

# Schools and Eating Disorders RFL CAMHS ED Conference

12<sup>th</sup> November 2019

# Introduction and welcome

## Dr Vic Chapman SLL and Consultant Psychiatrist

Time	Speaker/Activity
8.30 - 9.00	Registration and Coffee.
9.00 – 9.05	<b>Welcome and introduction to the two teams</b> by Dr Vic Chapman, Consultant Psychiatrist, Royal Free CAMHS and Alex Yates, Headteacher, Royal Free Hospital Children's School
9.00 - 9.45	<b>Keynote speaker.</b> <i>'Introduction to Eating Disorders'</i> . Recognition of signs and symptoms, different approaches to treatment and supporting families. Dr Tara Porter, Highly Specialist Clinical Psychologist, Royal Free CAMHS
9.45 - 10.00	<b>How schools can help.</b> <i>'A Teacher's Perspective'</i> Best practice on managing eating disorders in the classroom and a guide to access arrangements and special consideration in public exams. Steve Green - Deputy Headteacher, Royal Free Hospital Children's School
10.00 - 10.40	<b>Workshop:</b> <i>'Normalising eating in school'</i> The management of healthy eating messages. Rebecca Fisher, Dietician, Royal Free Hospital
10.40 - 11.20	<b>Workshop:</b> <i>'Supporting young people in school with their eating'</i> Lynsay Evans, EDIS Sister, with members the Eating Disorder Intensive Service team
11.20 - 11.30	Ending and Evaluation



