That includes teaching about SEMH
- That enables Student Voice
- That develops staff understanding of SEMH
- That helps to identify need
- That works with parents, carers and guardians in supporting SEMH
- And that helps in targeting support for students with SEMH need

## **10. Signposting**

We will ensure that staff, students and parents, carers and guardians are aware of sources of support within school and in the local community. This will be provided on the school website, social media, on information boards in classrooms and through newsletters. We will regularly highlight sources of support to students within relevant parts of the curriculum and in other presentations and assemblies. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring 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

## **11. 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 our SEMH team. This must be recorded on Bromcom.

Listed below are some possible examples of warning signs of SEMH. This list is not comprehensive but give a small insight into some examples of SEMH expression:

- 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
- Abusive behaviour using drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope.
- Change 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

## **12. 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. Staff must follow the guidance in the schools Child Protection Policy.

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?'

All disclosures must be recorded in writing and then either given to member of the safeguarding team or recorded on Bromcom.

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 must be shared with the DSL or deputy DSL. Support and advice about next steps will then be agreed.

## **13. Confidentiality**

We should be honest with regard to the issue of confidentiality. If it is necessary for us to pass our concerns about a student on, then we 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 never share 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, is appropriate. This will be when students are in danger of harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health Lead and the DSL. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the student and discuss with them who this will be, as finding the most appropriate support and help is imperative.

Parents, carers and guardians will generally be informed regarding SEMH issues. This may not happen immediately and will not happen if we feel this puts the student at further risk (This decision will be taken by the MHL or DSL) and students may choose to tell their parents, carers and guardians themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents, carers and guardians. We should always give students the option of us informing parents, carers and guardians for them or with them.

If a child gives us reason to believe that there may be underlying child protection issues, parents, carers and guardians should not be informed, but the DSL must be informed immediately.

## **14. Working with Parents and Carers**

Where it is deemed appropriate to inform parents and carers, we need to be sensitive in our approach. Before disclosing to parents, carers and guardians we should consider the following questions (on a case by case basis): •

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, carers and guardians, the student and other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents, carers and guardians 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 (signposting) and give them information to take away where possible, as they will often find it hard to take much in whilst coming to terms with the news that is being shared. Sharing sources of further support aimed specifically at parents, carers and guardians can also be helpful too, e.g. the school website, parent helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents, carers and guardians often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record on Bromcom.

Parents, carers and guardians 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 and guardians we will:

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents, carers and guardians 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, carers and guardians
- Share ideas about how parents, carers and guardians can support positive mental health in their children through our regular information evenings
- Keep parents, carers and guardians informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

## **15. Supporting Peers**

When a student is suffering from mental health issues, it can be a difficult time for their peers and friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order 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 with the student who is suffering and their parents, carers and guardians with whom we will discuss:

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

## **16. Managing Expectations**

Mental health issues can be ongoing for a long time. They can influence a student's ability to access learning. We need to ensure that all members of staff are familiar with students who are suffering from mental health and provide information that helps manage expectations of affected students in order to ensure those students are not placed under undue stress which may exacerbate their mental health issues.

In addition to the SEMH Team (section 5), teachers will play a significant part in monitoring these identified students, taking a holistic approach which may include considering issues addressing:

- Academic achievement
- Absence and lateness

- Access to extra-curricular activities including sport
- Duration and pace of recovery
- Ability to interact and engage within lessons

## **17. Continuous Professional Development**

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 students safe. We will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. We will host relevant information on our Website for staff who wish to learn more about mental health. Training opportunities for staff who require more in-depth knowledge will be considered and additional CPD will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

## **18. Types of Mental Health**

### **18.1 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 includes:

[www.selfharm.co.uk/National](http://www.selfharm.co.uk/National)

[www.nshn.co.uk/](http://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

### **19.2 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 includes:

[www.mind.org.uk/about-us/what-we-do/depression-alliance/](http://www.mind.org.uk/about-us/what-we-do/depression-alliance/)

Books:

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

### **19.3 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 include:

[www.anxietyuk.org.uk](http://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

## 19.4 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 includes:

[www.ocduk.org/ocd](http://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, carers and guardians and teachers*. San Francisco: Jossey-Bass

## 19.5 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 include:

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

[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

## 19.6 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 includes:

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

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 1: 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 are 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.