SJFCC Mental Health and Wellbeing Policy

Date: June 2026
Adopted: June 2026
Review: June 2027

Policy Statement

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

At St John Fisher Catholic College, we aim to promote positive mental health and wellbeing for every member of our school community; learners, staff, parents/carers and governors. We pursue this aim using both whole school approaches and specialised, targeted approaches aimed at vulnerable learners.

"I have come that they have life and have it abundantly" (***John 10:10***)

In addition to promoting positive mental health and wellbeing, we aim to recognise and respond to mental ill health and call upon the richness of our Catholic faith for protection and encouragement. God is with us in the journey to help us navigate the troubles we face, to teach us and to love us. As we, the Church, mirror Christ, we also stand with our learners, pray for them and help them practically through whatever they are facing.

In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health and wellbeing policies and procedures we can promote a safe and stable environment for learners who are affected both directly and indirectly by mental ill health.

This document sets out our school's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff including non-teaching staff and governors.

The policy aims to:

- Promote positive mental health and wellbeing for all our school community;
- Increase understanding and awareness of common mental health issues;
- Alert staff to early warning signs of mental ill health;

· Provide support to staff working with young people with mental health issues and signpost to services.

Key members of staff for mental health and wellbeing

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

- Senior Mental Health Lead/Mental Health First Aider Mrs O'Brien (Associate Assistant Headteacher)
- Staff Wellbeing Champion Mrs O'Brien (Associate Assistant Headteacher)
- Designated Safeguarding Lead Mrs Teague (Assistant Headteacher)
- Deputy DSL Mrs Vodrey (Safeguarding Support Officer)
- DDSL Case Manager Low-level Concerns Mr Murray (Headteacher)
- DDSL Mrs Wildman (Deputy Headteacher)
- DDSL Mrs Stanley (Children in Care and Attendance Co-ordinator)
- Pastoral Leaders
- MHFA trained staff
- First Aid trained staff

Background

In 2023, about 1 in 5 children and young people aged 8 to 25 years had a probable mental disorder. This was 20.3% of 8- to 16-year-olds, 23.3% of 17 to 19 year olds and 21.7% of 20 to 25 year olds (source: NHS England November 2023).

Championing Wellbeing

A person who champions wellbeing is someone who takes action to raise awareness of mental health and challenge stigma. Stigma occurs when we make assumptions about how a mental health problem will affect someone's behaviour. In turn, this makes it more likely that they will be labelled as different, strange, or even dangerous. In some cases, and where trained appropriately, champions can help those who are experiencing mental health problems by signposting them to appropriate support services. Wellbeing champions aren't expected to be experts in mental health, or to diagnose mental health problems. Instead, their role is to promote positive mental health and to signpost to relevant support and help, where appropriate. All staff should be wellbeing champions, but it is important for the staff to have a named person to maintain the importance of mental health issues and to champion their interest. Refer to the SMHL for a list of our current Staff Wellbeing Champions.

Senior Mental Health Lead - This role is to champion wellbeing and mental health for the school community, not to be directly responsible for it. The strategic whole school role will include promotion of wellbeing materials; being a 'listening ear'; acting as a signpost for other services or professionals; relaying ideas and information to senior staff that could further improve wellbeing in school; having oversight of school improvement plans to ensure that mental health promotion has a key place; help to reduce barriers to

mental health in school by promoting positive language in relation to wellbeing and mental health.

Learner Wellbeing Champions

Older learners take on a voluntary role and receive training to support their peers. Learner Wellbeing Champions will be led by the Senior Mental Health Lead who will keep all records and will monitor impact of peer support. Learner Wellbeing Champions don't need personal experience of mental health problems. Those who do have lived experience of mental health problems may find it helps them to start conversations and challenge stigma. Any action that a champion takes – no matter how big or small – helps to end stigma and raise awareness.

Important note Learner Wellbeing Champions aren't expected to be mental health experts – neither are they Mental Health First Aiders unless they have completed the appropriate training. Advice, support and counselling should only be provided by professionals. Instead, wellbeing champions can help young people to find the right professional support through appropriate signposting.

