

Disordered Eating

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Guidelines for School Staff

Developed by the Child & Adolescent Eating Disorder Steering Group



Acknowledgements

These guidelines have been produced as a result of collaboration between the Educational Effectiveness Service, Oxfordshire and Bucks County Council, Oxfordshire and Bucks PCT and Oxford Health.

They are primarily intended for use in secondary schools.

This edition, for use in Oxfordshire and Buckinghamshire, is a compilation of guidelines previously established in Oxon and Bucks.

We are grateful to the following people:

The pupils and staff from Didcot Girls School and St Birinus, Didcot and members of the Parents' Eating disorders Support Group, Oxfordshire for their contribution to group discussions.

The initial Oxfordshire Eating Disorder Steering Group:

Moira Geekie, Susan Blake, Suzanne Bradshaw, Carrie Jackson, Mel Noton, Tammy Saltzman-Gorn, Anne Stewart, Anne Whitehead.

The initial Buckinghamshire Eating Disorder Steering Group:

Mala Watts, Sally Burne, Anne Steiner, Ann Rowland, Kate Hodson, Alfred Hanson, Rose Richardsdon, Maggie Beach

We would also like to thank the following people for their advice and comments:

Staff from Oxford High School and Headington School Oxford and William Borlase and Aylesbury High School, Bucks; Tony James, Linette Whitehead, Caroline Crosbie, David Bingley, Rosie Shepperd, Jessica Bezance, Madi Acharya and Donna Clarke at Oxford Health; Zafra Cooper at the Department of Psychiatry, University of Oxford; Debbie Waller at Oxfordshire PCT; Mark Corness and Sue Edwards at Educational Psychology, Dr. Titheridge, Tracy Shaw, Elizabeth Templeman, and everyone else who has contributed.

Oxford Health Child & Adolescent Eating disorders Steering Group:

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Date for review: March 2018

1st edition October 2007 (Oxon)

2nd edition March 2008 (Bucks)

3rd edition January 2016 (Oxon and Bucks)

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Any material from these guidelines which is copied or used must be acknowledged and referenced.

The appendices may be copied.

A pdf version of these guidelines will be available on the Oxford Health CAMHS website.

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Disordered Eating

Guidelines for school staff

Introduction

There is a growing awareness in schools of eating disorders and their impact on the physical and emotional functioning of sufferers. These guidelines have been developed to help school staff understand and recognise these problems early in development, and support the students who suffer from them, in the most effective way. The guidelines provide information on how schools can encourage a healthy lifestyle for young people, including healthy eating and exercise in addition to how to help and support students who develop an eating disorder.

It is essential that help is provided to young people as soon as an eating disorder is suspected. The prognosis for full recovery is greatly improved by providing support early. If school staff are alert to the early warning signs of an eating disorder this could be vital to initiating prompt intervention. Pages 9-14 offer practical advice and suggestions as to what school staff can do.

A healthy lifestyle

Childhood and adolescence are marked by continuous growth and development for which an adequate and well balanced diet, along with adequate physical activity, is necessary. Energy needs rise during adolescence, peak in

late teens, and reduce in adulthood. The energy (kilocalorie) content of the food young people eat daily should be equal to the energy they require for growth and development, plus the energy expended in body metabolism.

As well as adequate nutrition and regular exercise, a healthy life style also includes developing an appropriate work/leisure balance and helpful ways of dealing with stress.

Healthy schools - *what schools can do*

Schools can contribute positively by encouraging young people to adopt a healthy lifestyle. The core themes of a healthy schools programme include emotional health and well-being, healthy eating, physical activity and Personal and Social Health Education (PSHE). They help to create an ethos and environment within the school which offers encouragement for all young people enabling them to develop healthy behaviours. The environment of the school should also provide a context where students feel comfortable with the process of growth and development and where difference is valued.

Emotional health and well-being

Schools should promote emotional health and well-being by:

- identifying vulnerable individuals with low self-esteem
- building self-esteem and self confidence in students
- providing a confidential pastoral support system
- offering a well-defined policy on bullying
- setting realistic standards for all students
- creating a balance between work and leisure
- being aware that exam pressure and constant focus on targets and grades can adversely affect vulnerable students

Healthy eating

A nutritionally balanced diet is necessary throughout life and is provided by regularly eating a variety of foods. Healthy food habits established in childhood and adolescence will provide the foundation to beliefs, attitudes and behaviours to food and eating in later life. Poor eating habits established early in life will be hard to change and can have a harmful effect on immediate and long-term health.

The eatwell plate (see Appendix 2) indicates the proportions of different types of food that make up a healthy diet (Food Standard Agency).

In addition to physiological requirements, food meets psychological, sensory and social needs. Food satisfies hunger, it is a source of pleasure and friends meet together at meal times for relaxation and use food to celebrate special occasions. Sharing meals with others provides the opportunity for new experiences and to learn about different cultures.

Schools are encouraged to have a whole school food policy, including consistency between what food is provided and the formal curriculum. A range of healthy foods should be available at all meal breaks in a welcoming environment where food can be eaten with friends. Breaks for meals should be seen as an integral part of the whole school activity, with sufficient time allocated. The focus should be on healthy eating rather than unhealthy eating.

Fluids

It is important that young people drink enough throughout the day as well as encouraging young people to bring drinks to school, schools should also provide milk, fruit juice or water. Water should be freely available throughout the day.

Physical activity

Schools are encouraged to have a physical activity policy to promote active life styles in young people. A wide range of physical activities for all abilities within timetabled PE lessons and outside school hours should also be offered. It is important to offer non-competitive sports as well as more traditional team sports. Walking or cycling to school should be encouraged when appropriate. It is important to be aware that physical activity can become obsessional in some young people as a means of losing weight.

Personal Health and Social Education - PHSE

A PHSE programme provides students with the knowledge, understanding and skills to make informed decisions about their lives. Schools have considerable opportunity in PHSE to help students develop healthy perspectives on life.

Relevant topics include:

- building self esteem
- promoting positive wellbeing
- developing positive relationships
- healthy nutrition and exercise
- care should be taken when introducing ideas about eating disorders

Media literacy

The media is a source of entertainment, information and influence. By implication it associates success with body image, thinness and beauty for girls, and physical fitness and lack of emotion for boys. Women's magazines are dominated by slimming articles and advertisements for



slimming products. Educating young people in 'media literacy' can help them to counteract the influence of the media. Students can be made aware that media images are often the result of alteration by digital photography. They can be taught to question the messages that these images portray and learn to evaluate information in a more realistic and healthy way.

There is some evidence that education about eating disorders in schools can

lead to an increase in dieting. It is therefore important that knowledge about eating disorders is taught in conjunction with a positive focus on healthy nutrition, exercise, managing stress and building self-esteem.

