MENTAL HEALTH AND WELLBEING POLICY FOR PUPILS

"A GUIDE TO MENTAL HEALTH…"

Policy Owner Deputy Head Pastoral and DSL	**Applies to** Prior Park Paragon	**Superseded documents** Mental Health and Wellbeing v2
Associated documents Safeguarding Policy Curriculum Policy Personal Development and RSE Policy First Aid Policy Drugs and Substance Abuse Policy Data Protection Policy Medical Management Policy Eating Disorder Policy SEND Policy	**Review frequency** Every two years (unless the legislation/regulations update before this time) **Implementation date** 1 September 2026	**Legal Framework** Children and Families Act 2014 Equality Act 2010 SEND Code of Practice 2015 KCSIE 2026 Data Protection Act 2018

This policy is reviewed biennially, or more regularly as required, prior to approval by Trustees, where applicable.

Last reviewed by:	Deputy Head Pastoral/DSL (Mrs Sarah James)
Date last reviewed:	August 2026
Approved by Trustees:	Approved by Senior Leadership Team
Date last approved:	September 2026
Date for next approval:	August 2028

1. Introduction

Prior Park Schools (PPS) is a family of Christian schools based in Bath and Gibraltar. Prior Park College (PPC) and Prior Park Paragon (PPP) are incorporated in England as Prior Park Educational Trust Ltd. Prior Park Gibraltar (PPG), is incorporated in Gibraltar as Prior Park School Ltd. Both are companies limited by guarantee and registered charities.

The Prior Park Schools mission, underpinned by shared values, is to steward a thriving family of communities with love for the young people they serve at their heart. These vibrant communities cultivate creativity, foster integrity, and transform lives.

Prior Park Schools Values:

Curiosity – Generosity – Courage

2. Policy Statement

The Department for Education recognises that, in order to help pupils succeed, schools have a role to play in supporting them to be resilient and mentally healthy. Prior Park Paragon's statement is to:

- Develop a whole school approach to address the mental health and wellbeing of the pupils
- Create an approach on the principles taken from and the 8 key principles identified in 'Promoting Children and Young people Emotional Health and Wellbeing – A Whole School Approach' (2015 Public Health England) and information provided in Mental Health and Behaviour in Schools (2018 DFE)
- Provide a holistic and multi-agency approach that is identified in the pupil's individual care plans (ICP's)

This policy has been developed and produced to support staff in helping any pupil showing signs of mental health concerns.

3. Aim of the policy

- To promote positive mental health and emotional wellbeing in pupils
- To increase understanding and awareness of mental health issues
- To alert staff to early warning signs
- To provide guidance on how to offer support and suggested routes for help
- To consider both the importance and limitations of confidentiality

4. Purpose of the policy

- To promote positive mental health
- To try and prevent mental health problems
- To identify and support pupils with mental health needs
- To support all staff in understanding mental health issues and to spot early warning signs to help prevent or address mental health problems
- To provide simple, practical procedures for staff and pupils
- To show where parents, staff and pupils can get further advice and support

5. Safeguarding

Prior Park Paragon is committed to safeguarding and promoting the welfare of its pupils and staff, including their mental health and emotional wellbeing, and expects all members of the community to share this commitment. We recognise that the pupils have a fundamental right to be protected from harm and that pupils cannot learn effectively unless they feel secure, happy and relaxed. We therefore aim to provide a school environment which promotes self-confidence, a feeling of self-worth, the knowledge that pupils' concerns will be listened to and acted upon and encourages a healthy balance in every aspect of life.

6. What is mental health?

The term 'mental health' describes a sense of well-being, the capacity to live in a resourceful and fulfilling manner and to have the resilience to deal with the challenges and obstacles which life presents.

We want all pupils to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

A mental health problem is one in which a person is distracted from ordinary daily living by upsetting and disturbing thoughts and/or feelings. These problems may disorientate a person's view of the world and produce a variety of symptoms and behaviour likely to cause distress and concern. Mental health is a continuum encompassing the mild anxieties and disappointments of daily life, to severe problems affecting mood, perception and the ability to think and communicate clearly and rationally. Mental health difficulties can include anxiety, depression, self-harm and eating disorders.

