

TEACHER GUIDANCE:
PREPARING TO TEACH
ABOUT MENTAL HEALTH
AND EMOTIONAL
WELLBEING

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WHY TEACH ABOUT MENTAL HEALTH AND EMOTIONAL WELLBEING ISSUES?

Teaching pupils about mental health and emotional wellbeing as part of a developmental PSHE education curriculum can play a vital role in keeping pupils safe. The introduction of such a curriculum has many benefits. It is a good opportunity to promote pupils' wellbeing through the development of healthy coping strategies and an understanding of pupils' own emotions as well as those of other people. Additionally, we can use such lessons as a vehicle for providing pupils who do develop difficulties with strategies to keep themselves healthy and safe, as well as supporting pupils to support any of their friends who are facing challenges.

While the specific content of lessons will be determined by the specific needs of the cohort we're teaching, there should always be an emphasis on enabling pupils of any age to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others. We can help them to understand when this help might be needed, what help is available, and the likely outcome of seeking support. Additionally, talking openly with children and young people about mental health issues is a simple and effective means of breaking down any possible associated stigma.

Teaching about mental health and emotional wellbeing raises significant challenges for teachers, however: we know that schools want to cover these issues and recognise the imperative to do so, but without sufficient background knowledge teachers can find it daunting. This guidance, along with companion lesson plans to be released during the summer term 2015, aims to help schools to prepare to teach about mental health and emotional health safely and sensitively.

The guidance is clear that schools must access training and support before teaching the more challenging and sensitive areas of mental health and emotional wellbeing. Teachers must be supported by their colleagues, and must work on the basis that in any class about mental health and emotional wellbeing, at least one pupil will be affected by the issues being addressed. With this in mind, schools should work on the principle 'first do no harm', explored in detail in this guidance.

If you have any questions about teaching a lesson about mental health and emotional wellbeing, please do contact the Association (www.pshe-association.org.uk) or one of the many expert organisations cited in this guidance. If you want to look at a whole school approach to promoting pupil emotional health and wellbeing, we recommend Public Health England's [guidance](#) on the subject.¹

WHY THIS LEARNING IS IMPORTANT IN ALL KEY STAGES

When learning related to mental health and emotional wellbeing makes it into the taught curriculum, it is often only taught to older pupils – frequently only at key stage 4 and beyond, as this is when the need is perceived to be most acute. While there is much we can do in the later key stages in terms of supporting young people to recognise and respond to specific conditions that they, or their friends, may be facing, there is a place for wider teaching in the earlier key stages too.

¹ <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

As with any subject, learning about mental health must be developmental: it must build up from early learning if it is to be most effective. With very young children, for example, rehearsing ways of asking an adult for help, and persevering if their requests are not listened to, lays the foundations for confidently accessing sources of support when they are older.

It is also worth noting that primary school pupils are not immune to developing mental health issues. According to data collected by the Nuffield Foundation, in 2013, 80,000 children and young people in the UK were clinically depressed; 10% of these were under 10 years of age. They also found that 290,000 children and young people in the UK had a diagnosed anxiety disorder, and one in three of these was under 10.²

By incorporating learning related to emotional wellbeing and good mental health into our broader curriculum from key stage 1, we can help to promote positive behaviours and strategies which pupils can adopt and adapt throughout their school careers. They may draw on this learning at points when they find themselves facing physical or emotional adversity. We do not have to teach explicitly about mental health conditions in the early key stages, but we can develop a curriculum that promotes the skills, knowledge, understanding and language that will enable pupils to adopt healthy thoughts, behaviours and strategies and to seek appropriate and timely support when they or a friend need it. We also know that, with the high prevalence of mental health issues in wider society, even young pupils may be learning about emotional health through their own experiences at home or in their community. It is right that this should be covered, just as physical health would be covered at an early stage.

BUILDING TEACHING ABOUT MENTAL HEALTH INTO A PLANNED PSHE EDUCATION PROGRAMME

Mental health and emotional wellbeing should not be viewed as a ‘topic’ that can be delivered in isolation in a lesson or series of lessons. The skills, language and understanding needed to promote positive mental health should underpin much of what we teach in PSHE, and it is good practice for us to consider where pupil wellbeing fits into most of our teaching in PSHE.

It is important that our PSHE education programme develops the relevant knowledge, understanding, skills and attributes progressively in an age- and stage-appropriate way from early years onwards. This will sometimes take the form of discrete lessons with a focus on mental health or emotional wellbeing, but it will also form part of almost all our wider PSHE teaching, to which emotional health is integral.

The [PSHE Association Programme of Study](#),³ the leading curriculum framework for the subject, covers key stages 1 to 4 and is based on three core themes:

- Health and Wellbeing
- Relationships
- Living in the Wider World

Mental health and emotional wellbeing run through all the core themes, especially Health and Wellbeing and Relationships. In our planning, it is important to consider not only where they are mentioned *explicitly* but also where there is *implicit* learning that is crucial to pupils’ understanding and skills development in this area.

² Source: Nuffield Foundation (2013) *Social trends and mental health: Introducing the main findings*. London: Nuffield Foundation.

³ https://www.pshe-association.org.uk/resources_search_details.aspx?ResourceId=495

When deciding where to teach specifically about mental health, it is important to ensure that it builds on appropriate earlier learning so that it forms part of a developmental, spiral curriculum, rather than a patchwork quilt of unrelated 'topics'.

MENTAL HEALTH AND EMOTIONAL WELLBEING IN THE PSHE EDUCATION PROGRAMME OF STUDY

The following extracts from the 'learning opportunities' for each key stage in the [PSHE Association Programme of Study](#)⁴ do not provide a definitive list, but give examples of how and where mental health and emotional wellbeing are addressed, either implicitly or explicitly.

Key stage 1

Health and Wellbeing	Relationships	Living in the Wider World
<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> to think about themselves, to learn from their experiences, to recognise and celebrate their strengths and set simple but challenging goals about good and not so good feelings, a vocabulary to describe their feelings to others and simple strategies for managing feelings about change and loss and the associated feelings (including moving home, losing toys, pets or friends) rules for and ways of keeping physically and emotionally safe (including safety online) about people who look after them, their family networks, who to go to if they are worried and how to attract their attention, ways that pupils can help these people to look after them 	<p>Pupils should have the opportunity to learn</p> <ul style="list-style-type: none"> to communicate their feelings to others, to recognise how others show feelings and how to respond to recognise how their behaviour affects other people the difference between secrets and surprises and the importance of not keeping adults' secrets to recognise what is fair and unfair, kind and unkind, what is right and wrong to share their opinions on things that matter to them and explain their views through discussions with one other person and the whole class to identify their special people, what makes them special and how special people should care for one another that people's bodies and feelings can be hurt (including what makes them feel comfortable and uncomfortable) to recognise when people are being unkind either to them or others, how to respond, who to tell and what to say that there are different types of teasing and bullying, that these are wrong and unacceptable how to resist teasing or 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> that people and other living things have needs and that they have responsibilities to meet them

