



SPARKEN HILL
ACADEMY

Whole School Policy for Mental Health and Well-Being of Pupils

Approved by Governing Body:

Last review date: May 2026

Next review date: May 2029

SPARKEN HILL ACADEMY | Sparken Hill, Worksop, Notts S80 1AW

INTRODUCTION

Sparken Hill Academy Trust recognises its responsibilities for safeguarding children and protecting them from harm. Within this we acknowledge that our children are struggling with their Mental Health more than ever before and that we, as an Academy must address this. In addition, Keeping Children Safe in Education and subsequent updates acknowledges Mental Health within its definition of Safeguarding and promoting the welfare of children alongside physical health and development. It is advised within the [Transforming Children and Young People's Mental Health Provision: a Green Paper \(2017\)](#) that every school setting should have a Designated Senior Lead for Mental Health. Individuals in this role can make a big difference to children and young people through promoting whole school approaches to mental health and wellbeing and forging effective links with NHS mental health services.

At Sparken Hill Academy we have a Dedicated Mental Health Lead who is directly responsible for ensuring there is sufficient pastoral/curricular support for our pupils at all times. This includes identifying potential issues early and offering the appropriate interventions from a menu of options available working alongside Parents/Carers.

Role	Name	Contact Details
Designated Senior Person for Child Protection/LAC Lead	Mr Richard Lilley	01909 534070
Designated Deputy Person for Child Protection	Mrs Kate Phoenix	01909 534078
Designated Deputy Person for Child Protection/Mental Health Lead	Mrs Karen Gardiner	01909 534079
Designated Deputy Person for Child Protection	Mrs Deb White	01909 534067
CPD Lead	Miss Helen Brentnall (Assistant Principal)	hbrentnall@sparkenhill.com
Lead First Aiders	Miss Jo Dobbs, Mrs D White, Mrs R Dumitru, Miss J Morrison	
LA Child Protection Contact/LADO	Miss Eva Callaghan	0115 80 41272



Designated Governor for Child Protection/Safeguarding	Mrs C Middleton	01909 534060
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Legislation and guidance

This policy was written with regard to:

- [The Equality Act 2010](#)
- [The Data Protection Act 2018](#)
- Articles 3 and 23 of the [UN Convention on the Rights of the Child](#)

Policy Statement

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

At our school, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. 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.

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors. This policy should be read in conjunction with our medical policy in cases where a student's mental health overlaps with or is linked to a medical issue and the SEND policy where a student has an identified special educational need. In addition to the following policies:

- Behaviour policy
- Anti-bullying policy
- Child protection and safeguarding policy

The Policy Aims to:

- ☐ Promote positive mental health in all staff and students
- ☐ Increase understanding and awareness of common mental health issues
- ☐ Alert staff to early warning signs of mental ill health
- ☐ Provide support to staff working with young people with mental health issues
- ☐ Provide support to staff with their own general well-being
- ☐ Provide support to students suffering mental ill health and their peers and parents/carers

Lead Members of Staff

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

- **Mr Richard Lilley** – Principal and Senior Designated Safeguarding Lead
- **Mrs Kate Phoenix** – Vice Principal and Designated Safeguarding Lead
- **Mrs Karen Gardiner** – Deputy Designated Safeguarding Lead/Mental Health Lead/Community Team Manager

- Miss Helen Brentnall - CPD lead
- Mrs Deb White – Deputy Designated Safeguarding Lead
- Miss Hannah Bridges - RSHE Co-ordinator

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance. If there is a fear that the student is in danger of immediate harm then the normal child protection procedures should be followed with an immediate referral to the Academy DP's or the Principal. 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 is appropriate, this will be led and managed by Karen Gardiner, Mental Health Lead in conjunction with the SENCO's Mrs Jodie Reay, Mrs Jess Parker, Miss P Thomson, Miss J Mercer and Mrs Mercedes O'Malley. Guidance about referring to CAMHS is provided in Appendix F.