7. What are the signs?

The following list of indicators may help to identify at-risk pupils:

- Has the pupil told you that there is a problem?
- Have there been any significant changes in the pupil's appearance, for example: weight loss/gain, decline in personal hygiene, noticeable signs of self-harm?
- How does the pupil sound, for example: flat, agitated, very quiet, very loud?
- Has the mood of the pupil recently changed a lot from your previous experience of working with them, for example: moods very up and down, miserable, tired a lot?
- Have other people expressed concern about the pupil?

- Have there been recent changes in the pupil's behaviour, standard of work, and/or sociability, for example: doing too much work, not socialising as much as usual, withdrawn, not attending class, being late or, failure to meet deadlines?
- Has the pupil been feeling, behaving or looking like this for some time? (Everyone can have bad days, but it is when days turn into weeks and months that there may be a problem.)

8. What can we do to help?

We believe we have a key role in promoting pupils' positive mental health and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

Whole school strategies and approaches:

- Assemblies to raise awareness of Mental Health
- Teach about Mental Health and Emotional Well-being through Personal Development lessons
- Support and join in with 'Hello Yellow' Day
- Support and join in with Mental Health Awareness week
- Use the power of reading to discuss themes and emotions
- Teach the knowledge of social and emotional skills that will help pupils to be more resilient, understand about mental health and help reduce the stigma of mental health problems
- Look at data and concerns logged on CPOMS to cater to the pupils' needs

Classroom strategies and approaches:

- Use of Worry Monsters in Pre-Prep
- Use of Worry Hands in Pre-Prep
- Use of Worry boxes in Prep
- Kindness/Compliment boards and boxes in classroom
- Mindfulness and breathing/meditation sessions
- Small friendship, social skills groups

Individual strategies and approaches:

- PSP for vulnerable pupils
- Teacher and parent meetings to discuss a PSP
- Support small group work such as Lego Therapy or Social Communication groups
- Pupil to visit the counsellor
- Pupils to have access to the Nurture Group intervention programme

Nurture Groups

The Nurture intervention programme supports the emotional needs of our pupils from within our own staff. These interventions can take on the form of a group, or 1:1 support, dependent on the needs and age of each child. A selection of staff have received appropriate training to develop and deliver these support programmes to meet the emotional needs of our children.

Prior Park Paragon recognises that children learn better and are happier in school if their emotional needs are addressed early, before a child requires formal counselling. By providing Nurturing interventions we can offer short, planned, impactful programmes of support to individual children experiencing emotional, social and behavioural difficulties.

The Nurture process

Class Teachers will raise any concerns about a child's mental health and wellbeing with the member of staff overseeing this area, by completing the relevant form on the staff portal, as well as logging it on CPOMS. During Wellbeing meetings, the staff will discuss the needs of individual children and triage the pupils towards appropriate support which may include a Nurture intervention. After further discussion and if the Nurture intervention feels appropriate, the class teacher will fill out the Referral Form, available on the staff portal.

An intervention will generally last for around 6-8 weeks. Whether the child is in a Nurture Group, or 1:1, they will always meet with the same member of staff. The interventions will take place in a dedicated learning space at the same time each week, which the pupils will recognise to be their Nurture time.

9. Staff Responsibility

All staff, no matter their position in the school, will be responsible for overseeing a consistent approach to promoting positive mental health and emotional wellbeing. By all working together, in a consistent way following the school's policy, we will ensure that the pupils feel confident in knowing and recognizing positive mental health.

Role of all staff

- All staff in the school will be constant in their approach to promoting positive mental health and emotional wellbeing.
- Staff will share any concerns with the Pastoral team and report them to Pastoral Concerns.
- Class teachers will be pro-active in their dealing with mental health concerns and will work with the pupil, and their parents, towards a positive outcome.
- All staff will record both positive and negative behaviour to build up a picture of each pupil.

Role of Wellbeing and Nurture Lead

- The Wellbeing and Nurture Lead (WNL) will ensure consistency is maintained when promoting positive mental health emotional wellbeing.
- The WNL will support the class teachers and other staff in ensuring positive mental health emotional wellbeing is promoted throughout the school.
- Keep a log of concerns, both welfare and behavioural, which are discussed at meetings and share at 'Pastoral Team' meetings.

Role of Deputy Head, Pastoral:

- The Deputy Head, Pastoral (DHP) will support all staff in promoting positive mental health and emotional wellbeing consistently throughout the school.
- The DHP will support all staff in supporting and promoting positive mental health and emotional wellbeing.
- The DHP will review records on CPOMS to look for patterns and links which will inform PD topics and staff training.

Role of the Head

- The Head will support and guide all staff in ensuring they are following the school's positive mental health and emotional well-being policy.

