CHAMPNEYS
BEAUTY COLLEGE

Mental Health and Wellbeing Policy

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Name of coordinator	Salome Williams
Notes	*Review with Safeguarding and Anti-Bullying policies*

"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 Organisation***

Key documents which inform this policy:

- Keeping Children Safe in Education (September 2019)
- Mental Health & Behaviour in Schools (November 2018)

Organisations from which information and guidance are drawn

- Mind
- Young Minds
- Action for Happiness
- Mental Health First Aid

We aim to promote positive mental health for every member of the college in a variety of ways including:

- Having a whole-college approach to promoting good mental health
- Maintaining a strong pastoral support system which enables young people to discuss concerns
- Encouraging a sense of belonging and community
- Educating students as to how they can maintain good mental health
- Having clear policies on behaviour and bullying

Mental health issues can be de-stigmatised by educating students, staff and parents. This is done in a variety of ways including through induction procedures, tutor-led sessions, Personal Development lessons, staff training and information made available to students within the college. In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. *Every pupil should feel safe, be healthy, enjoy and achieve, make a positive contribution and achieve economic wellbeing (Every Child Matters, 2004, DfES).*

This policy aims to:

- Promote positive mental health in all staff and students
- Increase understanding and awareness of mental health issues in order to facilitate early intervention
- Alert staff to early warning signs and risk factors
- Provide support and guidance to staff supporting adults and young people with mental health issues
- Provide support to students who suffer from mental health issues, their peers and parents/carers

Safeguarding Responsibilities

Champneys Beauty College is committed to safeguarding and promoting the welfare of young people, including their mental health and emotional wellbeing. Any member of staff who is concerned about the mental health of a student should speak to Salome Williams, Head of Operations, in the first instance. If the member of staff believes the student is in danger of immediate harm, they should follow the procedures laid out in the School's Safeguarding and Child Protection Policy, speaking to the DSL or directly contacting Children's Services, or seeking emergency assistance via 999.

Awareness

Mental Health statistics in Young People

- **20%** of adolescents may experience a mental health problem in any given year.
- **50%** of mental health problems are established by age 14 and **75%** by age 24.
- **70%** of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age.

Figures: Mental Health Awareness Foundation

Mental Health statistics in Adults

- Approximately **1 in 4 people** in the UK will experience a mental health problem each year [1].
- In England, **1 in 6 people** report experiencing a common mental health problem (such as anxiety and depression) in any given week

Figures: Mind

Mental Health in the workplace statistics

- More than one in five (21 per cent) agreed that they had called in sick to avoid work when asked how workplace stress had affected them
- 14 per cent agreed that they had resigned and 42 per cent had considered resigning when asked how workplace stress had affected them
- 30 per cent of staff disagreed with the statement 'I would feel able to talk openly with my line manager if I was feeling stressed'
- 56 per cent of employers said they would like to do more to improve staff wellbeing but don't feel they have the right training or guidance

Source: Mind

Every seven years a survey is done in England to measure the number of people who have different types of mental health problems [2]. It was last published in 2016 and the figures can be found in Appendix B

Identification

Only medical professionals should make a formal diagnosis of a mental health condition. Schools and colleges, however, are well-placed to observe people day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn students whose needs may otherwise go unrecognised.

It is important for staff to be alert to signs that an adult or young person might be suffering from mental health issues. These come in many forms and manifest themselves in a wide range of ways including:

- Anxiety
- Depression

- Eating Disorders
- Self Harm
- Suicidal thoughts

Signs and symptoms which indicate a student is experiencing mental health or emotional concerns 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
- Reluctance to take part in practical lessons or getting changed secretively
- Lateness to or absence from college
- An increase in lateness or absenteeism
- Repeated physical pain or nausea with no evident cause

Supporting Positive Mental Health for Students

The college provides support for students in the following ways:

- Comprehensive policies on pastoral care including Mental Health, Safeguarding, e-Safety, Anti Bullying and Cyber Bullying
- Trained Mental Health First Aider available for all staff and students
- All staff trained in mental health awareness
- Information shared as appropriate and with permission across the staff team to prevent any student slipping through the net.
- Mental Health First Aid kit provided for all students in the initial part of their course
- Mindfulness sessions timetabled throughout the courses, including before exams
- Sessions run in Mental Health Awareness week
- Social activities organised during the college year.
- Publicising availability of student rate stays at Champneys resorts
- Information provided throughout the college on ways students can support their own positive mental health
- Integrating discussion around positive body image into teaching sessions involving body massage treatments, supported by wall displays
- Details of external organisations including counsellors made available
- Information on about local wellbeing activities including membership of the Champneys Resort Gym
- Access to a dedicated room with a range of resources and mindfulness activities for students or staff to have some time alone or conduct confidential conversations

Disclosures, Actions and Information Sharing

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. Students should be made aware that it may not be possible for staff to offer complete confidentiality.