⁴ https://www.pshe-association.org.uk/resources_search_details.aspx?ResourceId=495

bullying, if they experience or witness it, whom to go to and how to get help

Key stage 2

Health and Wellbeing	Relationships	Living in the Wider World
<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • what positively and negatively affects their physical, mental and emotional health (including the media) • to recognise how images in the media do not always reflect reality and can affect how people feel about themselves • to reflect on and celebrate their achievements, identify their strengths, areas for improvement, set high aspirations and goals • to deepen their understanding of good and not so good feelings, to extend their vocabulary to enable them to explain both the range and intensity of their feelings to others • to recognise that they may experience conflicting emotions and when they might need to listen to their emotions or overcome them • about change, including transitions (between key stages and schools), loss, separation, divorce and bereavement • to recognise when and how to ask for help and use basic techniques for resisting pressure to do something dangerous, unhealthy, that makes them uncomfortable, anxious or that they believe to be wrong • how their body will, and emotions may, change as they approach and move through puberty • about people who are responsible for helping them stay healthy and safe and ways that they can help these people 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • to recognise and respond appropriately to a wider range of feelings in others • to recognise what constitutes a positive, healthy relationship and develop the skills to form and maintain positive and healthy relationships • to recognise ways in which a relationship can be unhealthy and who to talk to if they need support • that their actions affect themselves and others • the concept of ‘keeping something confidential or secret’, when we should or should not agree to this and when it is right to ‘break a confidence’ or ‘share a secret’ • to realise the nature and consequences of discrimination, teasing, bullying and aggressive behaviours (including cyber bullying, use of prejudice-based language, how to respond and ask for help) 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • to research, discuss and debate topical issues, problems and events concerning health and wellbeing and offer their recommendations to appropriate people • to recognise the role of voluntary, community and pressure groups, especially in relation to health and wellbeing

Key stage 3

Health and Wellbeing	Relationships	Living in the Wider World
<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • to recognise their personal strengths and how this affects their self-confidence and self-esteem • to recognise that the way in which personal qualities, attitudes, skills and achievements are evaluated by others, affects confidence and self-esteem • to be able to accept helpful feedback or reject unhelpful criticism • to understand that self-esteem can change with personal circumstances, such as those associated with family and friendships, achievements and employment • the characteristics of mental and emotional health and strategies for managing it; to manage growth and change as normal parts of growing up (including consolidation and reinforcement of key stage 2 learning on puberty, human reproduction, pregnancy and the physical and emotional changes of adolescence) • the importance of balance between work, leisure and exercise • what constitutes a balanced diet and its benefits (including the risks associated with both obesity and dieting) • what might influence their decisions about eating a balanced diet • how the media portrays young people, body image and health issues and that identity is affected by a range of factors, including the media and a positive sense of self • about eating disorders, including recognising when they or others need help, 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • to further develop the communication skills of active listening, negotiation, offering and receiving constructive feedback and assertiveness • that relationships can cause strong feelings and emotions (including sexual attraction) • the features of positive and stable relationships (including trust, mutual respect, honesty) and those of unhealthy relationships • that the media portrayal of relationships may not reflect real life • how to deal with a breakdown in a relationship and the effects of change, including loss, separation, divorce and bereavement • about the unacceptability of sexist, homophobic, transphobic and disablist language and behaviour, the need to challenge it and how to do so • to recognise bullying and abuse in all its forms (including prejudice-based bullying both in person and online/via text, exploitation and trafficking) and to have the skills and strategies to manage being targeted or witnessing others being targeted • about the support services available should they feel or believe others feel they are being abused and how to access them • to recognise peer pressure and have strategies to manage it • to understand the feelings and pressure that the need for peer approval, including in relation to the purchase and use of tobacco and alcohol (including cheap/illicit alcohol and 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • to recognise, clarify and if necessary challenge their own core values and how their values influence their choices • the knowledge and skills needed for setting realistic and challenging personal targets and goals (including the transition to key stage 3) • the similarities, differences and diversity among people of different ethnicity, culture, ability, disability, sex, gender identity, age and sexual orientation and the impact of stereotyping, prejudice, bullying, discrimination on individuals and communities • about the primacy of human rights; and how to safely access sources of support for themselves or their peers if they have concerns or fears about those rights being undermined or ignored

- sources of help and strategies for accessing it
- ways of recognising and reducing risk, minimising harm and getting help in emergency and risky situations
- about how to access local health services

cigarettes), drugs and other risky behaviours, can generate

Key stage 4

Health and Wellbeing	Relationships	Living in the Wider World
<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • to evaluate the extent to which their self-confidence and self-esteem are affected by the judgements of others • to make effective use of constructive feedback and differentiating between helpful feedback and unhelpful criticism • the characteristics of emotional and mental health and the causes, symptoms and treatments of some mental and emotional health disorders (including stress, anxiety and depression) • strategies for managing mental health including stress, anxiety, depression, self-harm and suicide, and sources of help and support • where and how to obtain health information, advice and support (including sexual health services) • to recognize and manage feelings about, and influences on, their body image including the media's portrayal of idealised and artificial body shapes • about health risks and issues related to this, including cosmetic procedures • about checking yourself for cancer and other illnesses, including knowing what to do if you are feeling unwell and checking for signs of illness; and how to 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • strategies to manage strong emotions and feelings • the characteristics and benefits of positive, strong, supportive, equal relationships • to recognise when a relationship is unhealthy or abusive (including the unacceptability of both emotional and physical abuse or violence including honour-based violence, forced marriage and rape) and strategies to manage this or access support for self or others at risk • about managing changes in personal relationships including the ending of relationships • to develop an awareness of exploitation, bullying and harassment in relationships (including the unique challenges posed by online bullying and the unacceptability of physical, emotional, sexual abuse in all types of teenage relationships, including in group settings such as gangs) and how to respond • about the impact of domestic abuse (including sources of help and support) • about the impact of separation, divorce and bereavement on families and the need to adapt to changing circumstances • about statutory and voluntary organisations that 	<p>Pupils should have the opportunity to learn:</p> <ul style="list-style-type: none"> • to evaluate their own personal strengths and areas for development and to use this to inform goal setting • about the information, advice and guidance available to them and how to access it

overcome worries about seeking help and being an assertive user of the NHS

support relationships experiencing difficulties or in crisis, such as relationship breakdown, separation, divorce, or bereavement

- how to access such organisations and other sources of information, advice and support
- about diversity in sexual attraction and developing sexual orientation, including sources of support and reassurance and how to access them
- the pathways available in the event of unintended pregnancy, the possible physical and emotional reactions and responses people may have to each option and who to talk to for accurate, impartial advice and support
- the role peers can play in supporting one another (including helping vulnerable friends to access reliable, accurate and appropriate support)

FROM 'PROGRAMME OF STUDY' TO 'SCHEME OF WORK' TO 'LESSON PLAN'

The extracts from the Programme of Study alone will not ensure that your lessons in the PSHE education classroom are effective. When planning a scheme of work for teaching about mental health and promoting emotional wellbeing, it is important to select the most appropriate learning opportunities for your pupils, based on their needs and the time available. There should always be an emphasis on developing the learning across time within a spiral programme, revisiting themes and building on prior knowledge and understanding and further developing skills. We should always look to maintain a balance between increasing knowledge and developing skills and personal attributes.