10. Counselling Service

The school-based counsellor is available to give support through a therapeutic relationship to pupils who are experiencing mental health difficulties themselves. The school-based counsellor can also offer support and guidance to parents of the school who have a pupil experiencing mental health difficulties.

The school-based counsellor can be contacted by email sjones@priorparkschools.com

The school-based counsellor is currently in school on a Friday morning.

The school-based counsellor will keep client records for the duration of a pupil's time at PPP. Once a pupil has left their records will, if appropriate, be handed over to PPP and will be kept in line with our Data Retention and Destruction Policy Handbook.

Counselling will usually be initially for a period of 6 weeks. At the end of these 6 weeks, the counsellor will meet with the child's parents, and the child, to discuss what they have covered during their sessions (previously agreed with the child to maintain confidentiality) and whether further support will be required. This may be continuing counselling in school, seeking further support externally, or receiving in class support.

The parents will cover the cost for a pupil's counselling.

See Appendix A for the process of referring a pupil for counselling.

11. Confidentiality

Sharing information is an essential part of the support we give to pupils with mental health difficulties, but it should only be done on a 'need to know' basis and the emphasis should be on providing information which highlights the pupil's support needs. Confidentiality should be maintained within the boundaries of safeguarding the pupil. The various members of staff involved in supporting a pupil with mental health difficulties will need to talk to each other regularly in order to agree what is happening with a pupil and whether the level of support is appropriate.

However, information about someone with a mental health difficulty is covered under the Data Protection Act 2018 and GDPR 2016 (and in some cases by The Equality Act 2010) and comes under the heading of personal, sensitive information. For this reason, all information about pupils with mental health difficulties has to be considered as confidential information and can only be shared under specific circumstances.

It is advisable to seek parental/guardian permission to speak to relevant external services and it is good practice for such permission to be obtained in writing, perhaps as part of an Individual Care Plan, and then recorded. Sharing confidential information also applies to information discussed in staff meetings, telephone discussions, emails and other forms of communication. Breaking confidentiality is something that needs to be taken seriously but there are situations where you might feel it is essential, for example where there is an immediate or significant risk to self or others. (Please see the Data Protection Policy)

If a member of staff feels it is necessary to pass on concerns about a pupil to either someone within or outside of the school, then this will be first discussed with the pupil.

We will tell them:

- Who we are going to tell
- What we are going to tell them
- Why we need to tell them
- When we are going to tell them

12. Pastoral Support Plans (PSPs)

PSP's can be used for pupils who have mental health/emotional concerns. Following consultation between the relevant members of the pastoral team, an PSP would be agreed between the pastoral team, the pupil and the pupil's parents. This would be available to the relevant school staff (as agreed) in order to provide the appropriate level of support for the pupil. Advice for staff, overall goals and parental involvement can be recorded, and a review date set.

Example of the Pastoral Support Plan

To be completed through discussion with the child and their parents.

Name:	Date of Plan:	Class:
Member of staff overseeing plan:		
When do I need support in school: •		
How will school support me: •		
How will my parents support me? •		
What behaviours will be expected of me? •		
Child's agreement:	Parents' agreement:	School's agreement:

13. Relevance of Mental Health and Emotional Wellbeing Issues

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

14. Useful links

- Young Minds: http://www.youngminds.org.uk/for_parents
- b-eat: http://www.b-eat.co.uk/
- Childline: http://www.childline.org.uk
- Mind: http://www.mind.org.uk/
- NHS: http://www.nhs.uk/livewell/mentalhealth/Pages/Mentalhealthhome.aspx
- Mental Health Foundation: http://www.mentalhealth.org.uk/
- Royal College of Psychiatrists: http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers.aspx
- National Centre for Eating Disorders www.eating-disorders.org.uk 0845 838 2040
- Anorexia and Bulimia Care www.anorexiabulimiacare.org.uk 03000 11 12 13
- National Institute for Health and Care Excellence (NICE) www.nice.org.
- Place2be: Improving children's mental health in schools – Place2Be

APPENDIX A:

Process of referring children for addition support:

1. Concern is raised with class teacher, either by parents, child or in another way
2. Concern is discussed with the DHP and added to Pastoral Concerns
3. If concerns continue, staff member will complete a 'Nurture' request form to put the child forward for additional 1:1, or small group, wellbeing support.
4. The Pastoral team will discuss the child and the concern raised
5. Suitable support through the Nurture programme will be timetabled and a Nurturer will be allocated
6. The WL will contact the parents and offer Nurture sessions
7. If the team feel the child would benefit from more focussed support, then they will be put forward for inhouse counselling. The DHP will liaise with the counsellor and the child's parents