# THE EATING DISORDER TEAM

OUTPATIENT  
SERVICE

INTENSIVE  
SERVICE

Administrator

Specialist nurses

Dietitians

Psychologists

Family therapists

Paediatricians

Psychotherapists

Therapeutic  
care workers

Psychiatrists

25 -30  
Members  
of staff

Camden

Islington

Barnet

Enfield

Haringey

**GP REFERRAL**



Assessment and  
Diagnosis



Outpatient Treatment



+/- additional  
Therapy

Family Treatment



**DISCHARGE**

Intensive out-  
patient care

Hospital  
admission

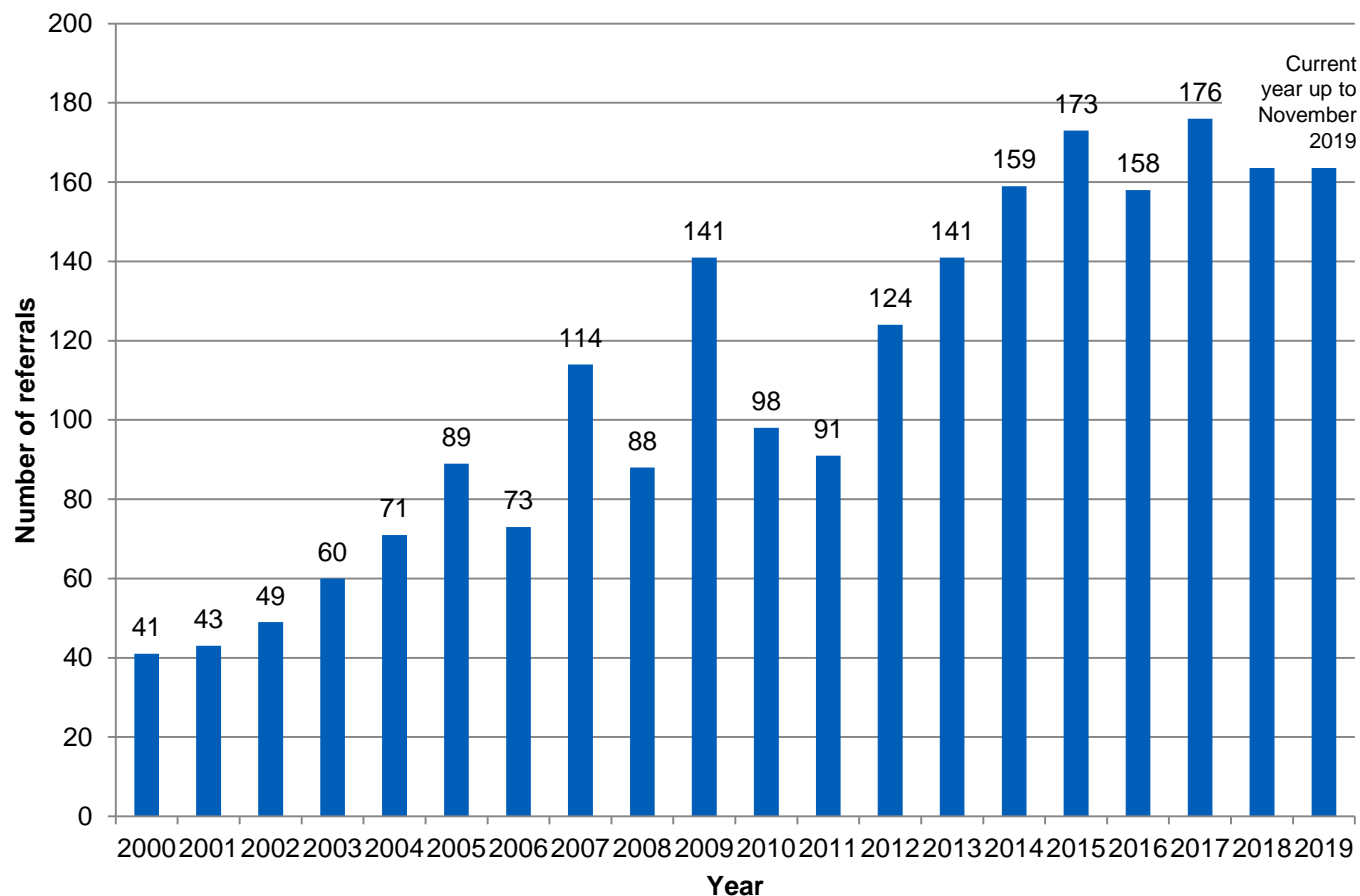
world class expertise  local care

Royal Free London   
NHS Foundation Trust

# Current climate

- Emotional well-being of young people has deteriorated over last 10 years
- YP attending A and E with mental health difficulties has doubled over last 10 years (especially self-harm and eating disorder presentations)
- Referrals to the Royal Free Eating Disorder service has doubled in the past 10 years