A series of exemplar lesson plans for each key stage will be published to accompany this guidance, but there will be instances when teachers will be planning lessons within the scheme of work from scratch. It is vital that we start by setting the lesson objectives and clear, precise intended learning outcomes, as this is key to ensuring the learning is relevant, and will allow for assessment.

Think carefully about the ways you want pupils to advance their:

- knowledge
- language
- understanding
- skills
- personal attributes.

What do you want them to know, understand, feel, be able to do or say by the end of the lesson that they did not or could not before? Assessment *for* and *of* learning should be incorporated into the lesson plan, as set out in the section on reflection and assessment below. There is more information on planning effective PSHE education lessons in the [lesson planning tool](#)⁵ and [teachers' checklist](#)⁶ on the PSHE Association website.

When planning any PSHE education lesson – and especially when teaching about mental health and emotional wellbeing – it is important to bear in mind the guidance in the following sections.

PROMOTING EMOTIONAL WELLBEING AND RESILIENCE FROM AN EARLY AGE

We can support pupils in developing their resilience and emotional wellbeing from an early age by incorporating key skills across the curriculum. There are a series of protective factors which can reduce the risk of pupils turning to unhealthy coping mechanisms such as self-harm, eating disorders or substance misuse, which can be developed through our PSHE education curriculum. These protective factors include:

- good communication skills
- good problem-solving skills
- healthy coping skills, including healthy responses to moments of crisis
- the knowledge, skills and confidence to seek help

⁵ https://www.pshe-association.org.uk/resources_search_details.aspx?ResourceId=518

⁶ https://www.pshe-association.org.uk/resources_search_details.aspx?ResourceId=543

- the ability to recognise, name, describe and understand a range of emotions
- the ability to manage difficult emotions in a healthy way
- friends and social engagement and interaction
- positive self-esteem and appreciation of difference and uniqueness
- experience of, and ability to manage, failure.

These protective factors can be addressed in a generic way, across the curriculum, from an early age. When we support younger learners to become better communicators or when we help them develop the skills of independent learning or help-seeking in any context, we are laying the foundations for better, healthier coping strategies and resilience as they work their way through school.

Although we might choose to focus specifically on these skills and areas, they are most likely to be embedded and used naturally by children and young people when they are continually considered as an ongoing part of a broader developmental curriculum. Learning moments will naturally occur when working across the curriculum with younger children, and a key change we can make in our teaching is to recognise and expand on these moments. For example, if we see a very good example of help-seeking behaviour, we might help a child see how that might be applied more broadly. We might praise the current behaviour (e.g. asking an adult for help with the computer), then explore when else that type of behaviour might pay off (e.g. if we were being teased and didn't know how to make the teasing stop).

These 'segues' between different topics can feel a little unnatural at first, but if we make a conscious effort to seek out, highlight and explore examples of skills such as help-seeking, communicating and problem-solving, it soon becomes second nature both for us and for the children we teach.

We can also actively promote a 'growth mindset' culture in our classrooms – the belief that we are not innately good or bad at things, but rather that we are in control of our skills and abilities and that, with effort and perseverance, we can change things. This can prevent a feeling of helplessness and inevitability in children and young people and can be important in developing both academic and emotional resilience.⁷

WHAT TO TEACH WHEN

The learning opportunities from the Programme of Study set out above give a good idea of the skills, knowledge and understanding we should aim to promote at each key stage, but it is important to be flexible in our curriculum development and delivery, and adapt our PSHE education programme to meet the needs of our specific learners, in our specific environment, at any specific point in time.

For example, while we do see self-harm and mental health issues in younger children, children become increasingly vulnerable from about age 12, with a peak in onset of self-harm and eating disorders at about age 14–15. Therefore it is important not to leave this learning too late and we may begin to explore issues related to mental health and wellbeing more explicitly, in an age- and stage-appropriate way, once children enter secondary school.

⁷ It is beyond the scope of this document to explore mindset in great depth, but an excellent and easily accessible guide has been produced as part of the Teachers' Pocketbooks Series (*The Growth Mindset Pocketbook* by Barry Hymer and Mike Gershon, 2014). For more details, see: <http://www.teacherspocketbooks.co.uk/display.asp?K=9781906610609&pge=teachers>.

Unless there are specific issues amongst our pupil population or in our local context that we feel a need to address, the primary school years can be usefully spent developing protective skills, knowledge and understanding as outlined above. A focus on healthy coping, stress management and help-seeking can be especially useful in Years 6 and 7 as children make the transition from primary to secondary school.

KEYS TO TEACHING ABOUT MENTAL HEALTH AND EMOTIONAL WELLBEING SAFELY AND CONFIDENTLY

When specifically addressing mental health and emotional wellbeing as part of our curriculum, there are a range of things we can consider during our planning, teaching and follow-up of the lesson which can help to keep our pupils safe – we have considered these in turn below. These points are worth considering whether you are designing a lesson from scratch or if you're using a pre-existing lesson plan. Each time you teach a lesson with a focus on mental health or emotional wellbeing, it's worth reconsidering these points – even if it's a lesson you've taught before. Every class is unique and brings its own considerations and challenges.

Classroom ground rules

When teaching areas of the curriculum such as mental health, it is important to think carefully about the possibility of personal disclosures from pupils who, as a result of the lesson, may develop the skills, language, knowledge and understanding to make a disclosure about their own mental health or emotional wellbeing. While this is not to be discouraged, and appropriate disclosures should be seen as a positive impact of the learning, it is very important that if pupils make personal disclosures to school staff they do so in a suitable, one-to-one setting. It is not appropriate to encourage pupils to talk about sensitive personal matters in the classroom.

Before teaching about mental health issues and emotional wellbeing, clear 'ground rules' should be established or reinforced, and the concepts of confidentiality and anonymity should be covered at the start of the lesson. Ground rules need to be consistently kept to, regularly revisited and, if necessary, renegotiated and reinforced. The teacher should lead the way by modelling the ground rules in their own communications with the class.

Ground rules are most effective when they have been negotiated and agreed with the pupils, rather than imposed by the teacher. Teachers tell us that the most effective ground rules are:

- written in pupils' own words
- visually displayed in the classroom
- physically signed by pupils in some cases (like an informal contract)
- monitored by pupils themselves
- kept to consistently by the teacher as well as the pupils.

Below are some areas to explore with your class. These may arise naturally during negotiation; if not, you may want to consider introducing them.

Openness

An important part of breaking down the stigma that surrounds mental health issues is to encourage an ethos of openness, but within specific boundaries. These should be governed by your school's safeguarding policy. Mental health should not be a taboo topic. It should be openly and honestly discussed in the classroom setting, which should feel like a safe and

supportive environment for discussions on mental health that are positive and affirming, but give pupils the opportunity to share their concerns.

However, it needs to be agreed with pupils that lesson time is not the appropriate setting to directly discuss their own personal experiences or the private lives of others. General situations can be used as examples, but names and identifying descriptions should be left out.

