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FIDES et OPERA

BROMLEY
HIGH SCHOOL

GDST
GIRLS' DAY SCHOOL TRUST

POSITIVE MENTAL HEALTH & WELLBEING POLICY

GDST
GIRLS' DAY SCHOOL TRUST

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 Bromley High School, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both whole school approaches and specialised, targeted approaches aimed at vulnerable pupils.

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[1]. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for pupils affected both directly and indirectly by mental ill health.

Scope

This policy describes the school's approach to promoting positive mental health and wellbeing. It also outlines our procedures for responding to mental health issues. The policy is intended as guidance for all staff including support staff, volunteers and SGB members.

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

Aims of Policy

- Promote positive mental health and wellbeing in all staff and pupils.
- Increase understanding and awareness of common mental health issues.
- Alert staff to early warning signs of mental ill health.
- To provide support to staff
- Provide support to staff working with young people with mental health issues.

Lead Members of Staff

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

- Taiana Hathway – Deputy Head, Pastoral and Designated Safeguarding Lead
- Christina Bird– Deputy Designated Safeguarding Lead (Senior School)
- Kelly Powell – Designated Safeguarding Lead and Deputy Head, Pastoral , Junior School
- Claire Dickerson – Deputy Designated Safeguarding Lead and Head , Junior School
- Debbie Hemingway – School Nurse
- Liz Pattinson – School Counsellor
- All Heads of Year

[1] NHS Digital (2018) 'Mental Health of Children and Young People in England, 2017'

- Cath Pradic – Senior Mental Health Lead & Head of Pupil Personal Development

Promoting Positive Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHE curriculum. The specific content of lessons will be determined by the needs of the cohort, but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We follow the PSHE Association Guidance[2] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Alongside the PSHE curriculum, a number of additional initiatives aim to promote positive mental health and pupil wellbeing:

• Pupils have been involved in the Positive Schools Project since Sept 2017 and Year 7 PSHE lessons will continue to be devoted to the understanding of the science behind emotions. This gives pupils knowledge and understanding about how the brain processes emotion, and why we think, feel and behave as we do. This is combined with a set of tools and techniques that can help to 'rewire the brain' and improve psychological wellbeing (e.g. mindfulness, worry-filter, inner coach). Pupils become more emotionally literate and confident that they can positively influence their own mood-state. The aim of the course is to develop resilience, adaptability and self-reflection along with an understanding of how to be mentally healthy and form productive relationships. The remaining Year groups will revisit key tools within Wellbeing Week and form time activities throughout the year.
• Mindfulness activities during form time and Wellbeing Weeks for staff and pupils.
• HOYS and nominated staff trained in Mental Health First Aid
• Clubs, societies etc.
• The school counsellor runs half termly sessions on key mental health topics including managing anxiety, eating disorders and clean sleep.
• Wellbeing Hub offered at lunchtime for support and friendship
• Trusted Adult scheme & Sixth form YMHFA Pastoral Prefects programme.
• Tutors, Heads of Year, the School Nurse and the Pastoral Deputy have formal responsibility for the pupils in their care, and can provide advice and support
• Counselling is available to pupils of all ages and a drop-in service operates each Wednesday and Thursday lunchtime for Senior School pupils.
• Confide facility for confidential reporting
• Worry box, Talking Tree & Bubble time (Junior school)

Responding to Mental Health Issues

Mental ill health is a part of life in just the same way as physical ill health; it's OK to talk about it and it's OK to ask for help. All staff at the school have a role to play in pastoral care: pupils should feel that there is a range of staff they could talk to at any time if they have issues or concerns.

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[2] https://pshe-association.org.uk/guidance/ks1-4/mental-health-guidance

There are also a number of more formal sources of support in school that pupils can access:

- Tutors, Heads of Year, the School Nurse and the Pastoral Deputy have formal responsibility for the pupils in their care, and can provide advice and support
- Counselling is available to pupils of all ages. Pupils in Year 7 and above can self-refer. Further details on the school's counselling arrangements can be found on Firefly and parents handbook.

Warning Signs

Staff should be alert to signs and indications that a pupil might be 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 Taiana Hathway (Senior School) or Kelly Powell (Junior School) in the first instance.

Peers are often aware of difficulties their friends may be experiencing at an earlier stage than staff. Pupils should be encouraged to talk to a teacher as soon as possible if they have concerns. Whilst they may be worried about passing on information of this nature, they should be reassured that this will be the most effective way they can help their friend.

Possible warning signs include:

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

Further information and sources of support for common mental health conditions can be found in Appendix A.

Any member of staff who is concerned for any reason about the mental health or wellbeing of a pupil should speak to Taiana Hathway (Senior School) or Kelly Powell (Junior School) 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 DSL, and all staff should be aware that mental health problems can be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. If the pupil presents a medical emergency, then the normal procedures for medical emergencies should be followed, including alerting the School Nurse and contacting the emergency services if necessary.