APPENDIX B:

Anxiety and Depression

Anxiety disorders

Anxiety is a natural, normal feeling we all experience from time to time. It can vary in severity from mild uneasiness through to a terrifying panic attack. It can vary in how long it lasts, from a few moments to many years. All pupils and young people get anxious at times; this is a normal part of their development as they grow up and develop their 'survival skills' so they can face challenges in the wider world. In addition, we all have different levels of stress we can cope with -some people are just naturally more anxious than others and are quicker to get stressed or worried.

Concerns are raised when anxiety is getting in the way of a pupil's day to day life, slowing down their development, or having a significant effect on their schooling or relationships. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.

Anxiety disorders include:

- Generalised anxiety disorder (GAD)
- Panic disorder and agoraphobia
- Acute stress disorder
- Separation anxiety
- Post-traumatic stress disorder
- Obsessive-compulsive disorder (OCD)
- Phobic disorders (including social phobia)

Physical effects:

- Cardiovascular –palpitations, chest pain, rapid, heartbeat, flushed
- Respiratory –hyperventilation, shortness of breath, gasping
- Neurological –dizziness, headache, sweating, tingling, visual disturbances, hearing loss, twitching and numbness
- Gastrointestinal –choking, dry mouth, nausea, vomiting, diarrhoea
- Musculoskeletal –muscle aches and pains, restlessness, tremor and shaking

Psychological effects:

- Unrealistic and/or excessive fear and worry (about past or future events)
- Mind racing or going blank
- Decreased concentration and memory
- Difficulty making decisions
- Irritability, impatience, anger
- Confusion
- Restlessness or feeling on edge, nervousness
- Tiredness, sleep disturbances, vivid dreams
- Unwanted unpleasant repetitive thoughts

Behavioural effects:

- Avoidance of situations
- Restlessness
- Inability to focus and concentrate
- Poor problem-solving skills
- Emotional instability
- Repetitive compulsive behaviour e.g. excessive checking

•Distress in social situations
•Urges to escape situations that cause discomfort (phobic behaviour)

How to help a pupil having a panic attack:

If the panic/anxiety attack is caught early enough it might be prevented from fully developing by taking their mind off the feeling and or doing some physical exercise e.g. run upstairs a few times.

- If you are at all unsure whether the pupil is having a panic attack, a heart attack or an asthma attack, and/or the person is in distress, call an ambulance straight away.
- If you are sure that the pupil is having a panic attack, move them to a quiet safe place if possible.
- Help to calm the pupil by encouraging slow, relaxed breathing in unison with your own. Encourage them to breathe in and hold for 3 seconds and then breathe out for 3 seconds.
- Grounding is a simple and therapeutic technique that can help when strong anxiety hits and involves the following;

➢ Name 5 things you can see
➢ Name 4 things you can feel
➢ Name 3 things you can hear
➢ Name 2 things you can smell
➢ Name 1 thing you can taste

- Be a good listener, without judging if they can talk it is unlikely to be a panic attack, more an anxiety episode.
- Explain to the pupil that they are experiencing a panic attack and what that means physiologically and emphasise it is not something life threatening just unpleasant, and it will pass.
- Explain that the attack will soon stop and that they will recover fully.
- Assure the pupil that someone will stay with them and keep them safe until the feeling passes.

Many young people with anxiety problems do not fit neatly into an anxiety disorder. It is common for people to have some features of several anxiety disorders. A high level of anxiety over a period can lead to depression as it forces them to alter their behaviour.

Depression

A clinical depression is one that has had symptoms for at least two weeks, these must include low mood and a lack of interest in activities they previously enjoyed, other symptoms are likely to be present but these two are essential for a diagnosis.

Depressions affects behaviour and has physical, emotional and cognitive effects. It interferes with the ability to study, work and have satisfying relationships. Depression is a common but serious illness and can be recurrent if we do not listen to the causes and change lifestyles as a result. In England if affects at least 25% of teenagers, although some estimates are higher. Rates of depression are higher in girls than in boys.

Depression in young people often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis.

