Mental Health and Wellbeing Policy

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Chair of Trustees

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Knightsfield School
Mental Health & Wellbeing Policy

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1. Policy Statement

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

(Adapted from the World Health Organization)

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

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

2. Scope

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

3. The Policy Aims to:

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

4. Lead Members of Staff

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

- Lucy Pope: Designated Safeguarding Person (DSP) & SLT Mental Health Representative
- Keith Poole and Shantha Sharma: Mental Health Leads
- Keith Poole, Shantha Sharma, Danny Bidwell, Linda Farenden and Victoria Sylvester: Deputy Designated Safeguarding Persons (DDSPs)
- Ben Berry: In-house School Counsellor
- Helen Mellor: Mental Health Trustee

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the Designated Safeguarding Person (DSP) or Deputy Designated Safeguarding Persons (DDSPs) in the first instance, who will then liaise with the Mental Health Leads.
If there is a fear that the student is in danger of immediate harm, normal child protection procedures should be followed with an immediate referral to the DSPs. This should be recorded on CPOMS.
If the student presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.
Where a referral to CAMHS/ DeafCAMHS is appropriate, this will be led and managed by Keith Poole (SENCo).

5. Teaching about Mental Health

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

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

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

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

as an approach to combat stress
- the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions

(https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education/physical-health-and-mental-wellbeing-primary-and-secondary)- DfE July, 2020.

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

6. Signposting

We will ensure that staff, students, parents, and our wider school community are aware of sources of support within school and in the local community - outlined in Appendix D.
We will display relevant sources of support in communal areas such as corridors, staff rooms, and toilets and will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of students seeking help by ensuring that students understand:

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

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

7. Warning Signs

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

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol

- Expressing feelings of failure, uselessness, or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretively
- Lateness to or absence from school
- Repeated physical pain, nausea or illness with no evident cause
- An increase in lateness or absenteeism

Vulnerable Groups

Some pupils are particularly vulnerable to SEMH difficulties. These 'vulnerable groups' are more likely to experience a range of adverse circumstances that increase the risk of mental health problems. Staff are aware of the increased likelihood of SEMH difficulties in pupils in vulnerable groups and remain vigilant to early signs of difficulties.

Vulnerable groups include the following:

- Pupils who have experienced abuse, neglect, exploitation or other adverse contextual circumstances such as Adverse Childhood Experiences (ACEs)
- Children in need
- Looked After Children (LAC)
- Previously Looked After Children (PLAC)
- Socio-economically disadvantaged pupils, including those in receipt of, or previously in receipt of Free School Meals and the Pupil Premium

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

The balance between risk and protective factors is disrupted when traumatic events happen in pupils' lives, such as the following:

- **Loss or separation:** This may include a death in the family, parental separation, divorce, hospitalisation, loss of friendships, family conflict, a family breakdown that displaces the pupil, being taken into care or adopted, or parents being deployed in the armed forces.
- **Life changes:** This may include the birth of a sibling, moving to a new house, changing schools or transitioning between schools.
- **Traumatic experiences:** This may include abuse, neglect, domestic violence, bullying, violence, accidents or injuries.
- **Other traumatic incidents:** This may include natural disasters or terrorist attacks. Some pupils may be susceptible to such incidents, even if they are not directly affected. For example, pupils with parents in the armed forces may find global disasters or terrorist incidents particularly traumatic.

The school supports pupils when they have been through ACEs, even if they are not presenting any obvious signs of distress – early help is likely to prevent further problems. Support may come from the school's existing systems or via specialist staff and support services.

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

There are a number of risk factors beyond being part of a vulnerable group that are associated with an increased likelihood of SEMH difficulties, these are known as **risk factors**. There are also factors associated with a decreased likelihood of SEMH difficulties, these are known as **protective factors**.

The table below displays common risk factors for SEMH difficulties (as outlined by the DfE):

	Risk factors (staff remain vigilant of)	Protective factors (staff look for)
In the pupil	• Genetic influences • Low IQ and learning disabilities • Specific development delay or neurodiversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem	• Secure attachment experience • Outgoing temperament as an infant • Good communication skills and sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect
In the pupil's family	• Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship	• At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long-term relationships or the absence of severe discord
In the school	• Bullying including online (cyber bullying) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer-on-peer abuse • Poor pupil-to-teacher/school staff relationships	• Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • 'Open door' policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil-to-teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and child protection policies. • An effective early help process • Understand their role in, and are part of, effective multi-agency working • Appropriate procedures in place to ensure staff are confident enough to raise concerns about policies and processes and know they will be dealt with fairly and effectively
In the community	• Socio-economic disadvantage • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events	• Wider supportive network • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities

8. Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff, so all staff need to know how to respond appropriately to a disclosure.
If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.
They should follow the **ALGEE** principles:

Assess
Listen
Give reassurance
Encourage professional help
Encourage self-help

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

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

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

9. Confidentiality

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

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

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

It is necessary to share disclosures with the Designated Safeguarding Person who will share with other staff as appropriate. This helps to safeguard staff emotional wellbeing, ensure continuity of care in their absence and it provides an extra source of ideas and support. This should be explained to the student.
Parents/carers must always be informed, and students may choose to tell their parents themselves. If this is the case, the student should be given 24 hours to share this information before the school contacts parents/carers. We should always give students the option of us informing parents for them or with them. However, if a student gives us reason to believe that by informing parents/carers there may be underlying child protection issues which places them at significant risk, the parents should not be informed, but the Designated Safeguarding Person must be informed immediately.

10. Working with Parents/Carers

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

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

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent/carer time to reflect.
Further sources of information should be highlighted and where possible, information such as leaflets or specific helplines should be provided to take away.
We should provide clear means of contacting us if there are further questions and consider booking in a follow-up face-to-face meeting or phone call after they have had time to process the given information. Finish each meeting with an agreed next step and keep a brief record of the meeting on CPOMS.

11. Working with All Parents/Carers

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

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

12. Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends.
Friends often want to support but do not know how to. In cases of self-harm or eating disorders, friends may learn unhealthy coping mechanisms from each other. To keep peers safe, we will consider on a case-by-case basis which friends may need additional support. Support will be provided either in one-to-one or group settings, and will be guided by conversations by the student who is suffering and their parents/carers with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best support
- Things friends should avoid doing / saying which may inadvertently cause upset
- Warning signs that their friend needs further help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling

13. Absence from, and reintegration to school

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

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

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

14. Training

Knightsfield School Mental Health Leads have received Hertfordshire-led Mental Health Leads- Level 2 training. In addition to this, some members of staff have undertaken Mental Health First Aid Training from Mental Health First Aid England.
As well as Child Protection and Safeguarding training, staff learn about recognising and responding to mental health issues during tailored INSETs that deliver the Hertfordshire Mental Health Awareness- Level 1 course and the Hertfordshire Steps Programme. Subsequently, staff actively promote the use of a de-escalation script and may offer opportunities for pupils to talk about their feelings through active listening and questioning enabling them to keep students safe.
Where the need to do so becomes evident, we will use staff meetings, INSET sessions or online CPD such as The MindEd Learning portal and Educare for all staff to promote learning or understanding about specific issues related to mental health.
Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance appraisal process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students.
Suggestions for individual, group or whole school CPD should be discussed with SLT.

15.Policy Review

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

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

Appendix A: Guidance and advice documents

Counselling in Schools: a blueprint for the future- departmental advice for school staff and counsellors. Department for Education (2016)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/497825/Counselling_in_schools.pdf

The Healthy Young Minds in Herts website contains evidence based (and free) local and national tools, resources and training information:
https://www.healthyyoungmindsinherts.org.uk/schools/lesson-plans-and-free- resources
https://healthyyoungmindsinherts.org.uk/publications/2018/apr/ signposting-guide-young-people

The 'Just Talk' Schools and College toolkit contains lesson plans, posters, leaflets, and short activities designed to embed important and accessible mental health messages into every-day life:
https://www.justtalkherts.org/professionals/schools-colleges-and-other- professionals.aspx

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2020)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954314/Keeping_children_safe_in_education_2020_-_Update_-_January_2021.pdf

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

Physical health and mental wellbeing (Primary and Secondary) (2020)
https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education/physical-health-and-mental-wellbeing-primary-and-secondary

Relationships Education, Relationships and Sex Education (RSE) and Health Education
Statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers (2019)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908013/Relationships_Education__Relationships_and_Sex_Education__RSE__and_Health_Education.pdf

Appendix B: Possible Causes, Signs and Symptoms

Possible Causes:

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

Depression:

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

Suicidal Intentions:

- A lack of interest in the future
- A serious drop in school, performance
- Written/spoken notice of intention to end own life
- Giving away possessions or putting affairs in order
- Use of suicide chat rooms / pro-suicide Internet sites
- Talking about suicide
- Feeling useless/unwanted/unneeded/hopeless
- Feeling like everyone would be better off without you
- Neglect of oneself e.g. appearance
- Urges to self-harm
- Poor sleep
- Weight gain/loss
- Wanting to avoid others

