Mental Health Policy

SUTTON VALENCE SCHOOL

Mental Health Policy: Have you got ten minutes?

The policy aims to:

- Alert staff to early warning signs of mental ill health;
- Provide support to staff working with young people with mental health conditions;
- Provide details of the support we will provide to students suffering mental ill health and their peers, parents or carers;
- Provide suggestions of how to promote being mentally healthy.

Lead members of staff

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

Ms Lauren Austen	Designated Safeguarding Lead
Mr Jeremy Farrell	Senior Deputy Headmaster
Mrs Maja Trachonitis	Assistant Head Well-Being and Head of PSHE/RSE
Mrs Alison McDermott	School Nurse
Mr Gwyn Davies	School Chaplain
Mrs Sally Cloke	School Counsellor
The School Doctor	Based at South Lane Surgery

Under their guidance staff will familiarise themselves with the risk factors and warning signs outlined in the appendices below. Figure 1 outlines the procedures that are followed if staff have a concern about a pupil, if another pupil raises concerns about one of their friends or, if an individual pupil speaks to a member of staff about how they are feeling.

In particular, it is hoped that our mental health strategy will ensure that the pupils feel comfortable in acknowledging their difficulties. Consequently, we have introduced the catchphrase “Have you got ten minutes?” as a means by which pupils can initiate such a dialogue.

The table below sets out how a pupil making such an approach to a member of staff could be handled.

ALGEE

Ask, assess, act

Where a young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present.

Listen non-judgementally

Give them time to talk and gain their confidence to take the issue to someone who could help further.

Give reassurance and information

Tell them how brave they have been. Gently explain that you would like to help them. Do not promise confidentiality – it could be a child protection matter.

Enable the young person to get help

Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help.
Encourage them to speak to someone – offer to go with them.

Do not speak about your conversation or concerns with other pupils/casually to other members of staff.
Access support for yourself if you need it via a senior colleague or your line manager.

High Risk

If you consider the young person to be at risk then you should follow Child Protection procedures and report your concerns directly to the Designated Person (DSL or Deputy Headmaster).

Low Risk

If you feel that the young person needs a period of 'watchful waiting' communicate this to the tutor.

The DSL/DHM in consultation with appropriate medical professionals will decide on the appropriate course of action. This may include:
Contacting parents/carers
Arranging professional assistance e.g. doctor/nurse
Arranging an appointment with a counsellor
Arranging a referral to CAMHS – with parental consent
Giving advice to parents, teachers and other pupils.

The tutor should pass on the information to the HSMS who will instigate the appropriate time period of watchful waiting (up to 4 weeks). The HSMS should keep the DSL, HSM and the Medical Centre informed.

Individual Care Plan (ICP)

After a period of watchful waiting, a young person deemed to have continuing symptoms should be referred to a medical professional.

Early Intervention and Referral System: Our school has established clear pathways for identifying students at risk and promptly referring them to appropriate support services. Our teachers and staff are trained to recognise signs of distress and respond with empathy and concern.

School staff may become aware of warning signs that indicate a student is experiencing mental health or emotional wellbeing issues. The School adopts a zero tolerance approach to peer-on-peer abuse. The School strives to ensure that no victim is ever made to feel ashamed. These warning signs should **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with either the DSL, the nursing team or the Deputy Headmaster.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental;
- Changes in eating or sleeping habits;
- Increased isolation from friends or family, becoming socially withdrawn;
- Changes in activity and mood;
- Lowering of academic achievement;
- Talking or joking about self-harm or suicide;
- Abusing drugs or alcohol;
- Expressing feelings of failure, uselessness or loss of hope;
- Changes in clothing – e.g. long sleeves in warm weather;
- Secretive behaviour;
- Skipping PE or getting changed secretively;
- Lateness to or absence from school;
- Repeated physical pain or nausea with no evident cause;
- 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.

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

All disclosures should be recorded in writing and be shared with the DSL, the nursing team or the Senior Deputy Head who will store the record appropriately and offer support and advice about next steps.

Confidentiality

We should be honest with regard to the issue of confidentiality. If 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.

We should never share information about a student 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. This is particularly the case when a pupil is under 16 and/or in danger of harm. It is always advisable to share disclosures with a colleague, usually the DSL, the nursing team or the Senior Deputy Headmaster. This helps to:

- safeguard our own emotional wellbeing as we are no longer solely responsible for the student;
- ensure continuity of care in our absence;
- provide an extra source of ideas and support.

We should explain this to the student and discuss with them with whom it would be most appropriate and helpful to share this information. Indeed, whenever it is appropriate, we will encourage the students to inform their parents or for them to give us their permission to initiate such dialogue.

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

Working with Parents

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

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

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect. However, parents are often very welcoming of support and information from the School about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our Parent Portal;
- 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 through our regular information evenings;
- Communicate with parents and guardians to understand the difficulties they are facing at home with their children so that PSHE lessons can be tailored accordingly;
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home. We actively engage parents and guardians through regular communication, including the wellbeing section of our weekly newsletter. Parents are informed about the information provided to students as part of our Pathways curriculum and signposted to helpful resources through our subscription to the Teen Tips Hub.

