PSHE
Association

Teacher guidance:
teaching about mental health and emotional wellbeing

PSHE Association guidance funded by the Department for Education

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1.
INTRODUCTION

From September 2020, the health education elements of PSHE education will be compulsory in all schools (PSHE education is currently only compulsory in independent schools). The statutory changes also make Relationships Education compulsory for all key stage 1 and 2 pupils and Relationships and Sex Education (RSE) compulsory for all pupils receiving secondary education, in all schools.

The statutory guidance for health education covers physical health, mental health and emotional wellbeing. It recognises that physical health and mental health are interlinked, that good physical health contributes to good mental health, and vice versa.

This 'Teaching About Mental Health and Emotional Wellbeing' guidance and accompanying teaching resources, originally funded by the Department for education (DfE), have now been revised to ensure that they are fully up to date and reflect these statutory changes.

Irrespective of statutory requirements, teaching about mental health and emotional wellbeing as part of a comprehensive PSHE education curriculum is vital. It promotes pupils' wellbeing through an understanding of their own and others' emotions and the development of healthy coping strategies. It also contributes to safeguarding, providing pupils with knowledge, understanding and strategies to keep themselves healthy and safe, as well as equipping them to support others who are facing challenges. Finally, talking openly about mental health issues is an effective means of breaking down any associated stigma.

The emphasis should always be on developing pupils' knowledge, understanding, skills, language and confidence to seek support, as needed, for themselves or others. They should understand when to seek help, what help is available, and the likely outcome of seeking support.

As with any aspect of PSHE, learning about mental health must build up from early learning if it is to be most effective. With very young pupils, 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.

With the high prevalence of mental health issues in society, even young children may be learning about emotional health through their own experiences. According to NHS data[1] , 12.8 per cent of children aged 5 to 19 had a child mental health disorder in 2017. For 2 to 4 year-old children 5.5% were identified as having at least one mental disorder, rising to 16.9% of 17 to 19 year-olds.

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1 Mental Health of Children and Young People in England,2017, NHS Digital, pubd. November 2018

In the early key stages, PSHE education equips pupils to adopt healthy behaviours and strategies, and to seek appropriate and timely support when they or a friend need it – rather than explicitly teaching about mental ill-health. Protective factors (including good communication, problem-solving, healthy coping skills, resilience and the ability to name, describe and understand a range of emotions) can reduce the risk of pupils turning to unhealthy coping mechanisms. These protective factors can also be developed from an early age, laying the foundations for more specific learning later on.

But teaching about mental health and emotional wellbeing can be challenging for teachers. Schools might recognise the imperative to address mental health and emotional wellbeing through PSHE education, but without sufficient background knowledge teachers can find this daunting. This guidance document, and its accompanying lesson plans, support teachers to teach about mental health and emotional wellbeing safely and sensitively.

Schools should access training and support before teaching the more challenging areas of mental health and emotional wellbeing. Similarly, teachers should be supported by colleagues, and should always work on the assumption that in any lesson, 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. Please contact the PSHE Association (www.pshe-association.org.uk) or one of the many expert organisations cited in this guidance, if you have any further questions. See also: Public Health England's guidance on a whole school approach to promoting emotional health and wellbeing.

2.

TEACHING ABOUT MENTAL HEALTH AND EMOTIONAL WELLBEING SAFELY AND CONFIDENTLY

When addressing mental health and emotional wellbeing through the PSHE curriculum, it is imperative that you follow the guidance below to keep your pupils safe, whether you use the accompanying lesson plans or design lessons from scratch. Every class is unique, so reconsider these points before each lesson you teach.

2.1 Using ground rules to create a safe teaching and learning environment

Ground rules are fundamental to creating and maintaining a safe teaching and learning environment. Establishing a safe learning environment for both pupils and teacher is important for PSHE education lessons – especially those focusing on mental health and emotional wellbeing, as it:

• protects pupils from possible distress
• enables them to feel comfortable exploring values and attitudes
• enables them to express their own opinions and consider the views and opinions of others, without the fear of negative feedback.

While appropriate disclosures by pupils about mental health issues should be seen as a positive impact of this learning, it is 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 covered at the start of the lesson. Lead the way by modelling the ground rules in your own communications with the class. Ground rules are most effective when they have been negotiated and agreed with pupils, (rather than imposed) and are:

• written in pupils' own words
• displayed in the classroom
• in some cases, physically signed by pupils (like an informal contract)
• monitored by pupils themselves
• followed consistently by the teacher as well as the pupils.

