



# Fulston Manor Academies Trust

## Mental Health and Wellbeing Policy

**Version (Date):**

**January 2026**

**Review (Date):**

**January 2028**

**Member of Staff Responsible:**

**K Franks**

**Assistant Headteacher**

## **Contents**

1. Policy statement
2. Policy aims
3. Lead members of staff
4. Risk assessments
5. Teaching about mental health
6. Signposting
7. Warning signs
8. Suicide Prevention
9. Managing disclosures and confidentiality
10. Working with parents
11. Supporting peers
12. Training
13. Appendix 1 Risk Assessment
14. Appendix 2 Further information and sources of support about common mental health issues
15. Appendix 3 Talking to pupils when they make mental health disclosures
16. Appendix 4 Guidance and Advice Documents
17. Appendix 5 Data Sources
18. Appendix 6 What makes a good CAMHS referral?

## 1 Policy statement

As a Trust, we aim to promote positive mental health for every member of our staff and student body. We pursue this aim using both universal, whole school approaches, and for vulnerable student we use specialised, targeted approaches. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue (Young Minds, 2017). By developing and implementing practical, relevant and effective mental health policies and procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill 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.” (World Health Organization, August 2014)

Our role is to ensure that they are able to manage times of change and stress, be resilient, are supported to reach their potential and access help when students need it. We also have a role to ensure that students learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

Our aim is to help develop the protective factors which build resilience to mental health problems and be a school where:

- All students are valued
- Students have a sense of belonging and feel safe
- Students feel able to talk openly with trusted adults about their problems without feeling any stigma
- Positive mental health is promoted and valued
- Bullying is not tolerated.

In addition to the student’s wellbeing, we recognise the importance of promoting staff mental health and wellbeing.

This document describes the Trust’s approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff, including non-teaching staff and governors.

This policy links to our policies on Safeguarding, Inclusion, Looked after children, Anti Bullying, Behaviour and Discipline, Personal Development Curriculum (RSE) and Special Educational Needs and Disabilities (SEND)Policy.

## **2. Purpose of the policy**

This policy aims to

- promote positive mental health in all staff and pupils;
- 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 pupils suffering mental ill health and their peers and parents/carers

## **3. A whole School approach to promoting Positive Mental health.**

We take a whole school approach to promoting positive mental health that aims to help students become resilient, be happy and successful and prevent problems before they arise.

This encompasses seven aspects:

- Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands
- Helping students to develop social relationships, support each other and seek help when they need to
- Helping students to be resilient learners
- Teaching students social and emotional skills and an awareness of mental health early identification of students who have mental health needs and planning support to meet their needs, including working with specialist services.
- Effectively working with parents and carers
- Supporting and training staff to develop their skills and resilience

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issue.

## **4 Lead members of staff**

Whilst all staff have a responsibility to promote mental health and understand about protective and risk factors for mental health, some children will require additional help all staff should have the skills to look out for any early warning signs of mental health problems and ensure that students with mental health needs get early intervention and the support they needs.

All staff understand about the possible risk factors that might make some students more likely to experience problems such as death and loss, including loss of a friendship, family breakdown or bullying.

We recognised that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some students will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to students with mental health needs and their families. Depending on the level of support required if a child is comfortable to trust an adult in school to speak to them about Mental health issues, this person should ensure they advocate for this child to get the and support they require. Support in school includes

### **Fulston Manor School**

- Head of House
- Senior Mental Health Lead
- Designated Safeguarding Lead
- Personal Development Manager
- Student support office

- SENCO
- Peer Mentoring
- Drawing and Talking
- ELSA
- Bridge intervention
- Emotional Wellbeing team
- Youth Resilience
- Willow Counselling
- STLS
- External Agencies
- Nurture Team

### **South Avenue Primary School**

- Senior Mental Health Lead
- Designated Safeguarding Lead
- SENCO
- Peer Mentoring
- FI
- Thrive Team
- STLS
- External Agencies
- Nurture Team

Any member of staff who is concerned about the mental health or wellbeing of a pupil should speak to the Senior Mental Health Lead, DSL and the relevant Head of House in the first instance. If there is a fear that the pupil is in danger of immediate harm then the normal safeguarding procedures should be followed. If the pupil presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to the Child and Adolescent Mental Health Service (CAMHS) is appropriate, this will be led and managed by the Head of House (FMS) in liaison with Senior Mental Health Lead, DSL, parents and where appropriate the school nurse or their GP. For SAP students this will be led by Senior Mental Health Lead, DSL, SENCO, Family Liaison Officer, Class teacher and Parents.

### **5 Risk assessments and Keep Safe Plans**

It is helpful to draw up a risk assessment for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up with involvement from the pupil, the parents/carers and relevant health professionals.