Staff should listen rather than offering advice, and 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 A.** For information about how to have conversations around suicidal thoughts see **appendix C.**

Disclosures should be recorded in writing. This written record should include:

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

It is important for staff to be honest with pupils with regard to the issue of confidentiality. Information about a student should not be shared without first telling them. Ideally their consent would be sought, but when there is a risk of harm to a young person information must **always** be shared with the Designated Safeguarding Lead or Deputy Designated Safeguarding Lead.

Unless there are safeguarding concerns which mean it is advisable not to do so (see below), for students under the age or 18, parents should always be informed. Students may choose to tell their parents themselves. If this is the case, and it is safe to wait for this to happen, the student should be given 24 hours to share this information before the school contacts parents. Students should always be given the option of a member of staff informing parents for them, or with them.

If the student's disclosure suggests that there may be underlying child protection issues in relation to the family, parents should not be informed, but the Designated Safeguarding Lead must be informed immediately.

If it is deemed in the best interests of the child to share information, it is advisable to discuss with the young person:

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

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents the following questions should be considered:

- Can the meeting happen face to face? This is preferable.
- Where should the meeting happen? At college, at their home or somewhere neutral?
- Who should be present? Consider parents, the student, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. The parent may need time to reflect.

The parent should be signposted to further sources of information and other sources of support, including those aimed specifically at parents – see **Appendix C**

Mental Health and Wellbeing Support for Staff

It is widely recognised that staff who with positive mental health are more productive and will stay in the workplace longer. In the context of a college, well supported tutors means they have the opportunity to develop their skills and improve their teaching, with positive knock on effects for both themselves and their students and as such supporting staff wellbeing is equally important as that of students.

Champneys Beauty College aims to support staff in the following ways:

- Comprehensive policy on mental health
- Trained Mental Health First Aider available for all staff
- All staff trained in mental health awareness
- Performance Management including annual appraisals and monthly 1:1 to raise any areas of concern in workload stress and personal issues
- Opportunities to further develop professionally and challenge themselves provided through the Performance Management process
- A flexible approach to support healthy work/life balance
- Staff areas made pleasant places to be with input from the staff team
- Social activities organised for the staff team
- Publicising availability of staff rate stays at Champneys resorts
- Information provided in staff areas on ways staff can support their own positive mental health
- Details of external organisations including counsellors made available
- Information on about local wellbeing activities including staff membership of the Champneys Resort Gym
- Access to a dedicated room with a range of resources and mindfulness activities for students or staff to have some time alone or conduct confidential conversations

"The workplace can be a strong contributor to mental wellbeing giving people the opportunity to feel productive and achieve their potential." Mental Health Commission of Canada

There are specific resources for mental health support in the workplace in Appendix B

Further Information

There is further information about specific mental health issues in **Appendix C** which covers:

- Depression
- Anxiety, Panic Attacks and Phobias
- Self-Harm
- Suicidal Feelings
- Eating Problems

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

ALGEE – this mnemonic is an aid to remembering the five basic steps when offering support to a young person

Ask, Assess, Act

Where an adult or young person is distressed, the member of staff should ask them what support they need and want. Assess the risk of harm to self or others and try to reduce any risk that is present.

Listen non-judgementally

Give them time to talk and gain their confidence to take the issue to someone who could help further – eg. Tutor, Head of Curriculum, Head of Operations, Mental Health First Aider, Counsellor, Safeguarding Lead

Give reassurance and information Tell them how brave they have been. Gently explain that you would like to help them. For students under 18 do not promise confidentiality –it could be a child protection matter

Enable the adult or young person to get help Work through the avenues of support. Explain that you would like to share their thoughts with someone else so that they can get the best help. Encourage them to speak to someone –offer to go with them

Encourage self-help strategies

(Source: Mental Health First Aid England)

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

Focus on listening

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

If a student has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

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

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties 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.

