



Emotional Health & Wellbeing Policy

SUPPORTING STAFF AND STUDENTS IN ST PAULS ACADEMY

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This policy was written with reference to the following publications

- RBG / Oxleas – Joint Commissioning Team ‘Children and Young People’s Mental Health and Wellbeing – Symptoms and Services Guide (September 2018)
- RBG / Oxleas – Greenwich Self-Harm and Suicidal Ideation Protocol (August 2018)
- DfE research and analysis: Supporting mental health in schools and colleges’ (August 2017)
- DfE guidance: ‘Mental Health and behaviour in schools’ (November 2018)
- Public Health England: ‘Promoting children and young people’s emotional health and wellbeing’ (2015)
- Government Green Paper: ‘Transforming children & young people’s mental health provision’ (2017)
- St. Paul’s Academy policies – Safeguarding & Child Protection, SEND & Inclusion, Medical Needs (2018), Behaviour (2017), E-Safety (2018)
- NHS Guidance – 5 Steps to Mental Wellbeing (2018)

1. Introduction & Key Personnel

‘Schools have a role to play in supporting students to be resilient and mentally healthy’ DfE 2016

At St. Paul’s Academy, we believe that mental health and wellbeing is the basis for a happy and successful life at school and beyond. We aim to promote positive mental health and wellbeing for the entire school community: students, staff and parents & carers. Wellbeing plays a key role in our ethos and shapes our policies and procedures implicitly and explicitly. We strive to improve the wellbeing of students and staff in everything that we do, seeking to build resilience, identify and monitor concerns and support students and their families who face challenges.

We recognise that mental health and emotional wellbeing is as important in our lives as physical health. We understand the importance of putting the right support in place to create a climate where students and staff feel safe in order to be able to talk and access help when they need it.

Our role is to ensure that students are equipped to manage in times of change and stress. Students should learn about what they can do to maintain positive mental health, what affects their mental health and how they can help to reduce the stigma surrounding mental health issues. We are aiming to create a culture in which mental health is valued: where disclosure is encouraged and support is present.

The leadership and governors of St. Paul’s Academy are committed to supporting staff wellbeing. The Emotional Health and Wellbeing working party started in September 2018 and are putting a range of measures in place to support staff as well as students.

Key Personnel

Safeguarding Lead / Lead Learning Mentor – Kim Nicholas 020 8311 3868 ext 141

Mental Health Lead – Michelle Hepburn / Monique Tulloch 020 8311 3868 ext 135 / 142

Mental Health First Aider – Michelle Hepburn, Kim Nicholas, Balvinder Assi, Huw Francis, Monique Tulloch, Adrian Bond 0208 311 3868 ext 142

Learning Mentors – Richard Mayne, Huw Francis, Monique Tulloch, Ishmeil Tunkara, Nathaniel Foster 020 8311 3868 ext 142

Purpose of the Policy

This policy sets out the framework for a clear and consistent mental health and wellbeing provision by

- Promoting promote positive mental health and wellbeing for all staff and students
- Increasing understanding and awareness of common mental health difficulties (see appendix 1 'Children & Young People's Mental Health and Wellbeing – Symptoms and Services Guide – 2018)
- How we support and train all staff with regard to mental health issues: mental health awareness / spotting early warning signs / prevention of mental health problems / supporting students who may be experiencing mental health difficulties
- Guidance on where further information support and advice can be sought

2. What is Mental Health and Wellbeing ?

The World Health Organisation defines mental health and wellbeing as

'...a state of well-being in which every individual realises their 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.' **2011**

Mental health and wellbeing is not just the absence of mental health problems. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

Mental ill health can range from feeling 'a bit down' to common disorders such as anxiety and depression to more severe and far less common conditions such as bipolar disorder or schizophrenia.

Most people's mental health will not just be continuously good. Usually it will rise and fall depending on pressures and/or experiences in their life. A person may therefore feel in good mental health generally but also experience stress or anxiety from time to time.

