



# Rosshall Academy Mental Health Policy



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## Rationale

In an average classroom, three children will be suffering from a recognised mental health condition. By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for the many pupils affected both directly and indirectly by mental ill health.

## Policy Statement

Definition of Mental Health:

"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. With respect to children, an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full active participation in society."

*(World Health Organisation)*

As a school, we aim to promote positive mental health for every member of our school community. We pursue this aim using both universal, whole school approaches for all and targeted approaches for individuals. Our Promoting Positive Relationships policy, which promotes nurturing and restorative approaches, supports us in this. At the same time, we aim to recognise and respond quickly and effectively to mental health concerns.

## Policy Aims

We aim to:

- Promote positive mental health in all staff and learners
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health
- Provide support to staff working with young people with mental health issues
- Provide support to young people suffering mental ill health and their peers and parents / carers
- Ensure that staff members are fully supported with their mental health

## Lead Members of Staff

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

- Ruth Guile                      Child Protection Co-ordinator / Mental Health Overview
- Heather Rankine              Mental Health Strategy  
    Young Person & Staff Support  
    Health & Wellbeing Co-ordinator (Mental Health / PSE)
- Pastoral Care Staff and Mental Health First Aiders: See Below

<b>Pastoral Care Staff</b>				
<b>Barra</b>	<b>Harris</b>	<b>Iona</b>	<b>Lewis</b>	<b>Skye</b>
Evelyn Cawley	Heather Rankine	Brian Sherry	Neil Simpson	Fran Hanley

<b>Mental Health First Aiders (identified by purple MHFA lanyard)</b>				
Rachael Docherty	Angela Bradley	Evelyn Cawley	Gerry Cowan	Robert Clelland
Neil Simpson	Jane Donald	Sheryl Dunn	Fran Hanley	Olivia Drennan
Elaine Thomson	Gemma Farrell	Kirsty Ferns	Karen McConnell	Gerry Higgins
Caroline Paterson	Brian Sherry	Sacha MacLean	Heather Rankine	Alison Sutherland
Wendy Stillie	Rachael Rowbottom			

## Peer Support - Mental Health Ambassadors

A group of S4 – S6 young people have been trained as Mental Health Ambassadors. They have an awareness of different mental health conditions and are trained to listen to and support their peers. They have also been trained to know when they should involve a member of staff in supporting a peer. They can be identified by their purple lanyard and their photos are displayed on the Mental Health noticeboard at reception. Anyone who has a mental health concern, or is concerned about a friend's mental health, can approach a Mental Health Ambassador at any time.

The Mental Health Ambassadors run a drop-in session every lunchtime. Rooms are indicated on the Mental Health noticeboard. All young people are welcome to go along to discuss any concerns they may have, or just to chat in a quiet, safe environment.

Mental Health Ambassadors also provide individual peer support through a buddying system where they meet assigned pupils weekly (or more frequently if required). Pastoral Care staff identify young people who may benefit from buddy support and refer them to H Rankine who will assign a buddy.

## Pupil Information Plan (PIP) / Safety Plan

Some learners have a PIP or Safety Plan to help support their mental health in school. Staff should ensure that they are familiar with the contents of these for the young people that they teach.

Information may include:

- Details of a pupil's condition / possible risk
- Special requirements and precautions
- Procedures to be followed if there is a concern
- What to do and who to contact in an emergency

PIPs can be accessed from the year group spreadsheets in the **Staff / Dropbox / ASN Teacher Information / ASN Spreadsheets** folder.

## Teaching About Mental Health

The skills, knowledge and understanding needed by our young people to keep themselves and others physically and mentally healthy and safe are included as part of our PSE curriculum which also includes a focus on developing resilience.

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

We follow the Curriculum for Excellence Health & Wellbeing guidelines to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner.

## Support in School for Young People

Please see Appendix C for information on supports available in school for young people.

## Signposting

We aim to ensure that staff, young people and parents are aware of sources of support within school and in the local community; information on this can be found in Appendices C and D.

