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Royal Free London CAMHS Eating Disorders Service

Dr Tara Porter Clinical Psychologist
Rebecca Fisher Lead Paediatric Dietitian

Today's talk

- Introduce the service and ourselves
- Eating Disorders (and obesity) in Camden
- Treatment for children and young people
- Schools role in:
  - Prevention of CYP who are are vulnerable to develop an ED
  - Identification of CYP who maybe developing an ED
  - Supporting the Treatment of CYP who have been diagnosed

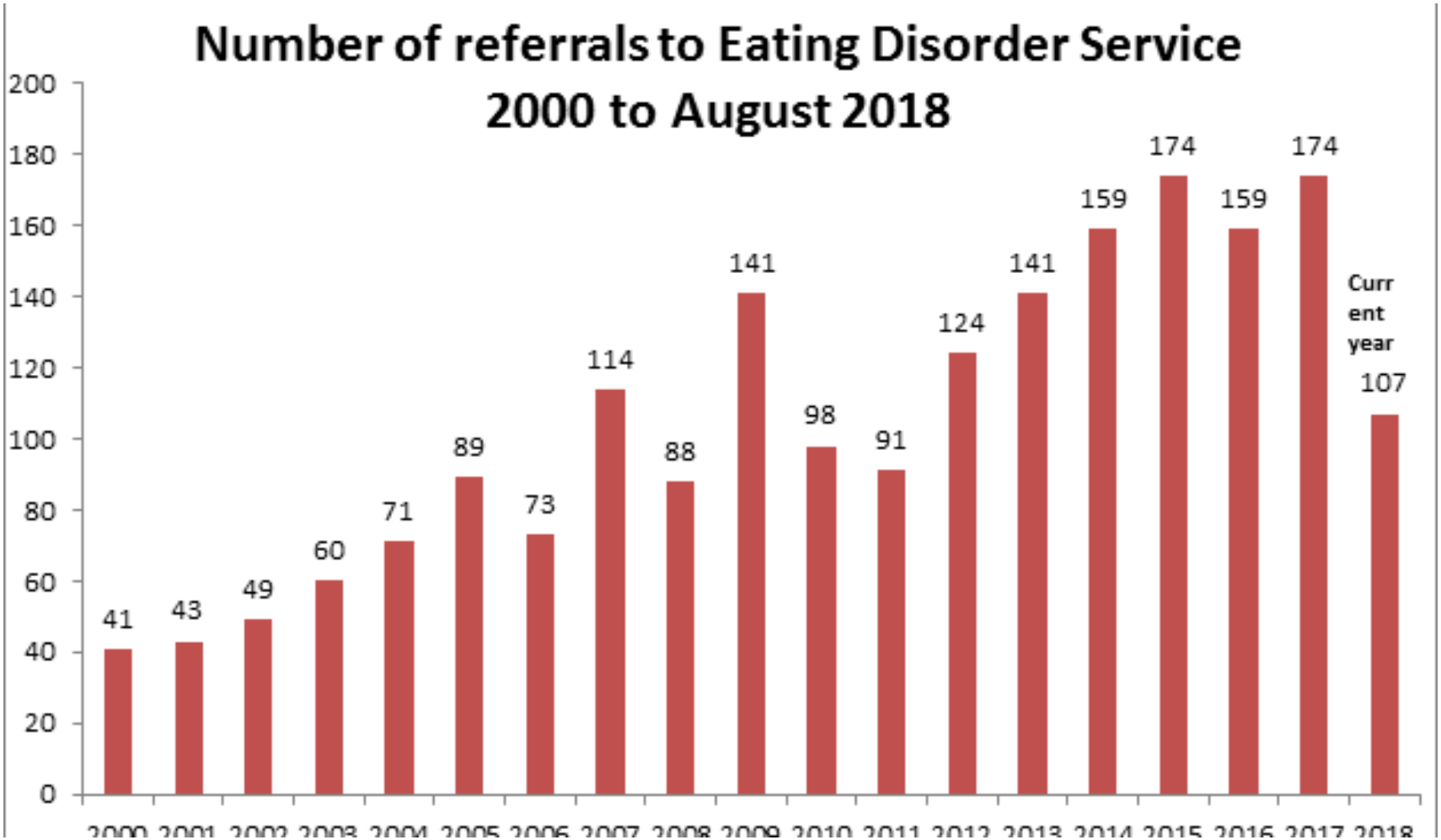
Royal Free London CAMHS Team

- Royal Free London is one of two main NHS providers of CAMHS in Camden.
- Two sites at RFH and Queen Mary's House
- Specialise in
  - ADHD/Autism diagnose
  - Emergency liaison through A&E
  - Paediatric liaison
  - Eating Disorders – Anorexia and Bulimia primarily