# Number of referrals to Eating Disorder Service 2000 - November 2019

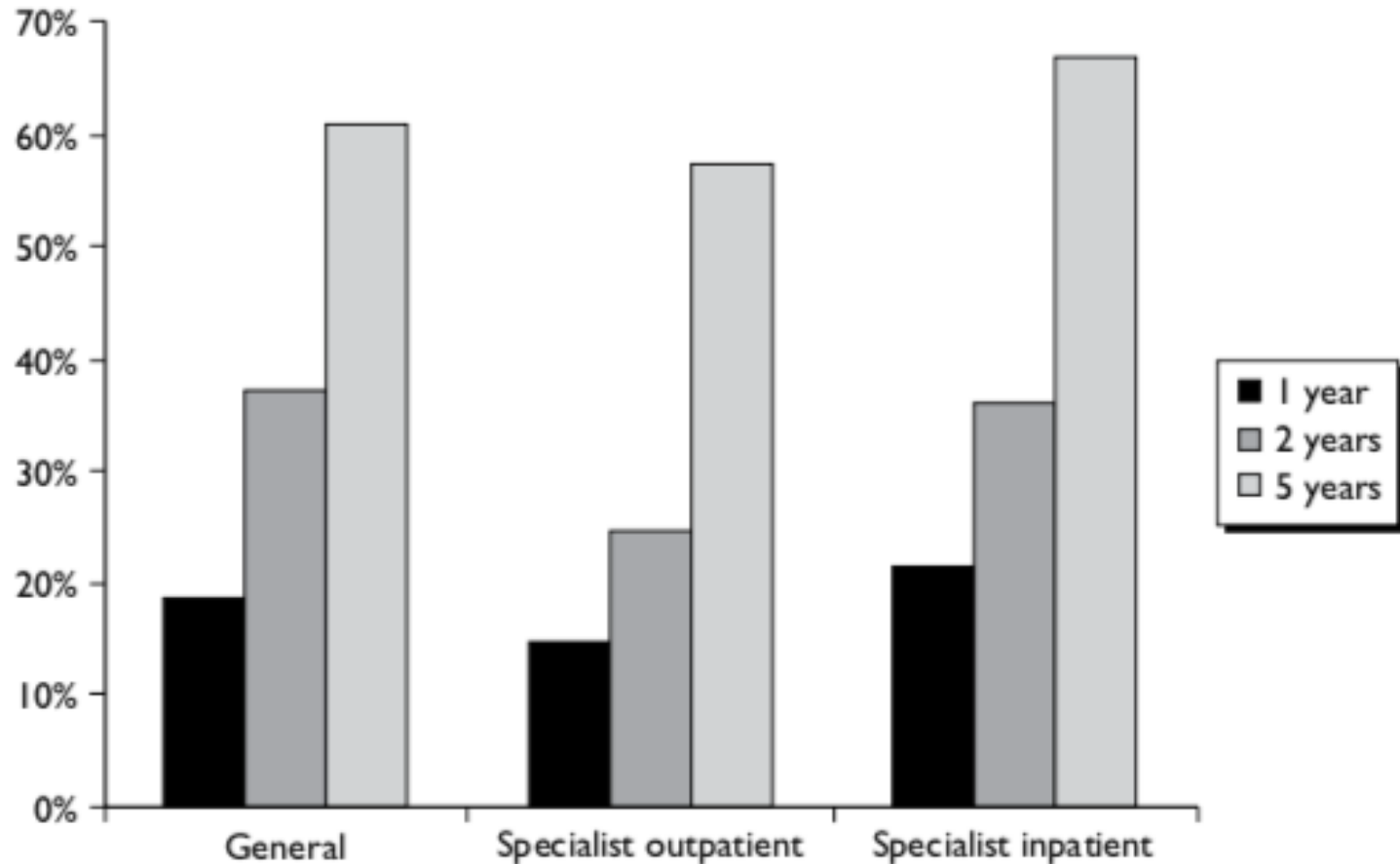


**"Anorexia nervosa is one of the most common chronic illnesses in adolescence..... average length of illness is 6 years"**


Position statement Royal College of Psychiatrists  
2019



# Treatment settings for patients with anorexia nervosa



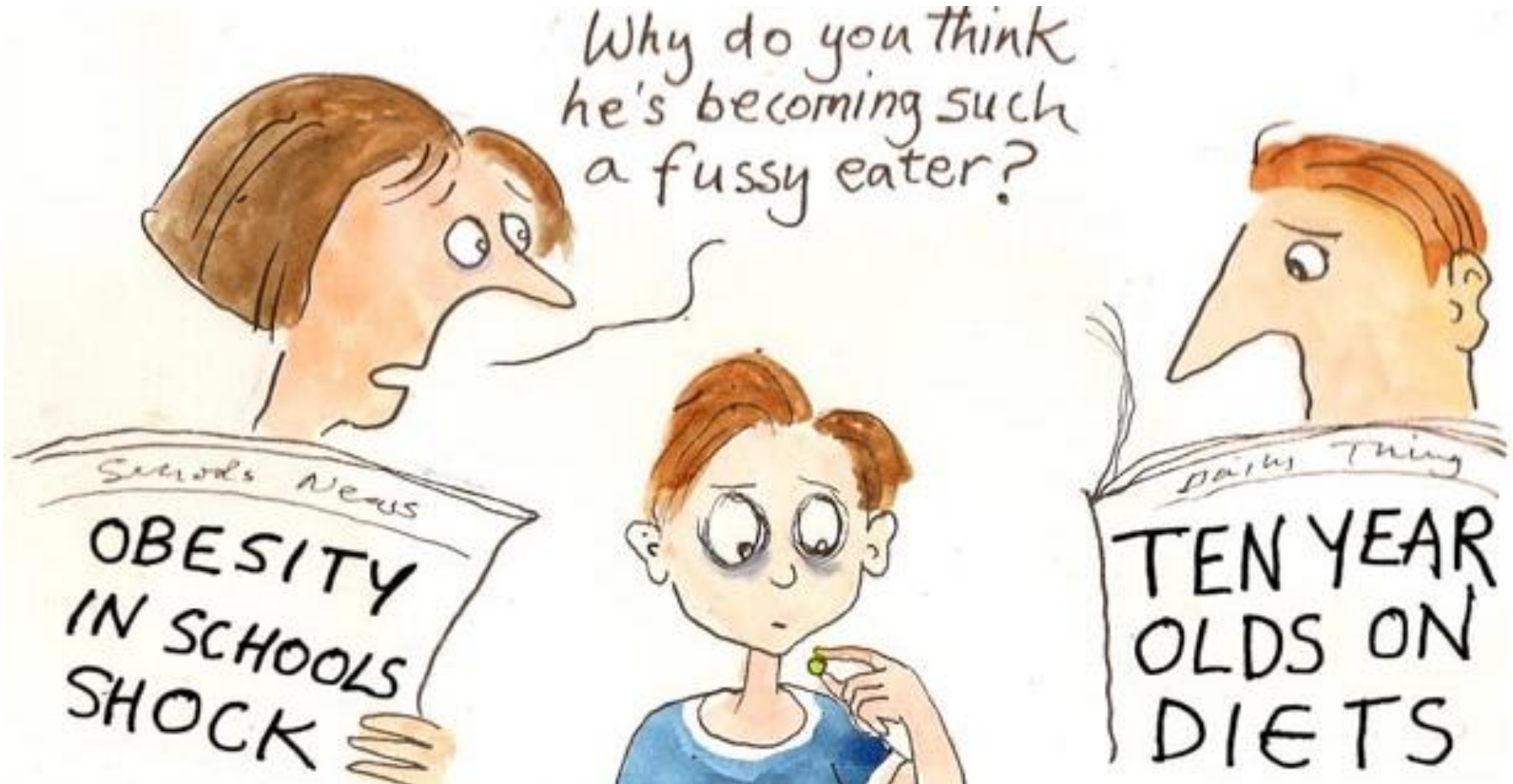
# Eating Disorders and the RFL NHS CAMHS ED approach

