SW9 PARTNERSHIP

Mental Health Policy

VISION

At the SW9 Partnership we welcome you to our happy, safe and Christian family, where we encourage everyone to do their very best. Our vision is to inspire our children to be confident individuals, who are excited about learning and curious about the world that they live in.

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 the SW9 Partnership our Christian vision shapes all that we do and encourages us to prioritise the nurture and safeguarding of our children's mental health, wellbeing, social and emotional development. In addition, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole-school approaches and specialised, targeted approaches aimed at vulnerable pupils.

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to need as it arises. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment to encourage positive mental health and to support pupils affected both directly, and indirectly, by mental health and wellbeing issues.

SCOPE

This document describes the SW9 Partnership's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

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

The policy aims to:
- Promote positive mental health and wellbeing in all pupils and staff.
- Increase understanding and awareness of common mental health issues.
- Alert staff to early warning signs of poor mental health and wellbeing in pupils and staff.
- Provide support to staff working with young people with mental health and wellbeing issues.
- Provide support to pupils suffering mental ill health and their peers and parents/carers.

PROMOTION OF MENTAL HEALTH AND WELLBEING

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included across the curriculum and as part of our developmental PSHE curriculum. The physical, mental and emotional health benefits of exercise are well documented and the SW9 Partnership actively encourages sport for all.

Approaches will be taken to ensure that:
- Appropriate monitoring is in place to identify any mental health and wellbeing needs within the pupil and staff group.

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- Pupils and staff are made aware of and are trained in appropriate knowledge of wellbeing and mental health; including spotting and supporting the signs of poor mental health.
- 'Pupil Voice' will be used in order to take pupils views in to account
- Children and staff will have access to individual mental health and wellbeing interventions if they are in need.
- Whole school interventions are in place to help develop resilience skills across the school community.
- The school council will play an active part in the wellbeing of the children across the school
- External agencies will be worked with and invited to school in order to promote and foster wellbeing and good mental health
- The latest research shall be used to inform practice within the school
- Forums and talking spaces will be provided to staff to think about the effect of the job on their wellbeing and mental health

PERSONAL SOCIAL AND HEALTH EDUCATION (PSHE)

PSHE will be used to educate and promote wellbeing and good mental health. The specific content of lessons will be determined by the specific needs of the cohort being taught but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence in keeping themselves mentally well and to seek help, as needed, for themselves or others. We will follow the Jigsaw PSHE scheme of work to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Details of the Jigsaw scheme of work can be found in our PSHE policy.

Parents and carers are valued and welcomed into the SW9 Partnership's schools. Measures taken to draw them into the promotion of a mentally healthy school are:
- Parent forums
- Parent workshops
- Communication of relevant material
- Surveys
- Celebrations

STAFF ROLES AND RESPONSIBILITIES, INCLUDING THOSE WITH SPECIFIC RESPONSIBILITY

We believe that all staff have a responsibility to promote positive mental health, and to understand protective and risk factors for mental health. Some children will require additional help and all staff should have the skills to look out for any early warning signs of mental health problems and ensure that children with mental health needs get early intervention and the support they need.

All staff understand possible risk factors that might make some children more likely to experience problems, such as: physical long-term illness, having a parent who has a mental health problem, death and loss, including loss of friendships, family breakdown and bullying. They should also understand the factors that protect children from adversity, such as self-esteem, communication and problem-solving skills, a sense of worth and belonging and emotional literacy (see Appendix A on risk and protective factors).

Staff with a specific, relevant remit include:
- Jayne Mitchell - Designated Child Protection Lead (All SW9 Partnership schools)
- Michael Collins - Mental Health Lead (All SW9 Partnership schools)
- Inclusion Manager (Please check with individual partnership school)
- Mental Health First Aider (Please check with individual partnership school)
- Lead First Aider (Please check with individual partnership school)
- Behaviour Lead (Please check with individual partnership school)
- Personal Social and Health Education (PSHE) Lead (Please check with individual partnership school)

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Mental Health Lead in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Designated Child Protection staff members. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS is appropriate, this will be led and managed by Michael Collins, Mental Health Lead. Guidance about referring to CAMHS is provided in Appendix B.