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?'

All disclosures should be recorded. 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 the DSL who will and offer support and advice about next steps.

Where a referral to CAMHS is appropriate, this will be led and managed by Taiana Hathway or Kelly Powell, depending on the age of the pupil. Referrals to CAMHS have to be made through Bromley Well-Being and guidance is detailed in Appendix F.

Confidentiality

We should be honest with regard to the issue of confidentiality. If 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 in situations where a pupil may be suffering or at risk of suffering significant harm, information must always be shared with the DSL.

Parents should normally be informed (although the decision to inform parents is a sensitive one to be discussed with the DSL in advance). Pupils may choose to tell their parents themselves, and if this is the case, the pupil should be given 24 hours to share the 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 Social Services must be informed immediately.

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

Signposting

We will ensure that staff, pupils and parents are aware of sources of support outside school in the local community. What support is available in the local community, who it is aimed at and how to access it is outlined in Appendix C.

We will also display relevant sources of support in communal areas such as common rooms and toilets and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

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

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 support. Support will be provided either in one to one or group settings and will be guided by conversations with 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 or saying which may inadvertently cause upset
- Warning signs that their friend may need help (e.g. signs of relapse)

Additionally, we will want to highlight with peers:

- That they can best support their friend by ensuring that an adult is aware of their difficulties
- Where and how they can 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

Partnership with Parents

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:

- Highlight sources of information and support about common mental health issues in newsletters and on the portal
- Subscribe parents to Tooled Up Education and signpost support pages on topics related to mental health. The GDST offers parent webinars on related issues, and the school promotes other opportunities for parents to learn (e.g. Bromley Y parent and pupil webinars).
- 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
- Ask parents to follow the normal communication pathways to the school, by emailing the child's tutor or Head of Year if they wish to discuss their child's mental health.

Where issues arise with individual pupils and 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, 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 accept 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 about their daughter. 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. Each meeting should finish with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

Staff Mental Health

The mental health of our staff is as important to the school as is that of our pupils. Nationally over the past few years the level of work-related stress, burnout and work absence amongst teachers has increased. Teacher wellbeing has significant implications not

only for the individual teacher, but also their colleagues, pupils and the school more broadly. Research indicates that teacher morale directly correlates with pupil achievement.

A number of school initiatives support the wellbeing of our staff:

- Staff as well as pupils have access to the Positive Schools Programme: in fact, the programme targets staff as a priority. The programme aims to equip teachers with the knowledge and tools to manage periods of stress and pressure
- The School Staff Wellbeing Leads organise other staff wellbeing initiatives including Mindfulness, yoga, staff wellbeing events and coaching/buddying scheme.
- Staff as well as pupils should feel that there are individuals they can talk to if they feel they might be experiencing mental health or emotional wellbeing issues. If they do not feel able to approach their line manager they should speak to one of the SLT, or the school's HR Business Partner at Trust Office
- All staff and immediate family members who live with them have access to the GDST's Employee Assistance Programme

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 to enable them to keep pupils safe. Where the need to do so becomes evident, we host additional training sessions for all staff to promote learning or understanding about specific issues related to mental health. All staff have a subscription to Tooled Up Education and the school's weekly Spotlight on Safeguarding series dedicates resources to upskill staff. The MindEd learning portal provides free online training suitable for staff wishing to know more about a specific issue. www.minded.org.uk

Training opportunities for staff who require more in-depth knowledge are provided through the GDST Learn programme. This typically includes role-based training for form tutors, Heads of Year, Pastoral Leads and DSLs, and topic/skills-based training such as social and emotional development at different ages, self-harm and counselling skills. The Charlie Waller Memorial Trust provide funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions. For further information email admin@cwmt.org (tel:01635 869754)

Links to other policies

This policy operates in conjunction with:

- Safeguarding and Child Protection Policy
- GDST Inclusion Policy
- GDST Equal Opportunities Policy
- SEND Policy
- Anti-Bullying Policy
- PSHE schemes of work

Monitoring, evaluation and review

The effectiveness of this policy and the school's positive mental health and wellbeing strategies will be continuously evaluated through monitoring of pastoral cases and referrals to the school counsellor, and in collaboration with pupils via the pupil council. This policy will be reviewed every 2 years as a minimum. This policy will be reviewed and updated as appropriate on an ad hoc basis as the need arises. The policy will always be immediately updated to reflect personnel changes.

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

Below, we have signposted 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 aimed primarily at parents are useful for school staff too.