We display relevant sources of support in communal areas and regularly highlight sources of support to young people within relevant parts of the curriculum. Whenever we highlight sources of support, we ensure that young people understand:

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

## Warning Signs

School staff may become aware of warning signs (see examples below) which indicate a young person 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 to the young person's Pastoral Care teacher as soon as possible. If there is a fear that the young person is in danger of immediate harm, normal child protection procedures should be followed as explained in MC57. If the young person presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting first aid staff and contacting the emergency services if necessary. Please see the **Mental Health Protocol** (Appendix A).

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Changes in eating or sleeping habits
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing – e.g. long sleeves in warm weather
- Secretive behaviour
- Missing 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 young person may choose to disclose concerns about themselves or a friend to any member of staff, therefore all staff need to know how to respond appropriately to a disclosure - please see the **Mental Health Protocol** (Appendix A).

If a young person 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 young person's emotional and physical safety rather than of exploring 'Why?'.

Staff should, with the young person's agreement, refer the young person to a Mental Health First Aider who, after speaking to the young person, should complete the **Mental Health Recording Form** (Appendix B) and send to the relevant Pastoral Care teacher, who will enter the information in Pastoral Notes.

This information should be shared with all appropriate staff who will offer support and advice about next steps. This may involve taking the concern to a Staged Intervention and Inclusion Meeting (SIIM), making a referral to the Learning Community Joint Support Team (LC-JST) or contacting the Duty Clinician at the local CAMHS Team for advice.

For more information about how to handle mental health disclosures sensitively see Appendix E.

## Confidentiality

It is important to be honest with regard to the issue of confidentiality and never to agree to keep something secret. If it is necessary for to pass on concerns about a young person, it is important to discuss with the young person:

- Who is going to be informed
- What the person is going to be told
- Why the person needs to be told

We should never share information about a young person 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. **If there is a risk of harm then this information must always be passed on.**

Parents / carers should always be informed if there is a risk of harm and young people may choose to tell their parents themselves. If this is the case, the young person should be given 24 hours to share this information before the school contacts parents. We should always give young people the option of us informing parents for them or with them.

If a young person gives us reason to believe that there may be underlying child protection issues, parents should not be informed, but the young person's Pastoral Care teacher and / or the child protection coordinator, Wendy Stillie, must be informed immediately.

## Working with Parents / Carers

In order to support parents to support their child's emotional and mental health we will:

- Highlight sources of information and support about common mental health issues on our school website
- Run an annual Mental Health Information Evening for parents / carers, delivered where possible by specialist partners
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make our mental health policy easily accessible to parents
- Share ideas about how parents can support positive mental health in their children
- Keep parents informed about the mental health topics their children are learning about in PSE and share ideas for extending and exploring this learning at home

Where it is deemed appropriate to inform parents regarding a mental health or safety concern, we will be sensitive in our approach. It can be upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation.

We will always aim to highlight further sources of information and provide leaflets to take away where possible. We will always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call. See Appendix C for sources of support locally and via websites and apps.

School staff also have access to our **Mental health Support spreadsheet** which has a comprehensive range of helplines, websites and apps to support mental health concerns.

## Support for Friends

When a young person 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 with the young person who is suffering and their parents with whom we will discuss:

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

Additionally, we will want to highlight with peers:

- 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 to enable them to keep young people safe. We are currently training staff in Mental Health First Aid as part of an ongoing CLPL focus. Pastoral Care staff are also being ASIST (Applied Suicide Intervention Skills Training) trained.

We regularly highlight relevant CLPL opportunities - including in-house opportunities, external courses and online courses - 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. [SAMH](#) provides a free mental health online course for teachers and [Future Learn](#) provides a range of free online courses related to mental health.

## Policy Review

This policy will be reviewed every three years as a minimum. It is next due for review in December 2020.

Additionally, this policy will be updated on an ongoing basis as required, e.g. to reflect personnel changes.





