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Mental Health and Wellbeing Policy

Bolney Church of England Primary School

Model Church of England policy 2018

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)

In our school our Christian vision shapes all we do:

Each child is unique. We partner with families to nurture the 'whole child' – by understanding their specific emotional, spiritual and learning needs – so children flourish.

Children leave us as fearless lifelong learners, ready to meet the world with self-confidence, curiosity and resilience.

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

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

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 pupil's mental health and wellbeing overlaps with or is linked to a medical issue and the SEND policy where a pupil has an identified special educational need.

The policy aims to:

- Promote positive mental health and wellbeing in all staff and pupils
- Increase understanding and awareness of common mental health issues



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- Alert staff to early warning signs of poor mental health and wellbeing
- Provide support to staff working with young people with mental health and wellbeing issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers

Lead Members of Staff

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

Lorraine Kenny - Designated Safeguarding Lead
Sarah Harvey - Mental Health and Emotional Wellbeing Lead
Carole Wood - Lead First Aider
Sarah Harvey - Pastoral Lead
Lorraine Kenny - CPD Lead
Sarah Cheney - Head of PSHE Leader

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

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

Individual Care Plans

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

- Details of a pupil's condition
- 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



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Teaching about Mental Health and Wellbeing

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental 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 follow the PSHE Association Guidance¹ 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, pupils 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 B.

We will display relevant sources of support in communal areas 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

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 Sarah Harvey, our Mental Health and Emotional Wellbeing Lead.

¹ Teacher Guidance: Preparing to teach about mental health and emotional wellbeing URL= <https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and> (accessed 02.02.2018)



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

If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

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

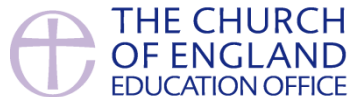
All disclosures should be recorded in writing and held on the pupil's confidential file. This written record should include:

- 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 mental health lead, Sarah Harvey who will provide store the record appropriately and offer support and advice about next steps. See Appendix A for guidance about making a referral to CAMHS.



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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 pupil on then we should discuss with the pupil:

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

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

It is always advisable to share disclosures with a colleague, usually the Mental Health and Emotional Wellbeing Lead Sarah Harvey, 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 should be informed if there are concerns about their mental health and wellbeing and pupils may choose to tell their parents themselves. If this is the case, the pupil should be given 24 hours to share this information before the school contacts parents. We should always give pupils the option of us informing parents for them or with them.

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

Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the pupil, other members of staff.
- What are the aims of the meeting?



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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.

Working with All 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 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

Supporting Peers

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

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

Additionally, we will want to highlight with peers:

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

Training

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

We will host relevant information on our 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.²

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 Lorraine Kenny, our CPD Coordinator, who can also highlight sources of relevant training and support for individuals as needed.

² www.minded.org.uk [accessed 02/02/18].



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Appendix A: Making a referral to CAMHS

The following information relating to Sussex is taken from the CAMHS website:

<https://www.sussexpartnership.nhs.uk/Sussex-CAMHS>

Assessment and treatment service

The assessment and treatment service works with children and young people who have displayed worrying or harmful sexual behaviours.

Who we are

We work directly with children and young people who have displayed worrying or harmful sexual behaviours. Where appropriate, we also work with the families of children and young people in a support and advisory role.

Who we see

We work directly with children and young people who display sexually harmful behaviour. We offer help to control these behaviours in childhood and adolescence to prevent them becoming entrenched in the future. We work with children and young people community teams to identify those who may be appropriate for our service.

What we do

The aim of all our work with young people, families, professionals and carers is to contribute to the protection of young people from future abuse. Young people are actively encouraged to confront their concerning behaviour and its impact on others in a safe environment which reinforces appropriate boundaries.

Our approach is holistic; we build upon a young person's strengths while also addressing their harmful behaviours and their causes. We also work closely with families and carers of children and young people who are working towards change.

This work involves:

- Support for your child to help them become involved with the project and look at their behaviour
- Guidance for your child, as it is important that they understand what is right and wrong about their sexual behaviour
- Encouragement for your child to help them see their positives and strengths and build upon them
- Safety for your child and family to help build a lifestyle that reduces the risk of further harmful sexual behaviour.

New Park House

North Street

Horsham

West Sussex

RH12 1RJ

Tel: 0300 304 0021

Reception: 01403 223200 (Monday to Friday 9am to 5pm)

If you are concerned about a child or young person outside of these hours, please call:

Social Services Emergency out of hours: 0330 222 6664

Mental Health Helpline: 0300 5000 101



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Child disability complex behaviour support

Who are we?

We provide a service in West Sussex for young people with moderate/severe learning disabilities and behaviours which present a challenge to their families, carers and education teams.

Who do we see?

We work with children and young people aged 4-18 who experience emotional, communication, and behavioural problems. This can include showing behaviours which indicate that the young person/child is struggling with the experiences they encounter on a day-to-day basis. Often these feelings can be expressed through behaviours which can be difficult to manage and may be causing worry or harm to either themselves or others.

We accept referrals from the child or young person's social worker. To access the team, the child must have a named social worker within one of the West Sussex Child Disability Social Work Teams.

Network consultation service

Network consultations are used for in-depth discussion about a young person with their parent/carer and the network of staff that support them in other settings. This is likely to include their social worker, class teacher, and other care staff e.g. personal assistant and short breaks key worker. During these meetings we will explore the behaviours identified for discussion and think together about how to best support the young person. We aim to come to a shared understanding of the difficulties that the young person is facing and formulate recommendations and action points to enable the situation to move forward.