Internet safety

There are many websites that can promote eating disorder behaviour and attitudes. It is important to

provide guidance to students on the healthy use of the internet. Staff should be aware of the potentially unhelpful influence of pro-anorexia websites as well as the role of social media in promoting anxiety about body image.

Students can be directed to positive websites and help lines such as that provided by the UK national eating disorder charity b-EAT b-eat.co.uk

What is meant by “disordered eating”?

Disordered eating can take a number of different forms. The following are the criteria for diagnosis of an eating disorder. However, many young people with disordered eating do not entirely fit these criteria, or may have milder forms of the disorders.

Anorexia nervosa

- weight loss to at least 15% below the body weight expected for their age, sex and height (this may also include failure to gain weight at a time when a growth spurt is expected)
- fear of weight gain and preoccupation with eating, body weight and shape
- abnormal perception of body weight and shape. There is a drive to lose weight because the sufferer perceives him/herself as fat
- determination to lose weight despite others telling them that they are thin
- abnormal hormonal function, which in females will lead to loss of menstruation and in males will lead to stunting of growth

Bulimia nervosa

- recurrent binge eating
- purging: - including self-induced vomiting, laxative or diuretic abuse, restrictive dieting or over-exercise
- self-evaluation is overly dependent on weight or shape
- young people with bulimia nervosa are usually of normal weight. This coupled with their secretiveness may make the condition hard to detect

Binge eating disorder

- repeated episodes of bingeing with absence of purging behaviours
- weight gain
- less common in young people

Other specified feeding or eating difficulties - sometimes referred to as Eating Disorders Not Otherwise Specified or (EDNOS)

Many young people have disordered eating that does not meet the diagnostic criteria described above, but will have significant problems with eating. Young sufferers are still likely to experience psychological, physical and social symptoms and it is crucial to identify and treat these conditions early, in order to prevent the development of more serious eating disorders.

Overweight and obesity (not strictly an eating disorder, although an increasing problem)

Many young people consume too many foods which are high in fat, salt and sugar. Environmental factors, stress or genetic predisposition may contribute to this. When the amount of food consumed is not appropriately balanced by energy expenditure through exercise, there will be gradual weight gain. In the short term this can damage self-esteem with possible consequences of bullying and social isolation. In the long term excessive weight will threaten physical health.

A helpful website for obesity advice:

<https://www.nutrition.org.uk/healthyliving/lifestages/teenagers.html>

NB Please note these guidelines will not address obesity.

Childhood eating difficulties

In addition to anorexia and bulimia nervosa there are conditions of disordered eating associated with younger children. Apart from selective eating these conditions are rare but are included here to raise awareness among staff of other eating difficulties that may occur. Unlike anorexia and bulimia nervosa these conditions are not associated with over concern with weight and shape. A child suffering from one of the following conditions might present with a range of eating disorder symptoms.

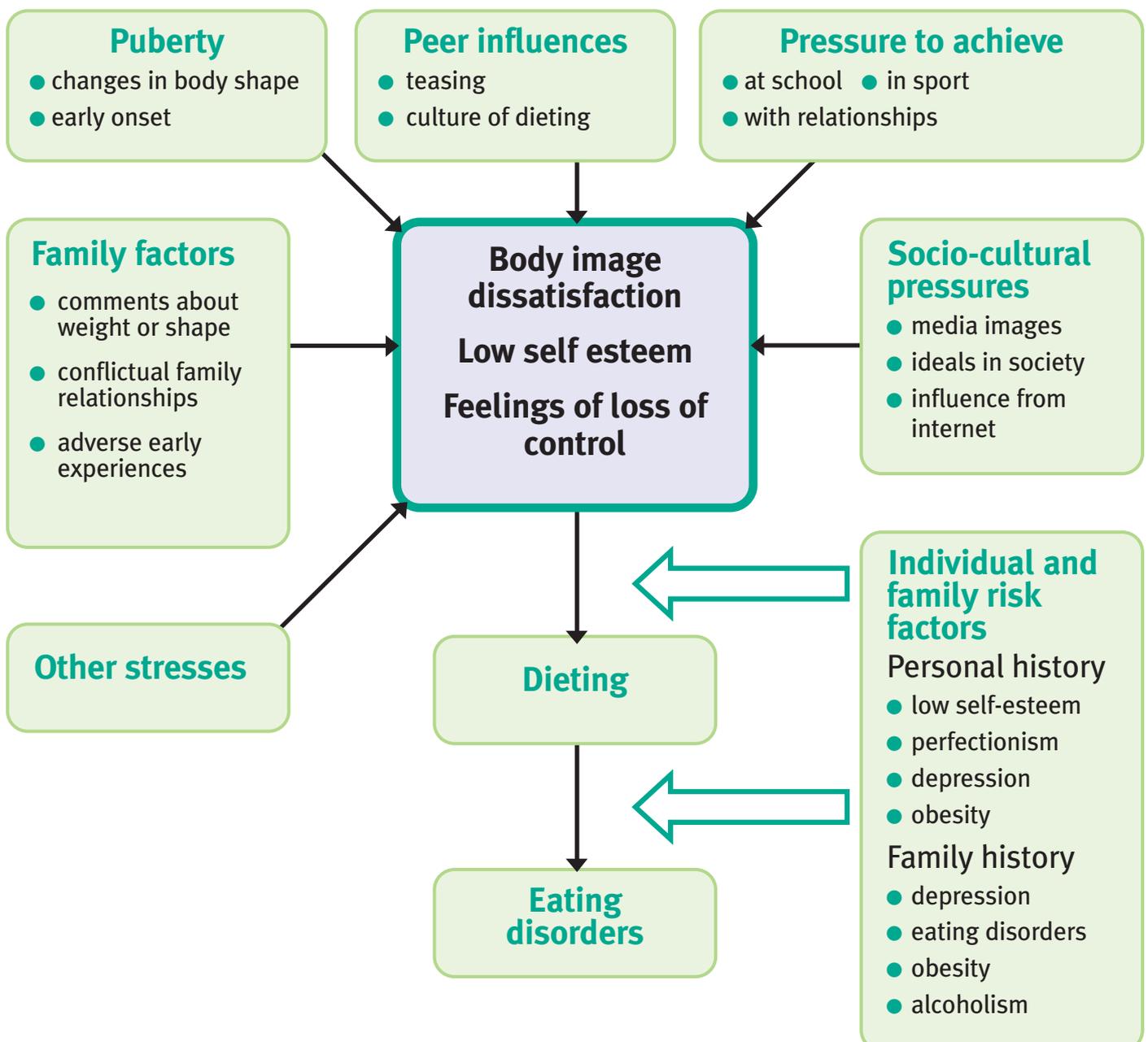
- **Food avoidance emotional disorder** - food avoidance, weight loss, low mood
- **Functional dysphagia** - food avoidance, fear of swallowing, choking or vomiting
- **Food refusal** - episodic refusal of food, tends to be intermittent and situational
- **Restrictive eating** - small appetite which is of concern if the child fails to grow
- **Selective eating** - narrow range of foods eaten, with reluctance to try new foods. Selective eating can be quite common at early stages in development and usually improves as the child matures
- **Pervasive refusal** - refusal to eat or drink and resistant to help. This can be a serious condition

