Mental Health & Wellbeing Guidance

Document Control

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Related Policies & documents:	Attendance Policy Anti-bullying Policy Health & Safety Policy Safeguarding & Child Protection Policy Sex & Relationships Policy Keeping Children Safe in Education (KCSiE) Working Together to Keep Children Safe (2023) Equality & Diversity Guidelines Supporting Children with Medical Conditions SEND Policy Local Behaviour Management Policies First Aid Policy Counselling Policy DfE Guidance Gender Questioning Children DfE Guidance School Suspension & Permanent

Revisions

Version	Page/Para No.	Description of Change	Approved
3		Updated related policy list	November 2025
3		Changed the Policy to Guidance	November 2025
3	Page 7 section 12	Addition of reference to Trust wellbeing survey	November 2025
3	Appendices	Checked and updated links	November 2025

Contents page

1   Rationale

Mental health is a state of wellbeing 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)

Throughout our Trust, we aim to promote positive mental health and wellbeing for every member of our staff and student community. We pursue this aim by fostering a supportive environment and providing access to universal, whole community approaches, and specialised targeted approaches that support individuals to take responsibility for their own mental wellbeing, including seeking signposted help when needed.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. By developing and implementing practical, relevant, and effective mental health related policies and procedures we can promote a safe and stable environment for staff and students affected both directly, and indirectly by mental ill health.

2   Scope
This document describes our approach to promoting positive mental health and wellbeing. This document is intended as guidance for all staff including non-teaching staff and academy councilors.

This document should not be read in isolation; a range of pertinent policies and other guidance documents are listed on the document control page, page 1.

The Guidance Aims to:
- Promote positive mental health in all staff, students, and families.
- 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 students suffering mental ill health and their peers and parents/carers

3   Lead Members of Staff
Whilst all staff have a responsibility to promote the mental health of students, t*he Trust expects each academy to name staff with a specific, relevant remit which is appropriate to the academy size and phase; some staff may hold multiple roles*. These responsibilities will routinely include:

- The Designated Safeguarding Lead (DSL)
- The Senior Mental Health Lead (SMHL) / Thrive Practitioner
- The named First Aider
- The Pastoral / House Lead
- The Lead for Professional Development
- The Lead for the Personal, Social and Health Education

Any member of staff who is concerned about the mental health or wellbeing of a student should speak to the SMHL in the first instance. If there is a fear that the student is in danger of immediate harm, then the normal child protection procedures should be followed with an immediate referral to the DSL.

If the student 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. Academy's should refer to the Trust First Aid Policy.

4   Teaching about Mental Health
The skills, knowledge and understanding needed by our students to keep themselves and others physically and mentally healthy and safe are included as part of our PSHE curriculum and is embedded through the entire curriculum and whole school experience, including activities which extend the boundaries of learning.

The specific content of PSHE lessons can be determined by the specific needs of the cohort and the specific context of the academy, but there is always an emphasis on enabling students to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

As a trust, we have adopted the PSHE Associations thematic framework for the secondary phase and Cambridgeshire SOW for the primary phase, special sits across both frameworks, which support teaching mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

In our secondary academies we actively promote Kooth online which offers free and anonymous support.

5   Signposting

The Trust expects each academy to ensure that staff, students and parents are aware of sources of support within each academy and in the local community. Trust posters have been created for both primary and secondary phases, flagging graduated trust support for both staff and students. **Appendix D** provides a useful template for this information.

The Trust expects each academy to display relevant sources of support in communal areas such as dining room, play areas/corridors/common rooms and toilets and to regularly highlight sources of support to students within relevant parts of the curriculum. As professionals we understand that whenever we highlight sources of support, we will increase the chance of a student help-seeking by ensuring students understand:

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

6   Warning Signs

Staff may become aware of warning signs which indicate a student or member of staff 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 person named in section 3; these should be displayed in prominent positions around the school site, including classroom and offices.

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

This list is an indicator of possible signs and is not limited to other behaviours that may be exhibited by the student or member of staff. In addition, staff should be signposted to the Employee Assistance Programme.

