Positive Mental Health & Wellbeing at Bethany School Policy

BETHANY SCHOOL

CURTISDEN GREEN

GOUDHURST

KENT

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Contents

1.1 Statement

> *Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. (World Health Organization)*

At Bethany School, we aim to promote positive mental health for every member of our staff and pupil body. We pursue this aim using both universal, whole school approaches and specialised, targeted

approaches aimed at vulnerable pupils. In the definition above from the WHO we would remove the word normal from the second line because it is not possible to have a definition for normal stresses with such broad differences in what causes stress in our community.

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 practices and procedures we can promote a safe and stable environment for pupils affected both directly, and indirectly by mental ill health.

1.2 Scope

This document describes the school's approach to promoting positive mental health and wellbeing. This guidance is intended as just that, guidance for all staff including non-teaching staff, governors and parents.

This document should be read in conjunction with other school policies and links with the provision of the PSHCE programme. Key policies would be the Safeguarding and Child Protection Policy which also highlights the school approach to self-harm and eating disorders as well as clearly identifying the need for all concerns to be shared with the appropriate member of staff.

1.3 The Aims:

- Promote positive mental health in all staff and pupils
- Increase understanding and awareness of common mental health issues
- Alert staff to early warning signs of mental ill health in themselves and in the school community.
- Provide support to staff working with young people with mental health issues
- Provide support to pupils suffering mental ill health and their peers and parents/carers

1.4 Lead Members of Staff

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

- Alan Sturrock - designated child protection and mental health lead.
- Jane Bolton - Senior Counsellor
- Sister Rhiannon and Sister Penny - Wellness Centre Team
- Alan Sturrock & Housemaster team - pastoral leads
- Katie Harper - Head of Learning Support
- Anne-Marie Sturrock - Head of PSHCE
- Simon Duff – Head of Sixth Form

Any member of staff who is concerned about the mental health or wellbeing of a pupil must speak to the most appropriate member of staff listed above in the first instance, remembering if it is a safeguarding or child protection issue this must always be reported to the designated safeguarding lead using the Green Form. If the student presents a medical emergency then the Medical Centre should be contacted immediately.

Where a referral to CAMHS, Early Help or other outside agencies is appropriate, this will be led and managed by Alan Sturrock, mental health lead in conjunction with the appropriate outside agencies, such as the GP.

1.5 Individual Care Plans

It is helpful to draw up an individual care plan for pupils causing concern or who receive a diagnosis pertaining to their mental health. This should be drawn up involving the pupil, the parents and relevant health professionals. This can include:

- Details of a pupil's condition
- Special requirements and precautions
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

1.6 Teaching about Mental Health

The skills, knowledge and understanding needed by our pupils to keep themselves and others physically and mentally healthy and safe are included as part of our developmental PSHCE curriculum and are supported in whole school assemblies, house assemblies, tutor time, the curriculum of certain departments and through supportive day to day interactions. The school also invites outside speakers to address issues of student wellbeing, resilience and mental health issues.

The specific content of lessons will be determined by the specific needs of the cohort we are teaching but there will always be an emphasis on enabling pupils to develop the skills, knowledge, understanding, language and confidence to seek help, as needed, for themselves or others.

We will follow the PSHE Association Guidance[1] to ensure that we teach mental health and emotional wellbeing issues in a safe and sensitive manner which helps rather than harms.

1.7 Signposting

We will ensure that staff, pupils and parents are aware of sources of support within school and in the local community. What support is available within our school and local community, who it is aimed at and how to access it is outlined in Appendix D.

We will display relevant sources of support in communal areas such as common rooms and will regularly highlight sources of support to pupils within relevant parts of the curriculum. Whenever we highlight sources of support, we will increase the chance of member of our community help-seeking by ensuring they understand:

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

[1] Teacher Guidance: Preparing to teach about mental health and emotional wellbeing

1.8 Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing mental health or emotional wellbeing issues. These warning signs must **always** be taken seriously and staff observing any of these warning signs should communicate their concerns with the most appropriate member of staff identified in this document.

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

1.9 Managing disclosures

A pupil may choose to disclose concerns about themselves or a friend to any member of staff so all staff need to know how to respond appropriately to a disclosure as outlined in the Safeguarding and Child Protection Policy.

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

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

All disclosures should be recorded on a Green Form if safeguarding is a concern or sent by email to ensure a record is kept including:

- Date
- The name of the member of staff to whom the disclosure was made
- Main points from the conversation
- Agreed next steps

1.10 Confidentiality

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

- 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 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.

