



Emotional Resilience, Wellbeing and Mental Health Policy **Wincle CE Primary School**

Version: APPROVED
Updated: November 2024

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Version control

Date updated:	Brief summary of changes:
November 2024	Policy rewritten entirely.

Our school's vision:

Wincle School creates an enriching and outstanding rural education, nurturing the whole individual: body, mind and soul, inspiring rounded, happy, courageous children who shine in all that they say and do, exhibiting a passion for learning, a confident faith, a loving concern for community and an inclusive respect for all.

We encourage our staff and pupils to 'Shine like Stars' (Philippians 2:15) and to do this run with the following acronym:

S	Service	<p>★ No act of kindness, no matter how small, is ever wasted." Aesop</p> <p>★ We would like our pupils to have the confidence to know that they can make a difference: have hope for the future.</p> <p>★ We encourage our pupils to challenge injustice and inequality</p>
T	Theology	<p>★ Our principles are founded on the truth that we are loved by the Father, Saved by the Son and Sanctified by the Holy Spirit.</p> <p>★ We want to ignite passion and curiosity for learning, providing an exciting curriculum to inspire all learners to be the best they can be.</p>
A	Attitude	<p>★ We encourage our pupils to show integrity</p> <p>★ We would like our pupils to have the courage to fight for what is important</p> <p>★ When things are challenging, we would like our pupils to display perseverance and not give up.</p> <p>★ Learn from yesterday, live for today, hope for tomorrow" Albert Einstein</p>
R	Relationships	<p>★ We nurture the whole individual: body, mind and soul</p> <p>★ We encourage the pupils to respect every living creature and show compassion.</p> <p>★ We would like our children to treat other people as they would like to be treated following Jesus' example.</p> <p>We are all unique</p> <p>We help all children build trusting relationships</p> <p>★ Clothe yourselves with compassion, kindness, humility, gentleness and patience.' (Colossians 3:12)</p>
S	Shine like stars	<p>★ "I am the Light of the world; he who follows Me will not walk in the darkness, but will have the Light of life." (John 8:12)</p> <p>★ We would like our pupils to shine in their behaviour, attitudes, relationships and learning.</p>

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. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each, earn a living and enjoy life. On this basis, the promotion, protection and restoration of mental health can be regarded as a vital concern of individuals, communities and societies throughout the world." (World Health Organization)

At *Wincle CE Primary School*, we are committed to the protection and promotion of positive mental health for all pupils and staff. We will continuously endeavour to improve the mental health of the school community by utilising a whole school approach to mental health, and via the identification and implementation of positive processes and practices which promote good mental health and wellbeing.

In addition to promoting positive mental health, we recognise that one in six children and young people and one in six adults may meet the criteria for a diagnosable mental health problem, with emerging evidence of a recent rise in anxiety and depression in some groups (as of 2020). We aim to identify and provide timely and appropriate support for all members of the school community affected both directly and indirectly by mental health problems.

Policy Aims

By developing and implementing practical, effective and positive policies and procedures relevant to our school and developed in conjunction with pupils and their parents and carers, we can promote a safe and supportive environment and ethos which is conducive to the mental health and wellbeing of the whole school community.

We will:

- Support pupils to understand their emotions
- Help children to manage change and adversity and develop resilience
- Provide an environment which is conducive to pupils sharing concerns about themselves or others

We will promote a mentally healthy school environment by:

- Adopting a whole school approach to mental health and wellbeing
- Raising awareness in the whole school community of the signs and symptoms of mental health problems
- Supporting staff to manage their own mental health and wellbeing
- Supporting staff to respond swiftly and effectively to any signs of an emerging mental health problem
- Engaging in activities which promote mental health and wellbeing and a sense of belonging in the whole school community
- Celebrating individual differences in students, ensuring all students feel valued and respected
- Valuing and celebrating non-academic achievements

Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for teaching and non-teaching staff and governors. The policy and procedures will also be made available for the perusal of pupils and their parents and carers. This policy should be read and understood in conjunction with other relevant school policies.

Policy Objectives:

- Promote positive mental health in all staff and pupils
- Reduce discrimination and stigma by increasing awareness and understanding of mental health problems
- Increase awareness of early warning signs of mental health problems
- Provide support to staff working with young people with mental health issues
- Provide support to pupils experiencing mental health problems and their peers and parents or carers
- Provide opportunities for staff and students to look after their mental wellbeing.

Lead Members of Staff

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

- *Sarah Smith* - Designated child protection / safeguarding officer
- *Sarah Smith* - Mental health and wellbeing lead
- *Rebecca Mollart* - Lead first aider
- *Sarah Smith* – Pastoral lead
- *Sarah Smith* – CPD lead
- *Sarah Smith* – Head of RSHE

Any member of staff who is concerned about the mental health or wellbeing of a pupils should speak to the mental health lead in the first instance.

In the event of any concerns that a pupil may be at risk of immediate harm, the school's child protection procedures should be followed, with an immediate referral to the designated child protection officer, the head teacher or the designated governor.

If the pupil presents as a medical emergency, then the school's procedures for medical emergencies should be followed, including the involvement of first aid staff and contacting the emergency services.