Below are some areas to explore with your class when agreeing ground rules.

Openness

An ethos of openness helps break down the stigma that surrounds mental health issues, but should be within specific boundaries and governed by your school's safeguarding policy. Mental health should not be taboo but openly and honestly discussed within a safe, supportive environment. Discussions should be positive and affirming, while allowing 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 must be left out.

The ground rule might be:

We will be open and honest, but not discuss directly our own or others' personal 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'.

Keep the conversation in the room

Pupils need to feel safe discussing mental health, and exploring misconceptions or questions in lessons without fear that these discussions will be repeated by teachers or pupils beyond the classroom. But always make it clear that if you become concerned about a pupil being at risk then you will need to follow the school's safeguarding policy, and that you cannot completely guarantee that no other pupil will repeat what has been said.

The ground rule might be:

We will keep the conversation within the room and we know that our teacher will not repeat what is said in the classroom unless they are concerned someone is at risk, in which case they will follow the school's safeguarding policy.

Non-judgemental approach

Pupils may have existing beliefs, misunderstandings and inappropriate attitudes towards mental health. It is important that these can be explored without fear of being judged or ridiculed. Discuss with pupils that it is okay to disagree with another person's point of view, but it is never okay to judge, make fun of or put down others.

The ground rule might be:

It is okay for us to disagree with another person's point of view but we will not judge anyone, make fun of anyone, or put anyone down. We will 'challenge the opinion 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. They also have the right to choose not to participate in an activity or discussion, especially if it touches on personal issues that they should not disclose in the classroom, or if the topic makes them uncomfortable.

It is good practice to share the nature of the topic beforehand and invite pupils to let you know, anonymously or directly, if they have concerns themselves or for a friend. This will ensure that your teaching is as inclusive as possible and is matched to pupils' needs.

The ground rule might be:

Taking part is important. However, we have the right to pass on answering a question or participating in an activity.

Make no assumptions

Neither you nor pupils should make assumptions about the attitudes, identity, life experiences, faith values, cultural values or feelings of others.

The ground rule might be:

We will not make assumptions about people's values, attitudes, behaviours, life experiences or feelings.

Listen to others

Every pupil has the right to feel listened to, and they should respect the right of their peers to feel listened to as well. It is okay to challenge the viewpoint of another pupil, but always listen to their point of view, in full, before making assumptions or formulating a response.

The ground rule might be:

We will listen to the other person's point of view and expect to be listened to

Use of language

Remind pupils to take care in their use of language about mental health in, and beyond, lessons. They should not use vocabulary that is inaccurate or offensive. There are many words surrounding mental health that have negative connotations or may be misunderstood by pupils (for example, 'nutter' and 'loony bin' or the use of 'mental' or 'crazy' in a derogatory fashion).

There are commonly-used phrases that trivialise mental health issues that pupils might use without meaning to cause harm (such as "that's so OCD!" or telling people with issues to "pull themselves together" or "keep their chin up"). Considering how such phrases might be perceived by someone facing anxiety, depression or other mental health issues can help to address use of such language within and beyond the PSHE classroom.

The ground rule might be:

> *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.*

Ask questions

Pupils should understand that no question will be considered stupid and that when they are in doubt about something, they should ask. Also that it is never appropriate to ask a question in order to deliberately try to embarrass or make fun of somebody.

Making an anonymous question box/envelope available before, during or after the lesson can enable pupils to ask questions they may feel uncomfortable posing in front of others. Inviting questions prior to the lesson can help you direct the lesson, and can indicate any safeguarding or pastoral issues which need to be followed up.

The ground rule might be:

> *We know that no question is a stupid question. We will not ask questions to deliberately try to embarrass anyone else. There is a question box for anonymous questions.*

Seeking help and advice

Actively encourage pupils to seek support or advice if they have concerns about themselves or a friend, either during or following a lesson.

The ground rule might be:

> *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.*

2.2 Safeguarding pupils at risk of vulnerabilities

You may not know of any current issues amongst your pupils, but 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. Making the lesson safe for that pupil will help to ensure the lesson is safe for everyone.