## Mental Health Protocol

### 1 Concern Identified

Young person discloses a mental health concern about themselves or a peer (e.g. anxiety, depression, eating disorder, self-harm, suicidal ideation)

### 2 Initial Actions

- *If evidence of immediate risk – inform PT Pastoral Care and / or CP Co-ordinator, provide first aid / call 999 if required. Otherwise:*
- Listen and be calm, supportive and non-judgemental
- Speak to the young person in a quiet setting
- Explain confidentiality as per MCS7
- With agreement from the young person, contact a Mental Health First Aider to provide further support

### 3 Procedure for Mental Health First Aider

**A**ssess for risk of suicide or harm

**L**isten non-judgementally

**G**ive reassurance and information

**E**ncourage appropriate professional help

**E**ncourage self-help and other support strategies



### 4 Passing on Information (Mental Health First Aiders)

- If in doubt about the safety of the young person, contact PT Pastoral Care and / or CP Co-ordinator immediately
- Complete the Mental Health Recording Form and email to the young person's Pastoral Care teacher – the information will then be copied into Pastoral Notes



# Appendix B Rosshall Mental Health Recording Form



Mental Health Recording Form			
Pupil Name	Tutor Group	Staff Name	Date
<b>Summary of Conversation</b>			
<b>Agreed Next Steps</b>			
<b>Specific Concerns (if any)</b>			
<b>Update Information (please indicate date)</b>			
<b>Update Information (please indicate date)</b>			
<b>Update Information (please indicate date)</b>			
<b>Update Information (please indicate date)</b>			
<b>Update Information (please indicate date)</b>			

**Information for Mental Health First Aiders:**

- Please complete this record sheet and email to the pupil's Pastoral Care teacher.
- Please save the form as **(Pupil Name) MH Update**.
- Please add any updates to this form and email each time.

**Information for Pastoral Care Teachers:**

- Please enter the information provided into Pastoral Notes.

## Appendix C

### Sources of Support, Websites and Apps

<b>Support in School</b>	
<b>Mental Health First Aiders</b>	Staff from across the school trained to support mental health concerns. They can be identified by their purple lanyards
<b>Pastoral Care Staff</b>	Available in the Pastoral Care base
<b>Jura Room Staff</b>	Available in the Jura Room during class time
<b>Mental Health Ambassadors</b>	Young people from S4, S5 and S6 trained to support their peers. They can be identified by their purple lanyards
<b>Mental Health Drop-In</b>	Every lunchtime - support from Mental Health Ambassadors available
<b>Mental Health Ambassadors Buddy Support</b>	Individual support for identified young people
<b>Peer Mediators</b>	Trained to help resolve disputes, arguments and upsets between peers – available at lunchtimes in the meeting room along from Pastoral Care
<b>Wellbeing Room (beside Jura Room)</b>	Available to young people who need some quiet time and space
<b>Bute Room</b>	For MCR Pathways young people
<b>Arran Room</b>	Our Support for Learning base
<b>Action for Children Counselling Service</b>	A young person can ask their Pastoral Care teacher to refer them to this service which will normally consist of a block of eight confidential counselling sessions with a professional counsellor during school time.
<b>Lifelink Group Work</b>	Blocks of group work sessions at various points in the year aimed to support specific concerns – e.g. anger management or low self-esteem. Learners will be referred by their Pastoral Care teacher
<b>Seasons for Growth</b>	An eight-week course that runs at least once a year designed to support those experiencing bereavement or loss. Learners will be referred by their Pastoral Care teacher
<b>Jura Group</b>	This group runs daily for selected learners in S1 and is designed to support their relationship, resilience and learning skills
<b>Shelf-Help</b>	There is a section in the school library that has books to support positive mental health. Young people are welcome to borrow these books