SOCIAL, EMOTIONAL and MENTAL HEALTH (SEMH) INDIVIDUAL CARE PLANS

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

- Details of a pupil's condition
- How to work with and support the child
- 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

SIGNPOSTING

We will ensure that staff, pupils and parents are aware of sources of support within our schools and our local communities for the positive mental health of staff, pupils and their families. What support is available within our schools and local communities, who it is aimed at and how to access it is outlined in Appendix C.

WARNING SIGNS

School staff may become aware of warning signs which indicate a pupil 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 to Michael Collins, our Mental Health Lead. Staff may also have concerns regarding staff or parents. Observers may approach our Mental Health Lead if it feels appropriate.

Possible warning signs may include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating / sleeping habits
- Worrying changes in mood/behaviours
- 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 or nausea with no evident cause
- An increase in lateness or absenteeism

MANAGING DISCLOSURES

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

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. Staff should listen, rather than advise and our first thoughts should be of the pupil's emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see Appendix D.

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

The information should be shared with the Mental Health Lead, Michael Collins who will store the record appropriately and offer support and advice about next steps.

CONFIDENTIALITY

We should be honest with regards to the issue of confidentiality. If we deem it is necessary for us to pass our concerns about a pupil on then we should discuss with the pupil:
- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

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

It is always advisable to share disclosures with a colleague, usually the Mental Health lead Michael Collins. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with. (For any safeguarding disclosures, staff should follow the safeguarding procedures as set out in the Child Protection/Safeguarding Policy.)

Parents should be informed if there are concerns about their mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

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

WORKING WITH PARENTS

Where it is deemed appropriate to inform parents, 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.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil 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 time to reflect.

We should always highlight further sources of information and give them leaflets to take away 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.

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 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.

WORKING WITH ALL PUPILS
Parents are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents we will:
- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

SUPPORTING PEERS
When a pupil 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. 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 by the pupil who is suffering and their parents 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 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

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

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

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

Suggestions for individual, group or whole-school CPD should be discussed with the Mental Health Lead or the Head of School, who can also highlight sources of relevant training and support for individuals as needed.

APPENDIX A: PROTECTIVE AND RISK FACTORS

Protective and Risk Factors (adapted from Mental Health and Behaviour DfE March 2018)

The presence or absence and various combinations of protective and risk factors contribute to the mental health of pupils and their families. Identifying protective and risk factors can guide the prevention and intervention strategies. Protective and risk factors may also influence the course mental health disorders might take if present.

All staff within the SW9 Partnership have regular training on the protective and risk factors below. Any member of staff concerned about a pupil will take this seriously and talk to the Mental Health Lead or the SENCO.

	RISK FACTORS	*PROTECTIVE FACTORS*
In the child	- Genetic influences - Low IQ and learning disabilities - Specific development delay or neuro-diversity - Communication difficulties Difficult temperament - Physical illness - Academic failure - Low self-esteem - High ACE score	- Secure attachment experience - Outgoing temperament as an infant - Good communication skills, 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 - Having friends / feeling liked in school - Emotionally available adult
In the 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 substance misuse - Death and loss – including loss of friendship - High ACE score - Financial e.g. No recourse to public funds	- At least one good parent-child relationship (or one supportive adult) - Affection - Clear, consistent discipline - Support for education - Supportive long term relationship or the absence of severe discord - Willing to work with school - Community/Early Help Support - Ability to mentalise about a child's experience (Anna Freud Centre)

In the school	• Bullying including online (cyber) 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 be part of effective multi-agency working Appropriate procedures to ensure staff are confident to can 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 • Covid 19 pandemic	• 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

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APPENDIX B: WHAT MAKES A GOOD CAMHS REFERRAL?[1]

If the referral is urgent it should be initiated by phone so that CAMHS can advise of the best next steps.

Before making the referral, have a clear outcome in mind, what do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

GENERAL CONSIDERATIONS
- Have you met with the parent(s)/carer(s) and the referred child/children?
- Has the referral to CAMHS been discussed with a parent/carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent/carer given consent for the referral?
- What are the parent/carer pupil's attitudes to the referral?

BASIC INFORMATION
- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil/family?
- Will an interpreter be needed?
- Are there other agencies involved?

REASON FOR REFERRAL
- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem/issues involved.

FURTHER HELPFUL INFORMATION
- Who else is living at home and details of separated parents if appropriate?
- Name of school.
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?

