

# GRIFFIN PRIMARY SCHOOL



## Mental Health and Wellbeing Policy September 2024



## Griffin Policy Statement

At Griffin Primary school, we aim to promote positive mental health for every member of our staff and students. We pursue this aim using both universal whole school approaches and more specialised, targeted support aimed at students who may require more support.

Good mental health, [according to the World Health Organisation](#), is defined as a state of wellbeing where individuals are able to:

- Realise their own potential
- Work productively
- Cope with the normal stresses of life
- Make a positive contribution to the community

*Mental and psychological well-being encompasses the way you feel about yourself, but also the way you deal with external situations and the quality of your relationships.*

In addition to promoting positive mental health, we aim to recognise and respond to poor mental health. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for students affected both directly, and indirectly by poor mental health.

This document describes the school's approach to promoting positive mental health and wellbeing.

This policy should be read in conjunction with our behaviour policy and Inclusion policy, in particular where a student has an identified special educational need.

### The Policy Aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of poor mental health
- Provide support to staff working with students with mental health issues
- Provide support to students suffering poor mental health and their peers and parents/carers

### Lead Members of Staff

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

- **Sheri Cooper** - Senco, Mental Health lead and Deputy DSL
- **Siobhan Casey** – Deputy Headteacher and Deputy DSL
- **Nick Read** - Executive head teacher

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the mental health lead in the first instance and record on My Concern, our safeguarding portal. If there is a fear that the student is in danger of immediate harm then the

normal child protection procedures should be followed with an immediate referral to the designated safeguarding lead or deputy DSLs.

Where a referral to CAMHS is appropriate, this will be led and managed by Sheri Cooper, Mental Health Lead.

### Teaching about Positive Mental Health

The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our RSE and Physical Education curriculum. We follow the Jigsaw PSHE scheme which has a focus on mindfulness and wellbeing.

The specific content of lessons will be determined by the age and specific needs of the cohort that are being taught but there will always be an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

There are 3 tiers of support on offer at Griffin Primary outlined in the table below:

<p>Universal (Wave 1)</p>	<p>We use a combination of:</p> <ul style="list-style-type: none"> <li>● <b>Jigsaw RSE Lessons</b> - discussions and activities based on personal, local and world events</li> <li>● <b>PATHS (Promoting Alternative Thinking Strategies)</b> a scheme of work developed by the NHS to support positive mental health</li> <li>● <b>Zones of Regulation</b> - a targeted and visual approach to identifying, labelling and regulating emotions</li> <li>● <b>The Pause</b> - 5-10 minutes daily relaxation and mindfulness sessions in class (to support transition)</li> </ul> <p><b>Environment:</b></p> <ul style="list-style-type: none"> <li>● Key zones of regulation and PATHS visuals in all areas of the school</li> <li>● A safe space in all classrooms for students to access when they are upset, frustrated or angry</li> <li>● Worry boxes in each classroom</li> <li>● A trauma informed approach to managing feelings and behaviour</li> </ul>
<p>Targeted (Wave 2)</p>	<ul style="list-style-type: none"> <li>● <b>Targeted SEMH groups</b> - 1:1 or small groups led by TA based around individual or group needs e.g. zones of regulation, social communication, friendship or self esteem targeted work</li> <li>● <b>Wellbeing plan</b> - a plan agreed by student, teacher and parent/carer with the support of Senco for students presenting with low level signs of poor mental health</li> <li>● <b>Education Well-being service</b>- providing group sessions, 1 to 1 direct work and parental training</li> </ul>

	<p><b>Environment:</b></p> <ul style="list-style-type: none"> <li>● Personalised zones of regulation visuals or resources</li> <li>● Sensory or calming box</li> <li>● Out of class safe space for students who need more space and time when angry, upset or sad</li> </ul>
Specialist (Wave 3)	<ul style="list-style-type: none"> <li>● Unlocking Potential (<a href="https://up.org.uk/">https://up.org.uk/</a>) providing talking/play therapy</li> <li>● Victoria Drive PRU (Pupil Referral Unit)</li> <li>● Educational Psychologist</li> <li>● Under 5 CAMHs/ CAMHs (Child and Adolescent Mental Health Service)</li> <li>● ASD Advisory Service</li> <li>● CAMHs trailblazer (school based CAMHs support)</li> <li>● Drama Therapy</li> </ul>

### **Unlocking Potential**

Griffin Primary has an organisation 'Unlocking Potential' on site. Their mission 'is to work within communities to transform the life chances of children and young people who have social, emotional and mental health needs.' They will provide a range of services that will support children and families, which will include specialist individual and small group support for children and families who may benefit from additional and therapeutic support.

### **CAMHs Trailblazer**

Griffin Primary School joined the Wandsworth CAMHs trailblazer project in 2019 and have been heavily involved in the shaping and implementation of what the project will look like. In September 2022, we look forward to continued work with the CAMHs trailblazer team. This team offer therapeutic support such as whole class, group or individual dramatherapy. The school will also be supported in developing positive mental health and wellbeing as a whole school approach, as well as supporting identified students or groups that may need support to develop their positive mental health. Training on a Trauma Informed approach to managing complex behaviours has been disseminated to all staff and Griffin are proud to be a Trauma Informed school.