It is always advisable to share disclosures with a colleague, usually Alan Sturrock or the Medical Centre team as this helps to safeguard our own emotional wellbeing as we are no longer solely responsible for the student, 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 and discuss with them who it would be most appropriate and helpful to share this information with.

Pupils should be encouraged to tell their parents themselves or be present when an identified adult from the school informs the parent. 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 pupils the option of us informing parents for them or with them. In the case of overseas pupils parents may be contacted by staff by phone with the pupil present. Email should only be used if other forms of communication have failed.

If a child gives us reason to believe that there may be underlying safeguarding or child protection issues at home that may cause matters to escalate, parents should not be informed, but the designated safeguarding lead must be informed immediately and further decisions will be made in the child's best interests and possibly with the advice of outside agencies.

1.11 Working with Parents

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?
- Where should the meeting happen?
- Who should be present?
- 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.

We should always provide 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 step and always keep a brief record of the meeting on the child's confidential record.

1.12 Working with All Parents

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 VLE
- Ensure that all parents are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child
- Make this document easily accessible to parents
- Share ideas about how parents can support positive mental health in their children through identified outside agencies and inviting them in to hear outside speakers.

1.13 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

1.14 Training

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

We will host relevant information on our VLE 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.

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

Where the need to do so becomes evident, we will carry out staff INSET for staff to promote learning or understanding about specific issues related to mental health.

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

[2] www.minded.org.uk

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

Self-Harm
Online Support;
https://www.selfharm.co.uk – Self-harm information and support
The NSHN Forum – National Self-Harm Network
Harmless – Self-Harm charity, information and support
Youngminds textline – text YM to 85258 for free 24/7 support. Text will always be answered by a trained member of staff
Youngminds parents helpline 0808 802 5544 from 9:30am - 4pm, Monday - Friday.
Useful Apps;
Calm Harm
MeTwo

Attention Deficit Disorder and Attention Deficit and Hyperactivity Disorder
Nip it in The Bud
ADHD Foundation
ADHD Information service (adiss)
Living with ADHD for parents, teenagers and teachers

Depression
Childline 0800 1111 – Always a counsellor on the end of the phone 24/7 365 days a year
Childline
Anna Freud – mental health charity
Kooth – online community to support people and the4ir mental health
Apps
Move mood

Anxiety
Childline – managing your anxiety
Young minds - anxiety
No panic – anxiety charity offering support and helpline
Call 01952 680835 for a recorded breathing exercise to help you through a panic attack (available 24/7).
Opening times:
10am - 10pm, 365 days a year
0300 772 9844
0330 606 1174 (Youth helpline)
sarah@nopanic.org.uk
Anxiety UK – Anxiety charity which charges to join but provides online therapy (charges apply)
Anxiety Care
Apps
Sanvello
Thrive
Books
Starving the Anxiety Gremlin: A cognitive behavioural therapy workbook on anxiety management for young people Kate Collins-Donnelly
Obsessions and Compulsions
OCD UK
OCD in Children (Anxiety Care)

OCD action
Young minds - OCD
Suicidal Feelings
Papyrus – Hopelink (prevention of young suicide, safety plan)

Its helpline service - HOPELINEUK - is available to anybody under the age of 35 experiencing suicidal thoughts, or anybody concerned that a young person could be thinking of suicide.
Opening times: 9am – midnight, 365 days a year
0800 068 4141 07860039967 pat@papyrus-uk.org
NHS Urgent Mental Health Helpline
Young Minds textline Text YM to 85258 Provides free, 24/7 text support for young people across the UK experiencing a mental health crisis.
Samaritans 24/7 Call: 116123 jo@samaritans.org
Childline 0800 1111 - Support for children and young people with suicidal thoughts
Apps
Stay Alive App

Eating problems or disordered eating
Beat – Eating Disorders charity
Anorexia and Bulimia Care – Charity to support people with anorexia and bulmia
My Identity
The Proud Trust – Home of LGBQT+ Youth
Gender Intelligence - resource for young people and their parents/guardians who are questioning their gender
Mermaids – Charity supporting transgender young people and their families
LGBT Foundation

Other useful resources and charities
National Autistic Society
Pathological Demand Avoidance (PDA)

Sleep
https://www.sleepfoundation.org/ advise on how to get better sleep
https://andrewjohnson.co.uk/#freedownloads Guided meditation for deep sleep for teens

Growing up: The 'Blame my brain' book. Helps young people and adults understand the developmental experiences of changing and becoming an amazing teenager.