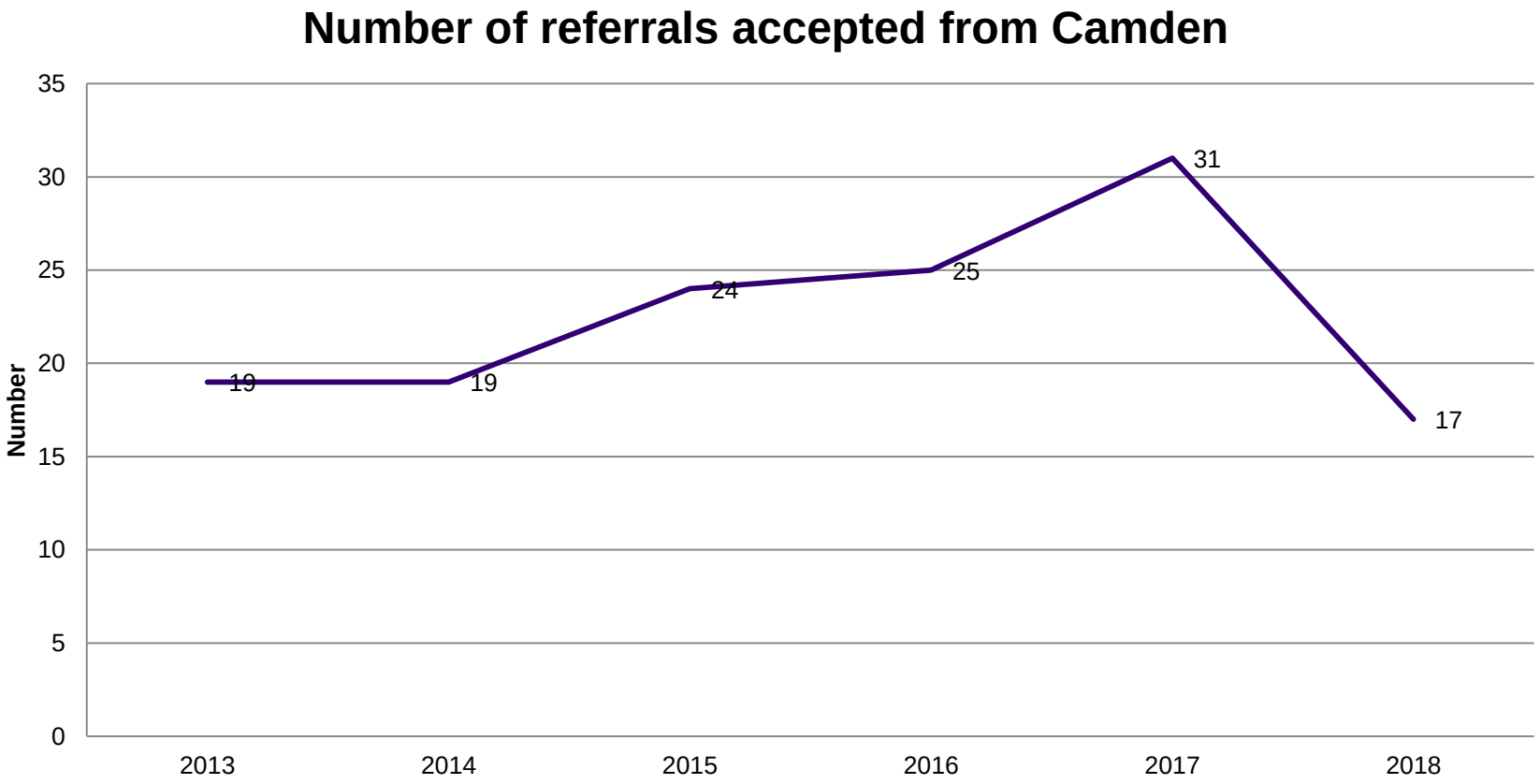
RFH CAMHS Eating Disorders Service

- Specialist Eating Disorders Service covering Camden, Islington, Barnet, Enfield and Haringey.
- 180 referrals a year
- Multi-disciplinary team – Psychiatrists; Clinical Psychologists; Family Therapists; Nurses; Dietitians; Psychotherapists.
- Who are we?
  - Tara Porter - Specialist ED Psychologist at RFH ; Involved in Schools Training through AFC; Had a child in a Camden primary since 2005.
  - Rebecca Fisher – paediatric eating disorders dietitian for 10 years, ‘non diet’ dietitian

CAMHS Eating disorders across our 5 Boroughs



CAMHS Eating Disorders in Camden



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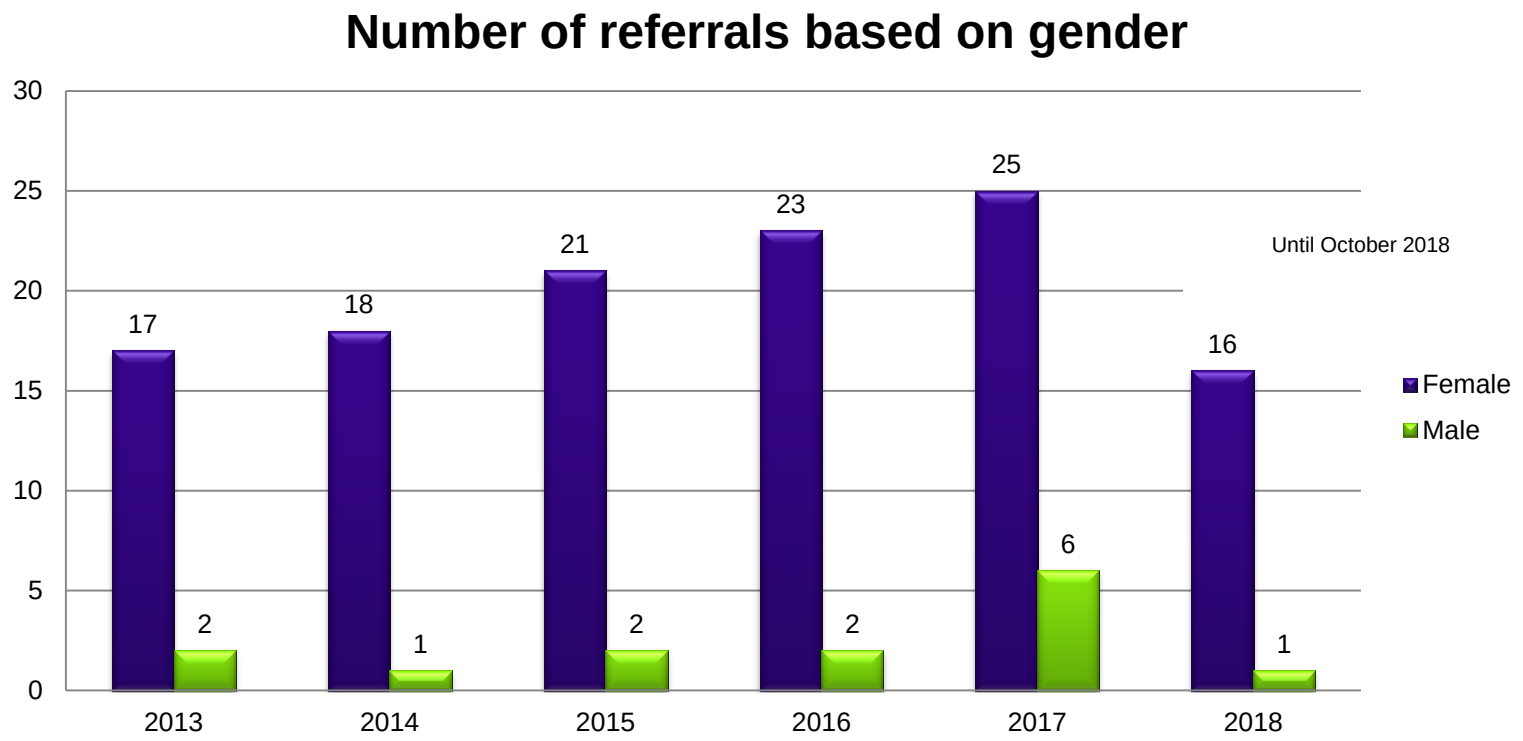
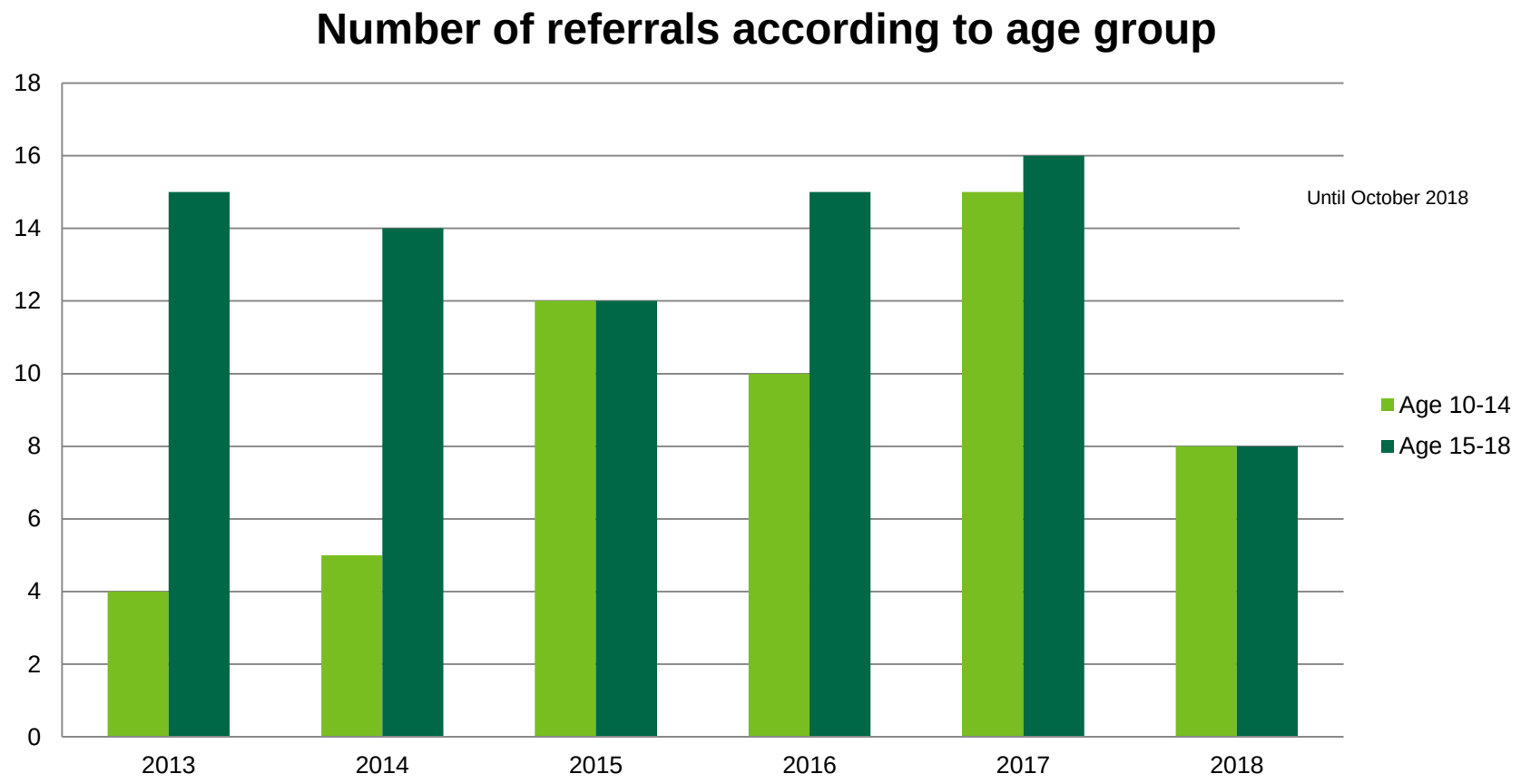
Gender split in Camden – relatively stable (recent blip?)