The symptoms of depression can be complex and vary widely between people. But as a rule, if someone is depressed, they feel sad, hopeless and lose interest in things they used to enjoy. The symptoms persist for weeks or months and are enough to interfere with school, work, social and family life.

Risk Factors:

- Experiencing other mental or emotional problems
- Divorce of parents
- Perceived poor achievement at school
- Bullying
- Developing a long-term physical illness
- Death of someone close
- Break up of a relationship
- Some people will develop depression in a distressing situation, whereas others in the same situation will not.
- Long term anxiety
- Lack of good friends
- Pressure from parents or poor relationship with parents

Psychological symptoms can include;

- Continuous low mood or sadness
- Feeling hopeless and helpless
- Having low self-esteem
- Feeling tearful
- Feeling guilt-ridden
- Feeling angry, irritable and intolerant of others
- Having no motivation or interest in things
- Finding it difficult to make decisions
- Not getting any enjoyment out of life
- Feeling anxious or worried
- Have suicidal thoughts or thought of self-harming

Physical symptoms can include;

- Moving or speaking more slowly than usual
- Changes in appetite or weight (usually decreased, but sometimes increased)
- Constipation
- Unexplained aches and pains
- Lack of energy or fatigue
- Loss of libido
- Changes to menstrual cycle
- Disturbed sleep –difficult falling asleep and/or staying asleep

Social symptoms can include;

- Not doing well at school or work
- Avoiding contact with friends and taking part in fewer social activities
- Neglecting hobbies and interest
- Having difficulties in home and family life
- Risk-taking behaviour (including risk-taking sexual behaviour)
- Misuse of alcohol or other substances
- Loss of interest in appearance

•Neglect of responsibilities

Severities of depression:

Depression can often come on gradually, so it can be difficult to notice something is wrong. Many people try to cope with their symptoms without realising they are unwell. It can sometimes take another person to suggest something is wrong. Doctors describe depression by how serious it is;

•Mild depression –has some impact on your daily life
•Moderate depression –has a significant impact on your daily life
•Severe depression –makes it almost impossible to get through daily life

Grief and depression

It can be difficult to distinguish between grief and depression. They share many of the same characteristics, but there are important differences between them:

•Grief is an entirely natural response to a loss, while depression is an illness
•People who are grieving find their feelings of sadness and loss come and go, but they are still able to enjoy things and look forward to the future
•In contrast, people who are depressed constantly feel sad. They don't enjoy anything and find it difficult to be positive about the future

When to seek help

The person needs to see their GP if they experience symptoms of depression for most of the day, every day, for more than 2 weeks.

APPENDIX C

Eating Disorders

Definition
'Eating disorders are not a diet gone wrong or a fad or fashion. They are a way of coping with difficult thoughts, emotions or experiences' (from b-eat "beating eating disorders"). Anyone, regardless of their age, sex or cultural background, can suffer from an eating disorder.

Our Aims

- To increase understanding and awareness of eating disorders.
- To alert staff to early warning signs and risk factors.
- To help staff identify potential problems early and support pupils affected by eating disorders.
- To provide support to staff dealing with pupils with eating disorders.
- To decrease stigma and increase awareness of eating disorders within the school.
- To provide support to pupils currently suffering from or recovering from eating disorders.

There are three main types of eating disorders:

Anorexia Nervosa: People with anorexia restrict the amount of food they eat by skipping meals and rigidly controlling what they will and will not eat. They maintain a low body weight, beyond the point of slimness, in an endless pursuit of thinness. They will go to great lengths to hide their behaviour from friends and family by lying about what they have eaten or by pretending to have eaten.

Bulimia Nervosa: People with bulimia constantly think about food / calories, dieting and ways of getting rid of the food that they have eaten. They become caught in a cycle of binging on large amounts of food and then making themselves vomit or use laxatives or starve for a few days in order to try and lose the calories that they have eaten. They usually feel guilty and ashamed of their behaviour and become very secretive.

Binge Eating Disorder (BED): People who binge eat feel that they have no control over their eating. They will regularly consume large quantities of food in a short period of time, even when they are not hungry. Many people who binge eat become obese, which leads to further health problems. Binges are often planned in advance and can involve the person buying 'special foods'. People will often binge in private as they feel embarrassed, guilty or disgusted with their behaviour after they have finished eating.

There are also other eating disorders that are a mixture of the disorders above.

Risk Factors:

The following risk factors may make a young person vulnerable to developing an eating disorder.