Safeguards to put in place include:

- Alert the mental health/wellbeing lead and other relevant pastoral and safeguarding staff about the topic you will be covering and encourage them to discuss the lesson content with any pupils who are accessing support for related issues. It can be helpful to alert parents too, ensuring they know how to provide appropriate support.
- Give the pupil(s) a chance to withdraw from the lesson if appropriate (without being expected to justify their absence to their peers). Consider how to follow up the missed lesson with the pupil(s), as this learning may be especially relevant to them.
- Signpost sources of support before, during and after the lesson.

- Avoid the use of images, language or content which could prove upsetting or triggering to pupils more vulnerable to experiencing distress or trauma in relation to the lesson content.
- Ensure any scenarios or case studies to be used are unlike any members of your class. 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 there may be clear physical or emotional indicators that a pupil is vulnerable to the issues discussed, sometimes there will be no such indicators. Some young people work hard to keep their problems hidden, so ensure your lessons are universally safe and never make assumptions about the wellbeing or resilience of particular pupils.

2.3 Signposting support

Although it is important that pupils do not make personal disclosures during the course of the lesson, appropriate support must be signposted in the lesson. This means:

- Being familiar with, and sharing appropriate parts of, the school's safeguarding, or other relevant policies[1].
- Flagging up support available within the school, such as counselling services, and explain to pupils how to access that support[2]. In the _Government Response to the Consultation on 'Transforming Children and Young People's Mental Health Provision': a Green Paper and Next Steps_ (2018) , the first of three core proposals is _'to incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health'._ At the time of writing, the proposals are to be trialled in _'trailblazer schools'_ by the end of 2019, prior to national rollout. If or when your school adopts this model, PSHE Leads should work with Designated Senior Leads for Mental Health on advice to pupils about accessing support.
- Ensuring that pupils understand the importance of sharing with a trusted adult concerns about their own mental health or emotional wellbeing, or that of another person.
- Reassuring pupils that they will always be taken seriously, listened to and never judged, if they make a disclosure.
- Making sure pupils know how to access support and, especially with younger pupils, what they might say to someone to get the help they need.
- Making sure you are aware of the procedures you should follow if a pupil confides in you or gives you cause for concern. Do not promise confidentiality if information is disclosed which suggests a pupil is at risk.

2.4 Distancing the learning

When learning is distanced, pupils are better able to engage with and discuss issues relating to mental health. If pupils are asked to reflect on and share their own experiences, they may feel strong emotions that hinder the ability to learn from, or derive insight from the example.

It is therefore safer and more effective to help pupils to think about someone other than themselves, someone 'like them' – for example, a simple profile of a child or young person about their age, who goes to a school like theirs. Pupils will then gain more from discussing questions like 'what might they think, feel, do?' and giving advice to characters in the role of a friend, sibling, classmate, agony aunt or uncle.

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1 Guidance for schools on developing a mental health policy is available at: https://www.pookyknightsmith.com/blog/school-mental-health-policy-guidance
2 Department for Education advice for school leaders and counsellors, Counselling in schools: a blueprint for the future, is available at: https://www.gov.uk/government/publications/counselling-in-schools (2016)

Ideas that work well include:

- using fictional scenarios and case studies which pupils may identify with but which are distanced from them as individuals
- role play and storyboarding
- puppets
- images
- short film clips.

When drawing on case studies or video resources, ensure that these do not inadvertently provide a 'how to' guide for pupils at risk of vulnerabilities. For example, explicit discussion of means of self-harming or weight loss can be instructional rather than preventative (see section 2.8).

2.5 Reflection and assessment

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. Pupils' existing knowledge, understanding, skills, beliefs and attitudes should be identified and used both to plan relevant learning and to assess pupils' progress.

Assessment in PSHE education should not only 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).

For more information on how to assess learning in PSHE education and ideas for appropriate activities, see the PSHE Association planning toolkits for key stages 1&2 and key stages 3&4.

While it should not be 'marked', personal reflection in PSHE education lessons is essential when learning about issues such as mental health and emotional wellbeing. Pupils need opportunities to consider how new learning will be relevant in their lives, 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. Equally, pupils may not feel comfortable sharing their personal reflections with peers or teachers. It is perfectly acceptable to pose questions for private reflection only.