Glasgow-Based Support			
Organisation	Website	Phone	Support
GAMH	<a href="http://www.gamh.org.uk">www.gamh.org.uk</a>	0141 552 5592	Services for people experiencing / recovering from mental ill health, incl 1-1 support, group activities, befriending, peer support
LGBT Youth	<a href="http://www.lgbtyouth.org">www.lgbtyouth.org</a>	0141 552 7425	Info, support and counselling for LGBT young people aged 13-25. 1:1 support and group support. 9am-5pm Mon-Fri
Lifelink Counselling	<a href="http://www.lifelink.org">www.lifelink.org</a>	0141 552 4434	Group work, counselling & mentoring services for YP. Referrals from anyone including self-referral
Marie Curie Glasgow Counselling Service	. Email: <a href="mailto:patricia.adnan@mariecurie.org.uk">patricia.adnan@mariecurie.org.uk</a>	0141 557 7464	Pre / post bereavement services to all family members incl YP
Parents Enquiry Scotland	<a href="http://www.parentsenquiryscotland.org">www.parentsenquiryscotland.org</a>	Pat: 0141 427 3897 (9am-9pm)	Voluntary organization which provides information and support for parents whose sons or daughters have come out as LGBT
Penumbra	<a href="http://www.penumbra.org.uk">www.penumbra.org.uk</a>	0141 229 2580	Provides projects for YP who self harm; safe non-judgemental space in which to explore feelings/worries. 1-1 and group support
Richmond's Hope	<a href="http://www.richmondshope.org.uk">www.richmondshope.org.uk</a> Email: <a href="mailto:glasgow@richmondshope.org.uk">glasgow@richmondshope.org.uk</a>	0141 230 6123	1-1 support to bereaved YP up to age 18.
Saheliya	<a href="http://www.saheliya.co.uk">www.saheliya.co.uk</a>	0141 552 6540	Specialist well being support organisation for black and ethnic minority women and girls (12+) in Scotland
Scottish Families Affected By Drugs	<a href="http://www.sfad.org.uk">www.sfad.org.uk</a>		Details provided on local support groups
See Me	<a href="http://www.seemescotland.org.uk">www.seemescotland.org.uk</a>	0141 530 1111	National campaign to end stigma and discrimination related to mental ill-health. Info on a range of MH issues incl self harm
Women's Aid	<a href="http://www.glasgowwomensaid.org.uk">www.glasgowwomensaid.org.uk</a>	0141 553 2022 Helpline 0800 027 1234	Information and support for women and YP affected by domestic abuse.

WEBSITES	
Website	Support
<a href="http://www.ayemind.com">www.ayemind.com</a>	Resources to support young people's mental health

APPS	
App	Support
Breethe	Helps with better sleep and managing anxiety
Catch It	CBT diary app which teaches YP to look at problems in a different way and turn negative thoughts into positive ones
SAM	Self-help for anxiety management
Stem4 Calm Harm	App for teens to help support / prevent self-harm

# Information and Sources of Support On Common Mental Health Issues

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

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children 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 children 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 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children 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 children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents / carers but they are useful for school staff too.

Support on all these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [Mind](http://www.mind.org.uk) (www.mind.org.uk) and (for e-learning opportunities) [Minded](http://www.minded.org.uk) (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 children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

### Online support

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

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

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

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

### 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 children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

#### Online support

**Anxiety UK:** [www.anxietyuk.org.uk](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)

[On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/](http://www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/)

#### Books

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

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

### Disordered Eating

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

#### Online support

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

[Eating Difficulties in Younger Children and when to worry: www.inourhands.com/eating-difficulties-in-younger-children](http://www.inourhands.com/eating-difficulties-in-younger-children)

#### Books

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

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

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

## Appendix E

### Supporting Young People Through Mental Health Disclosures

The advice below is from young people themselves, in their own words, together with some additional ideas to help you in initial conversations with young people 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 young person 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 young person 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 young person does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the young person 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 young person 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 young person 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 young person.

### **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 young person 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 to themselves they have a problem, themselves, let alone share that with anyone else. If a young person 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 young person.

### **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 young person 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 young person.

### **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 young person 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 young person's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

## Appendix F Guidance and Advice Documents

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

[Counselling in schools: a blueprint for the future](#) - departmental advice for school staff and counsellors. Department for Education (2015)

[Teacher Guidance: Preparing to teach about mental health and emotional wellbeing](#) (2015). PSHE Association. Funded by the Department for Education (2015)

[Keeping children safe in education](#) - statutory guidance for schools and colleges. Department for Education (2014)

[Supporting pupils at school with medical conditions](#) - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

[Healthy child programme from 5 to 19 years old](#) is a recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (2009)

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

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

[What works in promoting social and emotional wellbeing and responding to mental health problems in schools?](#) Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)