### **Trauma Informed Approach**

Statistically, 1 in 3 children have experienced a traumatic event in their lives. Therefore, at Griffin Primary we have strived to become a Trauma Informed School, where we have been trained on how to use a trauma informed approach when we are dealing with children and young people. This training included 3 modules; Recognise - Realise - Respond and involved teaching and teaching support staff. The key message of using a trauma informed approach is building positive key relationships and using a regulate - relate - reason approach.

## Identifying and responding to poor mental health in students

### Warning Signs

As outlined in Appendix A, there are many ways a student may display or demonstrate poor mental health and there is a wide range of conditions that fall within the mental health umbrella. School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing difficulties. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns through My Concern, our Safeguarding portal. This information will be shared with all DSLs within the school.

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
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Skipping PE or getting changed secretly
- Lateness to or absence from school
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism

### Managing disclosures

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

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental. (See appendix B for additional information on managing and responding to disclosures)

### Confidentiality

Students may choose to confide in a member of school staff if they are concerned about their own welfare or that of a peer. Students should be made aware that it is not possible for staff to offer complete confidentiality. If a member of staff considers a student is at serious risk of causing themselves harm, then confidentiality cannot be kept. If we deem it is necessary for us to pass our concerns about a student on then we should discuss with the student:

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

Disclosures will be recorded following the schools safeguarding procedures, these are automatically shared with each of the DSL team.

Parents/ carers must always be informed if there is a concern about their student's presentation which could put them at harm either physically, or emotionally. If a student gives us reason to believe that there may be underlying child protection issues, parents/carers may not be informed, if it is believed the student could be put further at risk but the designated safeguarding team, must be informed immediately.

## **Wellbeing Care Plans**

When a member of staff or student has recognised signs of a students poor mental health, after following the usual safeguarding procedures outlined in the [Safeguarding and safer recruitment policy](#), it may be helpful to draw up an individual wellbeing plan for students causing low level concern or who receive a diagnosis pertaining to their mental health. The member of staff and parent/ carer may be asked to complete an [SDQ questionnaire](#) to help all involved gain a clearer picture of what or how the student may be displaying difficulties within the home and school environment. A wellbeing plan will then be drawn up involving the student, key staff, the parents/ carers and relevant health professionals (See example in Appendix D - Please note that every plan may look and be presented differently)

This can include:

- Details of a student's condition and presenting difficulties
- Medication and any side effects (if applicable)
- Attaining perspectives from all agencies about how the student is presenting in the differing environments
- The student's perspective on how they are feeling and possible reasons for their behaviour/ mood
- What the student enjoys and their interests
- What the student finds difficult or does not enjoy
- Steps/ strategies and resources that can be put into place for the student, school and home to try to support the student in improving their mental health

The wellbeing plan will be put into place and a review meeting will be held within 4-6 weeks to review and take action where necessary.



## **Signposting**

We will ensure that staff, students and parents/carers 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 on the Local Offer (Which offer you should access can depend on your home address or GP address - if you are unsure ask your school's mental health first aider).

**Wandsworth Local offer website:**

<https://thrive.wandsworth.gov.uk/kb5/wandsworth/fsd/localoffer.page>

**Wandsworth CAMHs:**

<https://www.swlstg.nhs.uk/our-services/find-a-service/service/wandsworth-camhs>

**Lambeth Local offer website:** <https://www.lambeth.gov.uk/send-local-offer>

**Lambeth CAMHs:**

<https://www.slam.nhs.uk/our-services/camhs/camhs-services/lambeth-camhs/>

We will regularly highlight sources of support to students within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of student help-seeking by ensuring students understand:

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

## **Supporting Peers**

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

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

## **Working with all parents/ carers**

In order to support parents/ carers, we will:

- Highlight sources of information and support about common mental health issues on newsletters, in coffee mornings and other events
- Ensure that all parents/carers are aware of who to talk to, and how to arrange a meeting, if they have concerns about their daughter/ son or a friend of their child
- Make our mental health policy easily accessible to parents/ carers
- Share ideas about how parents/ carers can support positive mental health in their students
- Keep parents/ carers informed about the mental health topics their students are learning through RSE parent workshops.

## **Working with targeted or individual parents/ carers**

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

- Can the meeting happen face to face? This is preferable.
- Who should be present? Consider parents/ carers, the student, other members of staff.
- What are the aims of the meeting?

It can be alarming and upsetting for parents/carers to learn of their child's difficulties 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/ carer time to reflect.

We should always highlight further sources of information where possible as they will often find it hard to take much in whilst coming to terms with the news that's being shared. Sharing sources of further support aimed specifically at parents/ carers can also be helpful too e.g. parent/ carer 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 steps and always keep a brief record of the meeting on the student's confidential record.