Individual Care Plans

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

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

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 developmental PSHE curriculum. Our revised 2020 PSHE curriculum reflects the specific needs of our Community including teaching about healthy relationships, online safety and looking after our mental health from a young age.

The specific content of lessons will be determined by the specific needs of the cohort we're teaching but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We will follow the [PSHE Association Guidance](#)¹ to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Signposting

We will ensure that staff, students and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix D. This information is shared regularly with parents via our Mental Health Lead sending emails with updated information.

We will display relevant sources of support in communal areas such as common 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 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

School assemblies will be another opportunity to share stories of resilience around experiences that may affect a child's mental health negatively. Pupil's will be reminded of the support network they have available in school for them including the Worry Boxes, Community Team and staff around school.

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 Mental Health Lead or another member of SLT.

Possible warning signs include:

- ☐ Physical signs of harm that are repeated or appear non-accidental
- ☐ Changes in eating / sleeping habits
- ☐ Increased isolation from friends or family, becoming socially withdrawn
- ☐ Changes in activity and mood
- ☐ Lowering of academic achievement
- ☐ Talking or joking about self-harm or suicide
- ☐ Abusing drugs or alcohol
- ☐ Expressing feelings of failure, uselessness or loss of hope
- ☐ Changes in clothing – e.g. long sleeves in warm weather
- ☐ Secretive behaviour
- ☐ Skipping PE or getting changed secretly
- ☐ Lateness to or absence from school
- ☐ Repeated physical pain or nausea with no evident cause
- ☐ An increase in lateness or absenteeism

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.

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

All disclosures should be recorded on our CPOMS system. This 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 should be shared with a Designated Safeguarding Lead and/or Mental health Lead, who will provide store the record appropriately and offer support and advice about next steps. See appendix F for guidance about making a referral to CAMHS.

Confidentiality

We should be honest with regards to the issue of confidentiality. If we 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. This is in line with the Keeping Children Safe in Education 2021 and Child Protection Procedures ensuring Children are kept safe from harm.

It is always advisable to share disclosures with a colleague, usually the Mental Health Lead. 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 it would be most appropriate and helpful to share this information with. Parents must always be informed (if sharing the information would not put the child at risk of significant harm) and students may choose to tell their parents themselves. We should always give students the option of us informing parents for them or with them.

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. 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 student 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 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 students safe.

We will host relevant information on the NSCP/NCC virtual learning environment for staff who wish to learn more about mental health. The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about a specific issue in addition to our training platform through The Key.

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 students.

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

Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in May 2029.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to Karen Gardiner our Mental Health Lead via 01909 534079 or email kgardiner@sparkenhill.com.

This policy will always be immediately updated to reflect personnel changes.

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

Prevalence of Mental Health and Emotional Wellbeing Issues¹

- One in six children aged five to 16 were identified as having a probable mental health problem in July 2020, a huge increase from one in nine in 2017. That's five children in every classroom.
- The number of A&E attendances by young people aged 18 or under with a recorded diagnosis of a psychiatric condition more than tripled between 2010 and 2018-19.
- 80% of young people with mental health needs agreed that the coronavirus pandemic had made their mental health worse
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

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

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

Self-harm

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

Online support

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

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

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

Books

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

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

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

Depression

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

Online support

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

Books

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

Anxiety, panic attacks and phobias

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

Online support

Anxiety UK: www.anxietyuk.org.uk

Books

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

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

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches,

perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Books

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

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

Suicidal feelings

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

Online support

Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

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

Books

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

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

Eating problems

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

Online support

Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

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

Books

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

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

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

Appendix B: Guidance and advice documents

[Supporting mental health in schools and colleges](#) (2017)

[Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2016)

[Counselling in schools: a blueprint for the future](#) - departmental advice for school staff and counsellors. Department for Education (2016)

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#) (2015). PSHE Association. Funded by the Department for Education (2015)

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2018)

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

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

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

[NICE guidance on social and emotional wellbeing in primary education](#)

[NICE guidance on social and emotional wellbeing in secondary education](#)

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

Appendix C: Data Sources

[Children and young people's mental health and wellbeing profiling tool](#) collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas

[ChiMat school health hub](#) provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing

[Health behaviour of school age children](#) is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

Appendix D: Sources or support at school and in the local community

Here at Sparken Hill Academy we have our very own non-teaching Community Team solely dedicated to the pupils and their families. Their role is to enable an early identification of potential problems and delivery of interventions or onward referrals as required. This includes pastoral support in a variety of guises to combat the ever increasing decline in Children and Young People's Mental Health.