2.6 Ending the lesson

It is worth considering how best to finish a lesson of this nature, which can be emotionally draining for both pupils and teacher. Building in a light-hearted activity at the end of the lesson can change the class atmosphere so pupils are ready for their next lesson. Try to be available afterwards so that if a pupil has found the lesson distressing or wishes to make a disclosure, they are able to do so.

2.7 Ensuring you, the teacher, get the right support

Teaching about mental health may affect teachers personally. Before teaching a lesson on mental health, it may be helpful to talk to your line manager or other colleagues about any concerns. You may also be faced with managing disclosures from pupils, which can take an emotional toll, so it is important that you are supported by colleagues. Note also that the Education Support Partnership provides free listening to teachers by trained counsellors.

This guidance is intended to increase teacher confidence, but face-to-face training should be provided wherever possible. 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

2.8 Additional notes on teaching about eating disorders, self-harm and suicide

You may be anxious about teaching lessons which explore self-harm, eating disorders or suicide, for fear they may do more harm than good.

Do not avoid talking about these topics as this provides an opportunity to increase understanding and signpost pupils to support. However, care must be taken over what is said and the information shared. It is especially important to plan and teach the lesson working on the assumption that there is a pupil in the room who is more vulnerable to experiencing trauma or distress in relation to the topic , even if you're not aware of them (see section 2.2 above).

If you are writing your own lessons rather than using the accompanying lesson plans you must always review them to ensure the lesson will 'first do no harm' (further guidance on this is set out below).

Do not provide detailed methods, instructions or inspiration

It is important to create a culture of open exploration of mental health issues but vital to ensure that lessons do not become instructional to pupils at risk of vulnerabilities.

- Do not talk about specific methods of self-harming. For example, you might say that self-harm can take the form of self-poisoning, but should not name substances that might be taken, as pupils with vulnerability in this area may copy the behaviours they learn about in class.
- Do not talk about specific methods of weight loss or purging. Pupils who are at risk of vulnerability to eating disorders may be inspired by specific methods of weight loss or purging. Talking about different weights and degrees of weight loss can also provide pupils with vulnerability to eating disorders with a 'benchmark' to aim for.

- Do not talk about specific methods of suicide. Whilst it is unlikely that you would teach a lesson specifically on suicide, it is likely to come up in discussions around mental health issues. Avoid

talking about specific methods of suicide, especially for lesser-known methods or methods that may be perceived as easily accessible, quick or less painful than others. Easier, quicker, or less painful methods 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 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. These methods are especially likely to be shared by people who have recovered and are now sharing or exploring their experiences with others. Again, this can be instructional rather than preventative for pupils at risk of vulnerabilities and must be avoided.

Use non-emotive language, images and videos

Be factual rather than dramatic, avoiding the use of emotive language or over-dramatisation. Pupils learn most safely when presented with facts and the opportunity to 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 trigger harmful thoughts, feelings and behaviours in pupils at risk of vulnerabilities. Portrayals of extreme thinness are often incorporated into teaching resources in the mistaken belief that they will shock pupils, therefore preventing them from developing disordered eating. Such images can be extremely harmful. They can inspire 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, pupils need to understand that people with eating disorders may be underweight, a healthy weight or overweight.

Signpost sources of support

It is important to take extra care to signpost sources of support when touching on self-harm, suicide or eating disorders. Ensure that pupils understand the importance of seeking help for themselves or a friend if they have concerns, and that the ramifications of preventing help-seeking can be very serious, and at best will mean that their friend is facing these difficulties alone for longer.

Make clear to pupils how to seek help and what will happen when they do – being upfront about issues related to confidentiality. In addition to in-school sources of support, highlight specific sources of anonymous support – such as Childline or the Samaritans, which can act as a stepping stone for a young person who is not yet ready to have a face-to-face conversation.

Wound care

In a class of 30 secondary school pupils, the chances are that there will be more than one pupil who is currently self-harming. It can be helpful to explain that wounds of any type (whether self-inflicted or otherwise) that are not properly cared for carry a risk of infection, which can cause serious harm. You might also 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.

You could also teach the signs of shock and infection. If a pupil 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 will ensure they receive medical attention if it is needed.