Prevalence of eating disorders in young people

- 1-2% of young women have a diagnosis of Anorexia Nervosa or Bulimia nervosa
 - over 5% of young people have eating disorders that do not reach diagnostic criteria of anorexia nervosa or bulimia nervosa
 - 30-70% of adolescents have engaged in dieting to lose weight
 - 10% of all eating disorder cases diagnosed are young men
 - a focus on thinness and dieting has become increasingly common in younger children. Anorexia nervosa can occur as young as 7 or 8 years of age
 - it is unusual for bulimia nervosa to develop before the age of 13 years
- Worries about weight, shape and eating are common among young people. Young people often try to lose weight by dieting believing that weight loss will make them feel better.

Dieting significantly increases the risk of developing an eating disorder, although most dieters do not develop an eating disorder. Most people who develop eating disorders will have dieted initially. In addition they usually have family and individual risk factors that make them more likely to develop an eating disorder. The following diagram shows a model for development of eating disorders, taking account of known risk factors and triggers.

Factors involved in the development of eating disorders



Early warning signs of eating disorders - *what to look out for*

Physical

- loss of weight
- fainting/Dizziness
- loss of energy
- muscle weakness
- poor sleeping
- loss of menstruation
- constipation/bloating
- repeated vomiting
- swollen glands under jaw
(if there is repeated vomiting)
- frequent dental problems
(if there is repeated vomiting)

Psychological

- increased preoccupation with
body size, weight or shape

Behavioural change

- eating alone or missing meals
- taking a long time to eat meals,
cutting food into small pieces,
restricting the range of foods
- hiding food
- secretiveness
- wearing baggy clothes
- frequent visits to the toilet
especially after eating
- over exercising
- becoming picky over food

Non-specific signs that may accompany an eating disorder

Psychological

- “black and white” thinking
- disorientation
- low mood/detachment
- low self-esteem
- frequent negative comments about
themselves
- increased anxiety

Social/Educational :

- withdrawal from family and friends
- loss of interest in usual activities
- poor concentration
- disturbed family relationships

Behavioural

- extreme perfectionism
- obsessional rewriting or revision
of texts
- taking excessive time to complete
work (may lead to work not being
handed in)

NB The non-specific psychological, social/educational changes and behavioural signs may occur in other conditions such as depression, anxiety and chronic fatigue. This needs to be considered and advice obtained if necessary. However, when they are coupled with the specific physical, psychological and behavioural changes listed an eating disorder should be suspected.

Maintenance of eating disorders

Once an eating disorder has developed there are a number of factors which keep it going. Anorexia nervosa can be maintained by the consequences of starvation – loss of appetite, feelings of fullness and bloating, low mood or lack of energy. Bulimia nervosa can be maintained by an irregular eating pattern with periods of food restriction followed by binge eating.

Other factors that maintain an eating disorder are:

- increased attention from family and
friends
- repeated weighing or body
checking which increases concerns
about weight or shape
- an initial increase in self-esteem
and feelings of control
- an avoidance of difficult decisions,
emotions, relationships or
pressures
- difficult family relationships

In the longer term, young people with eating disorders increasingly withdraw into a world where they are preoccupied with their eating, weight and shape and gradually lose interest in friends, family and other activities, thus making it hard for them to break out of the problem.

Intervening in eating disorders

Difficulties with early identification of eating disorders

- the condition is secretive making it difficult to identify in the early stages
- the sufferer will deny that there is a problem, often going to extreme lengths to avoid detection
- persistent denial can deter further investigation
- young people with anorexia nervosa may not view themselves as ill so do not seek help
- young people may feel guilty or embarrassed about the problem and be afraid to talk
- parents might be reluctant to admit that there is a problem
- it may be hard to know initially that there is an eating disorder
- teachers and friends of the young person may not know the right way to approach the person with an eating disorder and therefore avoid seeking help
- the young person may not know that there is help available
- the young person may not be aware how serious problems with eating can be
- the high prevalence of dieting in adolescent girls may mask individual cases where an eating disorder is becoming established
- there can be a risk of damaging relationships with the young person and their family
- fear of stigmatisation, raising unnecessary anxiety

If an eating disorder is suspected these difficulties need to be overcome in order to facilitate the right help for the young person. A caring and sensitive approach can reassure the young person that you are on their side.

Importance of early intervention

Once eating disorders are established they can be very difficult to treat and the young person may suffer with them for many years, with the risk of long term damage to psychological and physical health. In the short term, poor eating can impair school performance and social relationships. It is crucial to identify problems with eating early on, as appropriate help at this stage can prevent the establishment of a more serious eating disorder. The outcome of eating disorders of recent onset in young people is good if managed correctly.

Managing eating disorders in school

General issues

It is important to be alert to early concerns about general well-being and performance of students - what you do now can make a difference in the long term. Young people may approach school staff initially with concerns about work or relationships, rather than directly about an eating disorder. However, direct and sensitive questioning about eating problems can be helpful.

Some young people may find it difficult to approach school staff for help on issues such as eating disorders, either for themselves or on behalf of a friend. They often have concerns about confidentiality or loyalty and may prefer to talk to a counsellor or School Health Nurse, rather than a teacher. Easy access to these professionals, including by E mail or text messaging or “Drop-ins”, might encourage young people to seek help.

It will reassure students if they are included throughout the chain of events and this could be formally agreed: **Who will be told, what they will be told and when and how to tell parents.** While it is important to be sensitive to these concerns, young people must also be aware that the school has responsibilities to parents when there are issues of student welfare (see ‘what to say’ page 10).

Many schools have access to CAMHS link workers or PCAMHS who can support school staff in deciding how to proceed.

Managing the early signs of an eating disorder - what to do if you have concerns

(also refer to the diagram on page 13).