AGE of presentation in Camden



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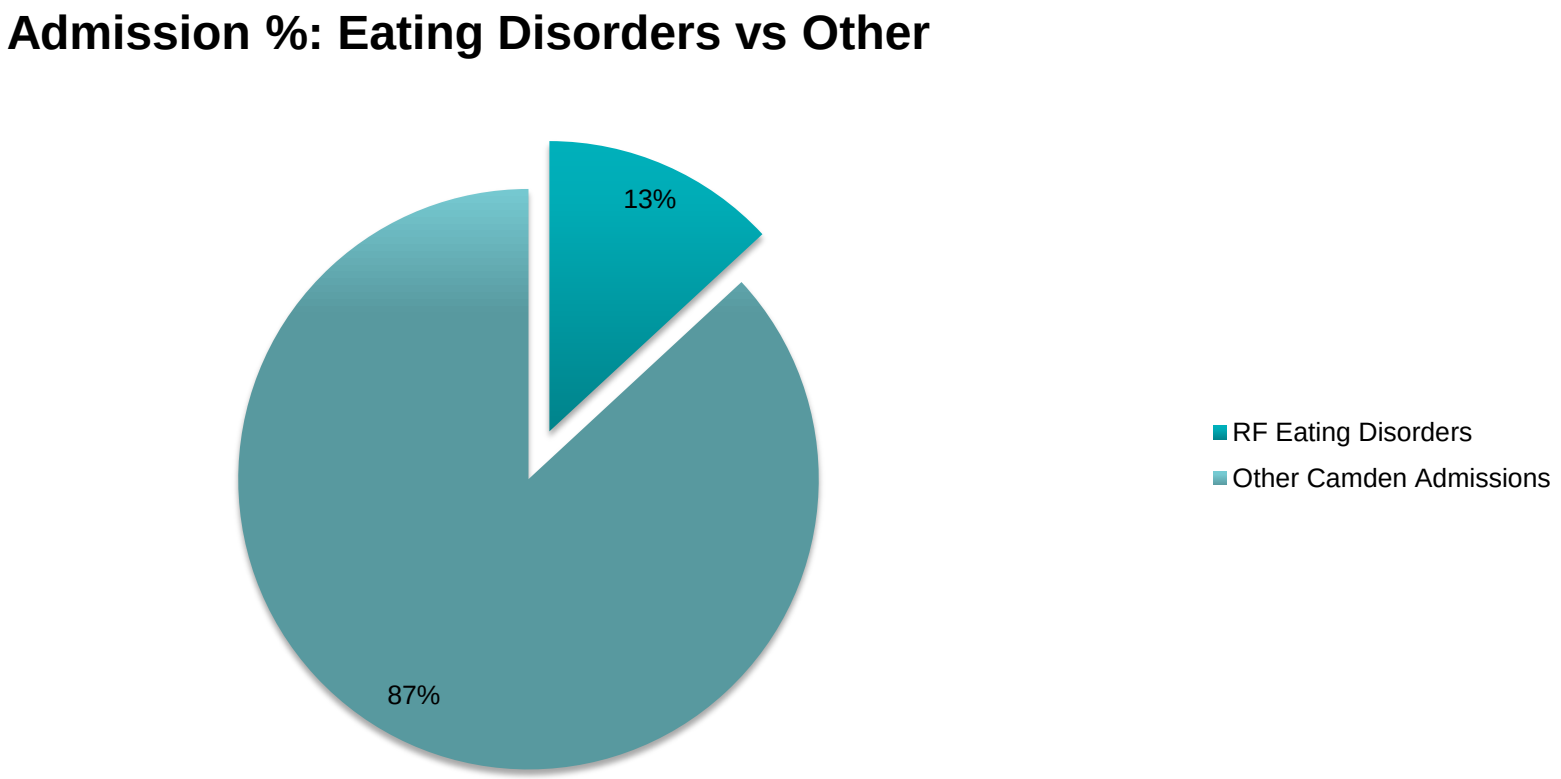
Camden residents presenting at A&E and admitted to the ward