Dr Tara Porter  
Clinical Psychologist  
TES Mental Health Columnist  
MHAT Author and Trainer  
world class expertise  local care

# This presentation

- Brief introduction to eating disorders
- An insight into the eating disorders mindset
- Current recommendations for treating eating disorders
- Implications for schools and education of these recommendations

# Hard to get it right....



# What is an eating disorder?

- Building on our conference in 2016
- Slides available here
- <http://www.royalfree.camden.sch.uk/page/?title=Conferences%2FSeminars&pid=68>
- Includes definitions; causes; risk factors; how to talk to someone if you suspect they have an eating disorder.
- Our starting point today is that you know a bit about eating disorders
- Working with someone with an eating disorder – what is going on with them

# What is an eating disorder?

- Diagnosis:
  - Anorexia;
  - Bulimia;
  - OSFED (previously EDNOS) ;
  - ARFID;
  - Binge Eating.
- Risk: Potentially the riskiest of the mental health conditions through long and short term physical health risks and suicidal risk.

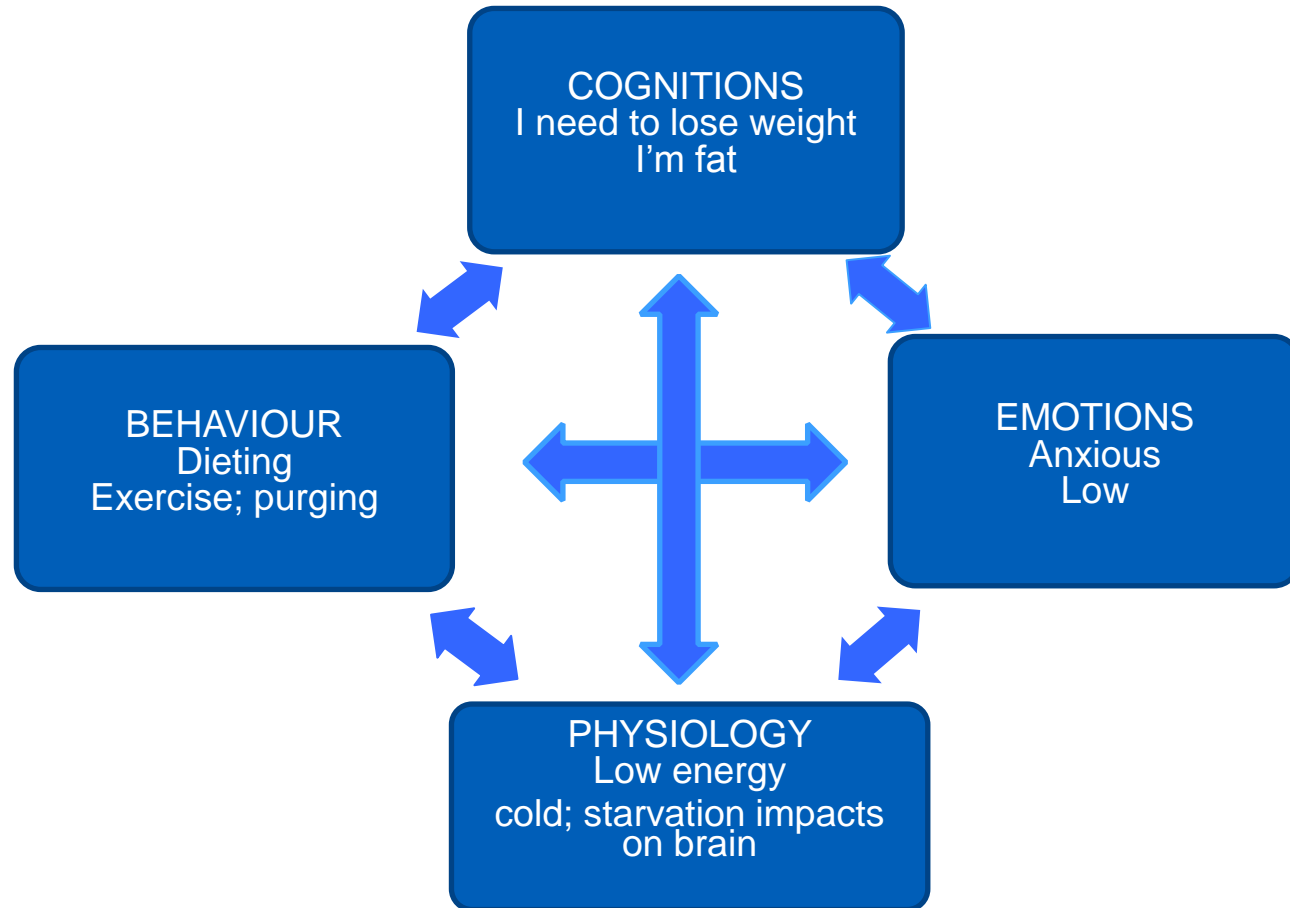
# The eating disorders mindset

# What is going on for a person with an eating disorder?

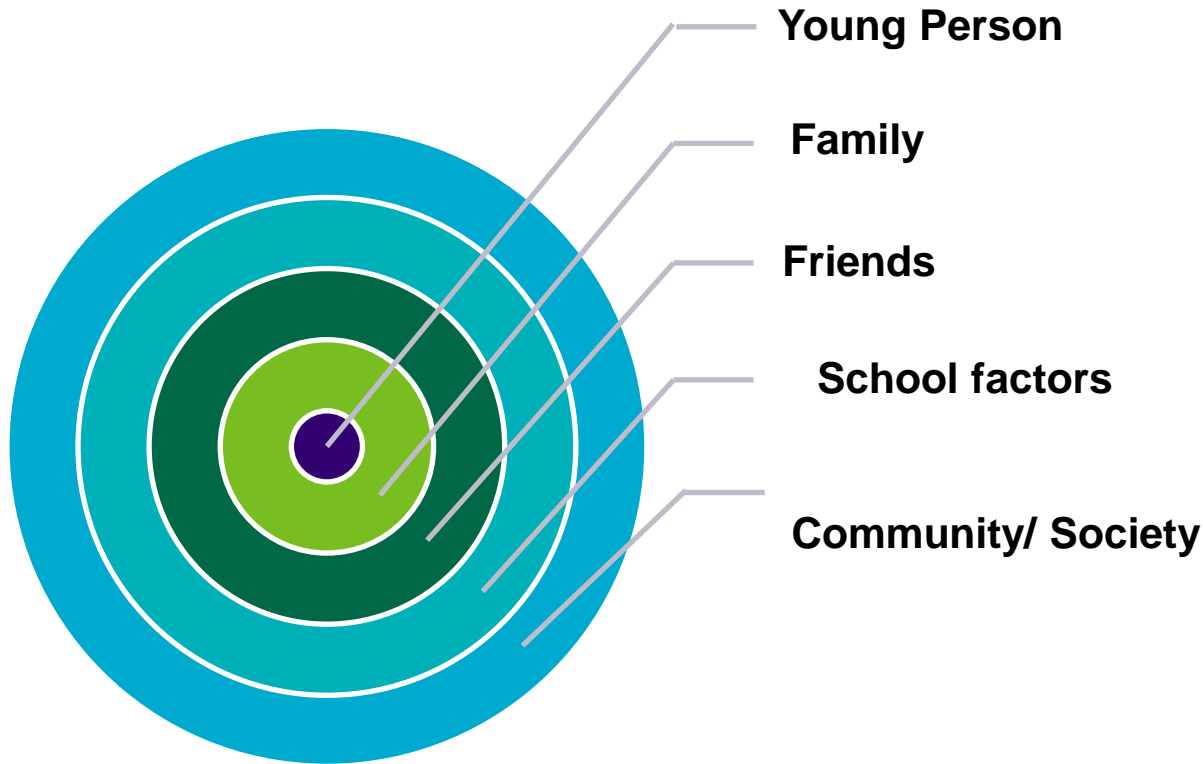
- Cognitively:
  - An obsessive preoccupation with Food, Eating, Weight and Shape.
- Emotionally:
  - Low mood; anxiety; obsessive compulsive symptoms
- Behaviourally:
  - Avoid food and eating; restrict, binge, vomit; laxatives; exercise
- Physically:
  - Side effects of starvation; cold; hair thins and loss; periods stop; can impact heart and other organs and bones.