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[1] Adapted from Charlie Waller Memorial Trust, *Mental Health and Well-being Policies for Schools & Colleges* (Charlie Waller Memorial Trust, 2016), available at https://webcontent.ssatuk.co.uk/wp-content/uploads/2016/06/02092829/CWMT-Mental-Health-Policy-and-Guidance-for-Schools.pdf

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APPENDIX C: FURTHER RESOURCES[2]

Locally

Child and Adolescent Early Intervention Service (Lambeth) Early Intervention is a Tier 2 child and adolescent mental health service (CAMHS). They provide assessment, care and short-term therapeutic treatment of up to six months, for children and young people, up to the age of 18, who have mental health problems.

Child Looked After Mental Health Service (Lambeth) The Service is a Tier 3 child and adolescent mental health service (CAMHS). They provide assessment, care and treatment for children and young people, up to the age of 18, who have complex mental health problems. They care for children and young people who are looked after by the London Borough of Lambeth.

Mary Sheridan Centre for Child Health They provide community health services in a variety of locations across Lambeth and Southwark to bring assessment and hospital care closer to you.

NATIONALLY

Anxiety UK work to relieve and support those living with anxiety and anxiety-based depression by providing information, support and understanding via an extensive range of services, including 1:1 therapy. They can provide support and help if a person has been diagnosed with, or suspect they may have an anxiety condition and can also help them deal with specific phobias such as fear of spiders, blushing, vomiting, being alone, public speaking, heights – in fact, any fear that stops a person from getting on with their life. www.anxietyuk.org.uk

Child Bereavement UK supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. Every year they train more than 8,000 professionals, helping them to better understand and meet the needs of grieving families. https://childbereavementuk.org

Childline is a free, private and confidential service for children and young people available online, on the phone, anytime, facilitated by trained counsellors. The website is easy to navigate and has many interactive resources, advice and sources of support for children and young people. www.childline.org.uk

Education Support Partnership is the UK's only charity providing mental health and wellbeing support services to all education staff and organisations. www.educationsupportpartnership.org.uk

Fixers: Young People's Stories are young people using their past to fix the future. They are motivated by personal experience to make positive change for themselves and those around them. Fixers have different backgrounds, interests and life experiences, and come from every corner of the UK. They are motivated by a desire to act on an issue that is important to them or a strong desire to help other people.

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[2] Adapted from The Church of England Education Office, *Mental Health and Wellbeing, Advice for schools and SIAMS inspectors* (Church of England Education Office, 2018), available at https://www.churchofengland.org/sites/default/files/2018-04/Mental%20Health%20and%20Wellbeing%20Guidance.pdf

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They also have a voice that they want to be heard, whether that's on eating disorders, drugs, offending, cyberbullying or any other issue that is concerning them. Becoming a Fixer allows that to happen. Fixers are heard, understood and respected by others. Fixers choose the issue they want to fix and, using the skills of a team of creative experts, they work out how to make sure their message is heard by the right people, whether that's through a unique film, a leaflet or poster campaign, a website, an event or workshop. Then they use digital, print and broadcast media to make their voice heard as far and wide as possible. www.fixers.org.uk/home/news.php

HeadMeds: about mental health medicines is a website for young people about mental health medication, launched in March 2014 and is owned and managed by the national charity YoungMinds. www.headmeds.org.uk

MeeTwo a free App that lets users post anonymously and receive support and advice about their worries from other teens. All posts, which cannot be more than 300 characters, are seen by moderators who are trained and have experience in counselling or psychotherapy, so there is no risk of bullying. MeeTwo experts can also post and direct users to help from other organisations. The founders are in discussion with Childline about ways to refer young people to them. In exceptional cases the moderator would contact the emergency services. www.meetwo.co.uk

Mental Health Access Pack is a compact, free resource which aims to: equip you with knowledge and advice, from medical, psychological and theological perspectives; help you support those in your community who are struggling with mental health issues; help you to discuss issues and share ideas surrounding mental health and the church. www.mentalhealthaccesspack.org