Summarising data in Camden

- Data trends in Camden are similar to those nationwide
- Massive increase in ED in Camden amongst Children and Young People
- Rates of boys stays relatively stable at 10%
- Massive increase in pre-pubertal eating disorders
- ED patients are very troubled and show up at A&E with suicidal ideation, intent or attempts.
- Generally, anorexia nervosa is the most serious mental health condition as it has the highest death rate

My lived experience

10 years ago

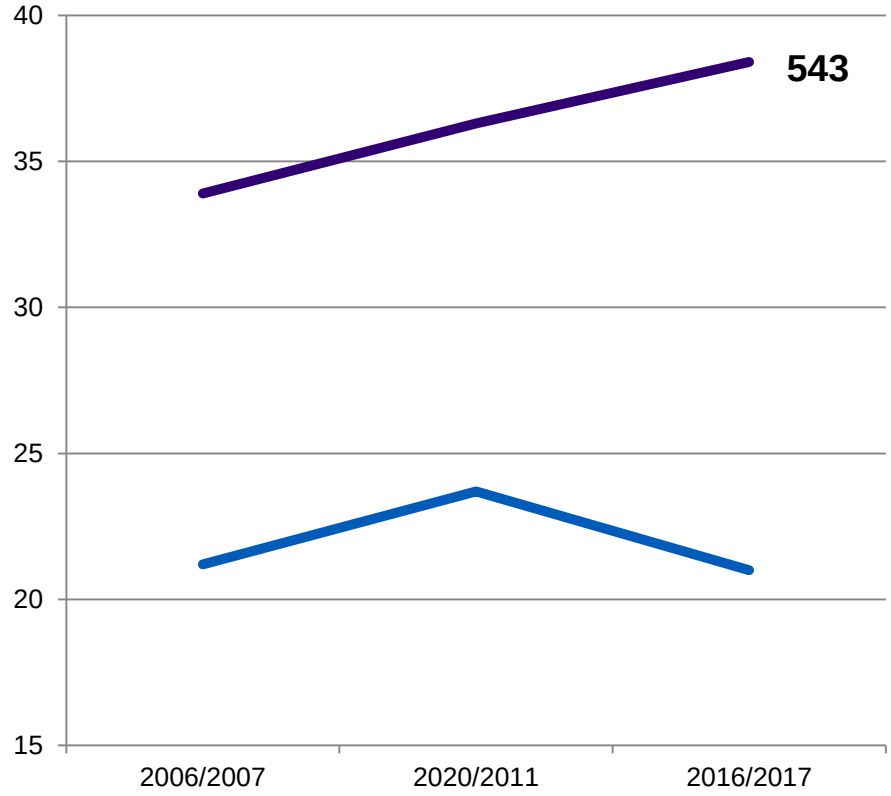
Massive increase in pre-pubertal girls in our Camden ED clinics.

When I ask them how it all started they say

“We were doing healthy eating in school”

BANNED SNACK FOR FOOTBALL CLUB IN CAMDEN PRIMARY SCHOOL

Maybe increase in eating disorders is a necessary side effect of obesity interventions?



% of kids in Camden schools entering school in reception overweight has STAYED STABLE over last decade

% of kids in Camden schools leaving school in Year 6 overweight has always GONE UP from reception, but that increase has GONE UP over last decade

So, despite all of your hard work in Camden schools over the last 10 years

There are more kids who are suffering from Eating Disorders and they are suffering from them younger

There are more children who are in the obese/overweight category when they leave primary school (even though the number joining the schools obese/overweight in Reception hasn't changed)

This is really depressing news

Massive increase in both eating disorders and obesity in Camden?

Not just in Camden….

Beginning to understand that nutritional knowledge is important EDUCATION but has no impact on WEIGHT

thebmj

BMJ 2018;360:k507 doi: 10.1136/bmj.k507 (Published 7 February 2018)

EDITORIALS

Check for updates

The failure of anti-obesity programmes in schools

Null results are important, and a strong signal to try something else

Melissa Wake *professor and scientific director, Generation Victoria*

Murdoch Children's Research Institute, and The University of Melbourne, Parkville, VIC 3052, Australia

In the words of Winston Churchill, "However beautiful the

comprise universal, primary and secondary care strategies to

Is it OK that occasional children are triggered into ED if the anti-obesity projects don't impact obesity?

The flaws in how schools talk about food

Clinical psychologist Tara Porter highlights dangerous omissions in the initiative aimed at helping pupils to make informed choices about food

In 2008, the messages being given out in local primary schools about food became very black and white. Jamie's School Dinners campaign had started in 2005 and gathered steam and the Children's Food Trust had been established. These, and other broad messages about food and diet, had filtered down into schools in a very rigid way. Foods were suddenly either good or bad. For example, crisps were banned at my son's after-school football club and rice cakes were encouraged instead.

Regular government initiatives have since built upon this. They have encouraged "healthy schools status" with a whole-school food approach to children's diet, including new standards for school lunches and how children should be taught about "healthy eating". Teaching about "healthy eating" was presumed to help children make informed decisions in their food choices. There have also been numerous iterations of guidance about how much exercise children should be doing.

This approach to diet and health, which schools bought into and which has been repeatedly re-enforced and built upon, has serious flaws. And all of those working in education need to recognise them.

In the first couple of years of the healthy eating strategy, the eating disorders clinic in London in which I work saw an increase in the number of pre-pubertal children presenting with anorexia. A sub-group of hard-working, (the government recommended 60 minutes of exercise per day after school), and started to lose weight. One of the side-effects of weight loss is an increase in obsessive thinking about food, and we saw these children become more and more pre-occupied with healthy eating and quickly trapped in an anorexic catch-22. The increase in affected children seen by our service was reflected across the country.

There is no direct evidence that the healthy schools teaching was causal in this increase: it may have been a coincidence. Anecdotally, however, at the start of therapy, I nearly always ask my patients, "How did this all start?"

> Trying to avoid anything leads to the 'what the heck' effect

For the older girls, the answer is generally along the lines of "someone said I was fat" or "I was going on holiday and had to be in a bikini" – answers tend to be appearance-orientated.

For the younger patients – the primary school girls and boys – the answer is frequently "we were studying healthy eating in school".

Perhaps the increase in pre-pubertal anorexia is an unfortunate but necessary side-effect of reducing the obesity epidemic? This would be undesirable, but childhood anorexia is still relatively rare compared with childhood obesity. However, is there any evidence that this change in school dinners and teaching has had a positive impact on obesity levels?

Ten years on in this diet crusade, the evidence is not overwhelming. Indeed, the children in Camden are obese by Year 6. Why should this be?

The psychological evidence suggests that messages about avoiding or banning certain types of food is completely counter-productive.

Psychologically, there is nothing more likely to make most children want something, than to tell them they can't or shouldn't have it. From research into dieting, we know that trying to avoid anything completely leads to the "what the heck" effect: if you don't meet the standard of no biscuits, you may as well eat all the biscuits. Restriction inevitably leads to bingeing, which is why 80 per cent of diets fail within a two-year time frame.