This will include:

- details of the pupil's behaviours and/or condition;
- de-escalation strategies and/or special requirements and precautions;
- medication and any side effects;
- what to do and who to contact if concerns arise or in an emergency.

A template is included in Appendix 1

## **6 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 Fulston Learning Journey/PDC and Enrichment curriculum, SAP PSHE/RSE curriculum and school assemblies.

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 pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

FMS use resources from PSHE Association Guidance, [Teacher guidance: teaching about mental health and emotional wellbeing](#), Mentally Healthy Schools [Home : Mentally Healthy Schools](#) to ensure that we teach about mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

SAPS use resources from PIXL, Christopher Winter Project and THRIVE.

## **7. Signposting**

We will ensure that staff, pupils and parents are aware of relevant sources of support within school and in the local community. Further information and sources of support for common mental health issues are outlined in Appendix 2.

FMS will advertise Wellbeing Awareness club in school and both schools will advertise other relevant sources of support and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of pupil help-seeking by ensuring pupils understand:

- what help is available;
- who it is aimed at;
- how to access it;
- why to access it;
- what is likely to happen next.

## **8. 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 the Head of House, Senior Mental Health Lead, SENCo and DSL.

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;
- inappropriate clothing, e.g. long sleeves in warm weather;
- secretive behaviour;
- skipping PE or getting changed secretly;
- repeated physical pain or nausea with no evident cause;

- increase in challenging behaviour

## **9. Suicide Prevention**

The school is aware that suicide is the leading cause of death in young people and that school can play a vital role in helping to prevent young suicide. We want to make sure that children and young people in our school are as suicide-safe as possible and that our governors, parents and carers, teaching staff, support staff and pupils themselves are aware of our commitment to be a suicide-safer school.

The school acknowledges that thoughts of suicide are common among young people. We understand that there are a number of contributory factors surrounding any suicide and that the reasons are often complex and individual. We recognise that the stigma surrounding suicide and mental illness can be a barrier to seeking help and can also be a barrier to offering help. Fulston Manor Academies Trust is committed to tackling this stigma and we will promote open, sensitive talk in our language and in our working relationships. As a school community, we recognise that pupils may seek out someone whom they trust with their concerns and worries and we will support any pupil who may have thoughts of suicide, in partnership with family, caregivers and other professionals where this may enhance the safety of the pupil.

We know that a child or young person who is suicidal may find it very difficult to talk about their feelings and we will equip key members of staff with training to identify when a pupil may be struggling and to help keep our pupils safe. We will provide our pupils with opportunities to speak openly about their worries with people who are ready, willing and able to support them. This may lead to further support and help where it is needed.

## **10 Managing disclosures and confidentiality**

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 such a disclosure. Refer to the schools **Safeguarding Policy** for further detail on managing disclosures.

If a student chooses to disclose concerns about their own mental health or that of a friend to a member of staff, that member of staff's response should always be calm, supportive and non-judgmental.

Staff should listen rather than advise and the first thoughts should be of 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 3.

We will be honest with regards to the issue of confidentiality. If it is necessary for us to pass on our concerns about a student then we will discuss with the pupil:

- who we are going to talk to;
- what we are going to tell them;
- why we need to tell them.

All disclosures should be recorded and entered onto CPOMS in line with safeguarding procedures. This information should be liaised with the DSL and Senior Mental Health Lead (if relevant) who offer support and advice about next steps.

Staff should never share information about a student without first telling them. Ideally staff would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent/carer. This includes when a student is under the age of

16 and is in danger of harm. If a student gives the school reason to believe that there may be underlying child protection issues, parents should not be informed, but the DSL must be informed immediately.

It is always advisable to share any type of disclosure with the DSL or Senior Mental Health Lead or Head of House, as this helps to safeguard staff's own emotional wellbeing as individuals are no longer solely responsible for the student. It ensures continuity of care in their absence and it provides an extra source of ideas and support.

### **11 Working with parents**

Where it is deemed appropriate to inform parents, we will be sensitive in our approach. 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 parents time to reflect.

We will highlight any further sources of information and give leaflets to take away where possible, as parents can find it hard to take much in whilst coming to terms with the news being shared. Sharing sources of further support aimed specifically at parents can also be helpful too, e.g. parent helplines and forums.

We will always provide a clear means of contacting school with further questions. Each meeting will finish with agreed next steps and a record of the meeting will be recorded on CPOMs.

Parents are often very welcoming of support and information from school about supporting their children's emotional and mental health. In order to support parents, we will:

- highlight sources of information and support about relevant mental health issues;
- ensure that all parents are aware of who to talk to and how to get relevant information if they have concerns about 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 at school and share ideas for extending and exploring this learning at home.