# What is going on for a young person with an eating disorder?



# Young person does not exist in a vacuum



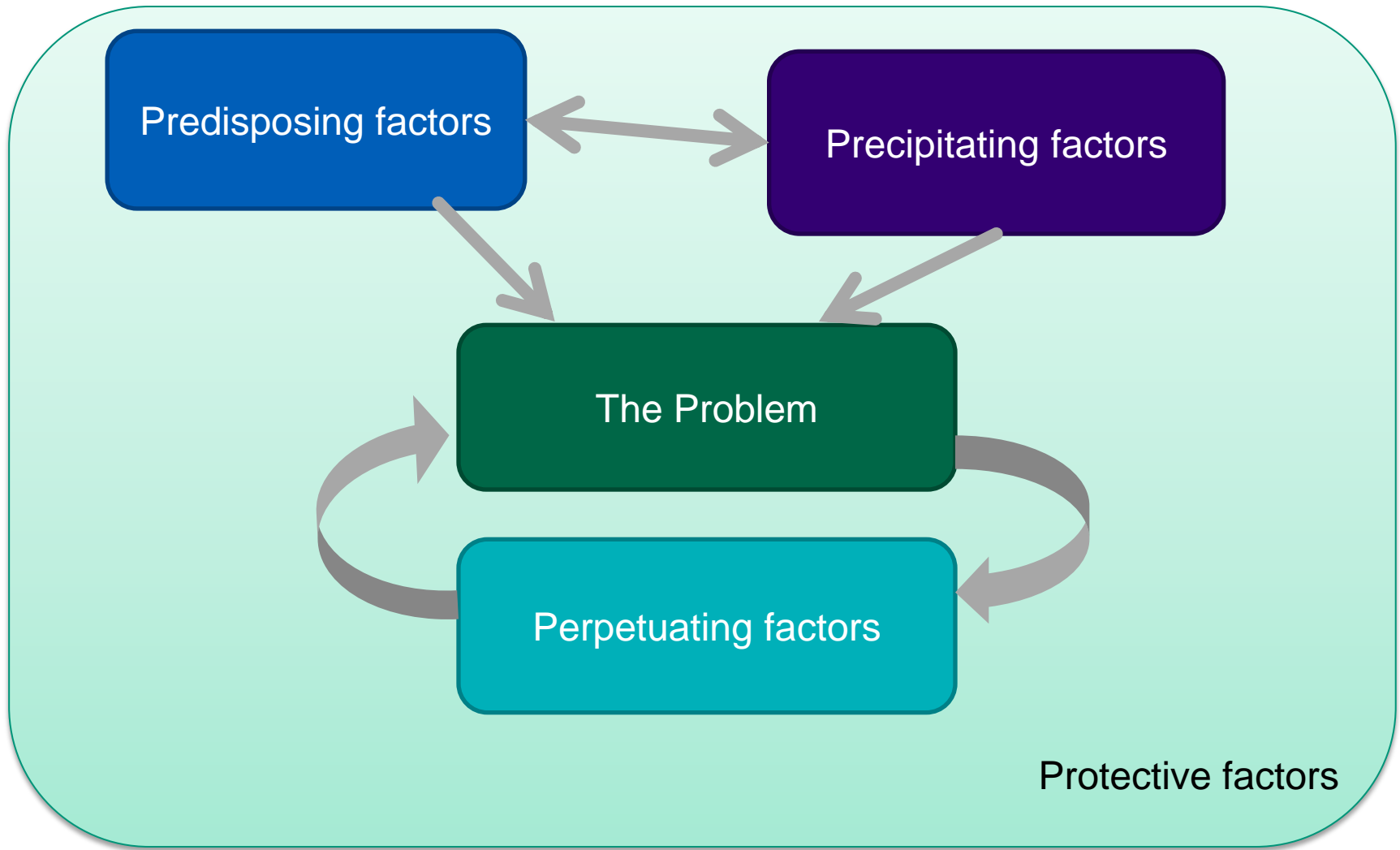
# Young person doesn't exist in a vacuum

- Individual:
  - Cognitive; emotional; behavioural; physical.
- Family:
  - Attitudes, availability of and relationship with food. Abuse; neglect; mental health problems.
- Friends:
  - Contagion around FEWS; appearance orientated culture; issues around competition; norms; fitting in.