Whole School Approach to Mental Health and Wellbeing

St John Fisher Catholic College prioritises the wellbeing of the whole community through the development and implementation of a whole school approach, supported by the Mental Health Support Team, and built around the eight principles to promote a whole school approach to wellbeing and mental health as outlined in government guidance. The Fisher Way Wellbeing Provision is discussed further, below. 'Wellbeing and mental health' is one of four safeguarding priorities for St John Fisher Catholic College, this academic year.

All staff have an important role to play in supporting the mental health and wellbeing of our pupils and have responsibility to build the Fisher Way culture which promotes respect, values diversity and is central to the quality relationships that enable individuals to build resilience. All staff are aware that mental health concerns can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. They are clear about safeguarding referral routes, including the necessity of speaking face to face with the DSL or DDSL, in addition to recording through CPOMS, about any concern that a child's poor mental health may mean that they are facing significant harm.

At St John Fisher Catholic College, we are not medical professionals and are not able to diagnose mental health conditions. We are responsible however for creating the environment in which all learners can flourish; for education about wellbeing and mental health; for signposting to sources of help and support and for supporting / making referrals to external agencies following discussion with learners and their parents.

Training is ongoing for all staff, learners and parents. Key staff and learner 'champions' provide the foundation upon which the whole school approach can further develop. There is positive liaison with wellbeing and mental health partners and the school prioritises funding to 'buy in' further support for learners and staff to access through school. Middle leaders have Mental Health First Aid training as well as key senior leaders and members of the Pastoral Team. Emotional Coaches and a MIND

counsellor are employed to work in school. Two members of non-teaching staff are trained as Emotional Literacy Support Assistants being able to work with individual learners or small groups and to support staff in developing understanding of approaches that enable learners struggling with their emotional wellbeing. A mental health consultant also works with leaders to develop a whole school approach and to support intervention for individuals. We work closely with the school nurse and the Mental Health Support Team. There is a single point of contact where learners will have time to use self-soothing strategies and a member of the pastoral team will offer further support where needed. As part of Christ the King Catholic Collegiate, staff at St John Fisher Catholic College have full access to the Employee Assistance Programme provided by Wellbeing Solutions Ltd https://www.wsm-wellbeing.co.uk/

We routinely monitor data and identify those learners who have a change in pattern of attainment, attendance and behaviour and put in place support mechanisms to support learners.

The Fisher Wellbeing Provision



Please see Appendix 1 below.

Teaching about Wellbeing and Mental Health

The skills, knowledge and understanding needed to keep our learners physically and mentally healthy and safe are included as part of our Form messages and PSHE curriculum.

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

Teachers make reasonable adjustments in lessons for those learners with mental health condition. E.g.

time for self-regulation, monitored breaks 'time outs' This support the DfE's advice from their report: Mental Health and behaviour in schools

Formation time is a critical space whereby Formation tutors deliver constant reminders around promoting positive wellbeing and building resilience.

We will use guidance and resources from:

- Heads Together
- https://www.mentallyhealthyschools.org.uk/
- Anna Freud Centre
- YoungMinds
- Action for Children https://www.staffordshire-ewb.actionforchildren.org.uk/
- CAHMS North Staffordshire https://camhs.mpft.nhs.uk/
- HealthForTeens

School Wellbeing Displays/Wellbeing page on School Website

We will display relevant sources of support in communal areas such as corridors, Trinity Sixth Form Centre, formation classrooms and will regularly highlight sources of support to learners within relevant parts of the curriculum and in formation time messages. Whenever we highlight sources of support, we will increase the chance of learners help-seeking by ensuring learners understand:

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

The school website has a designated 'Wellbeing' area that shares signposting and resources for learners and families to support learners with their wellbeing and mental health.

Wellbeing and Mental Ill-Health Warning Signs

School staff may become aware of warning signs which indicate a learner, or a parent/carer is experiencing mental health or emotional wellbeing issues. These warning signs should always be taken seriously and staff observing any of these warning signs should communicate their concerns via CPOMS, and with the DSL. 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 and 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

Managing disclosures

All mental health concerns noted by staff must be recorded in the same way we manage safeguarding concerns. Staff must log on CPOMS and the Safeguarding team will deal with the disclosure accordingly.

A learner may choose to disclose concerns about themselves or a friend to any member of staff, so it is important that all staff know how to respond appropriately to such disclosures. If a learner 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-judgmental. Staff should listen, rather than advise and our first thoughts should be of the learner's emotional and physical safety rather than of exploring 'Why?'