7   Managing disclosures

A student or member of staff may choose to disclose concerns about themselves or a friend to any member of the school community, so all staff need to know how to respond appropriately to a disclosure.

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

Staff should listen, rather than advise and our first thoughts should be of the student's, or member of staff's, emotional and physical safety rather than of exploring 'Why?' For more information about how to handle mental health disclosures sensitively see **Appendix E**.

All disclosures from students should be recorded in writing, or through MyConcern and held on the student's confidential file. This written record should include:
- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

This information should be shared with the DSL and / or SMHL who will offer support and advice about next steps; this may include following the Safeguarding and Child Protection Procedures to make a referral.

All disclosures from staff should be referred to the Mental Health Lead or Head of School who will take appropriate supportive steps in consultation with Human Resources (HR). The Trust provides access to Employer Assistance Programme (EAP) and information on this should be freely available to all staff and displayed widely in staff areas.

8 Confidentiality

We should be honest with regards to the issue of confidentiality. If it is necessary for us to pass our concerns about a student, or member of staff, on then we should discuss with the person:
- Who we are going to talk to
- What we are going to tell them
- Why we need to tell them

We should never share information about a student, or member of staff, without first telling them. Ideally, we would receive their consent, though there are certain situations when information must always be shared with another member of staff and / or a parent or carer. Refer to your DSL or HR and seek advice on this matter if in any doubt.

It is always advisable to share disclosures with a colleague, usually the SMHL and/or DSL as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, or member of staff, it ensures continuity of care in our absence and it provides an extra source of ideas and support. We should explain this to the student, or member of staff, and discuss with them who it would be most appropriate and helpful to share this information with.

In the case of students, parents must always be informed, and students may choose to tell their parents themselves, they may require support from staff to do this. If this is the case, the student should be given 24 hours to share this information before the school contacts parents. We should always give students the option of us informing parents for them or with them.

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

9 Working with Parents / Carers

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents, we should consider the following questions (on a case-by-case basis):
- Can the meeting happen face to face? This is preferable.

- Where should the meeting happen? At school, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues, and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents can also be helpful too e.g. parent helplines and forums. **Appendix A** is a useful document for this purpose.

We should always provide a clear means of contacting us with further questions and consider booking in a follow up meeting or phone call right away as parents often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

10   Working with All Parents / Carers

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

- Highlight sources of information and support about common mental health issues on our school website
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child.
- Make our Trust Mental Health & Wellbeing Guidance easily accessible to parents.
- Share ideas about how parents can support positive mental health in their children through our regular information evenings.
- Keep parents informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.
- Highlight the use of Kooth online for secondary age students.
- The MindEd learning portal[1] provides free online training suitable for parents wishing to know more about a specific issue.

11   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 by the student who is suffering and their parents with whom we will discuss:

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

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves
- Safe sources of further information about their friend's condition
- Healthy ways of coping with the difficult emotions they may be feeling.
- Highlight the use of Kooth online for secondary age students.

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[1] www.minded.org.uk

12   Training

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

Human Resources and the Senior Mental Health Leads in the school and Trust will keep staff updated with access to pertinent webinars, professional development materials and through relevant HR policies to ensure we are providing a supportive environment for staff who wish to learn more about mental health. The MindEd learning portal[2] provides free online training suitable for staff wishing to know more about a specific issue. In addition, Meridian Learning will provide access to relevant IOLs.

Training opportunities for staff who require more in-depth knowledge will be considered as part of the performance management process within each academy and additional professional development will be supported throughout the year where it becomes appropriate due developing situations with one or more students.

As a trust, Meridian will collate data on mental health and wellbeing issues in all academies to help inform a strategic picture. Academies will use MyConcern or similar mechanisms to track student data, HR will collate staff data. Where the need to do so becomes evident, we will source and plan central training sessions for lead staff to promote learning or understanding about specific issues related to mental health and wellbeing.