Initial involvement

- share concerns with immediate superior/line manager
- be sensitive and share the information appropriately with colleagues on a ‘need to know’ basis
- identify your concern to the young person
- do not be surprised or deterred if the problem is denied – be vigilant and monitor the situation. (also be on the lookout for other disorders such as depression or anxiety)
- be aware of the concerns of colleagues
- be aware of the need for confidentiality and the situations in which it may be overridden. Many schools have a procedure for this. The Oxfordshire and Buckinghamshire County Council Guidance for Schools around Confidentiality provides useful information for the development of a Schools Confidentiality Policy
- find out about the nature of the problem, assist in finding appropriate help. Problems are often related to low self esteem, but the young person might just be aware of “hating him/herself”
- find out if there are difficulties meeting work deadlines
- check if school work/activities are being affected
- if the young person starts to open up, follow the “what to say/what not to say” guidance over-page 

- If you are sure that there is a problem with eating, check with the young person if parents are aware, so that they can arrange a visit to the GP. If parents are not aware, check whether the young person is able to tell them and/or if you can help with this. This can be done with the support of the school health nurse if required
- Parents should be informed at an early stage
- The family should be encouraged to take the young person to the GP for a medical check-up
- The check up with the GP may also lead to referral to mental health services
- Referral straight to CAMHS if concern about delay or high concern
- If parents are denying there is a problem seek advice from CAMHS

Emotional support

- Show empathy – understand that it may be very difficult for the young person to eat
- Discourage comments and teasing about weight and shape
- Be clear about the limits of support possible in school
- Encourage the young person to develop other interests
- Be careful how you express yourself, see next two columns

What to say

- Make clear what the limits of confidentiality are. *You can speak to me confidentially but the school is responsible for keeping your parent(s) informed about serious issues*
- Be sensitive to the feelings of the student when you ask whether or not there is a problem
I have noticed that you have not been quite yourself recently, is there a problem? You seem to be very sad/unhappy this term
- If the problem is denied, make the student aware that other members of staff and peer have also noticed the difference. *Other members of staff and some of your friends have also mentioned that you seem to be troubled by something. Are you sure there is nothing that we can help you with?*
- Ask if everything is all right at home, or if there is a problem at school which the student does not want to discuss, would they discuss this with parents first. *Is everything okay at home? If you did have a problem here would you rather discuss it with your parents first, before you tell your tutor?*
- If the student admits to a problem but has not been able to approach parents, offer to speak to parents, or to be with the student when parents are told. *Would it help if I/the headteacher speak to your parents, or if we are with you when you tell them? Would it be easier if we write to them? Could we ask them to come into school, and would you like to join us?*
- The student needs to know that the school has a duty to inform parents about serious matters that arise. *I understand that you feel uncomfortable about telling your parents about what has been happening when they appear not to have noticed. However the school has a responsibility to inform your parents about serious issues and concerns that arise. I believe that this is a serious matter and one that your parents should know about*

What not to say

- “You look as though you have put on weight” can cause distress
- “You look well” or “you look better” can be misinterpreted as “you look fatter”
- the young person may take encouragement to lose more weight from:
 - “You look unwell”
 - “You look as though you have lost more weight”
- do not comment on the amount or type of food being eaten, comments such as “You have eaten all your food, well done” are unlikely to be taken as encouragement
- it is generally best to avoid any comments about eating, weight or shape

The next stage – when an eating disorder has been diagnosed

Making a plan

The Head of Year or pastoral head should develop a plan for the student together with the GP or mental health service. The young person and parents will need to be involved at all stages of planning. Attendance at CAMHS reviews can be very helpful.

This plan may include:

- making a joint decision as to whether the young person is fit to be at school
- providing support with school work, being realistic with expectations
- supporting a plan of minimal activity within school (e.g. reduction of PE)
- providing support for the young person at lunch/break, taking care not to be over vigilant; families may need to be involved with this
- ensuring that there is adequate time for the young person to eat their lunch. (see “What to say” and “What not to say” (page 10))
- if the young person needs to stay off school for a period of time arrangements should be made for work to be sent home if appropriate or consider making a referral for home tuition
- being aware of the feelings of the peer group

Support for peers

- friends may wish to support the student, although are at a loss as to how to do this
- guidance and support to peers can be very helpful (see Appendix 5 for more information)

Continued liaison with health professionals caring for the student

Young people with an established eating disorder will usually require input from health professionals. This may mean monitoring by the GP and/or regular sessions with CAMHS eating disorder service. Professionals in these services will usually make contact (if permission from the young person and family is given) so that there can be sharing of information and joint working. Relevant school staff are likely to be invited to case reviews so that a collaborative approach is developed. The student may also need to miss lessons at school to attend outpatient appointments with CAMHS.

School involvement is considered a crucial part of care planning.

If you are unsure of how to approach the young person. It is important to liaise with the professionals caring for the young person – there will be a care coordinator in CAMHS who will be your main link

Role of School Health Nurse

Young people may find the school health nurse the easiest person to approach when there is a personal difficulty and she may need to take a lead role when someone is identified with eating problems. The school health nurse can assess the extent of the problem and arrange for the young person to be taken to the GP for assessment. They may also discuss with the student what support is on offer and the boundaries of confidentiality. Once the problem has been identified the school health nurse can provide support. She can discuss with, advise and provide reassurance to school staff.

Support for parents

Generally parents appreciate immediate contact from school when there are concerns about a student's health, although they can feel very anxious, vulnerable, isolated and ashamed when they have a young person with an eating disorder. Although tensions can arise between school and parents, regular contact is important, however difficult, to jointly support the young person. Parents can quickly feel blamed and it is important to minimise this sense of blame or criticism when approaching them. Some parents may be highly anxious and need reassurance that help will be given. See Appendix 4 for information sheet for parents/carers.

Parents appreciate:

- low level, consistent and calm support from a designated member of staff
- a consistent approach from school over the management of school work
- allowances for the student to work at home if necessary
- individual needs to be recognised for each student, for example wearing extra clothing in order to keep warm
- availability of individual support from school staff at meal times, away from other students
- support for managing peer group reactions to the eating disorder
- the personal encouragement that staff are able to give students

How to support school staff

- the school should have a clear process for handling the situation once a student has been diagnosed with an eating disorder
- no one member of staff should be responsible for a student with an eating disorder. However, to ease communication about the student it can be helpful to identify a key staff member



- it may be helpful to appoint a professional team within school, each familiar with the student, and having a specific responsibility (*student support; parent support; support for each team member, communication with health professionals*). This can ensure liaison, communication and support but should only be on a need to know basis
- regular meetings should be arranged, for planning and discussion as to the way forward, for those directly involved to ensure that all staff members are briefed. These can be multidisciplinary meetings
- advice support and consultation is available for all professionals via a direct telephone line to CAMHS (see Appendix 3) or via their CAMHS link School worker
- it can be difficult talking to a young person with an eating disorder. The nature of the condition tends to make the young person secretive and they can appear to be deceitful
- staff might need to be trained in order to adopt the right approach when speaking to the young person. They may need the support of the school counsellor/pastoral lead following conversations (See Appendix 1)

Reactions of staff

- reactions to a student with an eating disorder will vary (this can be shock, rejection, disgust or helplessness). It is important for staff involved with the student to have an opportunity to discuss the impact this situation is having on them personally
- individual staff members might have personal experience with either their own eating disorder or that of a family member or friend. It is important that staff understand how this might impact on their approach to a student
- staff with no experience of eating disorders should be made aware of the relevant signs and symptoms
- school staff should be aware of the possibility for staff counselling through Occupational Health, for confidential discussion. Other support networks can be found in Appendix 3

Support and training for staff

It is recommended that teachers who have a responsibility for pastoral care receive some training in how to help students with eating disorders. A list of helpful books/articles can be found in the reference section (See Appendix 3).

