WHAT ARE 'EATING DISORDERS'?

- Much more than just food.
- May start off as concerns about weight and health but escalate to a fixation on a certain physical appearance/an 'aesthetic', weight etc. (Not to be confused with vanity, as sufferers of Eating Disorders usually have very low self-esteem.)
- Serious biological illnesses (and psychiatric disorders) that can be life-threatening and fatal.
- Eating disorders have the highest mortality rates among psychiatric disorders; Anorexia nervosa has the highest mortality rate of any psychiatric disorder in adolescence. (The Priory Group, 2022)
MAIN TYPES OF EATING DISORDERS

- Anorexia Nervosa – very restricted food intake.
- Bulimia Nervosa – binge-eating followed by purging (as a form of compensating for over-eating) such as self-induced vomiting.
- Binge-Eating Disorder - over-eating due to a lack of control followed by extreme guilt and very low mood.
- Avoidant/restrictive food intake disorder (ARFID) is a new name for an old disorder. (The term has replaced the term “feeding disorder of infancy and early childhood,” a diagnosis previously reserved for children under age 7.)
- Rumination disorder - a person regurgitates food they have swallowed and then either re-swallow it or spit it out.
- Pica – eating things that have no nutritional value and are not considered food (e.g., soil, soap, paper, ice.)
- N.B. Prader-Willi Syndrome is a rare genetic condition but one of its most well-known symptoms is excessive eating (and food is a trigger for challenging behaviours in people who have it), hence it is usually classed as an eating disorder too.

BARRIERS FOR SCHOOLS - STAFF

A little follow-up poll: which of the following is THE biggest challenge faced by your setting?

- Spotting signs of EDs: 30%
- Raising awareness of EDs: 9%
- Securing external support: 61%

64 votes - Final results

"Child and adolescent mental health services are struggling to cope with rising demand and a staff exodus." (Dr David Fong, The Guardian, November 2022.)
BARRIERS FOR SCHOOLS - STAFF

Increasing pressure on settings (with little or no medical expertise in the field of Eating Disorders) to provide support in the interim due to CAMHS waiting times.

What do these pressures entail? Staff on Twitter were asked via Mentimeter...

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<th>Primary</th>
<th>Secondary/FE</th>
<th>Special School/PRUs</th>
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<td>• Teaching them about EDs without putting ideas in their heads, due to their age making them more easily influenced.</td>
<td>• Supporting students with EDs in school, whilst also ensuring that other students are sympathetic.</td>
<td>• Dealing with the constant negative barrage from social media.</td>
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<td>• Discussing EDs and spotting signs in very young children.</td>
<td>• Spotting signs of EDs in older students, as they become better at masking.</td>
<td>• Finding spaces in our setting where students with EDs feel comfortable eating, as the canteen etc is too crowded.</td>
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<td>• Looking for triggers for EDs, especially for students with SEND.</td>
<td>• Knowing how to support staff so that they can support students with EDs (as it can impact them emotionally.)</td>
<td>• Finding opportunities to train staff to spot signs of EDs.</td>
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<td>• Children and their families not being adequately equipped with nutritional knowledge, hence many overweight children.</td>
<td>• Spotting signs when students aren’t monitored (by teachers) at breaktimes/lunchtimes.</td>
<td></td>
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<tr>
<td>All</td>
<td>• Supporting boys, as it is not seen as a problem in single-sex settings for boys.</td>
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- Spotting the signs due to the added impact of the Cost of Living Crisis on student lunchboxes.
- SLT not supporting staff with EDs, which in turn impacts the support they can offer students. Eg – Only having Wellbeing initiatives that involved food in communal places such as cakes in the staffroom.
- Increasing pressure on settings (with little or no medical expertise in the field of Eating Disorders) to provide support in the interim due to CAMHS waiting times.
BARRIERS FOR SCHOOLS - STUDENTS

This is not an exhaustive list!

1. Social media influences; a fixed model of acceptable attractiveness that is almost always unobtainable. A fear of not 'meeting standards' doesn't just exist in Supermodels (regardless of gender.)
2. Peer-pressure (Bulimia for quick ‘purges’, dehydration to have ‘ripped abs’ etc.)
3. Lack of parenting capacity, hence ED being exacerbated at home (eg feeding child seen as synonymous with giving love, parents may be compensating for their own poor childhood by allowing bad eating habits to form etc.)
4. Safeguarding at home (eg ED could have been triggered by deliberate neglect, Cost of Living Crisis – eat less so less strain on family finances etc.)
5. SEND could impact understanding, which could in turn exacerbate ED (especially if SEMH is the Primary Need.)
6. School environment not being inviting for children to gain understanding/seek support etc.
7. Cultural barriers (especially stigmas attached to Mental Health in many communities.)