Separation
Divorce Aid: Advice for children and families going through divorce www.divorceaid.co.uk
It's not your fault: Advice for children whose parents are splitting up www.itsnotyourfault.org

Anxiety
'Hey Sigmund' website helps young people and parents understand and practically manage anxiety and depression
www.heysigmund.com/anxiety-in-children-anxiety-in-teens/

Free guided relaxation for young people can be found at https://andrewjohnson.co.uk/#freedownloads

NHS Choices provides a useful resource including an information hub offering young people advice and help on mental health problems including depression, anxiety and stress. http://www.nhs.uk/Livewell/youth-mental-health/Pages/Youth-mental-health-help.aspx

Positive Relationships
Relate.org.uk give young people good advise about healthy relationships https://www.relate.org.uk/relationship-help/help-children-and-young-people/children-and-young-peoples-counselling

Anger
Book: 'The kid's guide to staying awesome and in control' by Lauren Brukner – helps children negotiate their emotions and senses for children up to 14

Grief:
Winston's Wish - giving hope to grieving children winstonswish.org

LifeSIGNS is a charity that helps young people who self-harm. www.lifesigns.org.uk

Mental health apps that promote general well-being
MindShift: helps teens and young adults cope with anxiety
In Hand: helps tackle stress and low mood
Live Happy: Goal setting app based on positive psychology
Sleep Diary: records sleeping patterns
Headspace: free ten-minute meditations
Daylio: mood tracker, select activities and set goals 4+

Appendix B: Talking to pupils when they make mental health disclosures

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

1.14.1 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.

1.14.2 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!

1.14.3 Don't pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

1.14.4 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.

1.14.5 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.

1.14.6 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.

1.14.7 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.

1.14.8 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.

Appendix 6

Eating Disorders Policy

Introduction

Over 3 million people in the UK are affected by eating disorders. Young people aged 12-20 years old are most likely to develop an eating disorder

Aim

- *To help pupils maintain healthy eating habits while they are at school and make their own educated decisions about what they eat.*
- *To identify those who have or may have an eating disorder and provide help and support.*
- *To provide support to others who may be affected by a pupil with the identified problem, eg friends, members of staff and family.*
- *Where an eating disorder is suspected or diagnosed, the school will aim to provide swift intervention to minimise the impact and promote recovery.*

DEFINITIONS (For detailed information see Appendix 1)

- *Anorexia Nervosa: People with anorexia limit the amount of food they eat by skipping meals and rigidly controlling what they will and will not eat. Their concern about food, weight and calories can start to control them and they can become very ill.*
- *Bulimia Nervosa: People with bulimia will also constantly think about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick ("purging") or taking laxatives, in order to try and lose the calories they have eaten.*
- *Binge Eating Disorder and Compulsive Overeating: People with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.*
- *Compulsive overeating involves 'picking' at food all day. In both cases, food and eating is used as a way of dealing with difficult feelings.*
- *EDNOS (Eating Disorders Not Otherwise Specified): Any eating disorder that affects a person's thoughts, feeling or behaviour but does not fit the criteria above*

- *Avoidant/restrictive food intake disorder (ARFID) See Appendices.*
- *Chaotic eating is eating at variable times and variable amounts. No set pattern.*

Behavioural signs and how they can be observed

Behaviour	*How it can be observed*
Binge eating amounts of food	*Can be observed by peers, teachers, lunch monitors, parents/guardians at home. May be done in secret or hiding food.* *Cleaning staff may notice hoarding of food in their bedroom if boarding during cleaning the pupils rooms.*
Vomiting or purging	*Visiting the toilet very soon after eating. May be observed by teaching staff, peers or parents/guardians*
Excessive exercising	*Gym instructors may see an increase in visits to gyms. Parents/guardians may notice an excessive usage of the gym and very careful intake management*
Secretive or ritual behaviour	*May be observed by lunch staff in school or parents/guardians may notice habit forming behaviours at family mealtimes or when out in restaurants. Wide variety of secretive and ritual behaviour Pupil may only be able to ingest a particular type of food or a particular brand.*
Unbalanced/trendy eating habits	*Parents/guardians may witness unusual requests at home. School lunch monitors. Peers*
Food Avoidance	*Not attending lunch times at school can be observed by teachers, lunch monitors, peers. Avoiding places can be observed by parents/guardians*
Missing meals or making excuses for missing meals	*All people involved in the life of the pupils can observe this*
Social withdrawal	*Turots/teachers may notice withdrawal from other peers in lessons and playtimes. Parents/guardians may notice lack fo interaction at home*
Avoidance eating in public	*Peers, teachers/tutors, parents/guardians may notice/observe excuses and reasons to not eat in public*
Calorie counting	*Teachers/tutors may observe interest in food constituents. Peers may observe at*

