Fellowship, Courage and Creativity

Policy Title: Mental Health & Wellbeing Policy

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Ownership: FGB

Policy Type: Non-Statutory

Signed   _____ (Headteacher)

      _____ (Chair of Governors)

This policy can also be made available in approved formats as listed in the Policies File, on request to the School Office.

Policy Statement

"Mental Health is a state of well-being in which every individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to her or his community". (World Health Organisation 2016)

At Whitewater C of E Primary School, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this by both embedding universal/whole school approaches and using specialised/targeted approaches aimed at vulnerable children. We also work in good partnership with agencies and health services including the local church. In addition to promoting positive mental health, we aim to recognise and respond to need as it arises.

Christian Vision

We believe that nurturing the health and wellbeing of pupils it is not a stand-alone item but part of an embedded approach across our school's ethos. This links with other aspects of health education, spiritual development, the wider school curriculum and other school policies.

The Christian philosophy arises from the teaching of Jesus where he offers "life in all its abundance" (John 10.10). Human flourishing is seen in good relationships where each child is able to be fully themselves (1 Cor 12). The Biblical concept of "Shalom" encompasses the enjoyment of relationships with self, others, creation and with God. (C of E Mental Health and Wellbeing 2018).

We believe our school ethos (Fellowship, Courage and Creativity), embraces and extends beyond academic learning to express these facets of human flourishing. Our vision is also to support pupils to establish good habits and approaches to keeping well as early as possible. This will enable them to form good foundations for adult life, as well as enabling them to enjoy more fully the here and now.

Why is this Policy important?

We believe that by developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for all pupils affected both directly, and indirectly by mental ill health.

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1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.

Nearly 80,000 children and young people suffer from severe depression. 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.

Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.

> 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.
>
> More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
>
> Source: Good Childhood Report, The Children's Society 2016

Who is this Policy for?

This policy is for teaching and non-teaching staff, governors and parents/carers.

What role does our school play?

At Whitewater, we recognise that "in order to help their children succeed; schools have a role to play in supporting them to be resilient and mentally healthy" (The Department for Education).

We believe that schools can be a place for children and young people to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. For some, school will be a place of respite from difficult home lives and offer positive role models, relationships, a sense of belonging and community.

Our role in school is to ensure that children are able to manage times of change and stress, and that they are supported to reach their potential or access help when they need it. We also have a role to ensure that children and their parents can learn how to maintain positive mental health and where they can go if they need help and support.

Our role is to help develop the protective factors which build resilience to mental health problems and to be a school where:
- All children are valued.
- Children have a sense of belonging and feel safe.
- Children feel able to talk openly with trusted adults about their problems
- Positive mental health is promoted and valued.
- Bullying is not tolerated.

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

We believe that positive mental health and wellbeing is not just the absence of mental health problems. We want all pupils to:
- feel confident in themselves;
- be able to express a range of emotions appropriately;
- be able to make and maintain positive relationships with others;
- cope with the stresses of everyday life;

- manage times of stress and be able to deal with change;
- learn and achieve.

Scope

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

It should be read in conjunction with our other policies, specifically:
- Safeguarding
- Child Protection
- Equality
- Anti-Bullying
- Behaviour Management
- Social Media
- Supporting Pupils with Medical Conditions (in cases where a pupil's mental health overlaps with or is linked to a medical issue)
- Special Educational Needs policy (where a pupil has an identified special educational need).

Objectives

This policy aims to:
- promote positive mental health in all our staff and pupils;
- 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 pupils with mental health issues;
- provide support to pupils suffering mental ill health and their peers and parents or carers.

Key Members of Staff:

Whilst all staff have a responsibility to promote the mental health of pupils, staff with a specific, relevant remit include:
- Headteacher Lucy Edwards - designated safeguarding lead (DSL)
- Deputy Headteacher Caroline Laurie – deputy DSL
- Emotional & Learning Support Assistant (ELSA) – Krissy Miles
- Mental Health & Emotional Wellbeing lead governor – Marion deQuidt

Any member of staff who is concerned about the mental health or wellbeing of a pupil should:
- Speak to the Deputy Headteacher in the first instance
- Escalate to the Headteacher and/or ELSA as appropriate

- 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.
- 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.
- If the school's DSL are unavailable then contact the Children's Services Professional Line on 01329 225379, or complete the Inter Agency Referral form.

Individual Pupil Plans

We are committed to recognising and monitoring any individual mental health care need within our pupil community.

In the first instance we would ensure the need was highlighted during on regular pupil progress meetings and tracked on our provision map. We would then allocate the appropriate resource (typically ELSA) and monitor progress via our Central Safeguarding System (CPOM), either as a stand alone issue or within a broader plan such as EHCP or SEN.

Data can include:
- Details of the pupil's condition
- Special requirements and precautions
- Advice for staff on managing any associated behaviours
- Medication and any side effect
- What to do and who to contact in an emergency
- The role the school can play

Our Whole School Approach

We believe the School has a key role in promoting children positive mental health and helping to prevent mental health problems. Our School has developed a range of strategies and approaches to support all pupils in our school community, including:

Whole School
- Growth Mindset
- HeartSmart
- Behaviour Management
- "Understanding Christianity " (Religious Education lessons)
- Collective Worship
- PSHE (see below Teaching about Mental Health)
- School Values

Class activities
- Class charters
- Group discussions/circle time
- HeartSmart class activities

Transition programmes
- Induction of pupils and parents
- Transition into new years
- New starters mid academic year
- Transition to secondary

We also have individual activities to support specific pupils where mental health and wellbeing issues have been identified.
These include:
- ELSA support
- Internal support from external agencies
- External support sourced externally

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included in our developmental personal social and health education (PSHE) curriculum.