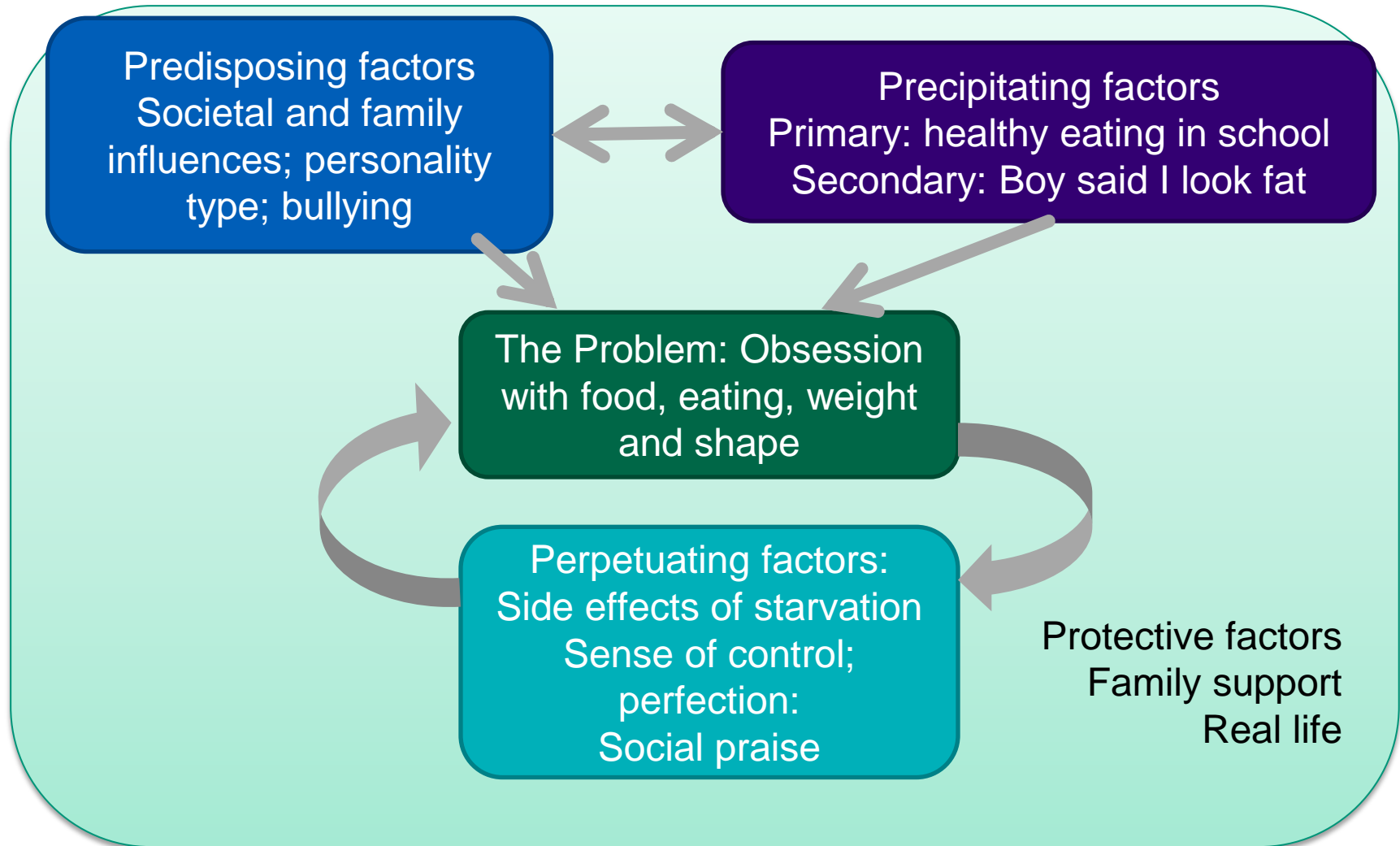
# Young person doesn't exist in a vacuum

- School factors:
  - Bullying; “healthy” eating agenda; is it normal to eat lunch?; academic pressure
- Community/ society:
  - Social and other media creates a visual culture with idealisation of thin; fat phobia and weight stigma.

# Formulating the individual's problem



# Formulating the individual's problem



# Key points from our formulation

- Side effects from starvation act to increased preoccupation with food and eating, which an anorexic will channel into increased dieting.
- The perpetuating and protective factors give the eating disorder a life of its own.
- Schools play an important part in this:
  - How can schools help reduce perpetuating factors?
  - How can schools increase a protective environment for YP?

# Our Treatment of an eating disorder

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# Treatment of Eating Disorders

- Eating disorders are potentially very serious in terms of physical and mental health.
- Highest rate of mortality of all the mental health conditions
- Transformation funding since 2015 and re-organisation of treatment in England
- Access and waiting times – seen within 28 days
- NICE guidelines since 2017 stressing family based approach with anorexia and bulimic approaches

# Treatment of Eating Disorders

- In the past, less seriously ill YP were admitted to hospital
- Generally poor progress: Entered a revolving door
- Emerging evidence that YP need to learn to eat in their community: At home; school; with friends and family.
- Now inpatient treatment is only used for the most severe patients or where there is significant co-morbidity.