Where a referral to Children and Young Peoples Mental Health Services (CYPMHS, also sometimes known as CAMHS) is appropriate, this will be led and managed by **Sarah Smith**.

Individual Care Plans

It is helpful to draw up an individual care plan for pupils where there is concern about a potential mental health problem or in instances where a pupil has received a diagnosis of a mental health problem. Care plan development should be a collaborative process, involving the pupils, the parents and carers and any relevant health professionals. The care plan may include:

- Details of the student's mental health problem and any diagnosis
- Details of any prescribed medication and any reported side effects
- Special requirements and precautions
- What to do and who to contact in an emergency
- The role the school can play
- The role that parents and carers can play

Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental RSHE curriculum.

The content of lessons will be determined by the specific needs of the cohort we are teaching, but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to identify when mental health problems may be emerging, and to seek appropriate support when needed, for themselves or others.

We will follow the [Relationships Education, Relationships and Sex Education \(RSE\) and Health Education](#) statutory guidance to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

Support and Signposting

Whenever we highlight sources of support, we will increase the chance of pupil help-seeking. We will ensure that staff, pupils, and parents and carers are aware of sources of support within school and in the local community, including outlining:

- The help that is available
- Who the help is for
- The reasons for accessing the support
- When to access the support
- How to access the support
- What is likely to happen once the student has accessed the support

We will display relevant sources of support in communal areas such as common rooms and toilets, and will regularly highlight sources of support to students within relevant parts of the curriculum. The support available within our school and local community, including who it is aimed at and how to access it is outlined in the appendix.

Warning Signs

School staff may become aware of warning signs which indicate a pupil is experiencing mental health or emotional wellbeing issues. These warning signs should **always** be taken seriously and staff observing

any of these warning signs should communicate their concerns with *Sarah Smith, the head teacher*. We all differ in outward manifestations of distress, so it is important to consider any signs of change, for example, someone who is normally outgoing and communicative becoming less talkative and more withdrawn. It is important to emphasise that for some pupils experiencing distress, there may not be any apparent warning signs, or the pupil may actively be trying to hide their distress.

Potential warning signs include:

- Physical signs of harm that are repeated or appear non-accidental
- Evidence of any changes to 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
- Evidence of use of non-prescribed drugs or alcohol
- Expressing thoughts and feelings of failure, hopelessness or worthlessness
- Unsuitable clothing (for example, long sleeves in warm weather)
- Secretive or unusual behaviour
- Avoiding attendance at PE or getting changed secretly
- Repeated physical pain or nausea with no evident cause
- An increase in lateness or absenteeism
- Expressing unusual ideas or beliefs

Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure. If a pupil chooses to disclose concerns about their own mental health or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and non-judgemental.

Staff should focus on listening in the first instance, rather than thinking about giving advice or offering solutions. Our first intent should be on the provision of a safe and secure space to discuss the student's concerns and promoting their emotional and physical safety. For more information about how to handle mental health disclosures sensitively see the appendix..

All disclosures should be recorded on CPOMS. This written record should include:

- The date and time of the disclosure
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed actions

This information should be shared with the **mental health lead, Sarah Smith**, who will store the record appropriately and offer support and advice about next steps.

Confidentiality

It is always advisable to share disclosures with a colleague, usually **the mental health lead, Sarah Smith**. This helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the pupil; it ensures continuity of care in our absence; and it provides an extra source of ideas and support. We should explain this to the pupil and discuss with them who it would be most appropriate and helpful to share this information with. It may also be necessary to pass on concerns about a pupil to external services, to ensure

that they receive the best possible support and to ensure safeguarding. In both instances, we should discuss with the pupil:

- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them
- When the information will be passed on

There may be occasions where a pupil refuses to consent to information being shared, or where it is not possible to gain their consent. Examples may include receiving information indicating a pupil is at serious risk of harm, but is not currently present at the school, or it is clear that the pupil is at risk of harm but does not want anyone else to be informed. The safety of pupils is our priority and we will therefore share information when we believe that a pupil is at risk.

We should always give pupils the option of us informing parents or carers either initially on their behalf, or with them. In the event that a pupil wishes to speak to their parent/s or carer/s themselves, before concerns are raised, the student should be given 24 hours to share this information before the school contacts their parents or carers.

Working with Parents

We recognise the importance of working with and supporting parents and carers as part of our whole school approach to mental health and wellbeing. In order to support parents and carers, we will:

- Ensure that this policy is available in accessible formats including multiple languages where required
- Make the policy, and other sources of information and support about common mental health issues, available in a prominent position on our school website
- Involve parents and carers in the ongoing review and development of this policy
- Ensure that all parents are aware of who to contact and how, if they have concerns about their own child or a friend of their child
- Ensure that parents and carers are involved in our whole school approach to mental health and wellbeing
- Ensure that parents and carers are aware of the support available within the school and externally
- Share ideas about how parents can support positive mental health in their children through our regular information evenings
- Keep parents and carers informed about the mental health topics their children are learning about in RSHE and share ideas for extending and exploring this learning at home
- Provide opportunities for parents to be involved in any training or other activities which may help them support their child's mental health

It may be necessary to inform parents or carers of any concerns relating to the mental health of their child. In this event, we will be sensitive in our approach. Before disclosing to parents or carers we should consider the following questions (to be adapted on a case by case basis):

- What are the aims of the meeting?
- Can the meeting be held face to face? This is preferable, subject to any restrictions.
- Where would be the best environment to conduct the meeting? At school, at their home or somewhere neutral?
- Who should be present? Consider parents and carers, the student, relevant members of staff.