	meal times when pupil is eating they are specific about what they eat. Peers may also notice and discuss apps that can be used and food diaries. May become competitive. *Parents/guardians may notice specifics about what the pupil will or won't eat and what it contains*
Wearing baggy clothes	*All people involved in the care and interaction of that pupil could observe the wearing the clothes and that they are baggy*
Encouraging eating in others	*Peers especially may observe their friends encouraging them to eat and what they should eat and how they should eat.*
Inappropriate use of laxatives or diuretics	*Parents/guardians may discover these items in school bags or bedrooms/bathrooms.* *Pupil may discuss its usage with other peers.*

Psychological signs may include;

- *Emotional or irritable behaviour or depression*
- *Loss of self-confidence*
- *Mood swings*
- *Black and white thinking*
- *Irritability*
- *Feeling out of control and lonely*
- *Self hatred*
- *Negative self-image*

STRATEGIES

- *To ensure all staff members are aware of Bethany's Eating Disorders Policy.*
- *To encourage all staff to be vigilant and, if they have any concerns regarding the possibility of an eating disorder in a pupil, to pass their concerns on to the Wellness Centre (who will inform the DSL if appropriate). The Wellness Centre will keep a record of all concerns raised and actions taken.*
- *To foster a balanced, supportive, non-judgmental, helpful, confidential and safe environment in line with the "Positive Mental Health and Well-being at Bethany School" document*
- *To encourage students who have concerns about a friend to voice their concerns to a member of staff and reassure them that their concerns will be taken seriously.*
- *To ensure students and staff are aware of support that is available within the school by use of displays, school literature, PSHCE education.*
- *To have a PSHCE curriculum which includes sessions on healthy eating and maintaining a positive body image for pupils of all ages.*
- *All staff having an important role to play, including setting an example in the promotion of healthy eating habits and body image.*
- *To make all students, staff and families aware of support that is available externally, including private counselling, eating disorders clinics, CAHMS, 'b-eat' (formerly Eating Disorders Association). This information can be obtained via the Wellness Centre*
- *Work closely with the caterers in identifying pupils who they are concerned about and in monitoring pupils identified or diagnosed with issues around their eating.*

PROTOCOL

The school recognises that:

- *The stress that eating disorders can have within the school community and peer group. The isolation generated by the condition and the controlling effects of the eating disorder on the sufferer can be disturbing for others. Many precipitating factors can be spread within the school environment, e.g. chaotic eating, food fads, laxative abuse, vomiting.*
- *Over-eating leading to obesity is as serious a problem for a pupil's health, as is anorexia and bulimia.*
- *Prompt diagnosis is essential to prevent the situation deteriorating further. Staff should be aware of other possible medical conditions which may cause excessive weight loss/gain.*
- *Eating disorders are a complex and multifaceted problem.*

- *For treatment to be effective then prompt referral to a medical practitioner, usually the GP, is essential. This will probably result in further referrals to specialist practitioners and counsellors.*
- *Most pupils who are suffering from an eating disorder and some parents will be in denial about the existence of the problem and may refuse to co-operate with the steps taken to rectify the situation.*
- *All staff have a role to play in the monitoring of a pupil's eating habits and weight gain or loss and in reporting concerns.*

PROCEDURE TO FOLLOW WHERE THERE IS SUSPICION OF AN EATING DISORDER

- *Where there are concerns that a pupil may have an eating disorder, the response if that staff member should be calm, measured and reassuring. The pupil needs to understand that the school is there to support them and help them in any way they can or are able to. Acknowledge the courage it has taken to disclose this. Let them know the limits of your confidentiality. Explain the importance as to why this information needs to be shared.*
- *The concern should then be discussed with the Designated safeguarding lead, deputy safeguarding lead (if safeguarding lead is absent or unavailable) or the Senior Nurse at the Wellness Centre.*
- *It is important that the Senior Nurse at the Wellness Centre has all the information they need including the disclosure and all the factors surrounding it. An assessment of the student will take place (this will NOT include a BMI as it is deemed to be unhelpful in the assessment of eating disorders). The assessment will determine the extent as to how it is affecting the pupil and explain to the pupil what the next steps are and how we can support them.*
- *There will be a suspected eating disorders register kept within the Wellness Centre.*