We believe that a strong partnership between the School and parents/guardians is crucial for the well-being of our students.

Supporting Peers

When a student is suffering from mental health conditions, 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 will 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 in either one-to-one or group settings and will be guided by conversations with 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 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.

Additionally, we recognise that our students will have access to range of materials online that might at first glance be seen to contain 'dangerous material'.

Training

As a minimum, all staff will receive regular training about recognising and responding to mental health conditions as part of their on-going child protection training. There are various online courses/providers:

The MindEd learning portal[1] provides free online training suitable for staff wishing to know more about a specific issue. Minded.

Support on all these issues can also be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk).

Author: Mr Jeremy Farrell / Mrs Maja Trachonitis
Policy Date: September 2024
Approval Date by Governors: November 2024
Review Date: September 2025

Appendix A - initiatives and provisions aligned with our Mental Health Strategy:

In August 2019, all teaching staff attended a counselling for non-counsellors course delivered by Jackie Cox.

In August 2019, the staff were addressed by Dr Pooky Knighsmith on a range of topics.

In September 2022 staff attended a course delivered by the Samaritans on "How to listen" whilst the Assistant Head, who is responsible for overseeing Well-being is qualified to deliver Mental Health First Aid Training and Suicide Awareness training and has delivered the qualifications listed below to a number of staff and students.

- Level 1 Award in Awareness of First Aid for Mental Health
- Level 2 Award in First Aid for Youth Mental Health
- Level 2 Award in First Aid for Mental Health
- Level 3 Award in Supervising First Aid for Mental Health
- Suicide First Aid

Consequently, we now have in place the following initiatives and resources:

Dedicated Well-being Team: We have assembled a team of trained professionals, including a School Counsellor, Head of Wellbeing, Staff Wellbeing Ambassador team (trained in Mental Health First Aid and Suicide First Aid), a specialist social/emotional support teacher, and pastoral staff. They are readily available to offer support and guidance to students struggling with mental health concerns and actively promote the wellbeing of pupils.

Early Intervention and Referral System: Our School has established clear pathways for identifying students at risk and promptly referring them to appropriate support services. Our teachers and staff are trained to recognise signs of distress and respond with empathy and concern.

Student Wellbeing Ambassadors Team: We foster a sense of community and peer support through our Student Wellbeing Ambassador Team (trained in Mental Health First Aid) where students actively promote the importance of intentional wellbeing development within the wider community using the Five Ways to Wellbeing framework.

[1] www.minded.org.uk

Parental Involvement: We actively engage parents and guardians through regular communication, including our wellbeing section in our weekly newsletter. Parents are informed about the information provided to students as part of our Pathways curriculum and signposted to helpful resources through our subscription to the Teen Tips Hub. We believe that a strong partnership between the School and parents/guardians is crucial for the well-being of our students.

Mental Health Awareness Curriculum: We have integrated the five ways to Wellbeing framework into our School curriculum to actively promote the wellbeing of pupils, ensuring that students receive regular reminders about the importance of pro-actively looking after their wellbeing and being intentional with seeking opportunities to connect, be active, take notice, keep learning and give.

Regular visiting guest speakers: As a School, we believe it is essential for students to gain insights from inspirational guest speakers who are experts in mental health.

Nevertheless, we acknowledge that despite our best efforts, the nationwide trend of increasing mental health challenges among teenagers is also reflected within our community. Therefore, our Mental Health Policy outlines a comprehensive framework for supporting students who may be experiencing such difficulties. It serves as a point of reference for all members of our School community.

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

The School's Assistant Head Well-Being manages a web page which contains links to reliable websites which may be of use in providing information and support to our pupils should they need additional help. www.svs.org.uk/MentalHealthSupport. This page has been developed so that it can only be accessed by our pupils and is not for general use. However, the following information is particularly pertinent to the challenges faced by the pupils at Sutton Valence.

Self-harm

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

Online support:

SelfHarm.co.uk: www.selfharm.co.uk
National Self-Harm Network: www.nshn.co.uk
YoungMinds Parent Helpline: www.youngminds.org.uk
Youtube - Turning to self-harm: https://www.youtube.com/watch?v=Yd0gMn7FrJg

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

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

The Young Minds website: https://youngminds.org.uk/.

Youtube: I had a black dog; his name was depression.
https://www.youtube.com/watch?v=XiCrniLQGYc

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
Anxiety Care UK: www.anxietycare.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

Books;
Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

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 unexpectedly.