Safeguarding

Issues of confidentiality

- every young person has the right to confidentiality however there are times when confidentiality may need to be overridden (Every Child Matters)
- schools have a duty towards the parents; the young person should be aware that parents will be informed of the school's concern. Ideally the young person will be present at this meeting and will be aware in advance of what will be said. Parent may not need to be told all the details
- do not make promises of confidentiality that cannot be met
- if the young person is reluctant to tell their parents themselves they can be reassured that they will be involved in the process of information sharing
- confidentiality has to be balanced against the responsibility of parents to safeguard the needs of their young person (Children Act 1989)
- schools are encouraged to have a confidentiality policy

Child protection issues

Eating disorders can sometimes present in the context of abuse. It is important for staff to be aware of this and to discuss with their designated safeguarding lead.

Peer influences

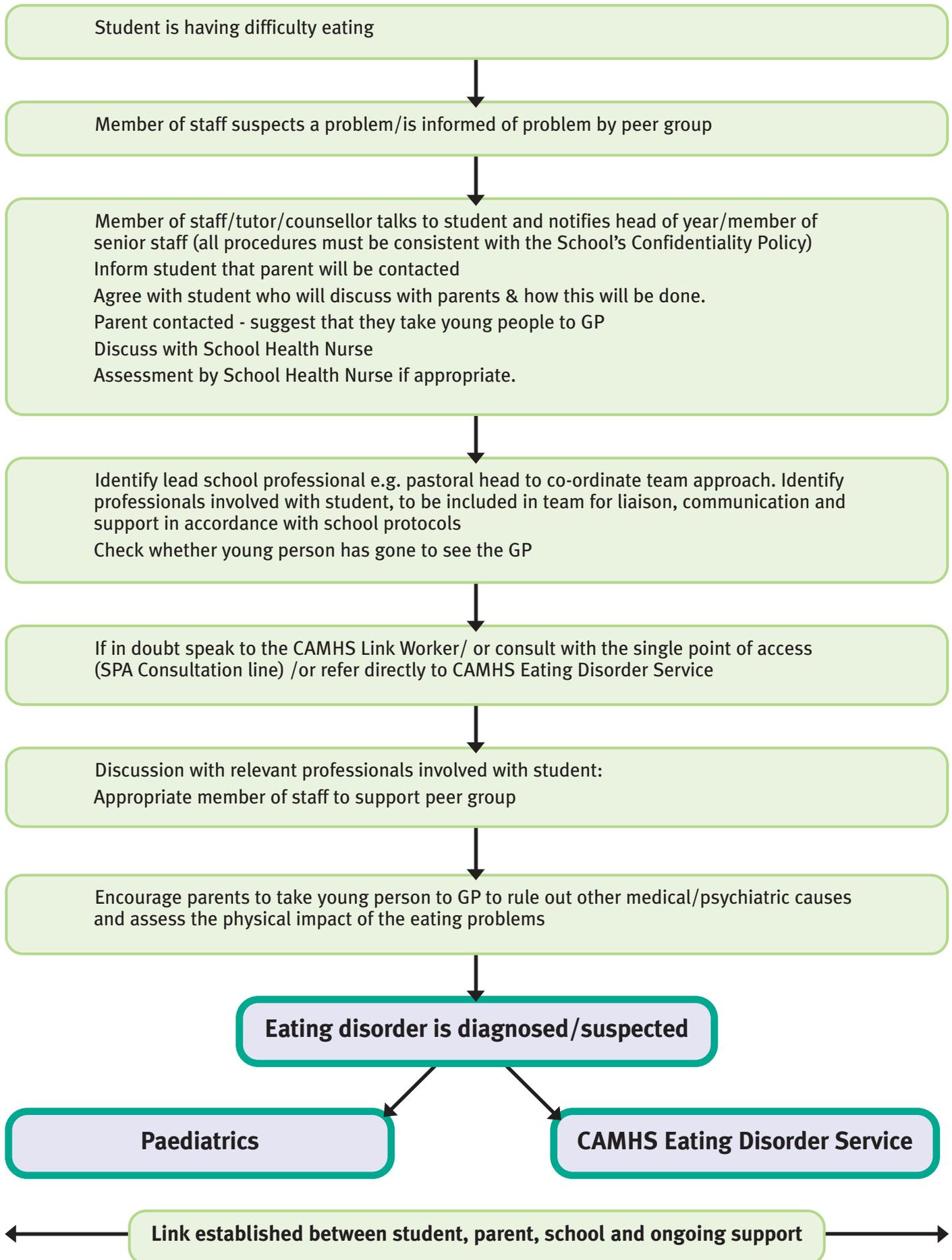
- young people need to be recognised as part of an accepted group and the influence of these friendships can be both supportive and unhelpful

- friendships can be ambivalent. An eating disorder can put friendships under pressure and they can change as a result
- friends might show admiration for weight loss:
 - competition – who can lose the most weight
 - teasing about weight and shape
- friends will be concerned also for the welfare of a friend:
 - they can show support and reassurance. Although they might want to provide support at meal times, it might not be appropriate as this can be a stressful role for a friend
- peer groups will need to be reassured and supported when an eating disorder has been diagnosed. Young people might feel personally responsible
- a culture of support should be encouraged with appropriate information given

Particular issues relating to boarding school

- being away from home may be a cause of stress
- young people might be unsure who to confide in
- peer influences can have more intensity and relationships may need to be monitored
- decisions must be taken as to when to send the student home (in consultation with GP)
- boarding schools should have a clear policy for the management of eating disorders
- school staff may need to take responsibility (in discussion with parents) for supervising and monitoring the student's meal times
- school staff may need to arrange for regular monitoring of physical state by school health nurse or doctor
- staff may need to attend mental health appointments with the young person and family
- it may be important to liaise with the GP (e.g. to manage school holidays)

Helping young people with eating disorders flow diagram



NB School can liaise with CAMHS at any stage in the process above.