Required Response by the DSL or Senior Nurse at the Wellness Centre

- *Parents/Guardians will be contacted by the Senior Nurse or the DSL and the concerns and issues raised with regards to the pupils disordered eating will be discussed, unless it is deemed that it is determinantal to the pupil to discuss it with parents/guardians (see Bethany Policies on safeguarding and child protection). This should be clearly documented.*
- *A face-to-face meeting will be arranged with the pupil and parents/guardians to discuss next steps in the journey and how to access support through the school and outside agencies. If this is not possible it can be completed by telephone*
- *An assessment by the pupils GP is required as soon as possible. This may generate a referral to the Child and Adolescent Mental Team depending on the severity of the concern. A private assessment may also be sought if this is deemed necessary.*

- *In the boarding community if a boarder is highlighted as an eating disorder concern or discloses, they have disordered eating this must also be discussed with the parents/guardian as a priority. The boarder must also have an assessment by their registered GP. It is the responsibility of the DSL, Head of Boarding and Senior Nurse collectively to make as decision as to whether or no they can support that pupils needs in boarding. If there is a disagreement the DSL will make the overriding decision. Relevant boarding staff will be made aware and may become part of the support plan.*
- *The Senior Nurse at the Wellness Centre and DSL are responsible for liasing with services and parents involved in any plan that is created. And supporting that plan within the school.*
- *If the pupil refuses to see the GP, then the DSL and the school nurse will have a consultation with the Head Master, to decide upon a course of action action which might in, extreme situations, include pupils being asked to not attend school.*
- *The Senior Nurse or DSL will liaise with parents and senior staff and keep them informed of any concerns. This should ideally happen with the pupil's full consent and understanding.*
- *The situation will be monitored regularly by the Wellness Centre with a weekly meeting with the student concerned, with the DSL being informed of the outcomes.*

PROCEDURE TO FOLLOW WHERE THERE IS A DIAGNOSIS OF AN EATING DISORDER

- *When there is a diagnosis of an eating disorder, or there is a strong suspicion of one, then further action will need to be taken. This may include further medical tests and investigations. It is likely to include referral to outside agencies such as CAMHS, a counsellor, a psychiatrist, or a specialist eating disorder clinic. All of this should happen in collaboration with the pupil, their parents, Wellness Centre and staff involved in a Individual Health Care Plan (IHCP)*
- *The designated safeguarding lead or Senior Nurse will draw up an Individual healthcare plan (IHCP) and agree an action plan with the relevant staff. This should ideally be done in conjunction with the parents.*
- *Pupils will be asked to agree to an action plan to which they must adhere. The IHCP could include;*
    - *Conversation with catering staff to provide a different meal choice*
    - *Agreement to not use laxatives/diuretics*
    - *Minimal supervision during mealimes (it is not possible to do 1-2-1)*
    - *Quiet lunchtimes with a specified group of individuals*
    - *Highlighting from staff if pupil does not attend meal times*

- *Supervised mealtime behaviour from boarding staff. Cleaning staff may identify hoarding of food*
- *Agreement to check in with Wellness Centre, DSL and engage with services provided*

- *Parents will be put in touch with organisations that may be able to offer advice and support.*
- *If a pupil is physically and emotionally well enough to stay in school then s/he should do so.*
- *A pupil who has a diagnosis of an eating disorder who remains at school may need to be excluded from certain activities during the period of her recovery. Teaching staff involved will need to be informed of this.*
- *Regular updates will take place between the DSL, Senior Nurse and the relevant staff. There will be regular 'keeping in touch' opportunities for everyone working with pupils with eating disorders to enable the staff to be supportive of each other and also to ensure that the team are not manipulated in any way. This will be led by the DSL or Senior Nurse.*
- *Pupils will be given advice on healthy eating and may be asked to keep a food diary.*
- *Pupils may need to be made aware of the impact of their illness on other pupils. Part of the IHCP may require them to refrain from any behaviour that may be seen to influence those around them.*
- *The decision on how or if to proceed with a pupil's schooling while they are suffering from a diagnosed or suspected eating disorder should be made on a case by case basis. However, if the school feels the pupil is too unwell to stay in school, is not adhering to the measures agreed in the action plan or continues to lose weight then the School may take the decision to send the pupil home to receive treatment and only return to school when well enough to do so, when s/he will continue to be monitored closely by the Senior Nurse and the DSL. It is expected this will be done with communication with the Team looking after that pupil.*
- *Any monitoring of BMI, weight gain/loss, calorie intake, health checks such as dentistry, bone density, calcium levels, electrolyte imbalances, hormone levels, menstruation are expected to be measured by the specialist team looking after that pupil. It is not the responsibility of the school to measure these parameters.*
- *All staff should be aware of the impact this illness may have on other members of the school community and be willing to offer support where able or to refer them on where appropriate, for example to house staff, the school counsellor, the school nurse, safeguarding lead, or outside organisations such as beat (eating disorder charity).*