All disclosures should be recorded on CPOMS.

Confidentiality

If it is necessary for us to pass our concerns about a learner on, we should discuss this with the learner. All learners *should be reminded in a supportive manner that* ***no disclosure is confidential,*** *even between a mental health first aider and wellbeing champion and the learner, that all staff operate within a collaborative professional framework to support learners and parents*:

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

Parents/Carers must always be informed if a child is self-harming, talking of self- harm, saying they are being bullied, bullying others, or expressing low mood.

Working with parents/carers

Where it is deemed appropriate to inform parents/carers, we must be sensitive in our approach. Before disclosing to parents/carers we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- Who should be present? Consider parents/carers, the learners other members of staff.
- What are the aims of the meeting? It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them leaflets to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parents/carers 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 telephone call as parents/carers often have many questions as they process the information.

In order to support parents/carers we will:

- Highlight sources of information and support about common mental health issues on our college website;
- Ensure that all parents/carers are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child;
- Make our mental health and wellbeing policy easily accessible to parents/carers;
- Share ideas about how parents/carers can support positive mental health in their children through our regular information evenings;
- Keep parents/carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home.

Supporting Peers

When a learner 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 learner who is suffering and their parents/carers 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

· Training in Peer Support (e.g. Anna Freud Centre resources and 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.

Some good websites for staff who wish to learn more about mental health are:

https://www.minded.org.uk/
https://www.mentallyhealthyschools.org.uk/
https://www.annafreud.org/training/
https://www.cwmt.org.uk/
https://www.nspcc.org.uk/preventing-abuse/child-protection-system/children-in-care/emotional-wellbeing-of-children-in-care/ https://www.adoptionuk.org/campaigns

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 host INSET training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole college CPD should be discussed with Assistant Headteacher DSL who can also highlight sources of relevant training and support for individuals as needed.

Appendices

Appendix 1: The Fisher Wellbeing Provision



The Fisher Wellbeing Provision

Whole School – Building self-resilience. (Whole School Approach to Wellbeing and Mental Health – Our Universal offer) These will be incidents which cause a child distress but do not seem to have a long-term or lasting impact on wellbeing.			
What are the concerns?	Who should deal with this?	What is our response?	Expected outcome?

Examples could include: ○ Minor illness such as headache or feeling sick ○ Friendship problems, conflict, argument with parents/peers ○ Low level worry which needs reassurance, such as before changes/transition/assessments ○ Short-term academic stress ○ Low mood, generalised anxiety	Form Tutor/Class Teacher/LSA, alerting Pastoral Lead/HOY	• Inclusive Quality First Teaching for ALL children. • Whole School rules and routines: The Fisher Values. • Use of de-escalation strategies, restorative practice. • Assembly programme curriculum opportunities teaching how to build self-resilience. PSHE/RSE and cross curricular. • Signposting parents/carers to local activities. • Parent Workshops looking at how they can support their child. • Form tutor/Teacher/LSA to support, monitor, report concerns to Pastoral Lead/HOY. • If a more serious concern, escalating up to a higher tier of provision map and report via CPOMS. • If issue does not resolve itself move up to 'Low level intervention' reporting concerns to Pastoral Lead/HOY.	Positive, supportive, restorative practice, leading to resolution of concerns. Learners feeling safe and supported in school. Those interacting with learners are aware of issues and offer appropriate support. Positive perception of self and strong self-resilience. Positive/resilient engagement and participation with learning. Where appropriate, Pastoral Lead/HOY to consider whether possible 'additional support is required – 'Low Level' (preventative strategies) kick in.
Preventative Strategies (Low-Level support) These concerns are categorised as beginning to impact the welfare and academic progress of the child.			
What are the concerns?	Who should deal with this?	What is our response?	Expected outcome?
Examples include: ○ Sustained periods (one week, or a series of short periods) of not feeling able to cope/low mood ○ Long term and repetitive friendship problems (over a term or more without resolution).	Pastoral Lead to support directly and advise Form Tutor/Class	• Ensure Form Tutor/Pastoral Lead is aware of concern and can monitor. Pastoral Team/Form Tutor to contact parents/legal guardians to discuss concerns.	Positive, supportive, restorative practice, leading to resolution of concerns.