Keep the conversation in the room

Pupils need to feel safe discussing general issues related to mental health in the lesson without fear that these discussions will be repeated by teachers or pupils beyond this setting. Pupils should feel confident exploring their misconceptions or questions about mental health in this safe setting. But it is important to make it clear that if you become concerned that a child may be at risk then you will need to follow the school's safeguarding policy, and that you personally cannot completely guarantee that no other pupil will repeat what has been said outside the classroom.

Non-judgemental approach

When we tackle issues surrounding mental health and emotional wellbeing, we often find that pupils have a lot of existing beliefs, misunderstandings and inappropriate attitudes towards the topics concerned. It is important that these can be explored within the classroom environment without fear of being judged or ridiculed. Discuss with pupils the idea that it is okay – and often healthy – to disagree with another person's point of view, but it is never okay to judge, make fun of or put down other pupils. Where pupils disagree with another's point of view, they should challenge the belief and not the person.

Right to pass

Although participation in the lesson is important, every pupil has the right to choose not to answer a question, or not to participate in an activity. Pupils may choose to pass on taking part if a topic touches on personal issues which they should not disclose in a classroom setting, or if the topic of the activity or discussion makes them feel uncomfortable in any way. They could be invited to discuss their concerns with the teacher individually. Teachers can prepare the class by letting them know the nature of the topic beforehand and offering pupils the opportunity to let the teacher know, either anonymously or directly, if they have any concerns about themselves or a friend. This will enable you to ensure that your teaching is as inclusive as possible and is matched to the pupils' needs.

Make no assumptions

In addition to not judging the viewpoints of others, pupils must also take care not to make assumptions about the attitudes, life experiences, faith values, cultural values or feelings of their peers.

Listen to others

Every pupil in the class has the right to feel listened to, and they should respect the right of their peers to feel listened to as well. You might choose to revisit what active listening to others means. It is okay to challenge the viewpoint of another pupil, but we should always listen to their point of view, in full, before making assumptions or formulating a response.

Use of language

Pupils should be reminded to take care in their use of language in (and beyond) lessons about mental health. They should not be using vocabulary that is inaccurate or offensive. There are many words surrounding mental health that have negative connotations or may be misunderstood by pupils.

It can be valuable to explore these words and understand exactly why they are inappropriate and should not be used either in the setting of a lesson, or in day-to-day life. You might, for example, consider with pupils how they would feel if such words were applied to them. Such words include 'nutter' and 'loony bin' or the use of 'mental' or 'crazy' in a derogatory fashion. Pupils should also be reminded not to use words or phrases that trivialise mental health issues. This would include phrases like 'that's so OCD!' or telling people with significant issues to 'pull themselves together' or keep their 'chin up'. There are a lot of commonly-used phrases that trivialise mental health issues and pupils often use them without meaning to cause harm. Taking the time to consider how such phrases might be perceived by someone who was facing anxiety, depression or other mental health issues can help to address their use of such language both within and beyond the PSHE classroom.

You might suggest the following ground rules: 'We will use the correct terms for the things we will be discussing rather than the slang terms as they may be offensive. If we are not sure what the correct term is, we will ask our teacher' and 'We will not use language that might be perceived as trivialising mental health issues.'

Ask questions

It is important to foster an open environment where pupils feel safe asking questions and exploring their preconceptions about a topic. Pupils should understand that no question will be considered stupid, and that when they are in doubt about an issue or topic, they should ask. It's also important that pupils realise it is never appropriate to ask a question in order to deliberately try to embarrass somebody else or to encourage pupils to laugh at someone.

Making an anonymous question box available to pupils can be an effective way of enabling pupils to ask questions they may feel uncomfortable about posing in a classroom setting. You can make this available before, during or after the lesson. You will need to allow yourself time to go through and read the questions. Inviting questions prior to the lesson can be a good way to help you direct the lesson during its development, based on the current needs and understanding of your class, and can also give a good indicator of any safeguarding issues or pastoral issues which need to be followed up.

Seeking help and advice

Pupils should be actively encouraged to seek support or advice if they have concerns about themselves or a friend, either during or following a lesson.

The following table sets out how these rules can be translated into accessible language for pupils:

Ground rule	What this might mean to pupils
Openness	<i>We will be open and honest, but not discuss directly our own or others' personal/private lives. We will discuss general situations as examples but will not use names or descriptions which could identify anyone. We will not put anyone 'on the spot'.</i>
Keep the conversation in the room	<i>We feel safe discussing general issues relating to mental health within this space, and we know that our teacher will not repeat what is said in the classroom unless they are concerned we are at risk, in which case they will follow the school's safeguarding policy.</i>
Non-judgemental approach	<i>It is okay for us to disagree with another person's point of view but we will not judge, make fun of, or put anybody down. We will 'challenge the opinion not the person'.</i>
Right to pass	<i>Taking part is important. However, we have the right to pass on answering a question or participating in an activity.</i>
Make no assumptions	<i>We will not make assumptions about people's values, attitudes, behaviours, life experiences or feelings.</i>
Listen to others	<i>We will listen to the other person's point of view and expect to be listened to.</i>
Using language	<i>We will use the correct terms for the things we will be discussing rather than the slang terms, as they can be offensive. If we are not sure what the correct term is we will ask our teacher.</i>
Asking questions	<i>We know that there are no stupid questions. We do not ask questions to deliberately try to embarrass anyone else. There is a question box for anonymous questions.</i>
Seeking help and advice	<i>If we need further help or advice, we know how and where to seek it confidentially, both in school and in the community. We will encourage friends to seek help if we think they need it.</i>

Implementing safeguards to ensure the wellbeing of vulnerable pupils

Even if you don't know of any current issues amongst the pupils in the class you'll be teaching, prepare all lessons on the basis that there will be at least one member of the class who is personally affected by the lesson content. Think carefully about how to make the lesson safe for that pupil: this will help to ensure the lesson is safe for everyone.

Safeguards you can put in place include:

- Alerting relevant pastoral and safeguarding staff about the topic you'll be covering and encouraging them to discuss the lesson content with any pupils who are accessing support for related issues.
- Clearly signposting sources of support before, during and after the lesson.
- Taking care to avoid the use of images, language or content which may prove distressing or a trigger to vulnerable pupils.

- When using case studies, taking care to ensure they are completely unlike any members of your class. Where possible, use names which are different to those of your pupils and situations which do not reflect the current or past experiences of any pupils in the class.

While sometimes there may be clear physical or emotional indicators that a pupil is vulnerable to the issues we're discussing in class, sometimes there will be no such indicators at all. Some young people work very hard to keep their problems hidden so we must work hard to make our lessons universally safe and never make assumptions about the wellbeing or resilience of particular pupils.

Signposting support

Although it is important that pupils do not make personal disclosures during the course of the lesson, the appropriate means for seeking support and advice need to be clearly signposted in the lesson. This will mean being familiar with, and sharing appropriate parts of, the school's safeguarding, or other relevant, policies. You should be aware of any internal support available in the school, such as counselling services or pastoral care, and be able to explain to pupils how to access that support.⁸ The Department for Health/NHS England taskforce report on children and young people's mental health and wellbeing, *Future in Mind*,⁹ recommends that schools should consider appointing a lead contact or coordinator for mental health issues, and if your school does adopt this model, you will want to work with them on advice to pupils about accessing support. You should also share details of relevant external websites and helplines where pupils can seek confidential advice and support. Pupils should be encouraged to support their friends in seeking help where they think it is needed too.