WHAT CAN THIS LOOK LIKE IN SETTINGS?

-The list is endless, as more is being discovered about Eating Disorders every day.
-Also, different Eating Disorders present differently (with added differences dependent on age, gender etc. BEAT’s website is most useful for comprehensive lists of signs to look out for various Eating Disorders.

To note:
-Eating Disorders are Mental Health Disorders, hence impact many other aspects of a young person's life and no two cases are the same.

EG 1 – Young student with Anorexia Nervosa will be tired (due to lack of food/energy), hence will compensate with ‘sugar fixes’ such as energy drinks and sweets. This will result in hyperactivity or extreme lethargy, both of which could very easily be misconstrued as ‘naughty behaviour’ if not investigated.

EG 2 – Young and seemingly healthy young student who is a fitness fan could actually be suffering from Muscle Dysmorphia, hence be dangerously over-exercising and having an extremely restricted diet.
STRATEGIES

Whole-school Culture

- Safeguarding:
  A clear and consistent system of Safeguarding needs to be at heart of your setting. Safeguarding of students AND staff (especially staff who have had/have Eating Disorders themselves.)
  Everyone needs to be empowered to spot signs of Eating Disorders and report them in a timely manner. (Cleaners, caretakers, lunchtime supervisors and canteen staff are invaluable here!)
  Liaise and collaborate with families/carers in order to empower them to spot signs and seek support as required too (eg via school and/or organisations such as BEAT.)
  Liaise with external agencies and invest wisely; BEAT offer comprehensive CPD, CASS can assist with FSW allocation etc.

- SEND and Medical
  Staff need to understand how these needs can further impact students who have Eating Disorders (eg certain medication causes weight gain as a side effect, which could exacerbate their disorder symptoms, and certain SEND could pose barriers to in-house interventions due to cognitive challenges for the student etc.)

- Behaviour
  Eating Disorders are complicated and multi-faceted psychological illnesses, hence can impact student behaviour (and drastically too.) Staff need to understand this and be prepared for it too.
  Sanctions need to be reviewed in light of student needs too (N.B. Not leniency but equity.)
STRATEGIES

Whole-school Culture

- **Curriculum and Personal Development** (All elements of Eating Disorders needed to be embedded—not isolated initiatives that may be tokenistic, albeit unwittingly, thus ineffective and possibly even counterproductive.)

- **Physical Education**: What constitutes a healthy level of exercise, The different images of fitness that exist, Physical wellbeing.

- **Food Technology**: Healthy eating and cooking, dangers of different diets.

- **PSHE and RSHE (Health and Wellbeing, as well as Health Education) to include**: Eating Disorders and gender stereotypes, Online risks (including unobtainable beauty goals), self-esteem, promoting positive mental health.

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STRATEGIES

Whole-school Culture

- **Science**: Healthy and unhealthy fats, impact of a poor/ restricted diet on human body, impact of over-exercising on human body.

- **Music**: Descriptions of ‘beauty’ in songs (Christina Aguilera’s 2022 remake of her video for ‘Beautiful’ is very useful for this.)

- **Art**: The image of beauty (all genders) over time.

- **IT/Media Studies**: Online safety (seeing is not believing, photoshopping, media’s beauty standard biases.)
STRATEGIES

Whole-school Culture

-Pertinent whole school policies need to outline key culture points and then be reviewed in order to measure impact, be amended accordingly etc (Especially Safeguarding and Child Protection Policy, Mental Health Policy, RSHE Policy, Supporting Pupils with Medical Conditions Policy, Online Safety Policy, Behaviour Policy.)

-ONGOING CPD needs to reflect all of this to ensure staff are continuously empowered, as they all have a duty of care (KCSIE, 2022.)

-In light of this, regular monitoring and review of these cultures/systems is vital in order to identify contextual issues, thus inform this CPD.

FURTHER READING
FURTHER SIGNPOSTING

- BEAT
- Twitter Communities (Safeguarding, Pastoral, Mental Health and SEND)
- DfE statutory guidance (PSHE, RSHE, Mental Health, Safeguarding and Supporting Pupils with Medical Conditions.)
- HWRK Magazine – upcoming edition via Twitter will feature an article with more strategies.

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