- Pupils who are stressed, unhappy or lacking in confidence.
- Very high (personal or family) expectations of achievement.
- Stress due to examinations.
- Problems at home or school.
- Difficulty expressing feelings and emotions.
- Past trauma that manifest in the form of an eating disorder
- A home environment where food, eating, weight or appearance have a disproportionate significance.
- Peer pressure.

- An overprotective or over controlling home environment.
- Neglect, physical, sexual or emotional abuse.
- Poor parental relationships and arguments.
- Pressure to maintain a high level of fitness / low body weight for sport / dance.
- Being bullied, teased or ridiculed due to weight or appearance.
- A period of illness, which is accompanied by a period of not eating.

Warning Signs:

School staff should be aware of warnings signs that indicate a pupil is experiencing difficulties that may lead to an eating disorder. These warning signs should always be taken seriously.

Anorexia Nervosa:

Physical signs:
No two people will have the same symptoms, and they may display a mix of any of these listed below:

- Weight loss
- Body Mass Index <17.5
- Dizziness, tiredness or fainting
- Feeling cold, poor circulation
- Dull lifeless hair, hair loss
- Swollen cheeks
- Calluses on the knuckles of the dominant hand
- Headaches
- Menstrual disturbances / amenorrhoea
- Dry or poor skin
- Growth of soft fine hair over body
- Fainting
- Abdominal pains
- Sore throat, mouth ulcers and tooth decay; bad breath
- Dehydration

Behavioural Signs:

- Restricted eating i.e. volume of food and low-calorie content
- Obsession with food, weight and dieting
- Difficulty concentrating
- Preference for eating alone / skipping meals
- Scheduling activities around mealtimes
- Inability to tolerate unplanned events involving food
- Irritability, distress and arguments around mealtimes
- Extreme irritability when meals earlier or later than usual
- Strange behaviour around food
- Hiding, collecting or storing food
- Secretive eating and lying about how much, they have eaten
- Wearing baggy clothes / several layers of clothes
- Excessive exercising
- Drinking lots of water / sugar free fizzy drinks, excessive chewing of gum
- Frequent weighing
- Insisting on being fat when not
- Ritualistic / secretive behaviour and obsessions
- Increased isolation and loss of friends

- Increased conscientiousness

Psychological Signs:

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling guilty / distressed after eating
- Fear of gaining weight
- Self-dislike, low self-esteem, anxiety, depression
- Personality changes and mood swings
- Excessive perfectionism

Bulimia Nervosa

Bulimia is more common than Anorexia but more hidden as people with Bulimia usually remain an average or just over average body weight. Sufferers may constantly think about calories, dieting and ways of getting rid of the food they have eaten. This leads to a cycle of binging on large amounts of food, making themselves vomit, cutting down or starving for a few days.

Behavioural signs:

- Binging or eating large amounts of food and vomiting after meals
- Visiting the bathroom immediately after meals
- Lying or being secretive
- Unreasonable fear of being fat or weight gain
- Obsessional behaviour
- Low mood, anxiety / irritability, depression
- Increasing withdrawal / isolation
- School and relationship problems
- Excessive use of laxatives / diuretics

Binge Eating Disorder (BED)