Mental Health Matters contains information and resources for parishes, dioceses, chaplaincies and church community groups - and anyone else who is interested - to help improve our work with people experiencing mental illness. The church is well placed to make a significant difference in the area of mental health. We can be a force to end stigma, and we can also be a place of inclusion, welcome and ministry. Mental Health Matters is working to make mental wellbeing a priority in our churches today. www.mentalhealthmatters-cofe.org

Mentally Healthy Schools brings together quality-assured information, advice and resources to help primary schools understand and promote children's mental health and wellbeing. Our aim is to increase staff awareness, knowledge and confidence to help you support your pupils. www.mentallyhealthyschools.org.uk

Mind provides trusted advice and support to empower anyone experiencing a mental health problem. They campaign to improve services, raise awareness and promote understanding. www.mind.org.uk

MindEd MindEd is a free educational resource on children and young people's mental health for all adults. www.minded.org.uk

NHS Live Well Youth Mental Health offers resources and signposting for support from external links. www.nhs.uk/Livewell/youth-mental-health/Pages/Youth-mental-health-help.aspx

PAPYRUS is the national charity for the prevention of young suicide. The website draws from the experience of many who have been touched personally by young suicide across the UK and speak on their behalf in PAPYRUS campaigns and in their endeavour to save young lives. PAPYRUS believe that with appropriate support and education, many young suicides can be prevented. They deliver awareness and prevention training, provide confidential support and suicide intervention through the HOPELineUK, campaign and influence national policy, and empower young people to lead suicide prevention activities in their own communities. www.papyrus-uk.org

Reading Well for young people promotes the benefits of reading for health and wellbeing. The programme has two strands: Books on Prescription and Mood-boosting Books. http://reading-well.org.uk/books

Rethink: living with mental illness provides expert, accredited advice and information to everyone affected by mental health problems. 'When mental illness first hits you or your family, it can be hard to know who or what to trust.' They give people clear, relevant information on everything from treatment and care to benefits and employment rights. We were the first mental health charity to gain the Information Standard for our trusted and relevant information. www.rethink.org/living-with-mental-illness/young-people

Samaritans work to ensure that fewer people die by suicide by working to alleviate emotional distress and reduce the incidence of suicide feelings and suicidal behaviour. They offer 24 hours a day emotional support for people who are struggling to cope, including those who have had thoughts of suicide, as well as reaching out to high-risk groups and communities to reduce the risk of suicide and working in partnership with other organisations, agencies and experts, influencing public policy and raising awareness of the challenges of reducing suicide. www.samaritans.org

The Charlie Waller Memorial Trust provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. www.cwmt.org.uk

The Children's Society is a national charity that works with the country's most vulnerable children and young people. We listen. We support. We act. Because no child should feel alone. They work directly with children, develop resources and publications and lobby on behalf of children annually, surveying them as part of their Good Childhood reports. www.childrenssociety.org.uk

The Mind and Soul Foundation aims to educate – sharing the best of Christian theology and scientific advances; equip – helping people meet with God and recover from emotional distress; encourage – engaging with the local church and mental health services. Of more use to staff and parents, they have a good selection of resources and articles, including the mental health access pack which was developed for churches, offering information on common mental health conditions and pastoral tips for working with those with mental health conditions. www.mindandsoulfoundation.org

Winston's Wish provides specialist child bereavement support services across the UK, including in-depth therapeutic help in individual, group and residential settings. www.winstonswish.org

Young Minds is the UK's leading charity championing the wellbeing and mental health of young people. They offer resources and bespoke training for schools and support for parents and young people. In addition they have a dedicated section on caring for the wellbeing of teachers and school staff. https://youngminds.org.uk

APPENDIX D: TALKING TO PUPILS WHEN THEY MAKE MENTAL HEALTH DISCLOSURE[3]

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

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[3] Adapted from Charlie Waller Memorial Trust, *Mental Health and Well-being Policies for Schools & Colleges* (Charlie Waller Memorial Trust, 2016), available at https://webcontent.ssatuk.co.uk/wp-content/uploads/2016/06/02092829/CWMT-Mental-Health-Policy-and-Guidance-for-Schools.pdf

Focus on listening

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

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

Don't talk too much

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

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

Don't pretend to understand

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

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

Don't be afraid to make eye contact

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

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

Offer support

> *"I was worried how she'd react, but my Mum just listened and 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 on the next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the pupil to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

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

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

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

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

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

Never break your promises

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

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

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