Colleagues are encouraged to offer suggestions for individual, group or whole school / trust professional development and should discuss these with the Trust Senior Mental Health Lead who can also highlight sources of relevant training and support for individuals as needed. An annual well-being survey is in place across the trust, which an annual action plan is created from to support the wellbeing of all trust members.

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[2] www.minded.org.uk

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

Prevalence of Mental Health and Emotional Wellbeing Issues[3]

- 1 in 10 children and young people aged 5 - 16 suffer from a diagnosable mental health disorder - that is around three children in every class.
- Between 1 in every 12 and 1 in 15 children and young people deliberately self-harm.
- There has been a big increase in the number of young people being admitted to hospital because of self-harm. Over the last ten years this figure has increased by 68%.
- More than half of all adults with mental health problems were diagnosed in childhood. Less than half were treated appropriately at the time.
- Nearly 80,000 children and young people suffer from severe depression.
- The number of young people aged 15-16 with depression nearly doubled between the 1980s and the 2000s.
- Over 8,000 children aged under 10 years old suffer from severe depression.
- 3.3% or about 290,000 children and young people have an anxiety disorder.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have sign-posted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents, but they are listed here because we think they are useful for school staff too.

Support on all of these issues can be accessed via Young Minds (www.youngminds.org.uk), Mind (www.mind.org.uk) and (for e-learning opportunities) Minded (www.minded.org.uk).

1   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
National Self-Harm Network: www.nshn.co.uk
SelfHarm.co.uk: www.selfharm.co.uk

Books
Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. 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
Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies*. London: Jessica Kingsley Publishers

2   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.

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[3] Source: Young Minds

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

3   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

4   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

5   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
On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/
Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org

Books
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

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

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

Online support
Beat – the eating disorders charity: www.b-eat.co.uk/about-eating-disorders

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

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

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

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

Appendix B: Guidance and advice documents

Advice for Schools and Framework document
written by Professor Katherine Weare. National Children's Bureau (2015)

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

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

Healthy child programme - GOV.UKa recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. Department of Health (202309)

Keeping children safe in education 2025- statutory guidance for schools and colleges. Department for Education

https://www.kooth.com/

NICE guidance on social and emotional wellbeing in primary education

NICE guidance on social and emotional wellbeing in secondary education

 Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK- departmental advice for school staff. Department for Education (2021)

Supporting students at school with medical conditions - statutory guidance for governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)(2015).
Mental health and emotional wellbeing teacher guidance PSHE Association. Funded by the Department for Education (2021)

What works in promoting social and emotional wellbeing and responding to

Appendix C: Data Sources

Children and young people's mental health and wellbeing profiling tool collates and analyses a wide range of publically available data on risk, prevalence and detail (including cost data) on those services that support children with, or vulnerable to, mental illness. It enables benchmarking of data between areas.

ChiMat school health hub provides access to resources relating to the commissioning and delivery of health services for school children and young people and its associated good practice, including the new service offer for school nursing.

Health behaviour of school age children is an international cross-sectional study that takes place in 43 countries and is concerned with the determinants of young people's health and wellbeing.

Appendix D: Sources or support at school and in the local community

This will be unique to every academy. Take time to collate a thorough list of support available at school and within the local community.

School Based Support
List the full range of support available to students. For each include:
- What it is
- Who it is suitable for
- How it is accessed
- How this information is communicated to students

This is likely to include information about pastoral staff including behaviour and learning support and school counsellors.

You should also include details of any specific groups or interventions run at the school. This information is often not widely shared. Putting it in an appendix in your policy will help to ensure that those students who most need support are able to access it.

Local Support
List any local support services or charities that might be accessed by students or their families.

Often there are a range of charities and other local services that can be accessed freely or at very low cost. There may be pockets of knowledge on such topics amongst staff and parents. It is well worth going to the effort of trying to gather this information in your policy so that it is easy to access centrally when most needed.

Appendix E: Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

> *"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone, but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."*

If a student has come to you, it'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've never experienced these difficulties firsthand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk, and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

> *"She was so disgusted by what I told her that she couldn't bear to look at me."*

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the 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 can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

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

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

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'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the 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 can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the 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.