3. How we promote positive mental health and wellbeing – Aims of Policy

We take a whole school approach to promoting positive mental health for all, which aims to help students become more resilient, be successful and happy, and to identify and prevent potential mental health problems before they arise.

This encompasses a framework of the following aims:

- **Leadership**
 - to put in place strong inclusion and support policies, oversee practice and create an ethos that supports positive mental health, wellbeing and resilience in staff and students
- **Student Support**
 - Continue to grow provision which develops a culture of support, i.e. that students can comfortably develop social relationships, support each other and to be able to seek help when they need to.
 - Early identification of students who may have mental health needs.
 - Planning safe and clear lines of support for students with mental health needs. Students should be able to have conversations about their own mental health without fear of being discriminated against.
- **Staff Support**
 - To support wellbeing practice among staff in their working life.
 - To develop policies and provisions which encourage a culture of support and mutual respect, and assist staff to improve their wellbeing.
 - To ensure that staff who may be struggling with mental health feel comfortable to seek help.
- **Staff training**
 - To support and train staff to develop their knowledge of mental health issues, skills in working with students' emotional health, and developing their own resilience
- **External Agencies**
 - To continue to develop links and work with external services

4. Staff Roles and Responsibilities - 'Look / Listen / Link'

Designated Mental Health Leads – Diana Webb (Learning Mentor), Áine Allen (Assistant Principal: Inclusion) have a responsibility for coordinating a whole school approach including activities to promote positive mental health and wellbeing for students. The leads should organise training and support for staff, provide advice and signposts as needed and oversee liaison with outside agencies. The mental health leads should also play a part in the promotion of staff wellbeing.

The Mental Health First Aider (Diana Webb – Learning Mentor) is the front line contact for students who are experiencing a decline with their mental health or who are experiencing ongoing mental health difficulties. The MHFA also oversees initial student assessment via the Oxleas 'Headscape' assessment tool.

The Learning Mentors, Safeguarding & Inclusion team have responsibility for targeted groups of students who are experiencing ongoing mental health difficulties. They liaise with appropriate mental health professionals and outside agencies, including onwards referrals and support with longer term mental health support and intervention.

All staff have a responsibility to promote positive mental health, and have an understanding of the issues that affect our students including protective and risk factors. Some students will need additional support and all staff should have the skills to be alert to early warning signs of mental health problems and, as such, support and signpost students to access appropriate help when needed.

The Emotional Health & Wellbeing working party meet once per half term. They are responsible for advising, contributing to and developing the aims of this policy across the academy.

Outside agency Support for Mental Health and Wellbeing of Students

Whilst the emotional needs of most students will be supported within the school environment, we also rely on the support of outside agencies and bought in professional services, particularly when we are carrying out assessments and referring students for specialist support.

This type of support includes -

- **School Counsellor** who works with a caseload of students nominated by the Inclusion & Safeguarding teams
- **CAMHS (Tier 2) Systemic Family Therapist** who works with student and their families and also oversees the 10 week NVR parenting programmes as well as the provision of staff training. These students and their families are referred by the Inclusion team
- **School Nurse** supports targeted students and advises staff with onwards referrals and follow up when students have been hospitalised

- **Educational Psychologist** supports targeted students with SEMH difficulties and referrals for EHC plans. Specialist Exam stress workshops and therapeutic work with some students
- **XLP group and other visiting groups** – individual, group and whole class interventions – talking and mentoring

5. What is in place to support Students’ Emotional health and Wellbeing?

The St. Paul’s Wellbeing working party have adopted the principles of the NHS mental health guidance, in particular the 5 steps to we can all take to improve our wellbeing:

- Connect
- Be Active
- Keep Learning
- Give to others
- Be Mindful

<p>Wave 1 - All Students – access to support</p>	<ul style="list-style-type: none"> • Pastoral Care – form tutors / RSLs • PHSE Programme (mental health / friendships / relationships resources included) • learning mentors – each year group has an allocated mentor • Chaplaincy • Assemblies e.g. anti bullying week (led by mentors & peer mentors), Asking for Help, social media • PIPS programme – Key Stage Three - Healthy Minds Anti Bullying • PIPS Programme – Key Stage Four – Resilience Training • Mental Health Awareness Week activities & other national events • Headscape • Amy Winehouse Foundation – resilience programme assemblies and workshops • Extra Curricular Activities – Student Health and Wellbeing Group / Early Morning Football
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<p>Wave 2 - Some (Targeted Groups) and self-referral</p>	<ul style="list-style-type: none"> • Learning mentor groups e.g. friendship groups / anger management / Restorative work / targeted support / family support / chaplaincy support / EHA / external agency / attendance support • Vulnerable groups targeted for transition support • Y7 Family group for vulnerable students • Key Workers for SEND students • Amy Winehouse Foundation family support • Fit club / gym interventions for targeted groups • Health Club (P&A LZ) • Addaction onwards support • Chaplaincy support – bereavement • Citizens UK • XLP – Youth workers - individual and support groups. • Peer mentors • CAMHS Tier 2 – Family Therapist (3 session model) • NVR sessions programme for parents • Staying Calm for Exams (exam stress workshops)
<p>Wave 3 – Few – Specialist support</p>	<ul style="list-style-type: none"> • Curriculum adaptation / reduced timetable (Exam Access Arrangements) • Mentor 1-1 • Counsellor • Ed Psychologist intervention • Drawing and Talking Therapy • CAMHS Tier 3 Family Therapy and specialist referrals & interventions • Mental Health First Aider Support (ongoing)

Identifying, referring and supporting students with mental health needs

The leadership and governors of St. Paul's Academy wish to ensure that we provide a safe environment to enable students to express themselves and be listened to. Our approach is to

- Ensure the safety of students at all times
- Identify appropriate support for students based on their needs
- Involve parents and carers when their child needs support
- Involve students in their own care and support
- Monitor, review and evaluate the support with students and their families

Students present with a range of mental health conditions including

- Mood disorders
- Anxiety
- Sleep difficulties / disorders
- Eating difficulties / disorders
- Attachment difficulties / disorders
- Self harm / self injury
- Suicidal ideations
- Substance misuse with mental health difficulties
- Neuro-developmental difficulties / disorders
- Learning difficulties with mental health difficulties

Early Identification

The leadership, supported by the Inclusion team and RSLs aim to identify students with mental health needs as early as possible to prevent potential issues from escalating.

This involves:

- Information gathering from primary schools prior to transfer
- Regular analysis of school data and tracking systems e.g. Behaviour Watch / reports / attendance / exclusions. Look for trends and report to Inclusion panel
- Inclusion panel meetings half termly – RSLs / Attendance / mentors / SEND / Behaviour support / chaplaincy / Inclusion team - to raise concerns about individual students and agree actions
- Weekly safeguarding meetings
- Weekly Inclusion meetings – prioritise high needs students (weekly update for all staff)
- PIPS workshops – Healthy Minds & Resilience Training and follow ups
- Students encouraged to self refer to mentor team via postboxes or reporting to Ark
- Enable parents & carers to raise concerns via support systems e.g. form tutor / key worker / learning mentor.
- Emotional and wellbeing student survey

What to look out for (Look / Listen / Link)

Staff with concerns about a student are encouraged to speak to their RSL and/or a member of the safeguarding team, and log their observations on 'MyConcern'. They will be given advice on what to do next. Signs could include:

- Social isolation (sudden or gradual)
- Changes in activity, productivity, mood or eating / sleeping habits
- Drop in academic achievement
- Talking or joking about self-harm and/or suicide
- Expressing feelings of failure, uselessness or loss of hope
- Secretive behaviour
- Attendance and/or punctuality decline
- Missing school because of gaming
- Reluctance to take part in PE or get changed for PE
- Wearing long sleeves in warm weather
- Drugs or alcohol misuse
- Physical signs of harm that appear non accidental
- Frequently reporting to the Ark or first aiders claiming to be unwell / in pain with no evident cause

Identifying Appropriate Support

Students can self-refer, or be referred by a member of staff or parent/carer at any time. Referrals and support are processed through the Inclusion Panel / Inclusion team.