Appendix 1

Checklist for schools: Supporting the development of effective practice

School policy

- the school has a policy or protocol for supporting students who have or are at risk of an eating disorder
- the school governors have approved this
- the School Eating Disorder Guidelines have been approved by the school There is a policy on confidentiality
- there is a policy on exercise
- there is a Whole School Food Policy

Training

- all new members of staff receive an induction on safeguarding procedures and setting boundaries around confidentiality
- all members of staff receive regular training on child protection procedures
- all staff receive regular training on promotion of emotional health and well-being
- the following staff groups- reception staff, first aid staff, P.E. staff, school meals supervisors receive sufficient training and preparation for their roles
- staff members with pastoral roles (Heads of Year/House, Designated Safeguarding Lead, etc.) have access to training in identifying and supporting students who have eating problems

Communication

- the school has clear open channels of communication that allow information to be passed up, down and across the system
- all members of staff know whom they can go to if they discover or are concerned about a young person who has eating problems
- the senior management team are fully aware of the contact that reception, first aid staff, technicians and school meals supervisors have with young people and the types of issues they may come across
- time is made available to listen to and support the concerns of staff on a regular basis
- personal comments about weight and shape are not made by staff

Support for staff/students

- staff understand the role of different agency members who visit the school i.e. School Counsellors, Connexions Personal Advisers, CAMHS, School Health Nurses, etc
- staff know how to access support for themselves and students i.e. School Counsellors, CAMHS, School Health Nurses, etc
- students know who they can go to for help

School ethos

- the school has a culture that encourages young people to talk and trust the staff, adults to listen, believe and respect the young people within their care
- opportunity is available through PSHE to discuss eating disorders and body image

Appendix 2

A healthy food intake – the eatwell plate

A healthy diet will include all of the five food groups shown on the diagram in the proportions illustrated.

When a young person is low in weight more food should be eaten, including more of the foods higher in fat and sugar, until a healthier weight is achieved.

A diet lower in fat and sugar is recommended for people who are overweight (with a body mass index (BMI) of 25 or over. BMI = weight in Kilogrammes divided by height in metres squared). A diet low in fat and sugar is NOT recommended for young people who are underweight.

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.



Public Health England in association with the Welsh Government, the Scottish Government and the Food Standards Agency in Northern Ireland

There are five main groups of valuable foods

Appendix 3

Useful publications websites, and telephone numbers

Publications:

- **Anorexia Nervosa and Bulimia – how to help** (2003). Marilyn Duker and Roger Slade. Open University Press
- **Eating disorders – the facts** (2001). Suzanne Abraham and Derek Llewellyn-Jones. Oxford University Press
- **Overcoming Binge Eating** (2013) Christopher Fairburn. Guilford New York
- **Help your Teenager Beat an Eating Disorder** (2005). James Lock and Daniel Le Grange. Guilford Press
- **Eating disorders: a parents guide (2004). Rachel Bryant-Waugh and Bryan Lask. Brunner-Routledge 2nd ed**
- **Skills-based caring for a loved one with an eating disorder** (2007) Janet Treasure, Grainne Smith Anne Crane
- **Cool in School** – Oxfordshire programme based on Enuresis Resource and Information Service national campaign ‘Water is Cool in School’

Helpful Websites:

- **www.b-eat.co.uk** - formerly the Eating Disorders Association, understanding Eating disorders and how you can help
- **www.youngminds.org.uk** - Young Minds is the national charity committed to improving the mental health of all children and young people.
- **www.nutrition.org.uk** British Nutrition Foundation This site provides healthy eating information, resources for schools, news items, recipes and details of the work we undertake around the UK/EU
- **www.healthyliving.gov.uk** National website to promote healthy living
- **www.parentlineplus.org** A parent help website
- **www.eric.org.uk** - Education and Resources for Improving Childhood Continence; with link to ‘Cool in School’
- **www.teenagehealthfreak.org** promoting teenage health
- **www.wiredforhealth.org** - wide ranging health and medical advice
- **www.healthyschools.gov.uk** Local and national Healthy Schools information

NB Please note that there are many unhelpful websites on Eating disorders which provide harmful information to young people

Telephone numbers:

- Youngminds **0808 802 5544**
- Buckinghamshire Single Point of Access (SPA) **01865 901951**
- Oxfordshire Single Point of Access (SPA) **01865 902515**
- B-eat UK **0345 634 1414** (adult line) **0345 634 7650** (youth line)

Appendix 4

Fact Sheet for Parents and Carers

What is an eating disorder?

Worries about weight and shape and eating are common among young people. Being overweight can cause problems with self-confidence, however, many young people who are of normal weight are discontent with their body weight and shape and wish to be thinner. Young people often try to lose weight by dieting, believing that weight loss will make them happier. Young people who diet are at risk of developing an eating disorder, including anorexia nervosa and bulimia nervosa. In anorexia nervosa there is extreme weight loss, a preoccupation with weight and shape and fear of weight gain and eating. In bulimia nervosa there is a pattern of repeated binge eating along with purging by vomiting, laxative or diuretic abuse and an over-concern about weight and shape.

How common are eating disorders?

Eating disorders are fairly common in teenagers. 1-2% of young women have a diagnosis of either anorexia nervosa or bulimia nervosa. Even more have serious eating problems which may not meet the criteria for these disorders but are still a significant problem in their own right and may progress to more serious eating disorder. One in ten people with an eating disorder is male.

Early warning signs of eating disorders

- physical: Weight loss, light-headed, loss of energy and weakness, poor sleeping, vomiting
- psychological: increased preoccupation with body size, weight and shape
- behaviour change: Eating alone or missing meals, secretiveness, hiding food, wearing baggy clothes, frequent visits to the toilet, taking a long time to eat meals, cutting food into small pieces, restricting the range of foods eaten, over exercising

Other signs which often accompany an eating disorder

- psychological: low self-esteem, frequent negative comments about themselves, low mood, 'black and white' thinking, increased anxiety, poor concentration
- social: withdrawal from family and friends, loss of interest in friends and activities, poor concentration, difficult family relationships
- behaviour change: extreme perfectionism, increased anxiety towards tests, obsessional rewriting or revision of texts, taking excessive time to complete work (may lead to work not being handed in)

Importance of early intervention

There is evidence that if eating disorders are detected and treated early the outcome is very much better. Be alert to changes in eating behaviour in young people and increased preoccupation with weight and shape.