So is it possible that the black-and-white messages about healthy and unhealthy foods in schools are contributing towards this dichotomous increase in anorexia and obesity? Trying to teach total avoidance or abstinence from sweets, burgers, chips and cakes is impossible for most and unrealistic in a consumer society where these products are marketed everywhere.

Psychologically, it is well established that it is difficult for us to hold two contradictory messages in our head – a concept called "cognitive dissonance". We try to reduce this dissonance between contradictory thoughts by discounting one of the messages.

Are we placing our children in a state of cognitive dissonance with respect to food? If children are put in the position where they get the message from their school that "sweets are bad and should only be an occasional treat" and yet also know "all

perfectionist girls and, occasionally, boys, it is the latter information that gets ignored (ie, most people eat sweets); in the majority, it is the message given by their teacher (that sweets should be an occasional treat).

So, in my opinion, the messages about food through education and health have been too militant and extreme. The School Food Plan in 2013 seems completely pie in the sky: no salted nuts or seeds, no crisps, nothing with chocolate on it – not even breadsticks allowed as a snack. Similarly, the Eatwell food group "plate" promoted by the NHS, as well as education, doesn't place crisps and chocolate on the plate at all.

These standards seem well beyond most people's reach, when we consider that McDonalds serves 3.5 million customers each day in the UK. In contrast, only a very few people seem to be using the NHS Change4Life webpage, where they promote healthy recipes for children and families: at the time of writing, just 245 people have signed up to say they have made the "carrot and courgette muffins" and only 40 people for the "crunchy salad pittas".

Education could be leading the way in society by attempting to teach a less

Many slim and healthy people eat chocolate, sweets, crisps or fried food every day, and this is OK, as long as portion sizes are reasonable, they stop when they are full, and that their intake is balanced with vegetables, complex carbohydrates and protein.

Children should be tempted into school dinners through tasty foods that they want to eat, such as pizza, pasta, chips, meatballs, curry and frozen yoghurt – but made with natural ingredients, reduced fat, sugar, preservatives and colourings, in sensible portion sizes and accompanied with vegetables. The "healthy" dinners should not be so healthy that no one wants to eat them – be honest, does anyone really fancy a cougette muffin?

But more than this, years of talking with patients about food and eating has taught me that the what, why, where and how much of what we eat is far more complex than knowledge about nutritional content. The concept of "informed choice" has contributed towards the obesity epidemic: we can't expect children to resist foods high in fat and sugar, which our bodies are designed to crave and store, through education alone. Time has shown us that this is an unrealistic

motivation, ability for delayed gratification, as well as who they are with.

Schools could be influential in society by starting a more nuanced discussion about food and helping children develop a more complete understanding of their own eating. As with other curriculum areas (sex, drugs, religion), food and weight require understanding the multiple factors that impact on human behaviour, not just being told what to do.

Thus, healthy eating should be taught through understanding the motivations and drives that lead us to make food choices, as well as the impact of those choices on weight and health. Children should be taught about the impact of their intuition on eating, the multitude of factors that impact on intuition, and then how to find a balance between their intuition and their nutritional needs.

Similarly they should be warned against starting a repetitive diet/gain weight cycle, which is likely to lead to a lifetime of yo-yo weight loss and gain. Instead, children should be taught how powerful physiological and emotional drives can lead to eating too much, understand how to name and tame these drives, and how to stop eating when they are full but still want more.

With every magazine and newspaper schizophrenically full of very thin models, cream laden recipes, diets and critiques of celebrities weight and shape, children need to be educated, too, on the powerful and manipulative effect that traditional and social media can have on their eating.

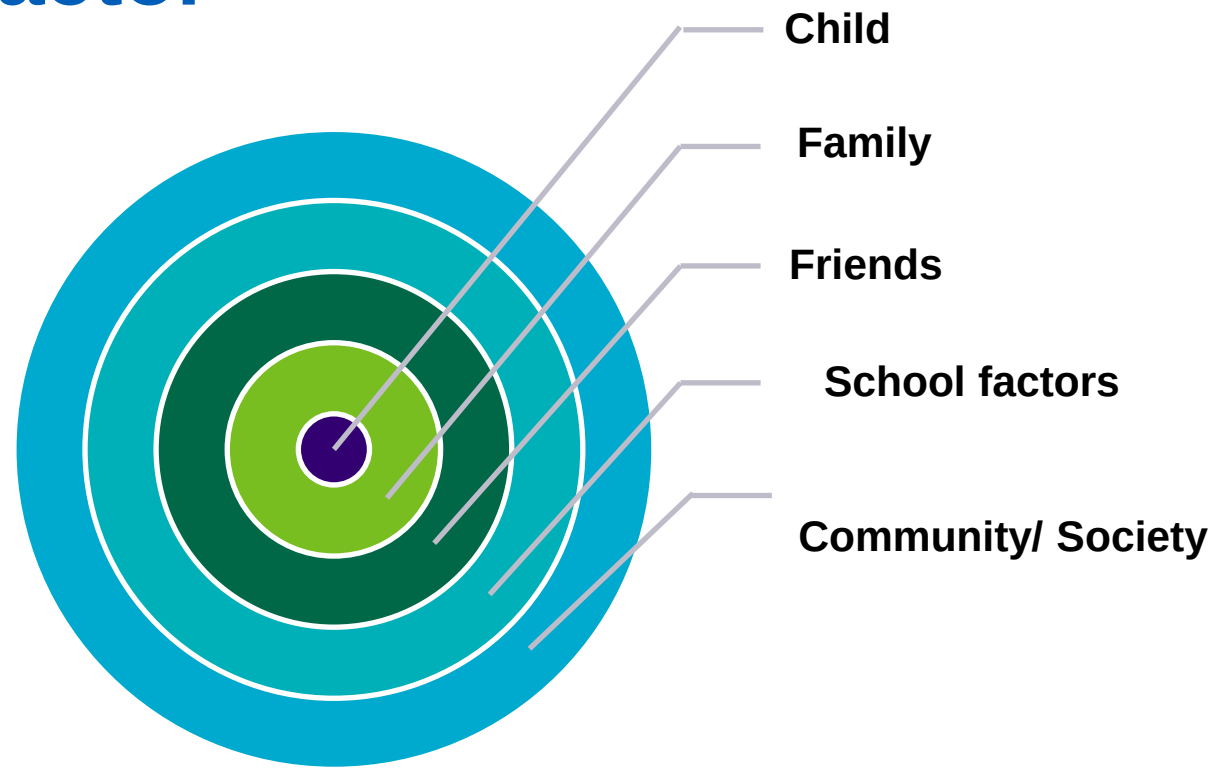
Finally, it's a shame that in its recently published *Childhood Obesity Plan*, the government has watered down the Health Select Committee recommendations for tackling obesity. It has rejected regulation on the reduction of sugar in drinks and food in place of a voluntary code. It has not tackled other issues recommended, such as addressing price promotions on sugary food (buy-one-get-one-free) or curbed the advertising powers in food promotion.