2.9. Using 'visitors' in the classroom to support teaching about mental health

The use of visitors (sometimes referred to as speakers or external providers) is an integral part of many schools' PSHE programmes and can enhance learning through their expertise or experience in the areas of mental health being addressed. When deciding whether to use a visitor, ask yourself 'what am I trying to achieve?' (what are my learning objectives and intended outcomes?); 'is inviting a visitor the best way to achieve this?'; and finally, 'can this visitor provide something worthwhile that I cannot?' If the decision is made to invite a visitor to contribute to PSHE lessons, always plan the session with the visitor and ensure that you remain present and engaged with the lesson, so that you can support if needed and also build on and follow up what is learnt.

Note that visitors speaking about mental health and emotional wellbeing can inadvertently provide inspiration or instruction in the very behaviour you and they are seeking to prevent (see section 2.8 above). So as well as considering who the people you are inviting into your session are – and what skills, expectations, experiences or knowledge they bring – we strongly recommend that you first read the PSHE Association guidance on selecting and working with visitors.

3.
BUILDING TEACHING ABOUT MENTAL HEALTH INTO A PLANNED PSHE EDUCATION PROGRAMME

Mental health and emotional wellbeing should not be viewed as a 'topic' to be delivered in isolation. The knowledge, skills, language and attributes needed to promote positive mental health should be developed throughout the entire PSHE education programme, with additional discrete lessons focusing specifically on mental health and emotional wellbeing.

This is recognised within the statutory guidance for Relationships Education, Relationships and Sex Education (RSE) and Health Education published in February 2019. Both implicit, underpinning learning, and explicit learning on mental health run through the topic content, occurring for example within the sections on Mental wellbeing; Internet safety and harms; Physical health and fitness; Health and prevention; Changing adolescent body; and Drugs, alcohol and tobacco; Caring friendships; Respectful relationships; Intimate and sexual relationships (see Appendix 1).

The same is true within the PSHE Association Programme of Study, the curriculum framework for the subject. Covering key stages 1 to 5, it 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 (see Appendix 2). When planning, therefore, always consider not only where you will explicitly address mental health and emotional wellbeing but also where you will build in the implicit learning crucial to pupils' understanding and skills development. When deciding where to teach specifically about mental health, ensure that it builds on appropriate earlier learning to form part of a developmental, spiral curriculum, rather than a patchwork quilt of unrelated 'topics'.

We recommend using the exemplar lesson plans for each key stage that accompany this guidance. If planning additional lessons from scratch, there is more information on planning effective PSHE education lessons in the lesson planning tool and teachers' checklist on the PSHE Association website. For support with planning schemes of work tailored to the needs of your pupils, see the PSHE Association planning toolkits for key stages 1 and 2 and key stages 3 and 4.

When planning or teaching any PSHE education lesson about mental health and emotional wellbeing, it is important to bear in mind the guidance in Section 2 above.

APPENDICES
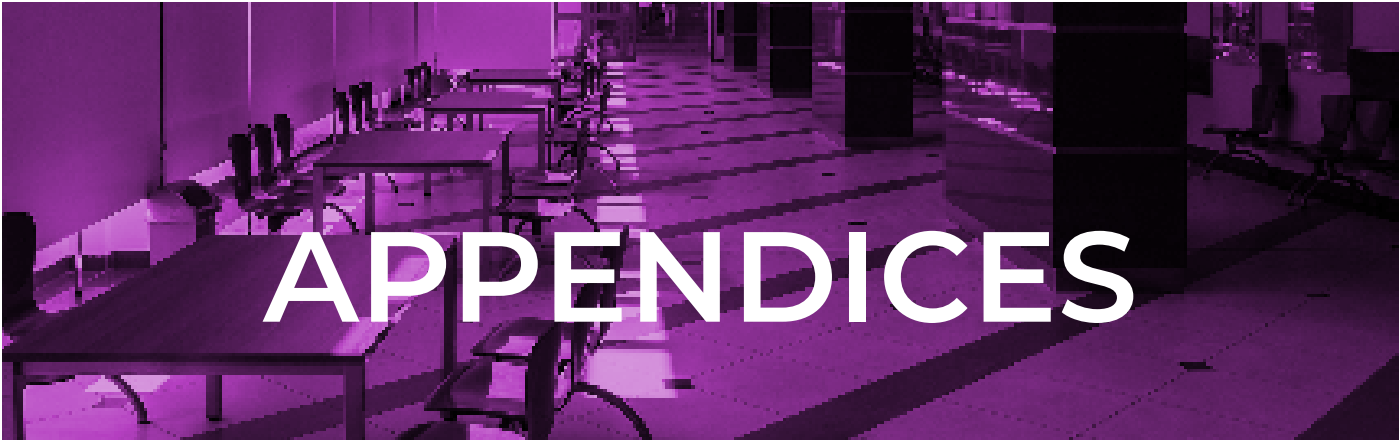
APPENDIX 1

Mental health and emotional wellbeing in the statutory guidance for Relationships Education, Relationships and Sex Education (RSE) and Health Education (February 2019)