Staff use the ***Greenwich/Oxleas Children and Young People's Mental Health and Wellbeing – Symptoms and Services Guide*** which provides support in identifying the range of mental health symptoms, advice on when to seek help and the range of services available.

We also use the Oxleas Headscape self- assessment tool when a student needs immediate feedback from specialist services.

Staff will be aware that mental health needs such as anxiety can present as non-compliant, disruptive or aggressive behaviour which could also indicate attention or hyperactivity difficulties. Aggressive behaviour may also be an indicator of a difficult home life, difficulties with learning, peer relationships or development.

Staff are advised to discuss concerns with the inclusion or safeguarding teams who will be able to decide on next steps

If a student is in danger or at risk of harm, then the school's safeguarding procedures must be followed.

Monitoring and Tracking Support

Students who access mental health support at Wave 2 and Wave 3 level are monitored through a tracking system. Those who receive specialist CAMHS support are monitored by professionals with recommendations made to the school and parents, as needed.

Students who return to school following inpatient treatment are supported by a medical care plan. School staff will seek advice from medical professionals and mental health staff on the best way to provide support.

6. Staff Training

The Academy want all staff to be confident in their knowledge and to be able to promote positive mental health and wellbeing, identify mental health needs early in students and to know what to do and where to get help.

- All staff have received initial safeguarding training (emotional & mental health difficulties) which includes 'look / listen / link' strategies
- All staff to receive awareness training (including how to have a conversation following a disclosure of mental health difficult) in 2019
- Some teaching staff have had CAMHS specialist training in NVR – Non Violent Resistance
- Mental Health First Aider training – At present we have one trained Mental Health First Aider who is supported by the learning mentor team. It is proposed that more staff are trained in 2019 – 20
- The school counsellor and mental health first aider are fully qualified counsellors, registered with the BACP (British Association of Counselling & Psychotherapy)
- The Inclusion team have been trained in specific mental health difficulties e.g. attachment disorder
- 3 members of staff have been trained in Drawing and Talking Therapy
- Several staff members have a range of mental health qualifications

7. Staff Wellbeing

The government's green paper 'Transforming Children and young people's mental health provision' (2017) has highlighted the importance of promoting staff wellbeing. This is an essential component of a healthy school and the academy promotes opportunities to maintain a healthy work life balance. Staff wellbeing can have an impact on colleagues as well as pupils. It is imperative that individuals do all that they can to maintain good mental and physical health. The governors acknowledge the potential impact that work has on an individual's physical and mental health.

Similar to student wellbeing initiative, the St. Paul's wellbeing working party have adopted the principles of the NHS mental health guidance, in particular the 5 steps to we can all take to improve our wellbeing:

- Connect
- Be Active
- Keep Learning
- Give to others
- Be Mindful

The following provisions are in place to assist staff to improve their feeling of wellbeing:

- Fair employment opportunities and equal treatment of all staff
- A commitment to a culture staff support which encourages cooperation, trust and mutual respect, where individuals are treated with dignity and can work to their optimum level
- Fair performance review / teacher appraisal procedures
- The provision of an employment support programme (RBG Employee Assistance Programme) which provides confidential and free advice topics such as financial, legal and work related issues. 0800 243 458
- The provision of health care cover (Healthshield) which includes a wellness package and access to a counselling and support helpline. 0800 378 051
- Clear lines of support including an 'open door' policy where staff are welcome to speak to their line manager about any aspect of their work
- Chaplaincy support including support offered following bereavement
- Management commitment to prompt resolutions to any problems that may occur
- Regular staff events and social functions to encourage wellbeing and cohesion
- Emotional Health and Wellbeing working party started in October 2018
- Taking part in Stress Awareness Day / Time to talk Day / Mental Health Awareness week and other wellbeing initiatives
- Staff nominated charity and fundraising activities e.g. staff Christmas quiz (2018 – 19 staff charity - Mind) and staff Christmas hampers for families in need
- Weekly staff fitness club and staff use of school fitness suite
- Weekly cake club
- Staff meditation sessions
- Staff wellbeing survey (2019) to inform future support

8. Working with Parents & Carers

Parents and carers are often very welcoming of support and information from the school about supporting their children's mental health and wellbeing.