We are also aware that at times, parents/ carers themselves suffer from poor mental health and as a school, we would hope that parents/ carers are able to express this to trusted adults within the school, and we can signpost them to available help in their local area.

## **Training**

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

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 students.

## **Staff Wellbeing**

At Griffin Primary we value all of our staff and want all of the adults within our school to promote positive mental health to all students. In order to do this, we need to ensure that we look after our staff and that they themselves are in good mental health. Sometimes, personal circumstances change and adults are also affected by poor mental health. Where this is the case, we encourage staff to come and talk to the leadership team and so that we are aware of the individual's circumstances. A wellbeing plan may be drawn up for this member of staff that may involve a reduction or change of duties for a period of time or other arrangements specific to the adult, in order to offer support at this time.

The Elliot Foundation also offers an Employee Assistance Programme, which is impartial from school which provides advice and support on a range of issues.

Staff have access to wellbeing sessions through TEFAT's Learning & Development offer. There are opportunities for people to talk through with others what is impacting on their wellbeing and sharing suggestions and good practice for each other.

In light of the national teaching staff recruitment and retention crisis, we aim to make staff wellbeing a priority. Steps we are taking to improve staff wellbeing include:

- Termly surveys to measure staff wellbeing, identify common themes and address any issues identified and evaluate the impact of any actions taken.
- Providing a calm, comfortable environment in the staff room - with a book swap box and well-being treats.
- Staff shout out boards, to highlight and celebrate members of staff's achievements or qualities.
- Planning schemes of work provided to minimise teacher planning time.
- Focused staff meetings with dedicated time to implement new initiatives or planning requirements.
- A member of the Senior Leadership Team available for planning support during PPA time.
- Dedicated PPA and subject leader time, with flexibility around taking PPA from home when appropriate.
- 'Reflective Space' provided by our Educational Psychologist for teachers to talk through difficulties they may face in the classroom.
- An open door policy for staff to share any mental health or wellbeing concerns they may have with the mental health lead or a member of staff they feel comfortable with.

## **Policy Review**

This policy will be reviewed every 3 years as a minimum. It is next due for review in July 2027.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question about this policy, this should be addressed to Sheri Cooper, our mental health lead via phone 0207 6225087 or email [scooper@griffinprimary.org](mailto:scooper@griffinprimary.org)

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

### Prevalence of Mental Health and Emotional Wellbeing Issues<sup>1</sup>

- 1 in 10 students and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three students in every class.
- Between 1 in every 12 and 1 in 15 students and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 students and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 students aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 students and young people have an anxiety disorder.
- 72% of students in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

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

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

### Self-harm

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

#### Online support

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

[National Self-Harm Network](http://www.nshn.co.uk): [www.nshn.co.uk](http://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

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

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 students and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

## **Depression**

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

Online support

[Depression Alliance: www.depressionalliance.org/information/what-depression](http://www.depressionalliance.org/information/what-depression)

Books

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

## **Anxiety, panic attacks and phobias**

Anxiety can take many forms in students 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](http://www.anxietyuk.org.uk)

Books

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

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

## **Obsessions and compulsions**

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

[OCD UK: www.ocduk.org/ocd](http://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 Connors (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

## Suicidal feelings

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

## Online support

[Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org](http://www.papyrus-uk.org)

[NSPCC-the-edge-childline-suicide-report.pdf](#)

## Books

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

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

## Eating problems

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

## Online support

[Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

## Books

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

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

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

## **Appendix B: Guidance and advice documents**

[Mental health and behaviour in schools](#) - departmental advice for school staff. Department for Education (2014)

[Keeping students Safe in Education 2019](#) - statutory guidance for schools and colleges. Department for Education (Update 2019)

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

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

[Supporting staff wellbeing](#) - Anna Freud

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

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

### Focus on listening

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

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

### Don’t talk too much

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

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

### Don’t pretend to understand

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

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

## Don't be afraid to make eye contact

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

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

## Offer support

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

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

## Acknowledge how hard it is to discuss these issues

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

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

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

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

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

## Never break your promises

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

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

## Appendix D: A wellbeing plan example

### Example meeting template:

Attendees:

If opinions are not sought from provide reasons here:

Other agencies involved:

<b>What's working well</b>	<b>What are we concerned about</b>	<b>Future Actions: (who is responsible)</b>
<b>School</b>	<b>School</b>	<b>School</b>
<b>Home</b>	<b>Home</b>	<b>Home</b>
<b>Student</b>	<b>Student</b>	<b>Student</b>

The key information from here will be put into a One page profile or a Zones of Regulation plan to share with key staff and home

Key questions to ask student:

What do you like about yourself?

What are you good at?

What do you enjoy?

When you are (displaying a certain type of behaviour) how are you feeling? What do you do? How does that make you feel? Others feel?

What could we try instead? (suggest some options from the zones of regulation too)