Self-Injury:

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

Anxiety/Panic Attacks:

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

Eating Disorders:

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

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

School Based Support:

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

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

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

Local Support:

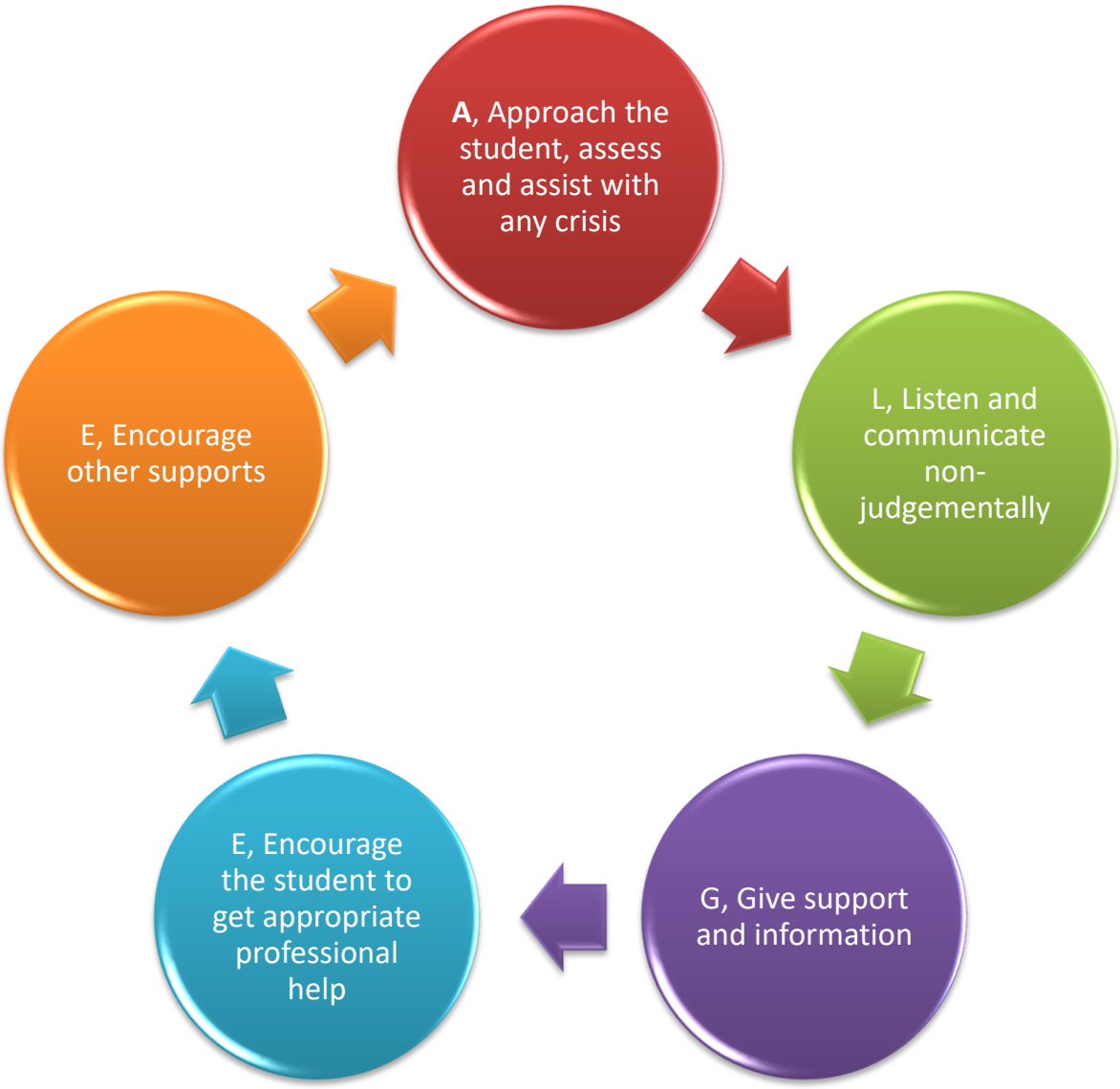
Youth Concern Trust (YCT): Counselling and therapeutic support charity for children and young people aged 5-25
Contact details: YCT House, Maddox Road, Harlow, Essex. CM20 3GA. 01279 414090 admin@yctsupport.com