The following extracts from the content outlined in the Statutory Guidance for Relationships Education, RSE and Health Education (February 2019) do not provide a definitive list, but give examples of how and where mental health and emotional wellbeing are addressed, either implicitly or explicitly.

Physical health and mental wellbeing (primary)

By the end of primary school

Mental Wellbeing	**Pupils should know:** • that mental wellbeing is a normal part of daily life, in the same way as physical health. • that there is a normal range of emotions (e.g. happiness, sadness, anger, fear, surprise, nervousness) and scale of emotions that all humans experience in relation to different experiences and situations. • how to recognise and talk about their emotions, including having a • varied vocabulary of words to use when talking about their own and others' feelings. • how to judge whether what they are feeling and how they are • behaving is appropriate and proportionate. • the benefits of physical exercise, time outdoors, community • participation, voluntary and service-based activity on mental • wellbeing and happiness. • simple self-care techniques, including the importance of rest, time spent with friends and family and the benefits of hobbies and interests. • isolation and loneliness can affect children and that it is very important for children to discuss their feelings with an adult and seek support. • that bullying (including cyberbullying) has a negative and often lasting impact on mental wellbeing.

Mental wellbeing (Continued)	• where and how to seek support (including recognising the triggers for seeking support), including whom in school they should speak to if they are worried about their own or someone else's mental wellbeing or ability to control their emotions (including issues arising online). • it is common for people to experience mental ill health. For many people who do, the problems can be resolved if the right support is made available, especially if accessed early enough.
Internet safety and harms	• about the benefits of rationing time spent online, the risks of • excessive time spent on electronic devices and the impact of • positive and negative content online on their own and others' mental • and physical wellbeing. • that the internet can also be a negative place where online abuse, trolling, bullying and harassment can take place, which can have a negative impact on mental health.
Physical health and fitness	• the characteristics and mental and physical benefits of an active lifestyle.
Health and prevention	• the importance of sufficient good quality sleep for good health and that a lack of sleep can affect weight, mood and ability to learn.
Changing adolescent body	• key facts about puberty and the changing adolescent body, particularly from age 9 through to age 11, including physical and emotional changes.

Relationships education (primary)

By the end of primary school

Families and people who care for me	**Pupils should know:** • that stable, caring relationships, which may be of different types, are at the heart of happy families, and are important for children's security as they grow up. • how to recognise if family relationships are making them feel • unhappy or unsafe, and how to seek help or advice from others if needed.
Caring friendships	• how important friendships are in making us feel happy and secure, and how people choose and make friends.
Respectful relationships	• the importance of self-respect and how this links to their own happiness.

Physical health and mental wellbeing (secondary)

By the end of secondary school

	Pupils should know:
Mental Wellbeing	• how to talk about their emotions accurately and sensitively, using appropriate vocabulary. • that happiness is linked to being connected to others. • how to recognise the early signs of mental wellbeing concerns • common types of mental ill health (e.g. anxiety and depression). • how to critically evaluate when something they do or are involved in has a positive or negative effect on their own or others' mental health. • the benefits and importance of physical exercise, time outdoors, community participation and voluntary and service-based activities on mental wellbeing and happiness.
Internet safety and harms	• the similarities and differences between the online world and the physical world, including: the impact of unhealthy or obsessive comparison with others online (including through setting unrealistic expectations for body image, how people may curate a specific image of their life online, over-reliance on online relationships (including social media), the risks related to online gambling including the accumulation of debt, how advertising and information is targeted at them and how to be a discerning consumer of information online.
Physical health and fitness	• the positive associations between physical activity and promotion of mental wellbeing, including as an approach to combat stress.
Drugs, alcohol and tobacco	• the facts about legal and illegal drugs and their associated risks, including the link between drug use and serious mental health conditions. • the physical and psychological risks associated with alcohol • consumption and what constitutes low risk alcohol consumption in adulthood. • the physical and psychological consequences of addiction, • including alcohol dependency.
Health and prevention	• the importance of sufficient good quality sleep for good health and how a lack of sleep can affect weight, mood and ability to learn.
Changing adolescent body	• the main changes which take place in males and females, and the implications for emotional and physical health.