Successive governments have repeatedly used legislation to encourage us in a variety of behaviours, such as saving for a pension or giving up smoking, and yet they shy away from giving us similar financial or logistical nudges towards eating in more balanced way. It is seen as a "nanny state" to do so, and "informed choice" based on nutritional education is the policy.

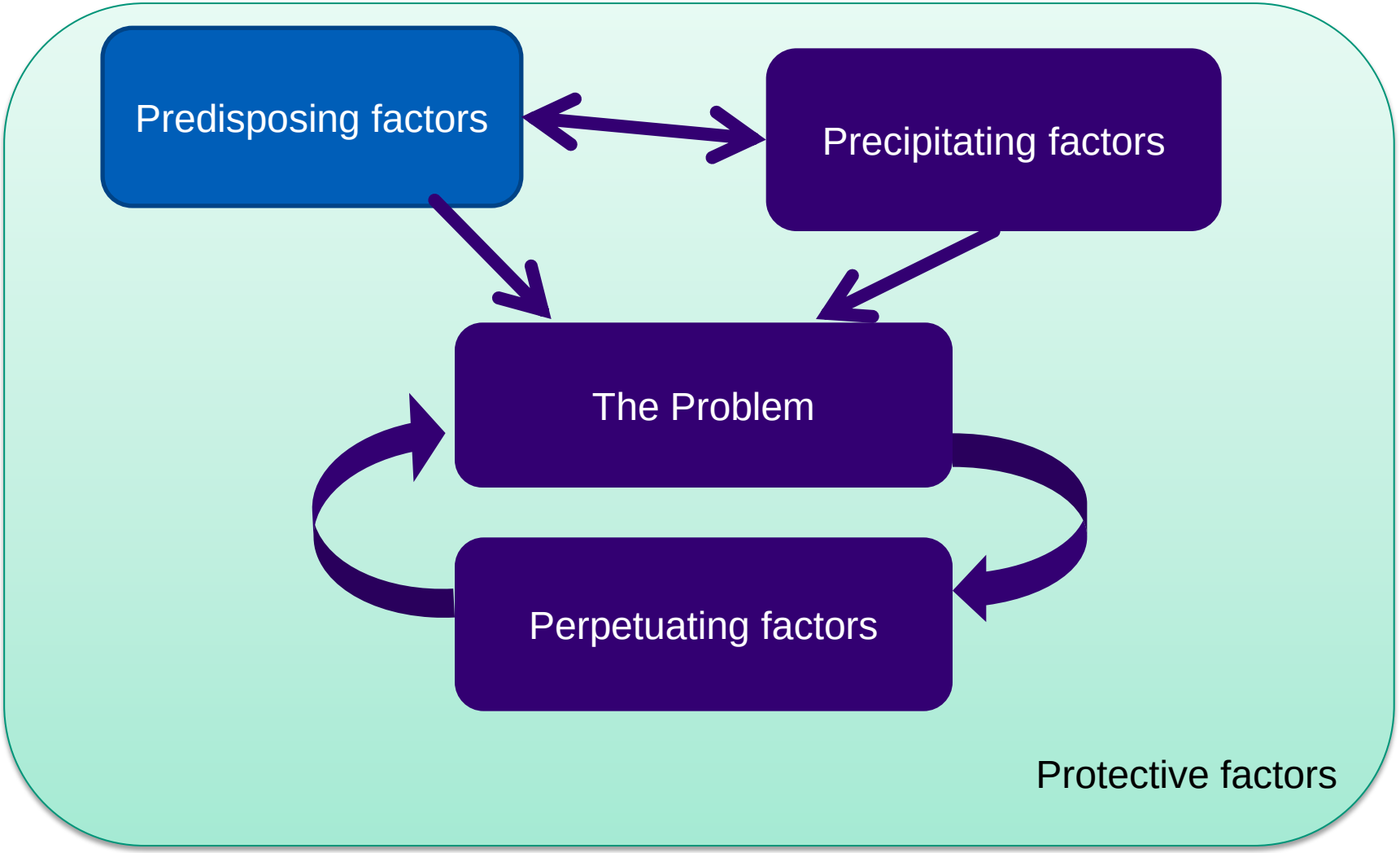
The message needs be more complex than this. In this political context, teachers can be at the forefront of educating and communicating these complicated ideas.

Dr Tara Porter is a highly specialist clinical psychologist

Multiple layers impact on the creation of an eating disorder or obesity. School one factor



Formulating the individual's problem



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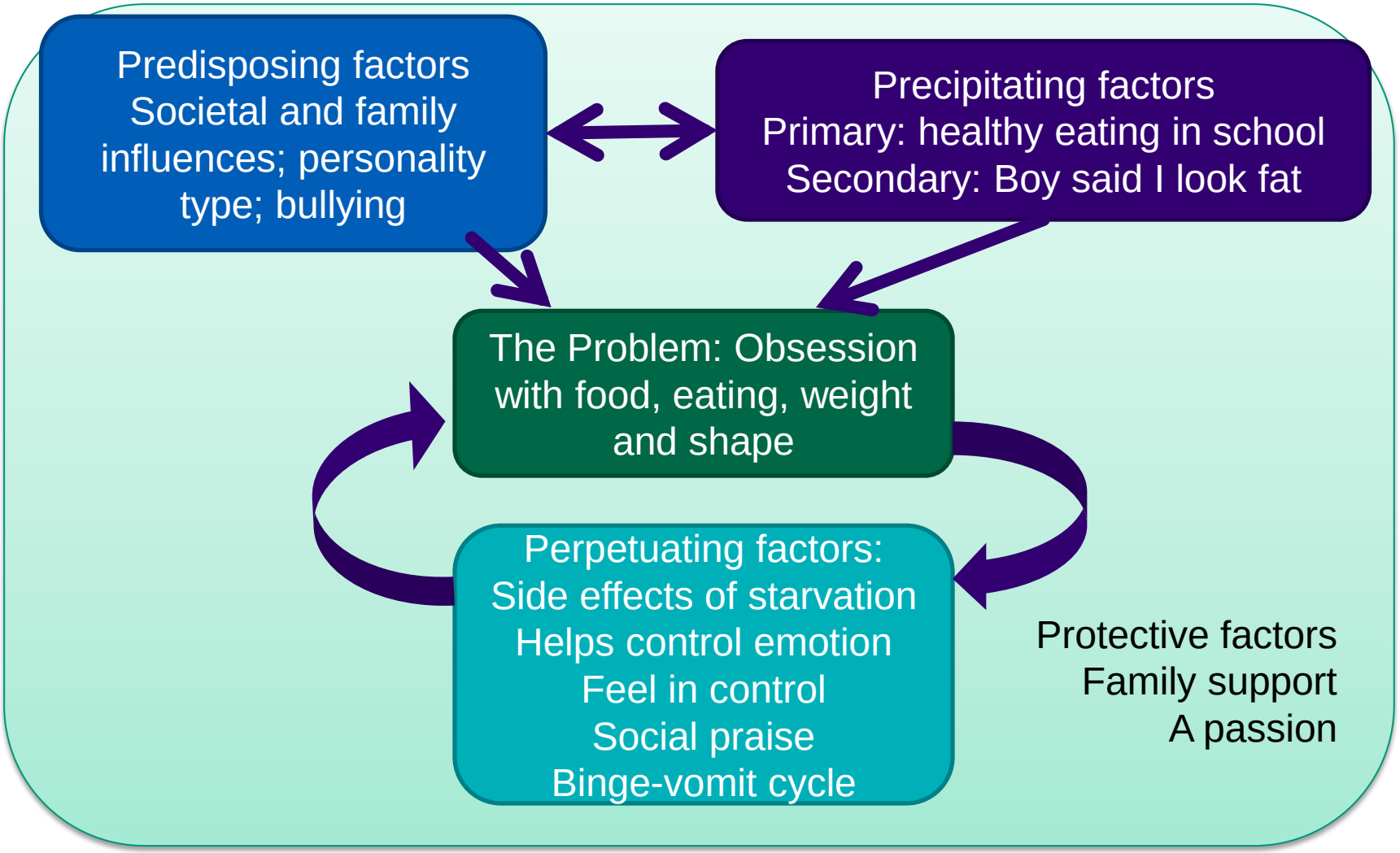