Don't be afraid to make eye contact
"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

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

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

Acknowledge how hard it is to discuss these issues
"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take an adult or young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response
"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the student.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need

to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

SEE ALSO APPENDIX C FOR ADVICE ON DEALING WITH A DISCLOSURE OF SUICIDAL THOUGHTS

Appendix B: Sources of Advice

There is further information and guidance about the issues most commonly seen in young people. Some links are aimed primarily at parents but they will also be useful for college staff.

Advice and support on all of these issues can be accessed via:
Young Minds (www.youngminds.org.uk or 0808 802 5544)
Mind (www.mind.org.uk)
MindEd (www.minded.org.uk)

Access to counselling can be pursued through these organisations:
Relate (https://www.relate.org.uk/)
Royal College of Psychiatrists (http://www.rcpsych.ac.uk/)
Youth Access: http://www.youthaccess.org.uk/
British Association of Counsellors and Psychotherapists search engine: http://www.itsgoodtotalk.org.uk/

Particularly useful pages for schools and colleges can be found at:
https://youngminds.org.uk/resources/school-resources/

Useful information for supporting mental health at work can be found at:
Mind https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-yourself/

Tutors and parents may also find it useful to know about the prevalence of mental health issues, to provide a context for their child's difficulties, as follows:

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

Source: Young Minds

Generalised anxiety disorder	5.9 in 100 people
Depression	3.3 in 100 people
Phobias	2.4 in 100 people
OCD	1.3 in 100 people
Panic disorder	0.6 in 100 people
Post traumatic stress disorder (PTSD)	4.4 in 100 people
Mixed anxiety and depression	7.8 in 100 people

Estimates for bipolar disorder, psychotic disorder and personality disorders are usually measured over a person's lifetime, rather than each year. Estimates for the number of people with these diagnoses can vary quite a lot but the most recent reported findings are [2]:	
Psychotic disorder	0.7 in 100 people*
Bipolar disorder	2.0 in 100 people
Antisocial personality disorder	3.3 in 100 people
Borderline personality disorder	2.4 in 100 people
	*Measured over the last year.
The survey also measures the number of people who have self-harmed, had suicidal thoughts or have made suicidal attempts over their lifetime:	
Suicidal thoughts	20.6 in 100 people
Suicide attempts	6.7 in 100 people
Self-harm	7.3 in 100 people

Note: these statistics have been taken from studies that have surveyed people living in private housing in England. The figures do not include the number of people experiencing mental health problems in hospitals, prisons, sheltered housing or people who are homeless. Therefore these figures may underestimate the prevalence of mental health problems.

- *Figures: Mind*

Appendix C: Further Information and Sources of Support about Common Mental Health Issues

Depression

Ups and downs are a normal part of life, but for someone who is suffering from depression these ups and downs may be more extreme. Feelings of failure, hopelessness, numbness or sadness may invade their day-to-day life over an extended period of weeks or months, and have a significant impact on their behaviour and ability and motivation to engage in day-to-day activities.

A clinical depression is one that lasts for at least 2 weeks, 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. In England if affects at least 5% 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.

When these feelings dominate and interfere with a person's life, it can become an illness. According to the Royal College of Psychiatrists, depression affects 2% of children under 12 years old, and 5% of teenagers.

Depression can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships. There is some degree of overlap between depression and other problems. For example, around 10% to 17% of children who are depressed are also likely to exhibit behaviour problems.

Depression Alliance: www.depressionalliance.org/information/what-depression

Anxiety, Panic attacks and Phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. All children 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.

When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed. It is estimated that 1 in 6 people will suffer from General Anxiety Disorder at some point in their lives.
Symptoms of an anxiety disorder can include:

Physical effects

- Cardiovascular – palpitations, chest pain, rapid, heartbeat, flushing
- Respiratory – hyperventilation, shortness of breath
- Neurological – dizziness, headache, sweating, tingling 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
- 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 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.
- Be a good listener, without judging.
- Explain to the pupil that they are experiencing a panic attack and not something life-threatening such as a heart attack.
- 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 attack stops.

Anxiety UK: www.anxietyuk.org.uk

Self-harm

Self-harm describes any behaviour where an adult or young person causes harm to themselves in order to cope with thoughts, feelings or experiences they are not able to manage in any other way. It most frequently takes the form of cutting, burning or non-lethal overdoses in adolescents, while younger children and young people with special needs are more likely to pick or scratch at wounds, pull out their hair or bang or bruise themselves.