Relationships and Sex Education (secondary)

By the end of secondary school

Families	**Pupils should know:** • how these relationships might contribute to human happiness and their importance for bringing up children.
Online and media	• the impact of viewing harmful content.
Intimate and sexual relationships, including sexual health	• that all aspects of health can be affected by choices they make in sex and relationships, positively or negatively, e.g. physical, emotional, mental, sexual and reproductive health and wellbeing.

Appendices

APPENDIX 2

Mental health and emotional wellbeing in the PSHE Association programme of study

At the time of writing, the Programme of Study is being updated in light of the new statutory guidance. In the meantime, schools using the current programme should continue to do so. The PSHE Association's guidance 'We've got it covered' maps the current programme of study against the new statutory guidance for Relationships Education, RSE and Health Education, allowing those schools using the Programme of Study to be confident that they are already well-placed to cover the new statutory requirements, while also delivering vital economic wellbeing and careers aspects of PSHE education.

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

Key stage 1

Health and Wellbeing	**Pupils should have the opportunity to learn:** • 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
Relationships	**Pupils should have the opportunity to learn:** • to communicate their feelings to others, to recognise how others show feelings and how to respond • to recognise how their behaviour affects other people

Relationships (continued)	• 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 bullying, if they experience or witness it, whom to go to and how to get help
Living in the Wider World	**Pupils should have the opportunity to learn:** • that people and other living things have needs and that they have responsibilities to meet them

Key stage 2

Health and Wellbeing	**Pupils should have the opportunity to learn:** • 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

Key stage 3

Health and Wellbeing	**Pupils should have the opportunity to learn:** • 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, 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
Relationships	**Pupils should have the opportunity to learn:** • 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

Relationships (continued)	• 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 cigarettes), drugs and other risky behaviours, can generate
Living in the Wider World	**Pupils should have the opportunity to learn:** • 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

Key stage 4

Health and Wellbeing	**Pupils should have the opportunity to learn:** • 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

Health and Wellbeing (continued)	• 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 overcome worries about seeking help and being an assertive user of the NHS
Relationships	**Pupils should have the opportunity to learn:** • 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 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)
Living in the Wider World	**Pupils should have the opportunity to learn:** • 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

Appendices

APPENDIX 3

Factors impacting on young people's emotional wellbeing

To be able to provide relevant information and support to pupils, it is important to understand the pressures that they are under. The following issues are key factors but the best way to understand the context for your pupils is to engage with them, for example by carrying out a wellbeing survey .

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, especially where there is an emphasis on success in SATS, other key stage tests, or entrance exams. It is common for schools to report an increase in issues as pupils approach major examinations. High expectations are often internally driven by pupils themselves in addition to external pressure from parents or school. As well as worrying about academic pressures, young people often voice concerns about their job prospects when they finish school.

Bullying

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

Body image

Body image is a real concern amongst all young people – not just girls and young women as is often believed. Low self-esteem and poor body image are leading causes 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 and these pressures can contribute to the development of disordered eating behaviour and other emotionally and physically harmful responses.

The online environment

Young people see little or no division between the online and offline world. They may have friends who they know purely online and do not see this as problematic or unusual. However, PSHE education teaching does not always fully reflect this. Much of what is taught in an offline context with regard to 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 harmful behaviours).

Sexual pressures

Ready access to pornography has led to an increase in sexual pressures felt by children and young people. For example, pressure to look and behave a certain way when in a relationship. Access to pornography that often portrays relationships where consent is neither given nor sought, may also be one factor contributing to an increase in abuse in teenage relationships. For further information and guidance about sexual pressures, healthy relationships, consent and pornography, see the PSHE Association's guidance on teaching about consent.

Appendices

APPENDIX 4

Common triggers for unhealthy responses

Children and young people are more likely to develop issues such as anxiety or depression, or harmful behaviours such as self-harm, alcohol or drug misuse, at times of particular stress. Awareness of these trigger points can inform planning in PSHE education as well as early intervention efforts around these times, as part of a whole school approach.