Identifying Eating Disorders

- Paired discussion:

  - Which children in your school maybe vulnerable to an eating disorder?
  - What factors would make you concerned about an ED?

Identifying an Eating Disorder

Eating disorder is a mental illness with physical symptoms

Mental signs

- Normal for mood to fluctuate in CYP
- Low or anxious mood which is
  - Very intense
  - Out of proportion
  - Goes on a long time
  - Can't recover from

Physical signs

- Weight loss
- Hiding body
- Cold
- Changes in concentration
- Self harm
- Skipping meals
- Compulsive behaviour
- Obsession with exercise
- Standing up
- Self induced vomiting

Treatment Eating disorders – Anorexia Treatment

- Side effects of starvation (eg obsessionality) very important in maintaining anorexia.
- Restrict-binge-vomit key circular pattern in bulimia
- NICE recommended treatment – FT- AN/BN. Family based treatments based on breaking these cycles
- Physical recovery before psychological recovery
- Will miss school – appointments 1-5 times a week.
- Real life crucially important – want school, friends, life to continue as much as possible
- Inpatient treatment used as a last resort

What to do if you suspect one of your pupils has an eating disorder…

- Encourage them to talk to their parents
- Or to seek help
- Treatment has to be based around their co-operation (firm but flexible)
- May not matter in the first instance if you don't get them to acknowledge the eating disorder, as long as there are avenues open
- If not may need to consider breaking confidentiality/ speaking to parents anyway

Treatment of Eating Disorders – how can schools help?

- Encourage them to attend their appointments (most anorexics use school as an excuse not to attend because they don't want to get well)
- Some pupils do need SUPERVISING or SUPPORTING with their eating at school
- Schools in Camden have a very different attitude towards this
- Government Green Paper – Every school to have a Desingnated Senior Lead in Mental Health and there will be Mental Health Support Teams to support Schools.

Prevention of Eating Disorders – how can schools help?

- The current teaching focusing on healthy eating and food types does nothing to help obesity and may trigger some CYP into an Eating Disorder.
- We think the teaching might be oversimplified?
- It assumes we make choices about what we eat from nutritional knowledge
- Food choices are multifactorial
- If we only focused on nutritional knowledge it would be disordered eating.
- Analogy to sex education – teaching about choosing a partner based on a tick list of factors rather than love or desire.

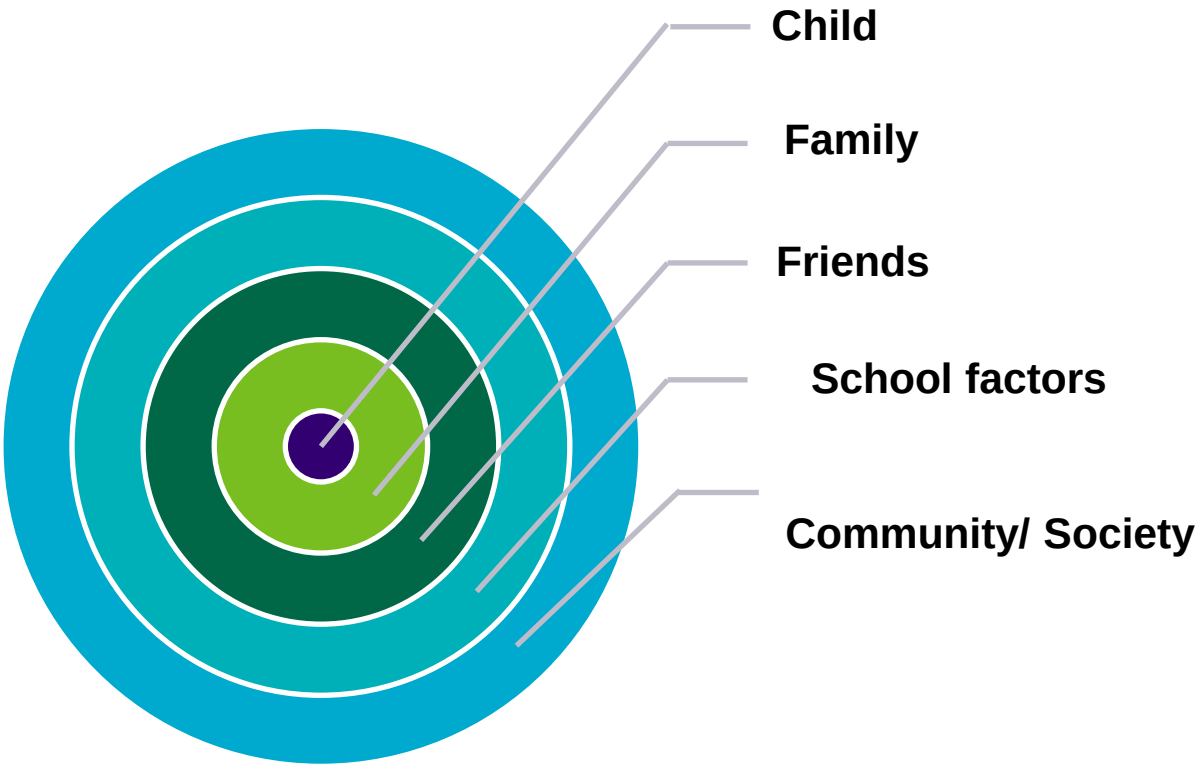
Prevention

Encourage schools to think about BALANCE and about COMPLEXITY

COMPLEXITY
Eating, food, weight and shape are complex, multi-faceted behaviours impacting on the whole of human experience. It is not going to be as simple as telling children not to eat certain food