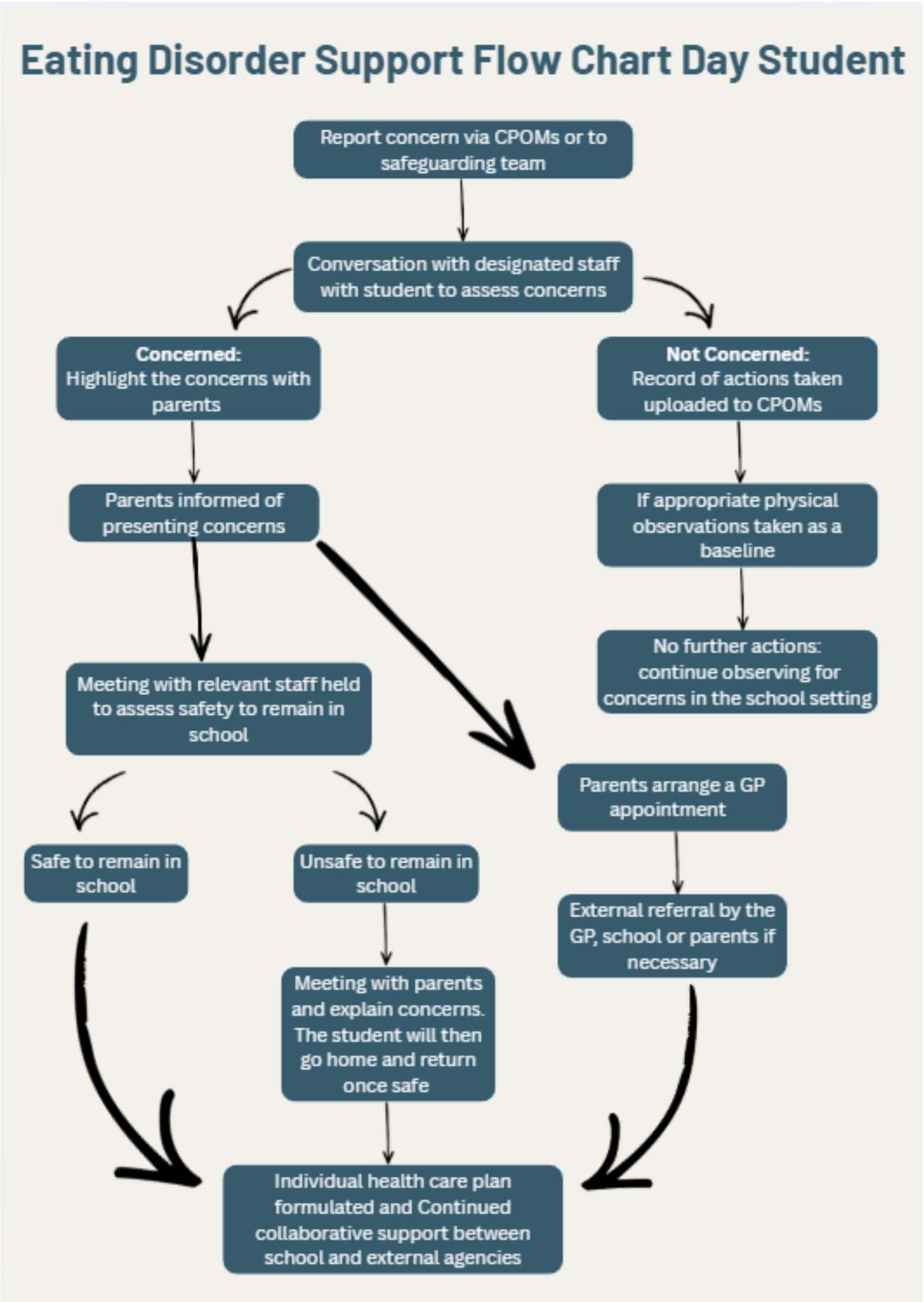
The essential difference between BED and bulimia is that a person binges uncontrollably but does not purge. Many people with BED become obese with associated problems of blood pressure, heart disease and a general lack of fitness.

Compulsive Overeating

Compulsive overeating is when people eat at times when they are not hungry, either all the time or in cycles. Most are overweight and often are ashamed at being unable to control the compulsion to eat. Anyone with an eating disorder should be assessed and receive treatment at the earliest opportunity.

Flowchart to show what you should do if you suspect a pupil may have an eating disorder:

Eating Disorder Support Flow Chart Day Student



If a child has an eating disorder, or is suspected of an eating disorder, use these traffic lights to support your response:

TRAFFIC LIGHT



GREEN – Stable

(Continue routine support and monitor)

- Eating plan generally followed
- Attending school regularly
- Engaging in lessons
- Managing with support

  Action: Continue support plan, continue routine check-ins, monitor



AMBER – Concern

(Increase support and share concerns early)

- Increased anxiety around meals
- Skipping or avoiding food
- Noticeable withdrawal from peers
- Reduced concentration or fatigue
- Increased focus on exercise or body image

  Action: Increase supervision, inform pastoral/SENCO/DSL, record concerns, contact home, temporary adjustments (rest breaks), contact key staff for support



RED – High Risk

(Treat as urgent safeguarding/medical concern)

- Refusal to eat/drink
- Collapse / fainting / dizziness
- Rapid deterioration
- Safeguarding concern
- Signs of severe distress of harm

  Action: Do not leave alone, contact DSL + parents, seek medical help, call 999 if needed

EMERGENCY ACTION:

(Staff must act immediately and follow safeguarding procedures)

- Do not leave student alone
- Contact DSL immediately
- Contact parents/carers
- Call 999 if collapse / unresponsive / medical risk

Local NHS Specialist Services (BaNES area)