○ More significant anxiety in class or surrounding a specific element of school/home life, despite support from class teacher/TA. ○ Family concerns. ○ Bereavement. ○ Emotional response to an upsetting event, which causes a period of *distress* but which does not cause a specific safeguarding concern.	Teacher/LSA, where appropriate. Emotion coach Trained MHFA staff, MHST, Attendance Coordinator, Learner Wellbeing Champion.	• Pastoral staff initial cycles of ADPR. (learner wellbeing plan) • Signposting to local agencies using central school resource. • Signposting to extra-curricular activities and enrichment groups. • Emotion Coaching strategies and self soothe strategies used by staff. • School Nurse • Referral to Learner Wellbeing Champions. • Mental Health Support Team intervention. Referral made by form tutor/class teacher via SMHL. • Attendance coordinator intervention at earliest sign of emotional school avoidance. • Safety Plans (RAG rated) • ELSA programme with LSA. • SENCO consultation, where relevant.	Learners feeling safe and supported in school. Those interacting with Learners are aware of issues and offer appropriate support. Mental Health First Trained Faculty Leads and Pastoral staff. Positive/resilient engagement and participation with learning.

Targeted Support (Medium Level support)- Additional planned interventions in school to address wellbeing and mental health concerns

A concern which is affecting the wellbeing and academic progress of the child. This could be a long-term concern over anxiety, mental health or depression. Previous cycles of ADPR must have been completed before targeted intervention. All targeted interventions must be reported on CPOMS and Edukey.

What are the concerns?	Who should deal with this?	What is our response?	Expected outcome?
Examples include: ○ Persistent low mood/ongoing emotional regulation difficulties. ○ Attachment difficulties and triggered responses. ○ Bereavement of close family member(parent/legal guardian/sibling). ○ Historic abuse which causes legacy mental health distress. ○ Self-harm. ○ Suspected eating disorders. ○ Risky behaviour.	SMHL/Pastoral Team/DSL/ SENCO/SLT	Following school ADPR – need to engage in further targeted support: • Targeted bespoke wellbeing sessions with designated staff SLT/PL/HOY/other support staff. In addition to daily check ins, bespoke work may include a resilience action plan or earliest help plan. Other resources available. Other in-school support/interventions following targeted support: • Parkes Education. • Family Support Worker. • Emotion Coaching • Use of Single Point of Contact (SPOC). • MIND counsellor.	Relevant intervention is identified and in place for the learner, so that wellbeing and mental health is supported. Improved attendance and improved academic progress.

		• Soft starts to the school day, work with EWO. • Safety Plans (RAG rated) • CAMHS referral. • Appropriate referrals to external agencies. All targeted interventions reported on CPOMS and Edukey.	

Holistic Personalised Support (High-Level support) – Professional/Multi agency referral to address wellbeing and mental health concerns

Serious and possibly life-threatening incidents which require professional intervention outside of school.

What are the concerns?	Who should deal with this?	What is our response?	Expected outcome
Examples include: ○ School refusal as a result of persistent low mood/ ongoing emotional regulation difficulties/anxiety. ○ Diagnosed anxiety disorder or depression. ○ Disclosure of incident of witnessed domestic abuse. (physical, emotional, sexual abuse or neglect). ○ Disclosure of direct abuse (physical, emotional, sexual abuse or neglect). ○ Acute self-harm. ○ Suicide ideation or attempts.	Report to DS/DDSL face to face immediately and follow up recording concerns through CPOMS.	Direct immediate support from lead adult who sticks with learner e.g. school lead for multi-agency work with external agencies/PL. Timely contact made with parents/legal guardians as soon as possible if incident occurs during the day (not waiting for end of school day). If a disclosure is made, staff to follow Safeguarding policy and report on CPOMS. • DSL to consider consultation with social services, as appropriate. Following any incident, DSL to consider a risk assessment on basis of safeguarding for suitability of child to be in school and consider positive handling plan, with parents/legal guardians. • SLT to consider reduced timetable, if appropriate, and in agreement with parents/legal guardians; Local Authority must be informed. • School multi-agency planned work with external professionals to support student through school-based support TAF. • Safety Plans (RAG rated) • EHCP application.	Professional intervention is in place for the learner, so that mental health is supported with the learner on a pathway to recovery.