To support parents & carers our approach is to

- Highlight sources of information and support on our website

- Host information sessions / coffee mornings e.g. Amy Winehouse Foundation
- CAMHS Tier 2 family support
- NVR Parenting Programme
- Ensure that all parents & carers are aware of who they can talk to if they have concern about their child or any student at the school
- Ensure appropriate support and communication is put in place for families if their child experiences mental health difficulties

9. Monitoring and Evaluation

Following a consultation period and ratification by the board of governors. This Emotional Health and Wellbeing Policy will be placed on the school website along with important supporting documents. A hard copy can be requested by contacting the school office office@stpauls.greenwich.sch.uk

The policy will be reviewed and updated annually by the Assistant Principal: Inclusion – Michelle Hepburn michelle.hepburn@stpauls.greenwich.sch.uk and the Wellbeing working party in consultation with staff, students and parents & carers.

Appendix 1 - Risk and Protective Factors

Risk Factors

Certain individuals and groups are more at risk of developing mental health problems than others. These risks can relate to the child themselves, to their family, or to their community or life events. These risk factors are listed in the table below.

Risk factors are cumulative. For example, children exposed to multiple risks such as social disadvantage, family adversity and cognitive or attention problems are much more likely to develop behavioural problems

Protective Factors

Research suggests that there is a complex interplay between the risk factors in children’s lives, and the protective factors which can promote their resilience. As social disadvantage and the number of stressful life events accumulate for children, more protective factors are needed to act as a counterbalance. The key protective factors which build resilience to mental health problems are shown alongside the risk factors in the table below.

The role that schools play in promoting the resilience of their pupils is particularly important for children with less supportive home lives, who may not have a trusted adult they can talk to. **Schools should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems**

	Risk Factors	Protective Factors
In the child	<ul style="list-style-type: none"> • Genetic influences • Low IQ and learning disabilities • Specific development delay or neuro-diversity • Communication difficulties • Difficult temperament • Physical illness • Academic failure • Low self-esteem 	<ul style="list-style-type: none"> • Secure attachment experience • Outgoing temperament as an infant • Good communication skills, sociability • Being a planner and having a belief in control • Humour • A positive attitude • Experiences of success and achievement • Faith or spirituality • Capacity to reflect

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<p>In the family</p>	<ul style="list-style-type: none"> • Overt parental conflict including domestic violence • Family breakdown (including where children are taken into care or adopted) • Inconsistent or unclear discipline • Hostile and rejecting relationships • Failure to adapt to a child’s changing needs • Physical, sexual, emotional abuse, or neglect • Parental psychiatric illness • Parental criminality, alcoholism or personality disorder • Death and loss – including loss of friendship 	<ul style="list-style-type: none"> • At least one good parent-child relationship (or one supportive adult) • Affection • Clear, consistent discipline • Support for education • Supportive long term relationship or the absence of severe discord
<p>In school</p>	<ul style="list-style-type: none"> • Bullying including online (cyber) • Discrimination • Breakdown in or lack of positive friendships • Deviant peer influences • Peer pressure • Peer on peer abuse • Poor pupil to teacher/school staff relationships 	<ul style="list-style-type: none"> • Clear policies on behaviour and bullying • Staff behaviour policy (also known as code of conduct) • ‘Open door’ policy for children to raise problems • A whole-school approach to promoting good mental health • Good pupil to teacher/school staff relationships • Positive classroom management • A sense of belonging • Positive peer influences • Positive friendships • Effective safeguarding and Child Protection policies. • An effective early help process • Understand their role in and be part of effective multi-agency working • Appropriate procedures to ensure staff are confident to can raise concerns about policies and processes, and know they will be dealt with fairly and effectively
<p>In the community</p>	<ul style="list-style-type: none"> • Socio-economic disadvantage 	<ul style="list-style-type: none"> • Wider supportive network