### **12 Supporting peers**

When a student 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 pupil 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 further adult help.

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.

### **13 Training**

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

Training opportunities for staff who require more in-depth knowledge will be considered as part of our performance management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more pupils.

The Hays Education website ([www.hays.co.uk](http://www.hays.co.uk)) provides free online training suitable for staff, should staff wish further training please speak to the Senior Mental Health Lead.

## Risk Assessment

Staff name: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

Risks	Who might be harmed and how	What safety measures are already in place	What further measure are now needed to enhance safety	Who will do this

Risk assessment shared with (include appropriate external agencies)		
Signed by School Representative	Signed by Parent	Signed by student
Date		

Copy of risk assessment uploaded onto CPOMs for DLS and Senior Mental Health Lead

**'KEEP SAFE PLAN'**

**NAME:** .....**Class/Tutor Group** .....

- As a result of the school becoming aware that I am self-harming/ have self-harmed I have been asked to identify two members of staff who I will talk to if I am anxious or upset when in school. These persons are: .....
  
- I understand that I am being asked to refrain from cutting or hurting myself in any way whilst in school, as I am here to learn. I understand that if I am found to be cutting or hurting myself the member of school staff will:
  - a) Inform one of my nominated persons. If neither are available, Mrs Woollcott (Secondary) Phase or Mrs Telford (Primary Phase) will be informed.
  
  - b) Inform my parents or carer (\*see below)
  
  - c) I will be told to clean any wounds and asked if I require medical treatment
  
  - d) I will be told to keep any visible cuts covered, i.e. my sleeves must be pulled down, or the cuts covered by bandage etc. if in summer
  
  - e) School staff may decide that I will be withdrawn from P.E. for a short period of time.
  
  - f) School staff may ask my parent or carer to attend the school and take me home for the remainder of that day
  
  - g) School staff may ask my parent/carers to inform my G.P. or other professional who is involved in my care,

This plan has been given to me today.....

Signed: .....

Member of staff signature .....

Action taken re: parents/carers

Copy of this plan given/sent to parent/carers date: .....

Copy to Designated Safeguarding Lead and uploaded onto CPOMs

\* Procedures may vary in the case of Years 12 + 13 pupils

## Appendix 2

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

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

- 1 in 10 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 signposted 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 may also be useful for school staff.

Support on all of these issues can be accessed via Young Minds ([www.youngminds.org.uk](http://www.youngminds.org.uk)), Mind ([www.mind.org.uk](http://www.mind.org.uk)) and CYPMHs Children and Young People's Mental Health Services [Kent Children & Young People's Mental Health Service CYPMHS | NELFT NHS Foundation Trust](#).

#### 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](http://www.selfharm.co.uk)  
[Self-harm - NHS \(www.nhs.uk\)](#)

#### 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 - NHS \(www.nhs.uk\)](http://www.nhs.uk)

### **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**

[YoungMinds | Mental Health Charity For Children And Young People | YoungMinds](#)

[Stop.Breathe.Think \(stopbreathethink.org.uk\)](http://stopbreathethink.org.uk)

[Kent - Emotional Wellbeing Teams | NELFT NHS Foundation Trust](#)

[Childline | Childline](#)

[www.themix.org.uk](http://www.themix.org.uk)

[School Public Health Service referral form | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](#)

Kooth [www.kooth.com](http://www.kooth.com)

CYPMHS: [Kent Children & Young People's Mental Health Service CYPMHS | NELFT NHS Foundation Trust](#)

### **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)

### **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)

### **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 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: [www.b-eat.co.uk/about-eating-disorders](http://www.b-eat.co.uk/about-eating-disorders)

### **Appendix 3**

#### **Talking to pupils when they make mental health disclosures:**

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

#### **Don’t talk too much**

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

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

#### **Don’t pretend to understand**

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

The concept of a mental health difficulty such as an eating disorder or obsessive-compulsive disorder (OCD) can seem completely alien if you have 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.

#### **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 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 don’t 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. Trying to maintain natural eye contact will convey a very positive message to the student

### **Offer support**

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

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

### **Acknowledge how hard it is to discuss these issues**

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

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

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

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

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

### **Never break your promises**

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

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you 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.

## **Appendix 4**

### **Guidance and Advice Documents**

[Mental health and behaviour in schools](#) - departmental advice for school staff, Department for Education (2018)

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

[Teacher guidance: teaching about mental health and emotional wellbeing](#), PSHE Association, Funded by the Department for Education (2019)

[Keeping children safe in education](#) - statutory guidance for schools and colleges, Department for Education (2022)

[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)