It may be shocking and upsetting for parents or carers to learn that their child may be experiencing a mental health problem, and we should be prepared for a range of responses, which may include fear, anger

or emotional distress during the first conversation. We should be accepting of this (within reason) and give the parent or carer time to reflect.

We will highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that we're sharing. Sharing sources of further support aimed specifically at parents and carers can also be helpful too, e.g. parent helplines and forums.

We will provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents and carers 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 child's confidential record.

Supporting Peers

When a pupil is experiencing a mental health problem, it can be a difficult time for their friends, who may want to offer support, but do not know how to do so. 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 pupil who is suffering and their parents or carers, with whom we will discuss:

- What it is helpful for friends to know and what they should not be told
- How friends can best provide support whilst managing their own wellbeing
- Things friends should avoid doing or saying which may inadvertently cause distress
- 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 students safe.

We will host relevant information on our virtual learning environment for staff who wish to learn more about mental health. The [MindEd learning portal](#) provides free online training suitable for staff wishing to know more about specific issues.

Training opportunities for staff who require more in-depth knowledge will be considered as part of our professional development process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students. Department for Education grant funded Senior Mental Health Lead training may also be available, in partnership with the [Charlie Waller Institute](#), the Charlie Waller Trust offers its own [Senior Mental Health Leads training](#).

Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health.

Suggestions for individual, group or whole school CPD should be discussed with Sarah Smith who can also highlight sources of relevant training and support for individuals as needed.

The [Charlie Waller Trust](#) provides funded training to schools on a variety of topics related to mental health including twilight, half day and full day INSET sessions.

Policy Review

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

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis. If you have a question or suggestion about improving this policy, this should be addressed to the head teacher.

This policy will always be immediately updated to reflect personnel changes.

Appendix A:

Sources or support in the local community

Local Support

Live Well: a directory of support and advice where you'll find useful information and advice on a range of subjects, and an easy to use directory of services & activities in Cheshire East.

<http://www.cheshireeast.gov.uk/livewell/livewell.aspx>

My Mind: is an NHS website, run by CWP CAMHS. This site has been developed for everyone interested in the mental health and well-being of young people. www.mymind.org.uk

Visyon: a charity supporting the emotional health of children, young people and their families. www.visyon.org.uk

You in Mind: a directory of support for mental health issues, in the local area. www.youinmind.org

Appendix B:

Further information and sources of support about common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- 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 but they are listed here because we think 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

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](http://www.depressionalliance.org/information/what-depression): 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](http://www.anxietyuk.org.uk): 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

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 out of the blue.

Online support

Prevention of young suicide UK – PAPYRUS: 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/

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 child does not have the words to convey.

Online support

Beat – the eating disorders charity: 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

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

National Support

Young Minds: a charity committed to improving the wellbeing and mental health of children and young people. www.youngminds.org.uk

Kooth: an online counselling and emotional well-being platform for young people. www.Kooth.com

NSPCC: is the UK's leading children's charity, preventing abuse and helping those affected to recover. www.nspcc.org.uk

Childline: get help and advice about a wide range of issues, call us on 0800 1111, talk to a counsellor online, send an email or post on the message boards. www.childline.org.uk

Samaritans: a safe place for you to talk any time you like, in your own way – about whatever's getting to you. You don't have to be suicidal. Whatever you're going through, call us free any time, from any phone on 116 123. www.samaritans.org

Proud Trust: is a life-saving and life enhancing organisation that helps young LGBT+ people empower themselves. www.theproudtrust.org

Charlie Waller Memorial Trust: a good source of information about anxiety and depression. www.cwmt.org.uk

Appendix C:

Talking to pupils when they make mental health disclosures

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

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 pupil 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 pupil 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 pupil.

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 pupil 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 pupil.

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 pupil 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 pupil'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 E: The Self-Harm Pathway



Self Harm Pathway
CWP EHS 2017.pdf

Acknowledgements

This policy and guidance is adapted from the model policy and guidance available from the Charlie Waller Memorial Trust. The original guidance was written by Dr Pooky Knightsmith who is the Director - Children, Young People and Schools Programme with the [Charlie Waller Memorial Trust](#). The Trust fully funded the research and writing of the guidance. The guidance was developed in consultation with a range of school staff and other professionals and experts. We are grateful to all of them.

This policy forms part of Cheshire East's Emotionally Healthy Schools ongoing work to improve recognition of and support for mental health issues. The Emotionally Healthy Schools Programme provides funded training to schools on a variety of topics related to mental health including full day INSET sessions and support in delivery of interventions for children and young people. For further information, visit www.middlewichhigh.cheshire.sch.uk.