	<ul style="list-style-type: none"> • Homelessness • Disaster, accidents, war or other overwhelming events • Discrimination • Exploitation, including by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to radicalisation • Other significant life events 	<ul style="list-style-type: none"> • Good housing • High standard of living • High morale school with positive policies for behaviour, attitudes and anti-bullying • Opportunities for valued social roles • Range of sport/leisure activities
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Adverse Childhood Experiences (ACEs) and other events that may have an impact on pupils

The balance between the risk and protective factors set out above is most likely to be disrupted when difficult events happen in pupils’ lives. These include:

- loss or separation – resulting from death, parental separation, divorce, hospitalisation, loss of friendships (especially in adolescence), family conflict or breakdown that results in the child having to live elsewhere, being taken into care or adopted, deployment of parents in armed forces families;
- life changes – such as the birth of a sibling, moving house or changing schools or during transition from primary to secondary school, or secondary school to sixth form;
- traumatic experiences such as abuse, neglect, domestic violence, bullying, violence, accidents or injuries;
- other traumatic incidents such as a natural disaster or terrorist attack. Some groups could be susceptible to such incidents, even if not directly affected. For example, schools should ensure they are aware of armed forces families, who may have parents who are deployed in areas of terrorist activity and are surrounded by the issues in the media.

It is important that schools provide support to pupils at such times, including those who are not presenting any obvious issues.

Appendix 2 - Main Types of Mental Health Need

Conduct disorders (E.g. defiance, aggression, anti-social behaviour, stealing and fire-setting) – Overt behaviour problems often pose the greatest concern for practitioners and parents/carers, because of the level of disruption that can be created in the home, school and community. These problems may manifest themselves as verbal or physical aggression, defiance or anti-social behaviour.

Anxiety – Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships. Children and young people may feel anxious for a number of reasons – for example because of worries about things that are happening at home or school, or because of a traumatic event. Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping.

Depression – Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness. According to the Royal College of Psychiatrists, depression affects 2% of children under 12 years old, and 5% of teenagers.

Hyperkinetic disorders (e.g. disturbance of activity and attention) – Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning and with progress at school, they become a matter for professional concern.

Attachment disorders – Attachment is the affectionate bond children have with special people in their lives that lead them to feel pleasure when they interact with them and be comforted by their nearness during times of stress.

Eating disorders – The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person's life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and if female, their periods may stop.

Substance misuse – Substance misuse can result in physical or emotional harm. It can lead to problems in relationships, at home and at work. In the clinical field, a distinction is made

between substance abuse (where use leads to personal harm) and substance dependence (where there is a compulsive pattern of use that takes precedence over other activities). It is important to distinguish between young people who are experimenting with substances and fall into problems, and young people who are at high risk of long-term dependency.

Deliberate self-harm – Common examples of deliberate self-harm include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. The clinical definition includes attempted suicide, though some argue that self-harm only includes actions which are not intended to be fatal. It can also include taking illegal drugs and excessive amounts of alcohol. It can be a coping mechanism, a way of inflicting punishment on oneself and a way of validating the self or influencing others.

Post-traumatic stress – If a child experiences or witnesses something deeply shocking or disturbing they may have a traumatic stress reaction. This is a normal way of dealing with shocking events and it may affect the way the child thinks, feels and behaves.

Appendix 3 - Talking to students when they disclose mental health difficulties

This advice should be considered alongside relevant school policies e.g. Safeguarding, behaviour management and discussed with relevant colleagues and logged in MyConcern as appropriate.

This advice was written by students.

Focus on listening

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

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

Don't talk too much

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

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

Don't pretend to understand

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

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

Don't be afraid to make eye contact

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

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

Offer support

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

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such difficulties. 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 difficulties

"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 information 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. Follow our policies.