While clarifying that during a lesson is not the appropriate moment to seek support, you should ensure that pupils understand the importance of sharing with a trusted adult any concerns they have about their own mental health or emotional wellbeing, or that of another person. This is the quickest and best way to ensure that support is received where it is needed. Pupils should be reassured that they will always be taken seriously, will never be judged and will always be listened to if they choose to make a disclosure at school. It is important not only to signpost sources of support but also to make sure pupils know how to access it, both in terms of the practical mechanisms and, especially with younger pupils, what they might say to someone to get the help they need.

Make sure you are fully aware of the policies and procedures you should follow if a pupil confides in you or gives you cause for concern. It is important not to promise confidentiality if information is disclosed which suggests a child is at risk. If policies are not fit for purpose or procedures are out of date or unclear, this should be highlighted with the relevant member of staff.

Informing staff and parents

Pupils are far more likely to seek support for their mental health concerns following a lesson on a topic that is relevant to any current concerns they are facing and where they have developed the knowledge and confidence to seek help. For this reason, it can be helpful to

⁸ Forthcoming Department for Education advice for school leaders and counsellors, 'Counselling in schools: a blueprint for the future', will be published at:

<https://www.gov.uk/government/collections/departmental-advice-schools>

⁹ Department for Health/NHS England (2014) *Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing* (available at:

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>)

make staff and parents aware of the fact the topic is being covered and ensure they know how to provide appropriate support. Also, there may be issues within the cohort you intend to teach which you are not aware of but which are known about by other members of staff. By informing relevant pastoral or safeguarding staff and staff who lead on mental health issues of your intended topics you can help them to prepare vulnerable pupils for your lesson.

Preparing or withdrawing vulnerable pupils

If you are aware of pupils in your class who are likely to find the topic of the lesson particularly sensitive, perhaps due to their own pre-existing mental health condition or that of a family member, then the lesson content should be discussed with them beforehand. This may be done by an adult specifically involved in their care and wellbeing, for example a form tutor or school counsellor. It may be appropriate to give the pupil the right to withdraw from the lesson, and in such cases they should not be expected to justify their absence to their peers. If the lesson is missed, then consideration should be taken as to how to follow up the missed lesson with the pupil in question so that they are able to benefit from the learning, as the outcomes of the lesson may be especially relevant to him or her.

Starting where the pupils are

For PSHE education to be relevant, meaningful and engaging for pupils, and for assessment of learning to take place, it is important to gauge pupils' relevant prior knowledge, understanding, skills, beliefs and attitudes (assessment *for* learning). This is explored in more detail in the section on reflection and assessment below. Before teaching about mental health and promoting emotional wellbeing, it is especially important to understand how pupils are already making sense of this complex concept so that we can tailor our teaching to the group's specific needs.

Grounding teaching in 'real life' contexts

Self-reflection is important when learning about mental health and emotional wellbeing. Therefore these topics are best explored in contexts which are relevant to pupils' lives. However, creating some emotional distance is also important. For this reason we would recommend using fictional scenarios which pupils may be able to identify with but which are clearly distanced from them as individuals.

Distancing the learning

Use distancing techniques to prevent the lesson feeling too personal for pupils. Ideas that work well include:

- case studies and scenarios
- role play and storyboarding
- puppets
- images
- short film clips.

Pupils can be encouraged to provide advice to characters in these fictional scenarios – this exploration of 'something happening to someone else' is very different from talking about their own experiences. Any personal disclosures should be supported in a safe context outside of the main lesson.

Case studies in the form of short videos can work especially well. When using case studies or videos, take care to consider them fully ahead of the lesson to ensure that they are not similar

to any pupil in your class – otherwise this can occasionally happen completely accidentally. It is also important when drawing on case studies or video resources to ensure that these do not inadvertently provide a ‘how to guide’ for vulnerable pupils. For example, explicit discussion of means of self-harming or weight loss can be instructive rather than preventative.

Reflection and assessment

It is important for pupils to have opportunities to draw together and reflect on their learning, for teachers to feel confident that learning has taken place, and for both pupils and teachers to identify future learning needs. Clear learning objectives (the aims and purposes of the lesson) and intended learning outcomes (what pupils will be able to demonstrate at the end of the lesson) should be the starting point of each lesson you intend to teach. Pupils’ existing knowledge, understanding, skills, beliefs and attitudes should be identified and used both to plan relevant learning, ensuring the lesson objectives and intended learning outcomes are meaningful, and to assess pupils’ progress.

Assessment in PSHE education should not simply focus on factual knowledge. It should provide opportunities to assess:

- an increase in knowledge (Before I only knew ..., now I also know ...)
- an increase in understanding (I always knew ... but now I can see how it connects to ... and now I can see how I could use this in my life)
- a change or reconfirmation of a belief (*I used to feel ... but I now feel ...*)
- a richer vocabulary (Before I would have said ... but now I can say ...)
- increased competence in skills (Before I didn’t how to ... but now I know how to ...)
- new strategies acquired (Before I wouldn’t have known how to ... but now I know new/more effective ways to ...)
- an increased confidence (Before I could/would say and do ... but now I feel I am able to say and do ...)
- changed and challenged assumptions (Before I thought that ... but now I realise that was just a myth or a stereotype).

Teachers may also include more formal activities to assess and gather evidence of pupils’ progress at the end of a lesson or series of lessons. An effective way of doing this is to carry out and later revisit a baseline activity where pupils share everything they understand about a topic. Activities such as ‘mind maps’ or ‘draw and write’ exercises can be revisited, with the pupils using a different coloured pen to add additional thoughts, information and ideas, correct their original misconceptions and fill gaps in their prior knowledge. These activities provide assessment evidence in their own right. In addition, if success criteria have been established, progress could be assessed against these criteria to make a judgement on whether pupils are ‘working towards’, ‘working at’, or ‘working beyond’ the intended outcome for that piece of learning.

While it should not be ‘marked’, personal reflection in PSHE education lessons is essential, especially when learning about issues such as emotional wellbeing and mental health. Pupils need opportunities to consider how new learning will be relevant in their own lives, both now and in the future. Reflection is therefore a valid and valuable component of PSHE assessment. Sometimes pupils may reflect in writing or through discussion, but it is often more appropriate for their thoughts not to be recorded. Equally, it is important to recognise and respect that pupils may not feel comfortable sharing all of their personal reflections with peers or staff. It is

perfectly acceptable, and an equally valid part of the assessment process, to pose questions for private reflection only.

Teaching in a non-judgemental way

It is **a key principle of PSHE education**¹⁰ that there is a positive approach to learning which does not attempt to induce shock or guilt but focuses on what pupils can do to keep themselves and others healthy and safe. However, in encouraging pupils to share their existing understanding about mental health, teachers may identify some preconceived ideas on the subject, based on personal experience or what they have heard or seen from friends, family or the media.