School staff may experience a range of feelings in response to self-harm in a pupil such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to pupils it is important to try and maintain a supportive and open attitude – a pupil who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

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

Suicidal feelings

People may experience complicated thoughts and feelings about wanting to end their own lives. Some people never act on these feelings though they may openly discuss and explore them, while other people die suddenly from suicide apparently out of the blue. Whilst thinking about suicide is relatively common, very few people will actually attempt to take their own lives. However even having suicidal thoughts clearly shows someone is unhappy and needs help and support.
It can be difficult to understand what causes suicidal feelings but they're often triggered by upsetting experiences such as:

- living with mental illness
- experiencing abuse
- being bullied
- bereavement after losing a loved one
- having very low self-worth

Warning signs of suicide

Sometimes there may be obvious signs that someone is at risk of attempting suicide. However, this is often not the case**.**

High-risk warning signs

A person may be at high risk of attempting suicide if they:

- threaten to hurt or kill themselves
- talk or write about death, dying or suicide
- actively look for ways to kill themselves, such as stockpiling tablets

Other warning signs

A person may also be at risk of attempting suicide if they:

- complain of feelings of hopelessness
- have episodes of sudden rage and anger
- act recklessly and engage in risky activities with an apparent lack of concern about the consequences
- talk about feeling trapped, such as saying they can't see any way out of their current situation
- self-harm – including misusing drugs or alcohol, or using more than they usually do
- noticeably gain or lose weight due to a change in their appetite
- become increasingly withdrawn from friends, family and society in general
- appear anxious and agitated
- are unable to sleep or they sleep all the time

- have sudden mood swings – a sudden lift in mood after a period of depression could indicate they have made the decision to attempt suicide
- talk and act in a way that suggests their life has no sense of purpose
- lose interest in most things, including their appearance
- put their affairs in order, such as sorting out possessions or making a will

Assessing risk

If someone shows warning signs or you are concerned about the possibility that they might be at risk of suicide or hurting themselves you* should check by asking the direct question: 'are you having thoughts of killing or harming yourself?' Contrary to common belief this type of question does not encourage young people to pursue suicidal behaviour. If the person admits thoughts of suicide, continue listening and ask open questions using the CPR mnemonic:

- **C**urrent plan: find out if the person has made a plan or any preparations
- **P**rior and recent behaviour: have they attempted suicide before, self-harmed or engaged in risk taking behaviour (NB prior behaviour alone doesn't flag current risk, but taking greater risks or harming more is a flag)
- **R**esources: do they have the means to put a plan into action? (very high risk) Do they have sources of support such as friends they can talk to? (lowers risk)

You can assess the risk by asking the following questions:

1. Are you thinking about killing yourself?
2. Have you thought about how you would do it?
3. Have you prepared for it?
4. Have you thought about when and where?
5. Have you attempted suicide before?

If a child answers yes to any of these questions you should keep them with you and contact a member of the Safeguarding Team immediately. Do not release the child – they should be passed onto a member of the pastoral, medical or safeguarding team, their parent or a doctor or other NHS worker (eg paramedic, nurse).

*If you do not feel able to conduct this conversation, you must take the child to someone who can (eg a Head of Year, a member of the Safeguarding Team)

Other Support

- Prevention of young suicide UK – PAPYRUS: www.papyrus-uk.org
- The Campaign Against Living Miserably - CALM: https://www.thecalmzone.net/
- The Samaritans http://www.samaritans.org/
- On the edge: ChildLine spotlight report on suicide: www.nspcc.org.uk/preventing-abuse/research-and-resources/on-the-edge-childline-spotlight/

Eating problems

Anyone can get an eating disorder regardless of their age, gender or cultural background. People with eating disorders are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of eating disorders involve low self-esteem, shame, secrecy and denial. Food, weight and shape may be used as a way of coping with, or communicating about, difficult thoughts, feelings and behaviours that a young person experiences day to day. Some young people develop eating disorders such as anorexia (where food intake is restricted), binge eating disorder and bulimia nervosa (a cycle of bingeing and purging). Other young people may develop problematic behaviours around food including refusing to eat in certain situations or with certain people. This can be a way of communicating messages the child does not have the words to convey.

Warning Signs

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

any of these warning signs should seek further advice from the Designated Safeguarding Lead or The School Nurse.

Physical Signs

- Weight loss
- Dizziness, tiredness, fainting
- Feeling Cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles
- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating
- Skipping meals
- Scheduling activities during lunch
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Distorted view of body shape
- Secretive behaviour
- Visits the toilet immediately after meals
- Excessive exercise

Psychological Signs

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Self dislike
- Fear of gaining weight
- Moodiness
- Excessive perfectionism

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