Appendix 4 – Glossary of Terms & Further Information

ADHD A behavioural disorder that includes symptoms such as inattentiveness, hyperactivity and impulsiveness.

Agoraphobia Extreme or irrational fear of open or public places.

Anorexia nervosa An emotional disorder characterised by an obsessive desire to lose weight by refusing to eat.

Body dysmorphia Body dysmorphic disorder (BDD) is a mental disorder characterized by an obsessive preoccupation that some aspect of one's own appearance is severely flawed and warrants exceptional measures to hide or fix it.

Bulimia nervosa An emotional disorder characterised by a distorted body image and an obsessive desire to lose weight, in which bouts of extreme overeating are followed by fasting or self-induced vomiting or purging.

Co-morbid mental health problems Describes two or more disorders or illnesses occurring in the same person. They can occur at the same time or one after the other.

Disinhibited Displaying a lack of restraint manifested in disregard for social conventions, impulsivity, and poor risk assessment.

Elective mutism An anxiety disorder in which a person who is normally capable of speech cannot speak in specific situations or to specific people.

Emotional dysregulation (ED) is a term used in the mental health community to refer to an emotional response that is poorly modulated, and does not fall within the conventionally accepted range of emotive response.

Encopresis is the medical term for a toilet-trained child (aged four or older) soiling their clothes.

Enuresis Involuntary urination, especially by children at night.

Factitious disorder Conditions in which a person deliberately and consciously acts as if he or she has a physical or mental illness when he or she is not really sick.

Faddy eating Picky eating (also known as fussy, faddy or choosy eating) is usually classified as part of a spectrum of feeding difficulties. It is characterised by an unwillingness to eat familiar foods or to try new foods, as well as strong food preferences.

Gender identity disorder, Gender dysphoria (formerly gender identity disorder). Strong persistent feelings of identification, with the opposite gender and discomfort with one's own assigned sex, resulting in significant distress or impairment.

Habit and impulse disorders A class of psychiatric disorders characterised by impulsivity - failure to resist a temptation, urge or impulse that may harm oneself or others.

Insomnia Habitual sleeplessness; inability to sleep at night.

Night terrors Feelings of great fear experienced on suddenly waking in the night.

Obsessive Compulsive Disorder (OCD) A mental disorder in which people have unwanted and repeated thoughts, feelings, ideas, sensations (obsessions), and behaviours that drive them to do something over and over (compulsions).

Panic attacks/ panic disorder A sudden overwhelming feeling of acute and disabling anxiety

Phobia Extreme or irrational fear or dislike of a specified thing or group.

Post-traumatic stress disorder (PTSD) A condition of persistent mental and emotional stress occurring as a result of injury or severe psychological shock, typically involving disturbance of sleep and constant vivid recall of the experience, with dulled responses to others and to the outside world.

Psychotic symptoms Characterised by an impaired relationship with reality.

Psychosomatic symptoms Psychosomatic disorders have definite physical symptoms but are thought to be caused by emotional or psychological factors. Anorexia nervosa is an example of a psychosomatic illness.

Self-harm Deliberate injury to oneself, typically as a manifestation of a psychological or psychiatric disorder.

Somatoform disorder A group of psychological disorders in which a patient experiences physical symptoms that are inconsistent with or cannot be fully explained by any underlying general medical or neurologic condition

Suicidal intent To have suicidal intent is to have suicide or deliberate self-killing as one's purpose.

Suicidal ideation Suicidal ideation, are thoughts about how to kill oneself, which can range from a detailed plan to a fleeting consideration and does not include the final act of killing oneself.

Thought disorder A disorder of cognitive organisation, characteristic of psychotic mental illness, in which thoughts and conversation appear illogical and lacking in sequence and may be delusional or bizarre in content.

Triggers Triggers are external events or circumstances that may produce very uncomfortable emotional or psychiatric symptoms, such as anxiety, panic, discouragement, despair, or negative self-talk.