Appendix 2: Further information and sources of support for common mental health issues

Prevalence of Mental Health and Emotional Wellbeing Issues

- In 2023, about 1 in 5 children and young people aged 8 to 25 years had a probable mental disorder. This was 20.3% of 8- to 16-year-olds, 23.3% of 17 to 19 year olds and 21.7% of 20 to 25 year olds (source: NHS England November 2023).
- Between 1 in every 12 and 1 in 15 children and young people 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 illnesses 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.
- 72% of children in care have behavioural or emotional problems - these are some of the most vulnerable people in our society.

Below, we have signposted information and guidance about the issues most commonly seen in school-aged children. The links will take you through to the most relevant page of the listed website. Some pages are aimed primarily at parents/carers but they are listed here as extra knowledge for staff.

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

Self-harm

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

Online support

SelfHarm.co.uk: www.selfharm.co.uk

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

Further Reading

Pooky Knightsmith (2015) *Self-Harm and Eating Disorders in Schools: A Guide to Whole School*

Support and Practical Strategies. London: Jessica Kingsley Publishers

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

Carol Fitzpatrick (2012) *A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm*. London: Jessica Kingsley Publishers

Depression

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

Online support

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

Further Reading

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

Anxiety, panic attacks and phobias

Anxiety can take many forms in children and young people, and it is something that each of us experiences at low levels as part of normal life. When thoughts of anxiety, fear or panic are repeatedly present over several weeks or months and/or they are beginning to impact on a young person's ability to access or enjoy day-to-day life, intervention is needed.

Online support

Anxiety UK: www.anxietyuk.org.uk

Further Reading

Lucy Willetts and Polly Waite (2014) *Can I Tell you about Anxiety?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Carol Fitzpatrick (2015) *A Short Introduction to Helping Young People Manage Anxiety*. London: Jessica Kingsley Publishers

Obsessions and compulsions

Obsessions describe intrusive thoughts or feelings that enter our minds which are disturbing or upsetting; compulsions are the behaviours we carry out in order to manage those thoughts or feelings. For example, a young person may be constantly worried that their house will burn down if they don't turn off all switches before leaving the house. They may respond to

these thoughts by repeatedly checking switches, perhaps returning home several times to do so. Obsessive compulsive disorder (OCD) can take many forms – it is not just about cleaning and checking.

Online support

OCD UK: www.ocduk.org/ocd

Further Reading

Amita Jassi and Sarah Hull (2013) *Can I Tell you about OCD?: A guide for friends, family and professionals*. London: Jessica Kingsley Publishers

Susan Conners (2011) *The Tourette Syndrome & OCD Checklist: A practical reference for parents and teachers*. San Francisco: Jossey-Bass

Suicidal feelings

Young people may experience complicated thoughts and feelings about wanting to end their own lives. Some young people never act on these feelings though they may openly discuss and explore them, while other young people die suddenly from suicide apparently out of the blue.

Online support

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

Further Reading

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

Terri A.Erbacher, Jonathan B. Singer and Scott Poland (2015) *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*. New York: Routledge

Eating disorders

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

Online support

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

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

Further Reading

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

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

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

Appendix 3: Guidance and advice documents

KCSIE (2024) Keeping children safe in education - GOV.UK (www.gov.uk)

Mental Health and Behaviour in Schools - Departmental Advice for School Staff. Department for Education (2014)

Promoting and supporting mental health and wellbeing in schools and colleges - GOV.UK (www.gov.uk) (2024)

Counselling in schools: a blueprint for the future - Departmental Advice for School Staff and Counsellors. Department for Education (2015)

Teacher Guidance: Preparing to teach about mental health and emotional wellbeing (2015). PSHE Association. Funded by the Department for Education (2015)

Supporting pupils at school with medical conditions - Statutory Guidance for Governing bodies of maintained schools and proprietors of academies in England. Department for Education (2014)

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

NICE guidance on social and emotional wellbeing in secondary education What works in promoting social and emotional wellbeing and responding to mental health problems in schools? Advice for schools and framework document written by Professor Katherine Weare. National Children's Bureau (2015)

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/