PROSPECTIVE PUPILS

- *Prospective pupils with eating disorders will be treated in line with the school's normal Admissions procedures.*
- *A pupil accepted with a past eating disorder is required to provide a full medical history so that the designated safeguarding lead and the school nurse can assess and support the pupil at an early stage. It is likely that a mutually approved written agreement will be drawn up between the school and the parents regarding the pupil's behaviour and consequent health.*

Policy Owner

The policy owner is Senior Nurse and Designated Safeguarding Lead

Issue Date

Issue date: September 2021

Review Date

This policy will be reviewed annually. The next review is due in September 2022

Head masters signature:	
Mr F Healy	**September 2021**
Mr M. Beaumont	**30th April 2014**

Useful websites

https://www.nice.org.uk/guidance/ng69 - *Eating disorders: recognition & treatment*
https://www.beateatingdisorders.org.uk/ - *Beat eating Disorders*
Overview – Eating disorders - NHS (www.nhs.uk) - NHS Eating Disorders information
Eating disorders in young people - for parents and carers | Royal College of Psychiatrists (rcpsych.ac.uk)
Home | Anorexia & Bulimia Care (anorexiabulimiacare.org.uk)

Helplines for Young People and Parents

Beat

Beat Youthline (Under 18) 9am-8pm 0808 801 0711 Email fyp@beateatingdisorders.org.uk
Beat Student 9am-8pm 0808 801 0811 Email studentline@beateatingdisorders.org.uk
Beat Helpline (for parents/guardians) 9am- 8pm 0808 801 0677 help@beateatingdisorders.org.uk
Beat also offer one-to-one chat on this link
Helplines - Beat (beateatingdisorders.org.uk)

Anorexia and Bulimia Care

Help For You | Anorexia & Bulimia Care (anorexiabulimiacare.org.uk)

Offers support to anyone affected by eating disorders, and to their parents or carers. Hosts an online community for anybody supporting someone with an eating disorder.If calling the helpline, you can select option two to get support and advice as a parent.
Opening times:
9:30am - 5pm, Tuesday - Friday

03000 11 12 13 (9am - 1pm; 2pm - 5pm, Wednesday - Friday)
support@anorexiabulimiacare.org.uk
familyandfriends@anorexiabulimiacare.org.uk

The Mix

Offers support to anyone under 25 about anything that's troubling them.

Email support available via their online contact form.

Free 1-2-1 webchat service available.

Free short-term counselling service available.
Opening times:
4pm - 11pm, seven days a week 0808 808 4994

Childline

If you're under 19 you can confidentially call, chat online or email about any problem big or small.

Sign up for a free Childline locker (real name or email address not needed) to use their free 1-2-1 counsellor chat and email support service.

Can provide a BSL interpreter if you are deaf or hearing-impaired.

Hosts online message boards where you can share your experiences, have fun and get support from other young people in similar situations.
Opening times:
9am - midnight, 365 days a year 0800 11 11

Appendix 1

Types of eating disorders

Anorexia Nervosa

Anorexia (or anorexia nervosa) is a serious mental illness where people are of low weight due to limiting their energy intake. It can affect anyone of any age, gender, or

background. As well as restricting the amount of food eaten, they may do lots of exercise to get rid of food eaten. Some people with anorexia may experience cycles of bingeing (eating large amounts of food at once) and then purging.

The way sufferers see themselves is often at odds with how others see them – they often have a distorted image of themselves, and think they're larger than they really are. They experience a deep fear of gaining weight, and will usually challenge the idea that they should.