Website

Bullying

Bullying UK part of Family Lives

www.bullying.co.uk

Description

Bullying UK supports children and parents which have had to deal with bullying. Including bullying in the work place. There are confidential helplines, parenting advice videos. Forums and parenting courses.

Kidscape Preventing bullying protecting lives

www.kidscape.org.uk

Support and information regarding bullying, their mission is to provide children, families carers and professionals with advice, training and practical tools to prevent bullying and protect young lives.

ASD/AUTISM/LD/ADHD

Challenging Behaviour Foundation

www.challengingbehaviour.org.uk

St Michaels Associates

www.stmichaelassociates.org.uk

Providing information and support for families of children with severe learning difficulties. For Black and Minority Ethnic (BME) families. An organisation working with parents and community managing young people at risk of educational failure and social exclusion, those with learning, behavioural and emotional difficulties.

The National Attention Deficit Disorder Information and Support Service.

www.addiss.co.uk

The Curly Hair Project

www.thegirlwiththecurlyhair.co.uk

Provide information and resources about Attention Deficit Hyperactivity Disorder to anyone who needs assistance - parents sufferers teachers and health professionals. Asperger's syndrome: The curly hair project is a social enterprise based in the UK, which aims to help people with Autism Spectrum Disorders and their loved ones. All work is based on personal and real life examples and experiences

The National Autistic Society

www.autism.org.uk

National Autistic Society - Support and advice for autistic people and their families across the UK.

Parental Support

Family Lives

www.familylives.org.uk

Previously parent line - Respond when life becomes complicated and provides support around family breakdown, aggression in the

Single Parents www.onespace.org.uk	home, bullying, risky behaviour and mental health concerns of both of both parents and children, online forums and parent courses. Website for single parents - online forum, courses and information supporting anyone raising a child alone.
Parent Zone www.parentzone.org.uk	Parent Zone offering digital tips and information for wellbeing of children and parent around schools, healthy lifestyles and money.
PSG Supporting Parents www.psg.org.uk	Parent support group- helpline and advice for when parenting becomes challenging.
Dad Info www.dad.info	Website supporting dads with articles, podcasts supporting them through all aspects of family life.
MindED www.minded.org.uk	Module especially for families - parents and carers who are looking for advice and tips about children's mental health, alongside existing modules for professionals
My CAHMS Choices www.mycamhschoices.org	Website set up by young people who have experienced Child adolescent Mental Health service. (CAMHS). Explains what young people and families can expect when they visit CAMHS
<u>Specific Mental Health Conditions</u>	
Anxiety UK www.anxietyuk.org.uk	Dealing with all different forms of anxiety and what leads to it, a support network offering advice for overcoming anxiety.
OCD-UK www.ocduk.org	OCD UK Vision is to guide anyone who is affected by Obsessive Compulsive Disorder.
Depression Alliance www.depressoinalliance.org	Depression Alliance is a charity helping to bring people out of isolation and depression and to bring people together who have experienced depression.
Selfharm UK www.selfharm.co.uk	National Self-Harm Network dedicated to self-harm recovery and support
Beat Eating Disorders www.b-eat.co.uk	Charity supporting anyone affected by eating disorders, anorexia, bulimia or any other difficulties with food, weight and shape.
Diabetics with Eating Disorders www.dwed.org.uk	Diabetics with eating disorders - support information

Papyrus

www.papyrus-uk.org

General information and support

Big White Wall

www.bigwhitewall.com

Listening Ears

www.listeningears.org

Mind

www.mind.org.uk

Suicide UK Suicide is something Papyrus takes seriously and wants to reach out and support people who have suicidal feelings.

16+ online mental health and wellbeing service offering self-help programmes, creative outlets and a community that cares. When you're dealing with everyday stressors or major life events.

Committed to reducing isolation, loneliness and depression by providing emotional and lifestyle support with empowerment to our service users to achieve an improved health and enhanced quality of life. They listen with a non-judgemental approach, identify challenges and initiate change to achieve the ultimate goal of total well-being.

MIND helps to support people with mental health issues