BALANCE
It is normal to eat food that is deemed by society to be unhealthy on a daily basis because of the complexity issues. The key factor is getting the balance right. This is difficult

Prevention: Complexity Multiple layers impact on eating - Discussion



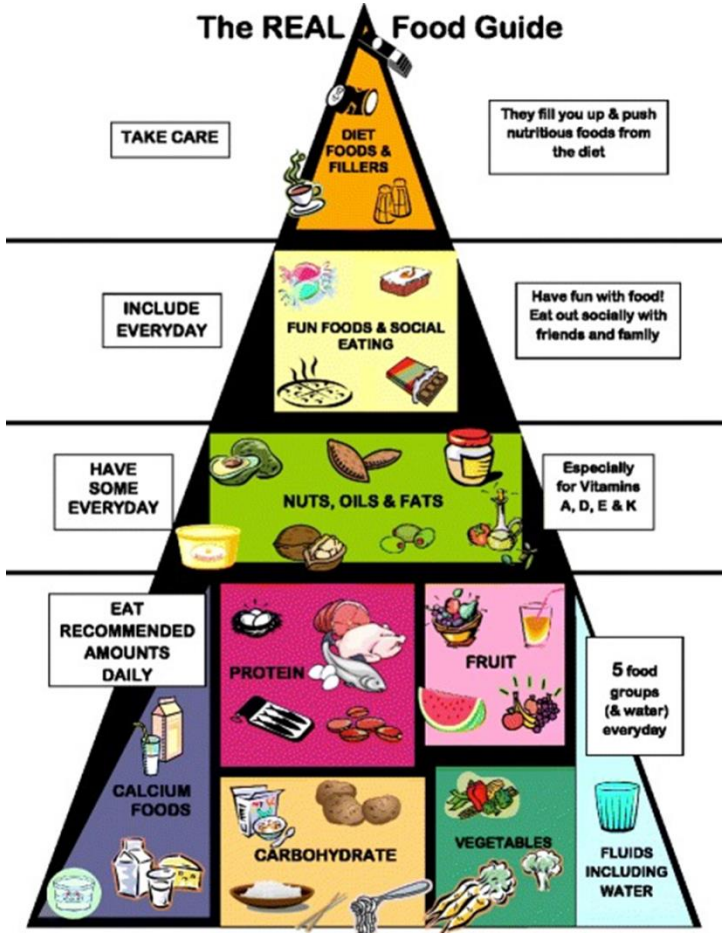
Eating is Complicated

Eating is a complex multifaceted behaviour and depends on much much more that just "nutritional knowledge"

Prevention – Variety

- Avoid black and white messages about food and exercise e.g. healthy, unhealthy, good for you, bad for you.
- Primary school pupils can take messages very literally.
- Banning anything makes it desirable.
- The “what the heck” effect: Will eat more at other times if it is thought of as banned. (Polivy and Herman)
- Work within the children’s reality. What is the availability of the food they have? (McDonalds serve 3.5 million customers a day) How can they make sensible choices within that reality?

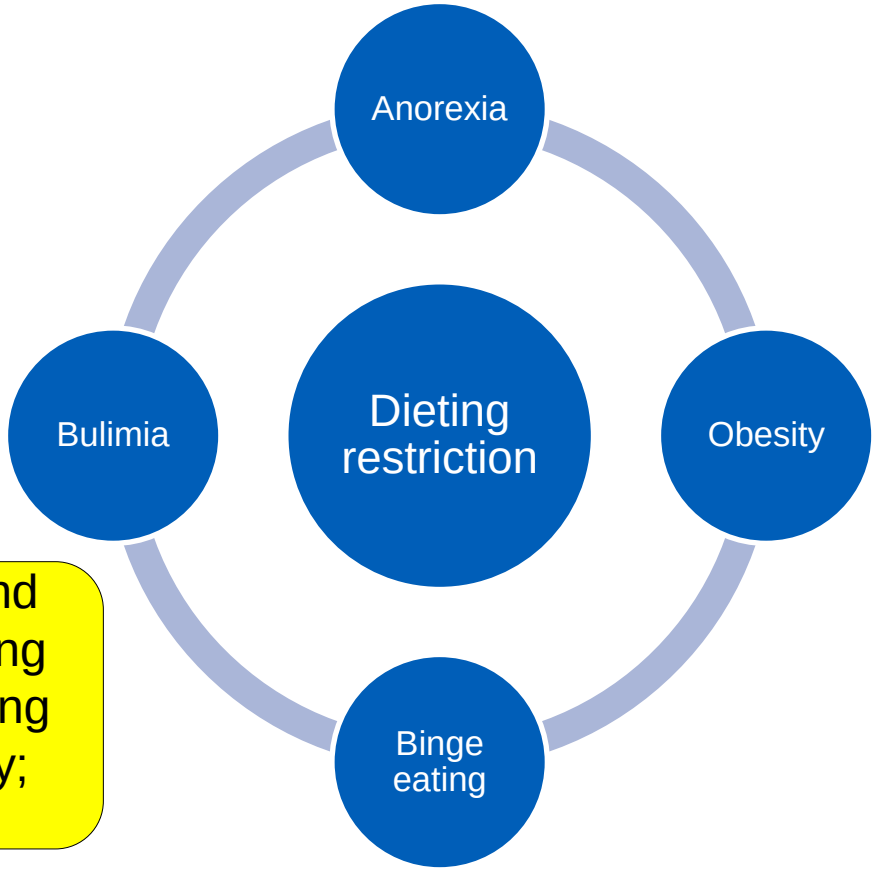
Prevention –The REAL food guide



Hart et al, 2018

Prevention – teach kids to avoid dieting

Dieting has been linked with all disordered eating patterns



Instead work towards balance – enjoying food; avoiding extremes

In trying to avoid and restrict, end up eating more; bingeing; giving up; ruined for today; what the heck

Prevention - Balance

- As you do in your teaching about other complex behaviours (eg sex education) think about how to incorporate other factors into the teaching.

Religious influences	Celebration
Cultural	Availability of food
Family habits	Cooking
Emotions (pleasure, desire, controlling)	
Physiology (fullness, greed, hunger, satiety)	
Friends	

- Think about balanced eating over a day, a week, a year.

Preventing Eating Disorders – More generally

- Addressing bullying
- Challenging misogyny and appearance driven insults
- Encouraging children and adolescence to develop a critical faculty towards media imagery and messages
- “Improving self esteem” - confidence in self and having own opinion. Being themselves rather than thinking they are wonderful.
- Encourage compassion to self

Preventing Eating Disorders – More generally

- Educating on the dangers of an eating disorder may increase the incidence
- Teaching on ethical environmental eating tends to increase restrictive food choices (orthorexia)
- Think about the messages you give about academic work: About pushing themselves; about A*s; about SATs (do children really need to know about them?)

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Thank you

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