Sometimes, someone's symptoms may not exactly match all the criteria a doctor checks for to diagnose anorexia – for example, they may remain at a weight considered "normal" for their age, sex, and expected development. Depending on the exact symptoms, they might be diagnosed with atypical anorexia or another form of other specified feeding or eating disorder (OSFED). This is just as serious and can develop both into or from anorexia. It's just as important that people suffering with OSFED get treatment as quickly as possible.

The behaviour associated with anorexia can contribute to a feeling of control – many people who have spoken to us about their anorexia have said that they felt they could control what they ate and their body weight when they didn't feel they could control other aspects of their lives. There are many different reasons that someone might develop anorexia, but it's important to remember that eating disorders are often not about food itself. They are mental illnesses, and treatment should address the underlying thoughts and feelings that cause the behaviour.

Bulimia Nervosa

Bulimia (or bulimia nervosa) is a serious mental illness. It can affect anyone of any age, gender, or background. People with bulimia are caught in a cycle of eating large quantities of food (called bingeing), and then trying to compensate for that overeating by vomiting, taking laxatives or diuretics, fasting, or exercising excessively (called purging). Treatment at the earliest possible opportunity gives the best chance for a rapid and sustained recovery from bulimia.

It's normal for people who aren't suffering from an eating disorder to choose to eat a bit more or "overindulge" sometimes. This shouldn't be confused with a binge. During a binge, people with bulimia don't feel in control of how much or how quickly they're eating. Some people also say that they feel as though they're disconnected from what they're doing. The food eaten during a binge may include things the person would usually avoid. Episodes of bingeing are often very distressing. People with bulimia place strong emphasis on their weight and shape and may see themselves as much larger than they are.

Binge Eating Disorder

Binge eating disorder (BED) is a serious mental illness where people experience a loss of control and eat large quantities of food on a regular basis. It can affect anyone of any age, gender, or background.

People with binge eating disorder eat large quantities of food, over a short period of time (called bingeing). BED is not about choosing to eat extra-large portions, nor are people who suffer from it just "overindulging" – far from being enjoyable, binges are very distressing. Sufferers find it difficult to stop during a binge even if they want to,

and some people with binge eating disorder have described feeling disconnected from what they're doing during a binge, or even struggling to remember what they've eaten afterwards.

Binges may be planned like a ritual and can involve the person buying "special" binge foods, or they may be more spontaneous. People may go to extreme lengths to access food – for example, eating discarded food or stealing food. Many things may trigger a binge eating episode, but commonly they occur when a person is feeling uncomfortable or negative emotions, such as sadness, anger or loneliness.

Binge eating usually takes place in private, though the person may eat regular meals outside their binges. People with binge eating disorder may also restrict their diet or put in certain dietary rules around food – this can also result in them binge eating due to hunger and feelings of deprivation. People often have feelings of guilt and disgust at their lack of control during and after binge eating, which can reinforce that cycle of negative emotions, restriction and binge eating again. Unlike those with bulimia, people with binge eating disorder do not regularly use purging methods after a binge.

Binge eating episodes are associated with eating much more rapidly than normal, eating until feeling uncomfortably full, eating large amounts of food when not physically hungry, eating alone through embarrassment at the amount being eaten, and feelings of disgust, shame or guilt during or after the binge.

Other Eating and Feeding Problems

*A number of other eating and feeding problems exist and include orthorexia (an obsession with food that one considers healthy), rumination disorder (*illness that involves repetitive, habitual bringing up of food that might be partly digested. It often occurs effortlessly and painlessly and is not associated with nausea or disgust.), *and pica (*an eating disorder where an individual has a preference for eating items that have no perceived nutritional value to the human body).

There is limited information available about these problems. If you suspect that you or someone you know may be showing signs of one of these illnesses, then we strongly advise you to consult with a medical professional as quickly as possible so that they can give you more information and refer you for appropriate treatment. Remember, it is always best to seek treatment early.

There are also many other illnesses, both physical and psychological, that can lead to changes in someone's eating behaviour, or in other areas that may be affected by an eating disorder, such as their feelings about their body. If you're worried about yourself or someone you know but don't feel that any of the disorders covered on the Beat website accurately describe the symptoms you or they are experiencing, it's always best to speak to a medical professional who will be able to give you further advice.