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 pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will use guidance and resources from Heads Together; Mentally Healthy Schools website, 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 (Appendix B).

We will display relevant sources of support in communal areas and will regularly highlight sources of support to pupils relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil 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

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 with the Deputy Headteacher.

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

Managing Disclosures

A pupil or parent 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 or parent 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.

All disclosures should be recorded in writing on a pupil communication form or by email to the Headteacher and held on the pupil's confidential file.

This written record should include:
- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the Headteacher, who will store the record appropriately and offer support and advice about next steps. The person who brings the disclosure to the Headteacher or senior member of staff, also has the right to know the outcome for the pupil, or parent (where appropriate). This may just be an assurance that help was sought, or that the child is now receiving some support in school. This is tracked through CPOMS.

Confidentiality

We should be honest with regards 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 there are certain situations when information must always be shared with another member of staff and / or a parent.

It is always advisable to share disclosures with a colleague, usually a member of the Leadership team, 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.

Parents must always be informed if a child is self harming, talking of self harm, saying they are being bullied, bullying others, or expressing low mood. If a child gives us reason to believe that there may be underlying child protection issue refer to our SG policy & DSL.

Partnership with Parents

We seek to work in to partnership with parents/carers at all times to promote positive mental health in all our pupils by:

- encouraging parents to discuss any issues about your child with your class teacher, in the first instance, at any time;
- proactively raise any concerns we may have about a pupil, with their parent/carer;
- encouraging any parents who suffer from mental health problems and are concerned about the impact on their child, to discuss this with school.

In instances where we want to raise any concerns we may have about a pupil with their parent/carer, we aim to be sensitive in our approach and before raising concerns, consider the following questions:

- Can the meeting happen face to face? (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?

We appreciate that 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 step and always keep a brief record of the meeting on the child's confidential record.

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 get 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.

For further national sources of support for children with mental health needs see Appendix A.

Supporting Staff's Mental Health and Wellbeing

At Whitewater, we are committed to promoting positive mental health amongst our staff and we aim to recognise and respond to need as it arises. Our Governing Body recognises its' legal obligation to promote good mental health and wellbeing of staff, as part of their "a duty of care" for all members of staff. Furthermore, teachers who are well are more able to support children effectively and to cope with the stresses that come with teaching.

Teachers have been described as experiencing an "epidemic of stress" as research revealed a five per cent rise on the year before, revealing that one in 83 teachers spent more than a month off work in 2016-17.

3,750 teachers were signed off on long-term sick leave that year because of

pressure of work, anxiety and mental illness.

Altogether 1.3 million days have been taken off by teachers for stress and mental health reasons in the last four years.

Source: '"Epidemic of stress" blamed for 3,750 teachers on long-term sick leave' (11/01/18), The Guardian website

www.theguardian.com/education/2018/jan/11/epidemic-of-stress-blamed-for-3750-teachers-on-longterm-sick-leave

The following resources are available to support staff:
- School leadership team
- Mental Health & Wellbeing lead Governor
- County Council for counselling provision, provided by Health Assured https://healthassuredeap.co.uk
- Educational Support Partnership (Mental Health & Wellbeing support services for education staff) https://www.educationsupportpartnership.org.uk/

Training

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 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 our Leadership team, who can also highlight sources of relevant training and support for individuals as needed.

Sources of Reference

The Charlie Waller Memorial Trust Example Policy & Guidance and the Church of England Mental Health and Wellbeing Advice for Schools & Inspectors have been the key sources of reference to form this policy.

Appendix A – National Resources & Info (CofE)

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

Adoption UK is the leading charity providing support, community and advocacy for all those parenting or supporting children who cannot live with their birth parents.
https://www.adoptionuk.org/campaigns

Catholic Mental Health Project supports the Catholic community to further develop spiritual and pastoral care for mental health
www.catholicmentalhealthproject.org.uk

Charlie Waller Memorial Trust offers free resources, including guidance and policy templates for use by schools and colleges.
www.cwmt.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 Fixers 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. 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 HeadMeds 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's 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 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

We're the leading children's charity in the UK, specialising in child protection and dedicated to the fight for every childhood.
https://www.nspcc.org.uk

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 Reading Well 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/livingwith-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 provide specialist child bereavement support services across the UK, including indepth therapeutic help in individual, group and residential settings.
www.winstonswish.org

YoungMinds 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 B – Local Support

School Based Support
- Whole school approach
- Allocated adult to touch in/touch base
- Emotional Learning and Support Assistant (ELSA)
- Triggers referrals to supporting agencies

Local Support
- Primary Behaviour Service
- CAMHS
- Hampshire Youth Access
- Nursing Service
- Educational Psychologists
- Family Support Service
- Children Services (Child in Need/Child Protection)
- Virtual School (adopted/looked after children)
- Local church/diocese

Appendix C: Further information and sources for specific concerns

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 these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

C1) 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

C2) 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

C3) 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

C4) 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

C5) 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: 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

C6) 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: 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 D: Talking to students when they make mental health disclosures
(Adopted from Charlie Waller Memorial Trust, aimed at students and young people, but useful insights for talking with parents and pupils)

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.

D1) 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.

D2) 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 overanalyse 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!

D3) 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.

D4) 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.

D5) 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.

D6) 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 to themselves they have a problem, 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.

D7) 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.

D8) 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.