Teachers should not be judgemental when confronted with young people's pre-existing views on mental ill health, some of which may directly contradict the aims of our teaching. The aim should be to 'take young people on a journey', encouraging them to understand mental health and emotional wellbeing and why promoting and supporting good mental health in ourselves and in others is so important. However, there may be instances when what pupils say raises such concern that you are obliged to share it with others in line with the school's safeguarding policy, as set out above.

Ensuring you as the teacher get the right support

The issues explored when teaching about mental health may affect teachers personally. Before teaching a lesson on mental health, it may be helpful to prepare by talking to your line manager or other colleagues about any concerns that you might have. You may also find yourself in the position of managing disclosures from pupils outside of taught lessons, as they realise that you are knowledgeable about mental health issues and will take their concerns seriously and respond appropriately. Managing such disclosures from pupils can take an emotional toll, so it is important that you are supported by colleagues.

In addition to issues related to our own wellbeing, there is also the concern that we feel, as non-specialists teaching about topics such as mental health, which can leave us lacking in confidence. This guidance is a good starting point, but many teachers feel more confident teaching about issues related to mental health when they have accessed face-to-face continuing professional development (CPD) – this may be provided informally via a more experienced colleague or as a more formal training opportunity. It can also be helpful to work through your planning with colleagues when you are about to address issues that you feel less confident about, or to observe a more experienced colleague's teaching or to 'team-teach' these topics.

Ending the lesson

It is worth considering how best to finish a lesson of this nature, which can be emotionally draining both for pupils and teacher. Building in an activity which is light-hearted at the end of the lesson can be a good way to change the class atmosphere so that pupils are ready for their next lesson. You may also want to ensure that you are available for a short period following the lesson so that if a pupil has found the lesson in any way distressing or wishes to make a disclosure about themselves or a friend, they are able to do so.

¹⁰ Ten Principles of Good PSHE education: <https://www.pshe-association.org.uk/content.aspx?CategoryID=1156>

USING 'VISITORS' IN THE CLASSROOM TO SUPPORT TEACHING ABOUT MENTAL HEALTH

The use of visitors is an important part of many schools' programmes. As with any piece of learning, the first question however is always, 'what am I trying to achieve?' (what are my learning objectives, the learning outcomes I expect to see demonstrated by my pupils and how will I assess these?), followed by 'is inviting a visitor the best way to organise this learning?' Finally, it is worth asking 'can this visitor provide something worthwhile that I cannot?'

It is important to think about a visitor as a classroom resource and not a substitute teacher. Some professional organisations provide comprehensive training for personnel expected to work with young people, while others will have little or no training or experience. For this reason we have used the term 'visitor' instead of 'speaker' here.

What can a visitor bring to the classroom?

- They can bring an expertise that you as a teacher may not have, nor should be expected to have.
- They can act as an expert witness, recounting events in their lives from a personal or professional perspective.
- They have a 'novelty' and we know the brain recalls novelty.
- They can establish a 'first contact' to a helping agency. For example it can be really hard for a young person to approach any source of support 'cold'. Establishing a relationship in a classroom session can help to overcome this.

Why is it so important to consider these sessions carefully?

As the session facilitator, regardless of who is working with your pupils, you are responsible for managing the learning.

Young people are always learning at a variety of levels. For example, a visitor will not only be providing their input, they will be transmitting and modelling messages about who they are and also the values of whoever they represent officially or by association. When you invite a visitor to work with young people, you get the whole package, not just the content of their input. For example, what are all the messages, spoken and unspoken, that a really interesting, dynamic and charismatic recovered anorexic, with a fascinating and exciting life story, and who is now invited to speak to large audiences, that are being transmitted to young people?

Some essential considerations:

- Who is or are the people you are inviting into your session?
- What skills, needs, expectations, experiences or knowledge do they bring?
- How do you know?

It is absolutely essential to consider these points. Never confuse a leaflet, a fantastic website or the written testimonials of other teachers or headteachers (unless you can contact them in person) with the expertise needed to work with your pupils.

If they bring a body of knowledge, does it come with a personal message or set of attached values? Do you know what these are, and are they in harmony with your school policies? It is important not to confuse 'passionate and well-intentioned' with 'appropriate and skilled'.

Is a visitor happy to act as a 'resource' with you managing the learning, or do they expect to 'run the whole session'? If they do expect to take the lead role, are you confident they have

the teaching for learning and classroom-management skills to achieve your learning objectives and outcomes with this particular age group, in your community, with young people they have never met before?

If they have been endorsed by another organisation, ask yourself what confidence you can have in that organisation to assess the visitor's ability to work with your pupils. Does that organisation have the expertise to really make a valid assessment?

In an ideal world we should try to watch any visitor work in a similar learning environment before confirming their visit to our session, but more realistically we could ask what other local schools or settings they have worked in, and talk to professional colleagues in those schools or settings.

Negotiation

If you think there might be any professional role conflict, this needs sorting out before any session takes place and ground rules renegotiated if necessary with the young people attending the session.

- Does this visit fit into and build on my scheme of work?
- Is the input relevant?
- Does it build on, extend or enrich previous work?
- Does it offer a stimulus for future work, and if so, do I or my team have the skills and knowledge to capitalise on it?

Any visit should be part of a spiral PSHE education programme with continuity and progression, and never a 'one-off'.

Following up

What do you plan to do after the visit? For example if a visitor has raised an issue, what communication skills, strategies or research opportunities might young people need to manage this issue for themselves? Do they have them already and just require you to connect these to this new issue through rehearsing and applying them in this new context, or do you need to teach new skills?

If young people raise questions or express anxieties after the visit, perhaps days or even weeks later, do you have a means to answer their questions or address their concerns?

Confidentiality and school polices

Consider:

- Might any young person be upset by this input?
- What if a young person becomes upset or reveals something disturbing about their own or another person's personal experience?

PSHE education, perhaps more than any other area of the curriculum, works in the young person's immediate reality and helps them explore how they feel about it. For this reason we need to be sensitive to their prior experiences and be ready for them to share their present experiences and feelings. It is wise to have a protocol in place to support any young person who becomes distressed.

No matter what policies the visitor (or any organisation they might represent) has with regard to confidentiality, your school or local authority policy should always take priority. It is essential that safeguarding policies be adhered to.

TEACHING ABOUT EATING DISORDERS, SELF-HARM AND SUICIDE

Many teachers talk of a particular anxiety related to teaching lessons which explore self-harm, eating disorders or suicide for fear they may do more harm than good. We should not avoid talking about these topics as these lessons provide an important opportunity to aid understanding and signpost young people to support. However, we need to be careful about the types of things we say and the information we share. When teaching about these topics, it's especially important to prepare and teach the lesson assuming there is a vulnerable pupil in the room, even if you're not aware of them. Try to keep that pupil safe and you'll keep the whole class safe.

We've provided guidance below but would always recommend that you review lessons on especially sensitive topics with an experienced colleague before teaching to ensure you are both confident the lesson will 'first do no harm'.

Do not provide detailed methods or instructions

We want to create a culture of open exploration of mental health issues in our classroom, but it's important that we consider appropriate boundaries to ensure that our lessons do not become instructive to vulnerable pupils.