School Based Support at Sparken Hill Academy

The Emotional Health Pathway on the following page highlights the interventions available within a Tiered Provision at Sparken Hill Academy. This enables a structured and clear direction of support.

External Support and Advice

Children's Bereavement Centre	01636 551739
Young Minds	youngminds.org.uk
YoungMinds Parent's helpline:	0808 802 5544
Freed Beeches (Support for over 14's with eating disorders)	01909 479922
Single Point of Access – Healthy Families Team	01777 274422
Kooth Online Counselling (For 11-25 year olds)	www.kooth.com
Place2Be – Mental Health Support for Schools	www.place2be.org.uk
Mind Ed – online resource	www.minded.org.uk
Bassetlaw MIND	01909 476075
Centreplace (support for 11-25 year olds)	www.centreplace.org.uk
GP surgeries:	
Westwood Surgery	01909 509010
Larwood Health Centre	01909 500233
Newgate Medical Group	01909 500266
Bassetlaw Hospital	01909 500990

Emotional Health Pathway

Quality First Teaching

- Emotion Coaching
- Set aside time to talk to the child
- Speak to others that know child
- Refer to reasonable adjustments in SEN Class File
- Use emotional resilience resources in the classroom/PSHE lessons
- Work around transitions – Vulnerable Pupil Passport
- Worry Box/Line monitoring by Community Team
- Take 5 Mindfulness



Tier One Activities

- Pastoral 1-1 support with Community Team
- ELSA sessions
- Lunchtime activities (Arts and Crafts)
- Family Activities/ 1-1 relationship building sessions with Community Team
- Online emotional resilience resources
- Games/activities
- Sensory Room
- Farm/animal caring/feeding
- TAC



Tier Two Activities – Referral to Community Team/Behaviour Support required – In school interventions/therapies

- Lego therapy group
- Self-esteem/Anxiety programme
- Bright Start Play Therapy
- Small group therapy work
- Healthy Families Team referral – Anxiety work, body image, healthy eating.
- CAMHS Consultation referral – KG can request consultation with primary mental health worker in school – KG can discuss with CAMHS which therapy/intervention is most appropriate or if a full CAMHS psychological assessment is required. Consultation can include other professionals including school nurse, class teacher or outside agencies but parents are not able to attend.
- Parental consent must be given and a mental health record will be opened and recorded with child's GP. Consultation is only available to children with a Nottinghamshire GP. If LAC or open to social care referral for consultation with CAMHS is made by social worker.



Tier Three Activities – See Community Team

Bereavement Centre Referral
 Women's Aid referral
 Family First Partnership referral
 Children's Society referral – Specifically for sexual abuse/sexualised behaviour
 Educational Psychologist
 (List not exhaustive)

Tier Four – Full CAMHS Referral for psychological assessment – Consent from parents required.

Children are not required to go through each tier and tiers are interchangeable depending on need. Red flags may mean children go straight to tier four whilst others may move between tiers for extended periods of time.

Lack of parental consent could be a safeguarding concern and could result in a MASH referral.

Red Flag – Self-harm, Suicidal thoughts, trauma, bereavement, possible eating disorder.

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

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

Focus on listening

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

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

Don't talk too much

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

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

Don't pretend to understand

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

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

slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

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

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

Offer support

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

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

Acknowledge how hard it is to discuss these issues

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

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

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

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

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

Never break your promises

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

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