Online support:
Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

Childline: https://www.childline.org.uk/info-advice/your-feelings/mental-health/suicide/

National Alliance on Mental Illness (NAMI). How to start a conversation.
https://www.nami.org/Support-Education/Publications-Reports/Guides/Starting-the-Conversation

Youtube - Teen suicide prevention: https://www.youtube.com/watch?v=3BByqa7bhto

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 disorders

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 (when someone regularly loses control of their eating and then often feel upset or guilty) bulimia nervosa (a cycle of bingeing and purging) and other specified feeding or eating disorders (OSFED) when the symptoms do not exactly match those of anorexia, bulimia or binge eating disorder. Other young people, particularly those of primary or pre-school 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: https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/i-need-support-now/helplines/

Comprehensive information and guidance relating to eating disorders.
https://www.england.nhs.uk/mental-health/cyp/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

Post-Traumatic Stress Disorder (PTSD)

PTSD is an anxiety disorder caused by traumatic events in the past that cause flashbacks. The most common symptom of PTSD is when an individual involuntarily relives the traumatic event, which may take the form of nightmares, flashbacks, and distressing images. PTSD is often delayed in children who may experience signs and symptoms more than a year after the traumatic event.

Online support:

https://www.disasteraction.org.uk/
Information and support for people affected by major disasters in the UK and overseas.

www.nhs.uk
Provides a wealth of information of treatments for PTSD available through the NHS.

www.assisttraumacare.org.uk
Information and specialist help for people with PTSD and anyone supporting them.

Personality Disorders

Someone with a personality disorder thinks, feels, behaves and related to things very differently from the average person, and their personality may be inconsistent and unstable. Characteristics of personality disorders include; Paranoia (irrational suspicion, tend to hold grudges, interpreting other people's motivations as malicious); Schizotypal (discomfort interacting with others, distorted thoughts and perceptions, eccentric behaviour); Narcissism (self-importance, superiority to others and self-centred).

Online support:
Mind: www.mind.org.uk
NHS choices: www.nhs.uk
National Institute of Health and Care Excellence: www.nice.org.uk

Bipolar disorder

Changes in mood are common, however some people experience extreme mood swings which can go from feeling very high and overactive (hypomania) to feeling low and lethargic (depression). The manic phase of bipolar disorder may include; delusions and hallucinations and saying things out of character. The depressive phase can include feelings of guilt, despair, and suicidal thoughts.

Online support:
BipolarUK www.bipolaruk.org
NHS Choices www.nhs.uk
National Institute of Health and Care Excellence: www.nice.org.uk
Psychosis

People with psychosis perceive or interpret things vastly differently from those around them. This might involve delusions or hallucinations. Schizophrenia is a type of psychosis where individuals find it difficult to distinguish between their own thoughts and reality. Psychosis can be triggered during early teenage years and can be highly distressing for an individual to experience.

Online support:
Voice collective: www.voicecollective.co.uk
National Institute of Health and Care Excellence: www.nice.org.uk
YoungMinds: www.youngminds.org
TedTalk – Cecilia McGough: I am not a monster:
https://www.youtube.com/watch?v=xbagFzcyNiM

Promoting being mentally healthy.

Being mentally healthy should be important to each and every one of us. Making mental health a priority can make a significant difference in helping someone manage and improve their mental health. This can include:

- Being active and exercising regularly;
- Getting enough sleep;
- Maintaining a healthy diet;
- Socialising and connecting with others;
- Self-help books and resources;
- Relaxation and mindfulness techniques;
- Peer support groups.

Online support:
Mind 5 Ways to Wellbeing: https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/five-ways-to-wellbeing/

Appendix C: Guidance and advice documents

Mental health and behaviour in schools - departmental advice for school staff. Department for Education (2016)

Counselling in schools: a blueprint for the future - departmental advice for school staff and counsellors. Department for Education (2016)

Keeping children safe in education - statutory guidance for schools and colleges. Department for Education (2020)

Supporting pupils at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2017)

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 primary education

NICE guidance on social and emotional wellbeing in secondary education

Appendix D: 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 is 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 are 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.

Do not 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 is 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 have touched on more deeply, or to show that you understand and are supportive. Do not 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 are listening!

Do not 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 do not explore those feelings with the sufferer. Instead listen hard to what they are saying and encourage them to talk and you will slowly start to understand what steps they might be ready to take in order to start making some changes.

Do not 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 is important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it does not 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 do not make eye contact at all, then a student may interpret this as you being disgusted by them – to the extent that you cannot 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 are 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 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.

Do not 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 will readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Do not be offended or upset if your offers of help are met with anger, indifference or insolence; it is 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 cannot, then you must be honest. Explain that, whilst you cannot 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 do not have all the answers or are not 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.

How to help a pupil having a panic attack

If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and or the person is in distress, call an ambulance straight away:

- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible;
- Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own;
- Encourage them to breathe in and hold for three seconds and then breathe out for three seconds;
- Be a good listener, without judging;
- Explain to the pupil that they are experiencing a panic attack, reassure them that they are safe and that it is not something life threatening such as a heart attack;
- Explain that the attack will soon stop and that they will recover fully;
- Assure the pupil that someone will stay with them and keep them safe until the attack stops.

Many young people with anxiety problems do not fit neatly into a particular type of anxiety disorder.

It is common for people to have some features of several anxiety disorders. A high level of anxiety over a long period will often lead to depression and long periods of depression can provide symptoms of anxiety. Many young people have a mixture of symptoms of anxiety and depression as a result.