Kooth: online counselling service www.kooth.com

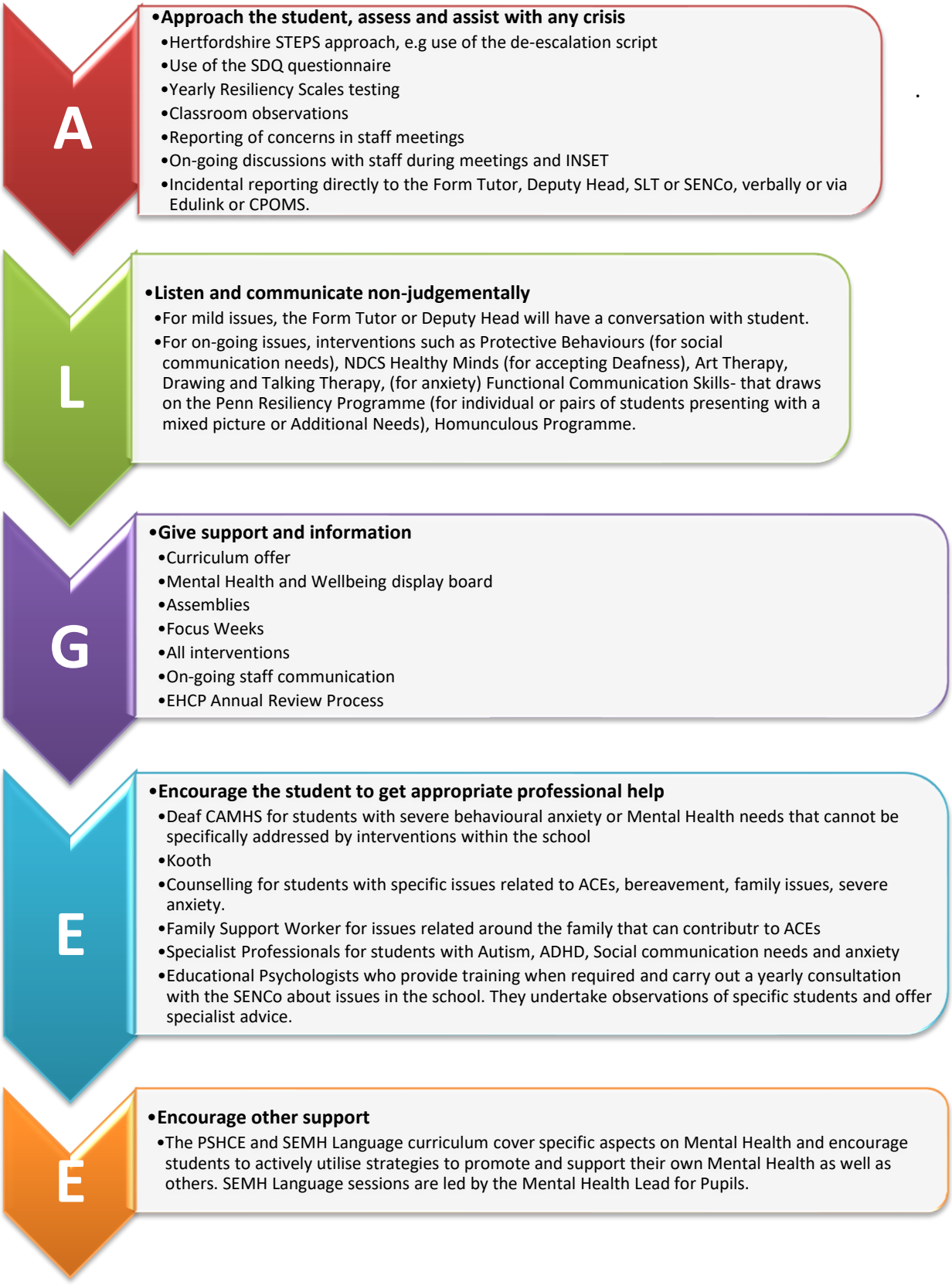
Deaf CAMHS: Deaf Child and Adolescent Mental Health Services. Contact details: Single Point of Access (SPA) 0300 777 0707 hpft.spa@nhs.net (referrals are managed by the Headteacher

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

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



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



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

The advice below is from secondary aged students, 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 firsthand. 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. Don't make any promises or guarantees to the student, such as promising that they will get counselling support.

Appendix F: Mental Health Factsheets from the Royal College of Psychiatrists in collaboration with Hertfordshire County Council

Hertfordshire Mental Health Packs for Schools ePack November No Pass.pdf