The consultation sessions will last for approximately 90 minutes and a report will follow the meeting, outlining the themes of the discussion and any agreed action point.

Direct case work

Direct case work is offered to young people who have behaviours which are described as complex and challenging in a range of settings. The team can work more intensively with a young person, their family, and network in order to develop, support, and review new ways of working that address the difficulties that the young person is experiencing. This is likely to include meeting the young person in the settings that they access and working closely and collaboratively with their family and other professionals involved in their care.

Concerned about the eating habits of a young person you know?

The Pan-Sussex Family Eating Disorder Service works with children, young people and their families to treat eating disorders. Looking at physical health as well as mental health and working with them to put together a treatment plan to help get the young person back on track.

For more information see their page: <http://www.sussexpartnership.nhs.uk/eatingdisorder>

CAMHS CDS - Complex Behaviour Team

Carters Lane House

41 Brunswick Road

Shoreham-by-Sea

West Sussex

BN43 5WA

Reception: 01273 446795 (Monday to Friday 9am to 5pm).

If you are concerned about a child or young person outside of these hours, please call:

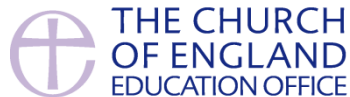
Social Services Emergency out of hours: 0330 222 6664

Mental Health Helpline: 0300 5000 101

Parking information



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We are located next to Shoreham-by-Sea train station. There is no parking available on site. However, parking is available on the local side-streets.

Useful websites

Autism Sussex

National Autistic Society

The Challenging Behaviour Foundation, UK

BILD (the British Institute of Learning Disabilities)

Community Teams

Who are we?

We are part of the National Health Service (NHS) and provide services across the South East. We help children and young people and their families and carers when someone is experiencing emotional wellbeing or mental health difficulties.

What do we do?

All of us are specially trained to help you with things like the thoughts inside your head, the way you are feeling and the way you are behaving. Thoughts, feelings and behaviours affect each other and we will help you understand how and why.

Some of our teams focus on working with particular groups of young people including those with learning disabilities or who are looked after.

Who do we see?

We are asked to see people when someone is worried that they are finding things more difficult than usual.

The person who is worried about you may be a parent or carer, teacher, doctor, or someone else who knows you well. Being asked to help you is often called a referral. Don't worry if you've been referred, it just means we are offering you extra support.

Making a referral - Sussex

'Before your first visit you, or the person who is worried about you, will have made a referral in a letter or on one of our referral forms. This is so we know a bit about you and the difficulties you are experiencing.

Because there are lots of people who need our help you may have to wait a short time before you are offered an appointment. We try to see people within 4 weeks of receiving the referral. How long you have to wait will depend on how many people we're seeing in your area.

If we can help you we will contact you and ask you to come to see us at one of our clinics for what we call a Choice appointment. If you would prefer to see us somewhere else, like at school, doctor's surgery, or location that's easy for you to get to, we can arrange this.'



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West Sussex

72 Stockbridge Road 72 Stockbridge Road Chichester West Sussex PO19 8QJ Tel: 01243 813405	New Park House North Street Horsham West Sussex RH12 1RJ Tel: 0300 304 0021
Worthing Hospital Lyndhurst Road Worthing West Sussex BN11 2DH Tel: 01903 286754 Fax: 01903 286757	

The following information is adapted from Surrey and Border NHS Trust and was sourced from the Charlie Waller Memorial Trust Mental Health and Well-being Policies for Schools & Colleges, Example Policy and Guidance March 2016

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

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

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

1.1 General considerations

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



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1.2 Basic information

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

1.3 Reason for referral

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

1.4 Further helpful information

- Who else is living at home and details of separated parents if appropriate?
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the Educational psychologist?

The screening tool below may help to guide whether or not a CAMHS referral is appropriate.



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INVOLVEMENT WITH CAMHS	
	Current CAMHS involvement – END OF SCREEN*
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

*** Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care**

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

MENTAL HEALTH SYMPTOMS		
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

Little or none Score = 0	Some Score = 1	Moderate Score = 2	Severe Score = 3
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HARMING BEHAVIOURS		
	1	History of self harm (cutting, burning etc)
	1	History of thoughts about suicide
	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	2	Current self harm behaviours
	2	Anger outbursts or aggressive behaviour towards children or adults
	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

*** If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies**



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Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)			
<input type="checkbox"/>	Family mental health issues	<input type="checkbox"/>	Physical health issues
<input type="checkbox"/>	History of bereavement/loss/trauma	<input type="checkbox"/>	Identified drug / alcohol use
<input type="checkbox"/>	Problems in family relationships	<input type="checkbox"/>	Living in care
<input type="checkbox"/>	Problems with peer relationships	<input type="checkbox"/>	Involved in criminal activity
<input type="checkbox"/>	Not attending/functioning in school	<input type="checkbox"/>	History of social services involvement
<input type="checkbox"/>	Excluded from school (FTE, permanent)	<input type="checkbox"/>	Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3
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Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

***** If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice *****

Appendix B: Sources of support at school and in the local community

School Based Support

Please discuss this with Sarah Harvey

Local Support

See CAMHS info. given for the different services teams in Appendix A

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

The following information was sourced from the Charlie Waller Memorial Trust Mental Health and Well-being Policies for Schools & Colleges, Example Policy and Guidance March 2016

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.



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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



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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.