Where triggers may impact a large number of pupils (e.g. transition into Year 7 or in the run-up to exams), adapt PSHE provision accordingly, for example, teaching or revisiting healthy coping strategies and stress management.

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

Family relationship difficulties

The difficulties may be between parents or concern the young person directly. Stable family relationships are a crucial source of emotional support for young people, so it is important to think about what extra support might be needed when things are difficult at home.

Peer relationship difficulties

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

Trauma

Experiencing trauma, for example a bereavement, an accident, or suffering abuse, will leave a young person vulnerable and in need of support. Bear in mind that this is about the pupil's perception of the trauma, so difficulties may be triggered by something seemingly insignificant but which has had a deep impact on the pupil concerned.

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, via TV or online; they may be more likely to replicate such behaviours. Be especially vigilant and respond proactively if high-profile programmes 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 not uncommon for problems to arise many years after the trauma, on a milestone anniversary or when there are other difficulties (e.g. exam stress). Good communication between class teachers/form tutors, mental health, pastoral and PSHE Leads is really important to ensure all are aware and have a common response.

Trouble in school or with the police

If a young person gets into 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 can be keenly felt by pupils and is a common trigger for mental health problems. Teachers should keep a close eye on pupils as they enter exam periods and other times when academic pressure increases significantly. PSHE education lessons offer an ideal context for pupils to learn healthy habits and strategies for coping with academic pressures.

Transition to a new school

Transition to a new school can be difficult for pupils, whether they are making the natural progression from primary to secondary, accompanied by some of their friends, or changing schools part way through the school year. PSHE education should include learning to support pupils' resilience and coping strategies for transition at all relevant points.

Illness in the family

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

Groups at greater risk of vulnerabilities

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

- looked after children and young people
- children and young people who have been adopted
- LGBT+ children and young people
- children and young people whose family have a history of mental health issues
- young carers
- young offenders

Appendices

APPENDIX 5

Signposting: further information about specific conditions

It is beyond the scope of this guidance to provide detailed information on all of the mental health and emotional wellbeing issues that might have an impact on your pupils and their families. In this section, we signpost information and guidance about the issues most commonly seen in school-aged children. Some are aimed primarily at parents/carers but are useful for school staff too.

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

National Self-Harm Network: www.nshn.co.uk
Harmless: www.harmless.org.uk

Books

Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies, Pooky Knightsmith (2015). London: Jessica Kingsley Publishers.
Can I tell you about self-harm, Pooky Knightsmith (2018). London: Jessica Kingsley Publishers.
By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents, Keith Hawton and Karen Rodham (2006). London: Jessica Kingsley Publishers.
A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm, Carol Fitzpatrick (2012). 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 – PAPYRUS: www.papyrus-uk.org
On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Books

By Their Own Young Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents, Keith Hawton and Karen Rodham (2006). London: Jessica Kingsley Publishers.
Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention, Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015). 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 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: https://www.beateatingdisorders.org.uk

Books

Can I tell you about Eating Disorders?: A Guide for Friends, Family and Professionals, Bryan Lask and Lucy Watson (2014). London: Jessica Kingsley Publishers.
Self-Harm and Eating Disorders in Schools: A Guide to Whole School Support and Practical Strategies, Pooky Knightsmith (2015). London: Jessica Kingsley Publishers.

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and is something that everyone experiences at low levels as part of day-to-day 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

Can I Tell you about Anxiety?: A guide for friends, family and professionals, Lucy Willetts and Polly Waite (2014). London: Jessica Kingsley Publishers.
A Short Introduction to Helping Young People Manage Anxiety, Carol Fitzpatrick (2015). London: Jessica Kingsley Publishers.
My Anxiety Handbook: Getting Back on Track, Bridie Gallagher, Phoebe McEwen, and Sue Knowles (2018). London Jessica Kingsley Publishers.

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings which are disturbing or upsetting; compulsions are the behaviours carried 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

Can I Tell you about OCD?: A guide for friends, family and professionals, Amita Jassi and Sarah Hull (2013). London: Jessica Kingsley Publishers.
The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers, Susan Conners (2011). San Francisco: Jossey-Bass.

Depression

Ups and downs are a part of life, 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 day-to-day life over an extended period of weeks or months, and have a significant impact on behaviour and ability and motivation to engage in day-to-day activities.

Books

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