Examples of the distorted attitudes and behaviour associated with an eating disorder

- your son/daughter feels good about refusing to eat, because it is something they do well, even though it may be causing serious physical illness
- vomiting gives relief, although temporarily, to anxiety
- the young person feels that by maintaining these behaviours s/he stays in control and expresses independence. In fact these behaviours demonstrate a loss of control
- the young person believes that s/he is following a healthy diet, despite having a very severe condition that could be fatal
- the young person might see you as "the enemy" when you offer support at meals or after meals
- not eating or vomiting after eating is not the most important thing in the young person's life; it may be the only thing
- tiny amounts of food are seen as huge quantities by the young person
- no matter how thin, the young person will see him/herself as fat
- body checking for excess fat and repeated weighing will confirm this false perception
- while taking pride in keeping food consumption as low as possible, the young person will often be very miserable rather than your cheerful child



Appendix 4

Fact Sheet for Parents and Carers

How to help

- listen to the young person and give support. Keep the channels of communication going
- make time away from food to enjoy each other's company
- liaise with school about work. Home study should be appropriate and not a cause of distress
- be aware that unrealistic pressure on vulnerable young people can contribute to the development of an eating disorder
- setting realistic expectations and creating a balance between work and leisure, can help to prevent the development of an eating disorder
- celebrating successes, even small successes, and accepting differences between siblings or friends
- avoid discussing your own anxieties about food or body shape with your son or daughter
- be aware of how young people use the internet. There are destructive websites that can influence the development and maintenance of eating disorders

Encourage a healthy life style

- prioritise family meals
- encourage a healthy eating pattern that includes three main meals each day. Snacks in between meals can help prevent fatigue and aid concentration
- it is important that young people eat breakfast before leaving for school and have time to eat lunch. Encourage a packed lunch if there are lunch time activities that prevent eating the meal provided at school
- a balance between school and recreation is important
- encourage exercise as part of a daily routine
- make sure that young people have sufficient sleep

Useful questions

- are you having problems at school that make it more difficult for you to eat?
- are you worried about anything?
- do you think that your worries about eating are preventing you from seeing your friends?

Where to go for help

CAMHS; School Health Nurse; GP; Youth Line; Youngminds Tel: 0800 018 2138

Useful websites:

www.b-eat.co.uk - formerly the Eating disorders Association

www.youngminds.org.uk - Young Minds is a national charity

www.parentlineplus.org - A parent help website

NB Please note that there are many unhelpful websites on eating disorders which provide harmful information to young people

Useful books

Help your Teenager Beat and Eating Disorder (2005). James Lock and Daniel Le Grange. Guilford Press

Eating disorders: a parents' guide (2004). Rachel Bryant-Waugh and Bryan Lask. Brunner-Routledge 2nd ed

Appendix 5 Information sheet for young people

What is an eating disorder?

Worries about weight and shape and eating are common among young people. Many young people who are of normal weight want to be thinner and they may try to lose weight by dieting, believing that weight loss will make them feel happier. This can increase the risk of developing an eating disorder. In anorexia nervosa there is extreme weight loss, a preoccupation with weight and shape and fear of weight gain and eating. In bulimia nervosa there is a pattern of repeated binge eating along with purging by vomiting, laxative or diuretic abuse and an over-concern about weight and shape.

How common are eating disorders?

Eating disorders are fairly common in teenagers. 1-2% of young women have a diagnosis of either anorexia nervosa or bulimia nervosa. Even more have significant eating problems which may progress to a serious eating disorder. One in ten people with an eating disorder are male.



Early warning signs of eating disorders

- **physical:** Weight loss, vomiting, loss of energy and weakness, poor sleeping
- **psychological:** increased preoccupation with body size, weight and shape
- **behaviour change:** eating alone or missing meals, secretiveness, hiding food, wearing baggy clothes, frequent visits to the toilet, taking a long time to eat meals, cutting food into small pieces, restricting the range of foods eaten, over exercising, wearing baggy clothes

Other signs which often accompany an eating disorder

- **psychological:** low self-esteem, frequent negative thoughts, low mood, 'black and white' thinking, increased anxiety, poor concentration
- **social:** social withdrawal, loss of interest in friends and activities, difficult family relationships
- **behaviour change:** extreme perfectionism, taking excessive time to complete work

Why get help early on?

There is evidence that if young people get help early on they are more likely to recover.



How can I help a friend?

- if you are worried, speak to your friend's tutor or the school health nurse
- understand that issues around food may be difficult
- support your friend when you sit together at meals and try to be calm
- make time to enjoy each other's company
- be prepared to listen to your friend and be supportive
- remember that it is not your responsibility to 'cure' your friend, but you should pass on your concerns to a tutor, the School Health Nurse or head of year

Where can I go for help?

Personal tutor, Head of year, school health nurse, GP

- b-EAT Youth Help line
0345 634 7650 or
E mail help@b-eat.co.uk
- Youngminds 0800 018 2138

Useful websites

- www.b-eat.co.uk
- www.youngminds.org.uk

Appendix 6 Disordered Eating – Guidelines for School Staff Summary Sheet

What is meant by ‘disordered eating’?

Disordered eating can take a number of different forms. The following are the criteria for the diagnosis of an eating disorder:

Anorexia Nervosa – weight loss of 15% below the expected weight for age sex and height; fear of weight gain; preoccupation with eating, body weight and shape; determination to lose weight; abnormal hormonal function, with loss of menstruation for girls and possibly stunting of growth for boys.

Bulimia Nervosa - recurrent binge eating with self-induced purging by vomiting, laxative or diuretic abuse; restrictive eating, over-exercise; self-evaluation overly dependent on weight and shape. Young people with bulimia nervosa are usually of normal weight. This coupled with their secretiveness may make the condition hard to detect.

Eating Disorders Not Otherwise Specified (EDNOS)

Many young people have disordered eating that does not meet all the diagnostic criteria described above: such conditions are referred to as ‘EDNOS’. Young sufferers are still likely to experience psychological, physical and social symptoms and it is crucial to identify and treat these conditions early on to prevent the development of either anorexia nervosa or bulimia nervosa. EDNOS may also include binge eating disorder which is marked by repeated episodes of over eating. Unlike bulimia nervosa this is not a secretive condition, it lacks the characteristic purging behaviours and is likely to result in weight gain.

Overweight and obesity (not strictly an eating disorder)

Many young people consume too many foods which are high in fat, salt and sugar. When the amount of food consumed is not appropriately balanced by energy expenditure through exercise, there will be gradual weight gain. In the short term this can damage self-esteem and in the long term excessive weight will threaten physical health.

Factors involved in the development of eating disorders

There are a range of personal, social and environmental factors that can contribute to the development of the disorder.