Child and Adolescent Eating Disorder Service (TEDS) – BaNES CAMHS

- Provided by Oxford Health NHS Foundation Trust
- Covers Bath & North East Somerset for children and young people.
- **Referral route:**
  - Self-referral available online (young people/families)
  - Professional referral (GP, school, social care)
- **Location:** Temple House, Keynsham
- **Support offered:** Specialist assessment, family-based treatment, multidisciplinary care

Adult Eating Disorder Services (Specialist Community Services)

- Commissioned NHS services (typically via regional community mental health teams).
- **Referral route:**
  - GP referral is the primary pathway
  - May include referral via Community Mental Health Teams (CMHT)
- **Process:**
  - Initial assessment → diagnosis → treatment plan (therapy, dietetics, medical monitoring)

Primary Care Pathway (Gateway to Services)

General Practitioner (GP)

- First point of contact for most individuals.
- **Role:**
  - Identification and initial assessment
  - Physical health monitoring (weight, bloods, ECG if required)
  - Referral to specialist eating disorder services
- **Referral pathway:**
  - GP → Specialist Eating Disorder Service (NHS)
- Urgent referrals may be fast-tracked depending on risk level

Voluntary and Community Sector (Local & Regional)

Somerset and Wessex Eating Disorders Association (SWEDA)

- Regional charity serving Somerset and surrounding areas (including BaNES).
- **Support offered:**
  - 1:1 support
  - Support groups
  - Carer support
  - Early intervention and non-diagnostic support
- **Referral route:** Self-referral / open access

First Steps ED (South West)

- Community-based eating disorder support (referenced in local guidance).
- **Support offered:**
  - Peer support groups (online and in-person)
  - One-to-one support
  - Nutritional guidance

- **Referral route:** Self-referral

National Charities and Helplines

Beat – National Helpline

- Helpline: 0808 801 0677
- **Support offered:**
  - Confidential helpline
  - Online support groups
  - Information and signposting
- **Referral route:** Self-referral / open access

Talk ED

- **Support offered:**
  - 1:1 support calls
  - Peer support groups
  - Workshops and recovery programmes
- **Referral route:** Self-referral

APPENDIX D
Self-Harm

Self-harm is a coping mechanism for individuals who are attempting to manage challenging emotions. It is any behaviour which causes deliberate physical pain or injury and is aimed at reducing the emotional pain and distress of the individual concerned.

ALL incidents of self-harm are to be taken seriously. As a school we aim to provide the most appropriate emotional support possible.

Our Aim:

- How to deal with pupils who self-harm and how to offer support in the short and long-term
- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors
- To support staff members who come into contact with pupils who self-harm
- To have clear guidelines for staff –who needs to be informed, when do parents and outside agencies need contacting?
- Education about self-harm for pupils and staff

Self-harm can include:

- Cutting themselves
- Scratching themselves
- Banging and bruising themselves
- Scrubbing or scouring their body
- Deliberate bone breaking
- Burning or scalding their body
- Punching themselves
- Swallowing inappropriate objects or liquids
- Sticking things into their body
- Biting themselves
- Pulling their hair or eyelashes out
- Taking too many tablets (overdose)
- Controlled eating –anorexia, bulimia, over -eating

Recognising warning signs:
For some individuals there will no specific warning signs that they are engaging in or contemplating self-harming. For others, the following signs may include:

- Abusing drugs/alcohol
- Lack of self-esteem, being overly negative, feelings of failure
- Bullying of others, more aggressive or introverted than usual
- Becoming socially withdrawn or a change in friendships
- Lowering of academic standards
- Regular bandaged wrists or arms
- Obvious cuts, burns or scratches (that do not look like accidents)
- A reluctance to participate in Games or to change clothes (wearing long sleeves)
- Frequent accidents that cause physical injuries

Risk Factors:
The following factors may make a pupil more vulnerable to self-harm:

- Depression/anxiety
- Low self esteem

- Recent trauma –bereavement or parental divorce
- Bullying
- Pressure to achieve from parents
- Abuse –sexual, physical, emotional, neglect
- Relationship difficulties with family or friends
- Drug or alcohol abuse
- Issues around sexuality
- Self-harm, depression or suicide in the family
- Copycat behaviour
- Media influence

Staff roles:
All incidents of self-harm must be reported to the Designated Safeguard Lead (Or DDSL) for Child Protection and recorded on CPOMS as per the Safeguarding Policy.