- **Do not talk about specific methods of self-harming.** For example we might say that self-harm can take the form of cutting, burning or self-poisoning, but we would not be more explicit than that, as vulnerable pupils may copy the behaviours they learn about in class.
- **Do not talk about specific methods of weight loss or purging.** Pupils who are vulnerable to eating disorders may be inspired by specific methods of weight loss or purging. The exception to this is that you may choose to carefully explore issues related to laxative abuse or self-induced vomiting (see below).
- **Do not talk about specific methods of suicide.** We should also take care to avoid talking about specific methods of suicide. This can be a particular issue for lesser-known methods or methods that may be perceived as easily accessible, quick or less painful than other methods. When someone contemplates taking their own life, in most cases they are not immune to the fear associated with the act of taking their life, but this feels the lesser of two evils compared to staying alive. Where easier, quicker, less painful methods are learned of, this option may feel more realistic and tempting to a young person at a time of crisis.
- **Do not talk about specific methods of hiding harm or weight change.** Young people who self-harm or suffer from eating disorders often develop a wide range of ways to disguise the harm they are doing to themselves. This may include stories to explain injuries or weight change, ways of artificially raising weight before weigh-ins and finding ways of harming the body which are less visible to observers. These methods are especially likely to be shared by young people who have recovered and are now sharing or exploring their experiences with peers. Again, this can be instructive rather than preventative for vulnerable pupils and must be avoided.

Use non-emotive language, images and videos

Try to be factual rather than dramatic. We should try to avoid the use of emotive language or over-dramatisation. Pupils learn best and most safely when presented with facts and given the opportunity to discuss and explore them within safe boundaries.

The same is true of images. Using images designed to dramatise or sensationalise issues such as self-harm, suicide and eating disorders can often trigger harmful thoughts, feelings and behaviours in vulnerable pupils. Portrayals of extreme thinness are often incorporated into teaching resources with the mistaken belief that they will horrify and shock pupils and therefore prevent them from developing disordered eating. Such images can be extremely harmful as they can be seen as inspiration by pupils currently suffering with an eating disorder, as their interpretation of the images will be distorted by their illness. Images of emaciation and extreme self-harm can also make pupils who are in need of help think that their problems are not severe enough to warrant support or treatment, and therefore act as a barrier to seeking help. Similarly, young people may dismiss worries about a friend with an eating disorder on similar grounds, believing that only extreme thinness is an issue to worry about. In fact, people with eating disorders may be underweight, a healthy weight or overweight – a fact we should take care to communicate to pupils.

Signpost sources of support

While we must always take care to signpost sources of support when teaching PSHE, we must take extra care to do so when touching on self-harm, suicide or eating disorders. We must ensure that young people understand the importance of seeking help for themselves or a friend if they have concerns, and that the ramifications of preventing this help-seeking can be very serious, and at best will mean that their friend is facing these difficulties alone for longer.

We need to make it clear to pupils how to seek help and what will happen when they do – this means being upfront about issues related to confidentiality. As well as recommending in-school sources of support you should specifically highlight sources of anonymous support – such as Childline or the Samaritans, which can act as a good stepping stone for a young person who is not yet ready to have a face-to-face conversation.

Explore the dangers associated with vomiting or laxative misuse

Although in general, care should be taken to avoid discussion of specific methods of weight loss, we may choose to make an exception when it comes to vomiting and laxative misuse, two of the most common forms of unhealthy weight loss in young people with eating disorders. Laxative abuse is highly prevalent and rising quickly amongst young people, who can easily access laxatives as sales are not restricted. Self-induced vomiting is seen by some young people as a normal and acceptable means of weight control. In order to help inform young people we may choose to discuss with older pupils (key stage 4 or above, unless you feel this needs to be taught earlier due to specific circumstances) the medical implications of self-induced vomiting or laxative misuse.

We should do this in a straightforward, non-sensationalist way that is not designed to shock or upset but rather to impart the facts. We should take care to signpost support and encourage affected young people to seek the help of a teacher if they have concerns about themselves or a friend.

Repeated vomiting or laxative misuse can result in the short term in dehydration, leaving young people feeling lethargic, dizzy and prone to fits and faints. In the longer term there can

be serious effects on the digestive system and other internal organs, with the kidneys and heart being more prone to failure due to a lack of fluid and nutrition. Most seriously, lack of potassium can result in kidney failure or cardiac arrest.

If we do choose to touch on laxative misuse and self-induced vomiting, we should signpost sources of further information for pupils for whom this is more relevant – for example the Beat website: www.b-eat.org.uk

We should never talk about how to access laxatives or the different types available. Nor should we talk about different methods of inducing vomiting.

Wound care

While we would not want to advocate self-harm as a coping mechanism, in a class of 30 secondary school pupils, the chances are that there will be more than one pupil who is currently self-harming. For these pupils, it can be helpful to make the point that wounds that are not properly cared for carry a risk of infection, which can often cause very serious harm. We might therefore choose to mention briefly that wounds of any type (whether self-inflicted or otherwise) should be appropriately cared for. We might choose also to allude to injuries sustained through self-harm when referring to health, hygiene and wound care at other points in our PSHE education or broader curriculum.

We can also helpfully teach the signs of shock which may be suffered by a young person following a self-harm incident. If a young person suspects shock – this may be indicated by fast breathing, racing heart, feeling faint, nauseous or panicked – they should seek the support of a trusted adult. If they feel unable to do so, they should at least move to a situation where they are not alone: this can be as simple as heading to the playground. This will ensure they receive medical attention if it's needed.

FACTORS IMPACTING ON YOUNG PEOPLE'S EMOTIONAL WELLBEING

To be able to provide relevant information and support to our pupils, it's vital that we understand the pressures that they are currently under. In a survey of over 2,000 adolescents in 2014,¹¹ Young Minds – a charity which provides information and support about young people's mental health issues – found that the following issues were the key factors causing concern to school-aged children.

Fear of failure

Children and young people are expressing fear of failure at increasingly younger ages. Many schools report an increase in emotional wellbeing issues in Years 5 and 6 as some pupils prepare to take secondary school entrance exams, or where there is an emphasis on success in SATS and other key stage tests. It is very common for schools to report an increase in issues as pupils approach major examinations as well. High expectations are often internally driven by pupils themselves in addition to any external pressure which may be present from parents or the school.

¹¹ Young Minds VS (2014) *Party Conference Report*. Young Minds (Available at: http://www.youngminds.org.uk/assets/0001/5757/YM_Vs_Party_Conference_Report.pdf)

Bullying

Bullying is a key trigger for mental health and emotional wellbeing issues, as well as being a key maintaining factor (that is to say that young people who are attempting to overcome difficulties find it far harder to do so in a context of teasing and bullying). Bullying can be both face-to-face or online – and in many cases both. It’s important to understand that sometimes what is meant in good humour or jest is very easily misinterpreted or can escalate rapidly, causing distress and emotional pain to vulnerable pupils.

Body image

Body image is a real concern amongst all young people – not just young women as is often believed – and low self-esteem and poor body image are a leading cause of pupils opting out of extracurricular activities or failing to engage in class. The pressure to look a certain way or weigh a certain amount is felt keenly by many pupils, regardless of their gender, and these pressures can contribute to the development of eating disordered behaviour as well as a range of other emotionally and physically harmful responses.