Support on all these issues can be accessed via:

- Young Minds (www.youngminds.org.uk),
- Mind (www.mind.org.uk)
- Minded (www.minded.org.uk) for e-learning opportunities
- Anna Freud (https://www.annafreud.org/)
- Childline (https://www.childline.org.uk/)
- The Mix (https://www.themix.org.uk/) – aimed at under 25s
- Hub of Hope (https://hubofhope.co.uk/) – locates relevant local services on entering a location or postcode
- Kooth (https://www.kooth.com/) – online mental wellbeing community

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: www.selfharm.co.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
Charlie Waller Memorial Trust: https://www.charliewaller.org/

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
No Panic: www.nopanic.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

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: https://www.beateatingdisorders.org.uk/

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

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

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education

PSHE Association Guidance: Teaching about mental health and emotional wellbeing Funded by the Department for Education

Teaching about mental wellbeing – materials for schools to train staff about teaching mental wellbeing. Department for Education

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education

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

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

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

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

The link between pupil health and wellbeing and attainment A briefing for head teachers, governors and staff in education settings Public Health England

Promoting children and young people's emotional health and wellbeing A whole school and college approach Public Health England

Appendix C: Sources of support in the local community

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School Based Support

All staff have a responsibility to promote the mental health of pupils, although the following people have a specific remit:

Senior School:

- Taiana Hathway– Deputy Head, Pastoral and Designated Safeguarding Lead
- Debbie Hemingway – School Nurse
- Cath Pradic – Head of PSHE and Senior Mental Health Lead
- Liz Pattinson– School Counsellor
- Jo Higgins – Head of Year 7
- Sarah Empey-Head of Year 8
- Lisa Barker– Head of Year 9
- Liam McCabe– Head of Year 10
- Nick Mahoney – Head of Year 11 and head of Upper School
- Christina Bird – Head of Sixth Form and Deputy Designated Safeguarding Lead (Senior School)
- Ruth Sherlock– SENDCo Senior school
- Sarah Stewart– SENDCo Junior school
- Kelly Powell – Deputy Head, Junior school and Designated Safeguarding Lead
- Sharon Voice- Head of Middle School (Transition)
- Nicky Hearne– EYFS
- Victoria Huntely - KS1 & 2 Phase leader
- Wendy Shearman – Phase leader, Y3 and 4
- Liz Pattinson– School Counsellor

Bromley High School's Middle School transition operates a peer support scheme who work with Year 7 pupils who have been identified by their tutors or Head of Year as needing support with transition, forging friendships, organisation, and managing workload etc. The introduction of Tea Parties in the wellbeing hub offers a soft landing in the morning's for pupil who are struggling and provides an opportunity for buddying systems.

The subject mentoring programme (Big Sisters) run by sixth form pupils for our younger pupils operates under the same principles.

Local Support

There are a wealth of local support networks and charities that pupils and parents can access, some of which are listed below:

Bromley Well-Being (formerly Bromley Y) 0208 464 9003
Bromley Drug and Alcohol service (BDAS) 020 8289 1999
Young Minds 0808 802 5544
Metro (sexuality, identity, gender and diversity) http://www.metrocentreonline.org
The Candle Project (bereavement service) 020 8768 4500
WGN (Women and Girls' Network) 020 7610 4345; 0808 801 0660

Appendix E- Talking to pupils when they make mental health disclosures

The advice below is from pupils themselves, in their own words, together with some additional ideas to help during initial conversations with pupils when they disclose mental health concerns. This advice should be considered alongside relevant school policies on safeguarding 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 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 you 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 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 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 but it meant so much to me 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.

Appendix F

Individual safety care plan in school

Name:

My warning signs (physical signs i.e. palpitations, headache. My thoughts i.e. want to self-harm, hearing voices. My behaviour i.e. wringing of hands, pacing)

Physical signs	*Thoughts*	*Behaviour*

My coping mechanisms (things I do to distract myself i.e. listen to music)
My personal network (people I would ask for help) in school
1. 2. 3. 4. 5.
Safe Place in School (time out)
Location: Staff supervisor(s):
Other actions agreed in school, for example, use of alert cards, modifications to timetable
My professional or agency contacts if applicable
Person eg CAHMS: Contact No: Counsellor: Other:
Medication (Name, dose and when administered) if applicable
Parent/guardian Contact

Name:
Relationship:
Emergency contact No:

Date written:

Review Date:

I/we agree to abide by the personal safety plan and any specific risk assessment.
I/we will inform Mrs Hathway of any self-harm incidents and any changes in health care.
In addition to Mrs Hathway and Mrs Bird, I/we consent to this information being shared with (<u>delete and complete as appropriate</u>):

- **all staff**
- **only the following staff:**

My tutor
My teachers
List any other staff:

Pupil Signature: **Parent/guardian signature:**

Date: **Date:**