Personal – individual risk: perfectionism, low self-esteem, depression, obesity; puberty: changes in body weight and shape; family: conflictual relationships or separation, adverse early experiences and comments about weight and shape; family history: depression, eating disorders, obesity; peer influence: teasing and dieting;

Environmental – pressure to achieve: at school, in sport and with the opposite sex; socio-cultural pressure: media images, ideals in society.

Early warning signs of eating disorders

Physical: weight loss, vomiting, dizziness/fainting, loss of energy and weakness, poor sleeping.

Psychological: increased preoccupation with body size, weight and shape.

Behavioural change: eating alone or missing meals, secretiveness, hiding food, frequent visits to the toilet, wearing baggy clothes, over-exercise.

Other non-specific signs which may accompany eating disorders

Psychological: low self-esteem, frequent negative comments about themselves, low mood, increased anxiety, poor concentration

Social: withdrawal from family and friends, loss of interest in friends and activities, difficult family relationships.

Behaviour change: extreme perfectionism, obsessional rewriting or revision of texts. Taking excessive time to complete work (may lead to work not being handed in).



Difficulties with early identification of eating disorders

The condition is secretive and early identification can be difficult as the sufferer will deny that there is a problem. Young sufferers are unlikely to seek help and might feel guilty or embarrassed by their problem. Parents are often reluctant to admit that there is a problem, while friends and teachers are unlikely to know how to approach the subject with the young person.

What to do if you have concerns

Initial involvement

- identify your concern to the young person
- ask specific questions in a sensitive way
- find out if there is a problem, assist in finding appropriate help. Problems are often related to low self-esteem, but the young person might just be aware of “hating his/herself”
- find out if there are difficulties meeting work deadlines
- check if school work/activities are being affected
- do not be surprised or deterred if the problem is denied – be vigilant and monitor the situation
- be aware of the concerns of colleagues
- be sensitive and share the information appropriately with colleagues on a ‘need to know’ basis
- be aware of the need for confidentiality and the situations in which it may be overridden. Many schools have a procedure for this. Share concerns with immediate superior/line manager
- when you are sure that there is a problem with eating, check with the young person if parents are aware so that they can arrange visit to the GP. If parents are not aware check whether the young person is able to tell them and /or if you can help with this

The next stage – when a problem with eating has been diagnosed.

- head of year/house or pastoral head should be informed and a plan developed
- a decision should be made, taking into account medical advice, as to whether a young person is fit to be at school
- involve the young person at all stages of treatment and support
- if the young person needs to stay off school for a period of time arrangements should be made for work to be sent home if appropriate or consider establishing home tuition
- be aware of the feelings of the peer group
- consult with Bucks/Oxon CAMHS Single Point of Access and consider initiating a referral to the CAMHS Eating Disorder Service

A complete copy of Disordered Eating: Guidelines for School Staff is held by:

Name of staff member

Location of guidelines

Date

Appendix 7 Eating disorders in young people

Information sheet for General Practitioners

Introduction

Eating disorders are common in adolescence. If they are detected early and have effective management the prognosis is very good. However, left untreated the disorder can become chronic and difficult to treat. Many adults with a long term eating disorder developed their initial symptoms in the adolescent years.

Early signs of eating disorders

Physical - fainting/dizziness, loss of energy, muscle weakness, poor sleeping, susceptibility to infection, loss of menstruation, constipation/bloating, repeated vomiting, loss of weight, swollen glands under jaw or frequent dental problems (if there is repeated vomiting).

Behavioural changes - eating alone or missing meals, secretiveness, hiding food, frequent visits to the cloakroom, taking a long time to eat meals, cutting food into small pieces, restricting the range of foods eaten, over exercising, wearing baggy clothes

Non-specific signs that may accompany eating disorders

Psychological – low mood, loss of interest, poor concentration, withdrawal, disturbed family relationships

Social/educational - withdrawal from family and friends, loss of interest in activities, poor concentration, difficult family relationships

NB The non-specific signs may also be a feature of other mental health disorders such as depression or anxiety.

Diagnostic features

Anorexia nervosa

Weight loss at least 15% below the body weight expected; fear of weight gain; preoccupation with eating, body weight and shape; abnormal perception of body weight and shape; determination to lose weight, abnormal hormonal function.

Bulimia nervosa

Recurrent binge eating; purging (self-induced vomiting, laxative or diuretic abuse, restrictive dieting or over-exercise); over concern about weight and shape

Eating disorder not otherwise specified (EDNOS)

Eating disorder symptoms that do not meet all the above criteria (the majority of eating disorders)

Physical assessment and investigations

If an eating disorder is suspected, thorough physical assessment is indicated to exclude another physical cause and identify any physical consequences of the disorder.

Initial investigations include:

Full blood count; urea and electrolytes (including phosphate, magnesium, calcium), liver function tests, glucose, Folate, Vit B12, Iron, thyroid function tests.

It is important to note that sometimes blood tests may be in the normal range even where there is severe weight loss. Diagnosis should be based on a comprehensive history of the eating disorder symptoms.

For those with low pulse rate an ECG is indicated to identify any serious cardiac abnormalities.

When the disorder has been established for a year or more, bone densitometry is recommended in order to assess the impact of the eating disorder on bone mass.



Treatment options

1. Provide education and monitor in the early stages
2. If eating problems do not resolve quickly refer to CAMHS. If situation is urgent refer urgently to CAMHS or paediatrics
3. If in any doubt about whether to refer, advice can be sought from CAMHS Single Point of Access
4. If there are serious physical complications such as pulse rate below 50, significant postural drop in blood pressure, dehydration, reduced muscle strength, cardiac abnormality or hypothermia, a referral directly to Paediatrics may be indicated

Early intervention within General Practice

- Weekly weighing and monitoring of physical state
- Psycho-education
- Motivational approach to help young person see the benefits of change
- Individual and family review on a regular basis to encourage normal eating

Joint care with CAMHS

Once the referral has been taken up by CAMHS, the GP may be requested to continue with regular blood investigations and physical assessment as indicated. You may be invited to join CPA reviews.

Useful self-help material

Royal College of Psychiatrist leaflet “Help is at hand – Eating disorders”

Fairburn, C. Overcoming binge eating Guilford Press

Locke J and Le Grange, D. (2005). Help your teenager beat an eating disorder, Guilford Press

Bryant-Waugh, R & Lask, B. (2004). Eating disorders: a parent’s guide Brunner-Routledge

Useful references

Lask, B & Bryant-Waugh, R. (2007) Eating disorders in childhood and adolescence. Routledge

Luck, AJ et al (2002) The SCOFF questionnaire and clinical interview for eating disorders in general practice: a comparative study. *BMJ*, 325, 755-756

Disordered Eating

Disordered Eating

Guidelines for School Staff

Developed by the Child & Adolescent Eating Disorder Steering Group