The online environment

In 2015, pupils see little or virtually no division between the online and offline world. They may have many friends who they know purely in an online context and they do not see this as problematic or unusual. However, our teaching of PSHE education does not always fully embrace this online world. Much of what we teach in an offline context with regard to developing healthy relationships and staying safe can be readily adapted to address the online context too. Potential dangers to pupils online include online abuse and grooming, cyberbullying and becoming involved in dangerous communities which advocate harmful behaviours (for example ‘pro-ana’ communities which advocate anorexia as a lifestyle choice and provide advice and support to maintain this ‘lifestyle’ as opposed to promoting support to change these harmful behaviours).

Sexual pressures

Ready access to pornography has led to an increase in the sexual pressures felt by the current generation of children and young adults. Young people talk about pressures to look and behave a certain way when in a relationship, as they are used to viewing the way that people look and behave in pornography. This access to pornography may also be one factor contributing to an increase in abuse in teenage relationships, as it often portrays relationships where consent is neither given nor sought. Further information and guidance about sexual pressures, healthy relationships, consent and pornography are provided in the PSHE Association’s consent guidance for schools.¹²

Employment prospects

As well as worrying about academic pressures and exams, young people often voice their concerns about their job prospects when they finish school.

¹² PSHE Association (2014) *Guidance on teaching about consent in PSHE education at key stages 3 and 4* (available at: www.pshe-association.org.uk/consent)

COMMON TRIGGERS FOR UNHEALTHY RESPONSES

There is not always a clear cause or trigger for mental health or emotional wellbeing issues. But it is certainly true that children and young people are more likely to develop issues such as anxiety or depression, or harmful behaviours such as self-harm or alcohol or drug misuse, at times of particular stress. It is worth being aware of these trigger points so that we can increase our prevention through learning in PSHE education and early intervention efforts around these times, and keep an eye on pupils who may be more vulnerable to developing issues than their peers due to their current circumstances. When planning PSHE education schemes of work it is important that this forms part of a whole-school approach and that lines of communication are open between the PSHE Lead and colleagues with pastoral responsibility. While PSHE education lessons should not simply be a response to things that are happening in school or in the community, or issues individual pupils are experiencing, it is important to bear these things in mind and allow for some flexibility.

Common triggers for unhealthy responses in school-aged children include:

Family relationship difficulties

Difficulties at home can take a huge toll on a young person's emotional wellbeing. The difficulties may be between the parents or may concern the young person directly, such as a difficult falling out with a family member. Stable family relationships are a fantastic source of emotional support for young people, so it's important to think about where that support is coming from, and what extra support might be needed when things are difficult at home.

Peer relationship difficulties

Similarly, difficult relationships at school can leave young people feeling desperate and with no one to turn to. In these instances they are far more likely to turn to unhealthy coping mechanisms such as self-harm, disordered eating or substance abuse.

Trauma

Experiencing trauma, for example a bereavement or being involved in an accident or suffering abuse, will leave a young person very vulnerable and in huge need of support. It is important to bear in mind that this is about the pupil's perception of trauma, not our own – so difficulties may be triggered by something seemingly insignificant but which has had a deep impact on the child or young person concerned, such as the death of a pet.

Being exposed to unhealthy coping mechanisms in other pupils or the media

When young people are exposed to self-harm, eating disorders or other unhealthy coping mechanisms, either by witnessing them first-hand or by watching them on TV or the internet, they are more likely to replicate such behaviours themselves. Teachers should be especially vigilant and respond proactively if popular or high-profile programmes watched by a large number of pupils run stories involving eating disorders or self-harm.

Difficult times of year, such as anniversaries

The anniversary of a significant event such as the death of a parent is often a very difficult time for a young person. It is sensible to keep a note of any such dates on their files as it is not uncommon for problems to arise seemingly out of the blue many years after the trauma as a pupil marks a milestone anniversary or if a pupil is also contending with other difficulties (e.g.

exam stress). An anniversary or birthday of a lost loved one can be the final straw which renders them unable to cope. This is an example of when good communication between class teachers/form tutors, pastoral leads and PSHE teachers (if they are not one and the same person) are so important.

Trouble in school or with the police

If a young person gets into significant trouble at school or with the police, this can be hugely stressful and can lead to them turning to coping mechanisms such as alcohol, drugs or self-harm.

Exam pressure

The pressure of exams is keenly felt by pupils and is a very common trigger for mental health problems. Teachers should be keeping an extra close eye on young people as they enter periods of exams and also during times when academic pressure increases significantly – such as the move from Year 9 to Year 10, when students begin work on their GCSEs. PSHE education lessons can offer an ideal context for pupils to learn and develop healthy habits and strategies for coping with exam and other academic pressures.

Transition to a new school

Transition to a new school can be very difficult for children and young people, who may miss the familiarity of their old setting and may need to establish new friendship groups. This is true of pupils who are making the natural progression ‘up to big school’ even if they are accompanied by some of their friends, and is even more acute for children who move schools part way through a school year due to a family move or following a permanent exclusion, for example. PSHE education schemes of work should include learning to support pupils’ resilience and coping strategies for transition at all relevant points, building on prior learning from their previous transition point.

Illness in the family

If a parent or sibling falls seriously ill, this can put a huge pressure on a young person, who is likely to take on some form of caring role while inevitably receiving less time and attention from loved ones due to the focus on the family member who is unwell. They may also be harbouring deep worries about the wellbeing of their relative. In this situation, young people often feel unable to voice their worries or concerns for fear of being a burden, and may instead turn to other coping mechanisms such as alcohol, drugs or self-harm.

Where triggers may impact a large number of pupils, it makes sense to adapt your PSHE provision accordingly. For example, following the transition into Year 7 or in the run-up to exams are sensible points at which to teach or revisit healthy coping skills and stress management. Individual pupils or small groups of pupils may benefit from additional support at specific times. This support would usually be provided via their form tutor or a school counsellor, but it can be helpful to make relevant colleagues aware of any useful resources or sources of further support you are able to share with them.

Vulnerable groups

Some young people are more vulnerable than their peers to developing mental health or emotional wellbeing issues. These include:

- children in care
- children who have been adopted
- LGBT pupils
- children whose family have a history of mental health issues
- young carers
- young offenders.

SIGNPOSTING: FURTHER INFORMATION ABOUT SPECIFIC CONDITIONS

There is a huge range of mental health and emotional wellbeing issues which might have an impact on your pupils and their families, and it is beyond the scope of this guidance to provide detailed information on all of them. In this section, we have provided signposting to 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 we have listed them here because we think they are useful for school staff too.

Support on all of these issues can be accessed via [Young Minds](http://www.youngminds.org.uk) (www.youngminds.org.uk), [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 (forthcoming) *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

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 – PAPHYRUS: 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 (forthcoming) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. 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

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

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

Books

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

For further information on any of the issues covered in this guidance, please contact the PSHE Association: www.pshe-association.org.uk. For further information on promoting emotional health and wellbeing as part of a whole school approach, we recommend guidance from Public Health England: <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>