Other Specified Feeding or Eating Disorder (OSFED)

Anorexia, bulimia, and binge eating disorder are diagnosed according to a list of expected behavioural, psychological, and physical symptoms. Sometimes a person's symptoms don't exactly fit the expected symptoms for any of these three specific eating disorders. In that case, they might be diagnosed with an "other specified feeding or eating disorder" (OSFED).

OSFED is every bit as serious as anorexia, bulimia, or binge eating disorder, and people suffering from OSFED are every bit as deserving and in need of treatment – their eating disorder is just presenting in a different way. It is common for symptoms to not fit with the exact diagnostic criteria for anorexia, bulimia, or binge eating disorder – OSFED accounts for a large percentage of eating disorders.

Some specific examples of OSFED include:

Atypical anorexia – where someone has all the symptoms a doctor looks for to diagnose anorexia, except their weight remains within a "normal" range.

Bulimia nervosa (of low frequency and/or limited duration) – where someone has all of the symptoms of bulimia, except the binge/purge cycles don't happen as often or over as long a period of time as doctors would expect.

Binge eating disorder (of low frequency and/or limited duration) – where someone has all of the symptoms of binge eating disorder, except the binges don't happen as often or over as long a period of time as doctors would expect.

Purging disorder – where someone purges, for example by being sick or using laxatives, to affect their weight or shape, but this isn't as part of binge/purge cycles.

Night eating syndrome – where someone repeatedly eats at night, either after waking up from sleep, or by eating a lot of food after their evening meal.

Like any other eating disorder, OSFED is a very serious mental illness that is not only about the way the person treats food but about underlying thoughts and feelings. The eating disorder may be a way of coping with these thoughts, or a way of feeling in control.

People with OSFED may work to hide their illness and someone may have been ill for a long time before physical symptoms appear, if they do at all. Any of the symptoms associated with bulimia, anorexia, or binge eating disorder can be part of OSFED, and these would come with the same short-term and long-term risks that they present in the case of these specific eating disorders. As with other eating disorders, it will probably be changes in the person's behaviour and feelings that those around them notice first, before any physical signs appear.

Avoidant/restrictive food intake disorder (ARFID)

Avoidant restrictive food intake disorder, more commonly known as ARFID, is a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both.

Someone might be avoiding and/or restricting their intake for a number of different reasons. The most common are the following:

They might be very sensitive to the taste, texture, smell, or appearance of certain types of food, or only able to eat foods at a certain temperature. This can lead to sensory-based avoidance or restriction of intake.

They may have had a distressing experience with food, such as choking or vomiting, or experiencing significant abdominal pain. This can cause the person to develop feelings of fear and anxiety around food or eating, and lead to them to avoiding certain foods or textures. Some people may experience more general worries about the consequences of eating that they find hard to put into words, and restrict their intake

to what they regard as 'safe' foods. Significant levels of fear or worry can lead to avoidance based on concern about the consequences of eating.

In some cases, the person may not recognise that they are hungry in the way that others would, or they may generally have a poor appetite. For them, eating might seem a chore and not something that is enjoyed, resulting in them struggling to eat enough. Such people may have restricted intake because of low interest in eating.

It is very important to recognise that any one person can have one or more of these reasons behind their avoidance or restriction of food and eating at any one time. In other words, these examples are not mutually exclusive. This means that ARFID might look quite different in one person compared to another. Because of this, ARFID is sometimes described as an 'umbrella' term – it includes a range of different types of difficulty. Nevertheless, all people who develop ARFID share the central feature of the presence of avoidance or restriction of food intake in terms of overall amount, range of foods eaten, or both.

Other key aspects of ARFID are that it can have a negative impact on the person's physical health and as well as on their psychological wellbeing. When a person does not take in enough energy (calories), they are likely to lose weight. Children and young people may fail to gain weight as expected and their growth may be affected, with a slowing in height increase. When a person does not have an adequate diet because they are only able to eat a narrow range of foods, they may not get essential nutrients needed for their health, development and ability to function on a day-to-day basis. In some people, serious weight loss or nutritional deficiencies may develop, which need treatment. In people whose food intake is very limited, nutritional supplements may be prescribed. In some cases a period of tube feeding may be recommended if physical risk is judged to be high.

Being limited in terms of what they can eat often causes people to experience significant difficulties at home, at school or college, at work and when with friends. Their mood and day-to-day functioning can be negatively affected. Many people with ARFID find it difficult to go out or to go on holiday, and their eating difficulties may make social occasions difficult to manage. They may find it difficult to make new friends or establish close relationships as social eating occasions are often part of this process.