# Treatment at the Royal Free – anorexic type disorders

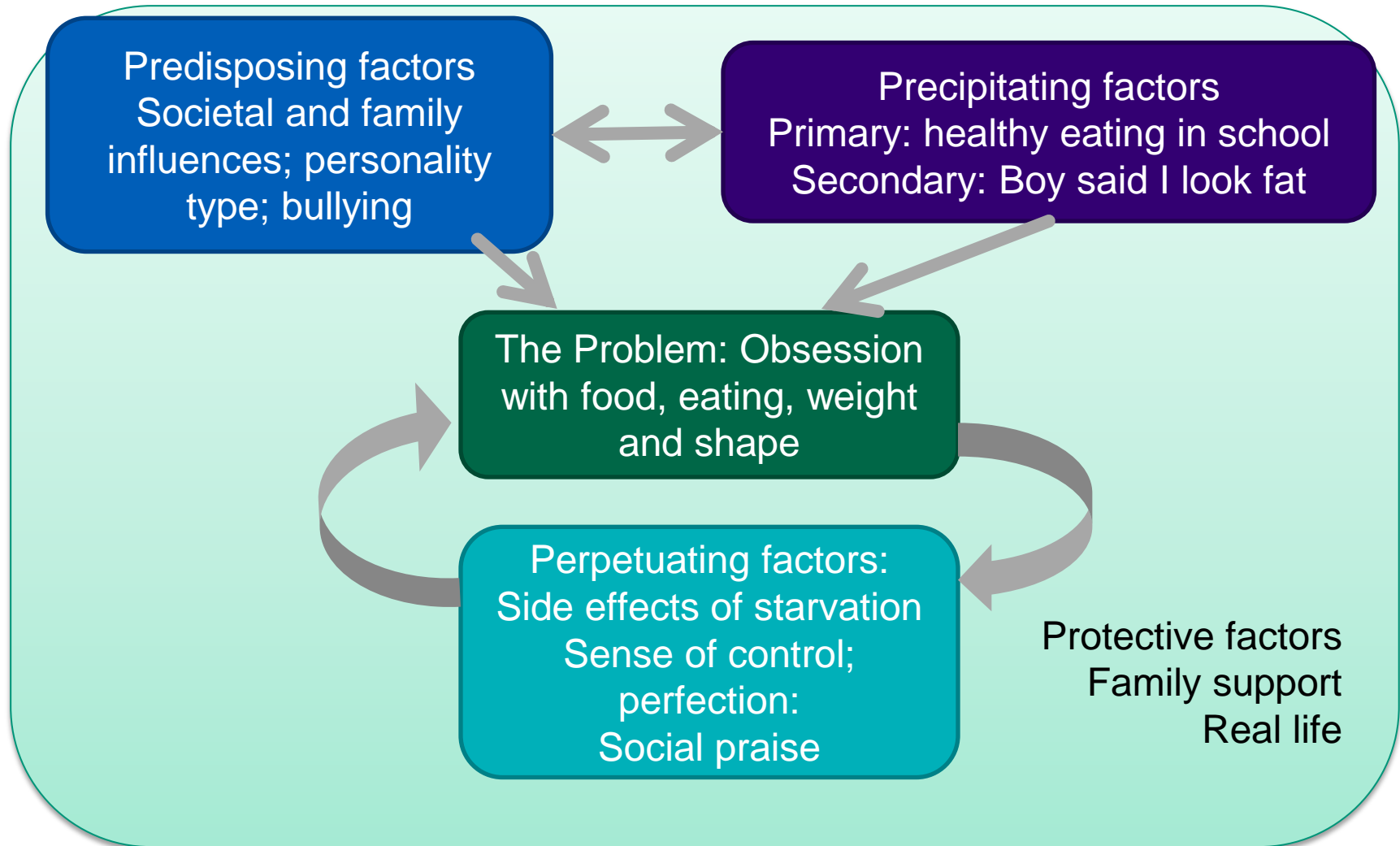
- Family based approach empower family to feed their child
- Most patients treated as an outpatient (M-F 9-5)
- Package of care which involves treatment with consultant, nurse or dietitian and family therapist
- Some patients require our intensive service (EDIS - 7 day 8-8)
- They will miss school - will try to make this as little as possible

# What that means in practice?

- Family expected to attend once a week probably for 3 months; then fortnightly-monthly for 1-2 years
- May need supervised or supported meals including school lunches
- More seriously ill may need to be seen by us daily or attend for half days here.

# Treatment of Eating Disorders – How can schools help?

# Formulating the individual's problem



# Treatment of Eating Disorders – how can schools help?

## Breaking the Perpetuating factors:

Side effects of starvation;  
Sense of control and  
perfection the ED gives;  
normalising eating in  
schools



## Increasing Protective factors:

Family support;  
Real life;  
Interests and passions  
Friendships

# Treatment of Eating Disorders – how can schools help?

- Main perpetuating factor we need to break the pattern of STARVATION.
- Yet a protective factor we desperately need is REAL LIFE
- So they need to go to school to give them real life opportunities....But they need to eat at school.



# How can schools help? Breaking the pattern of restricted eating

- To break the pattern of not eating/ eating too little/ eating the wrong sort of food, young people usually need:
  - Supervision: ie someone to ensure they eat
  - Support: ie someone to encourage them to eat
- A fight against an eating disorder is a fight against the guilt of eating.
- An adult presence makes them feel they have no choice. It breaks the perpetuating factor of starvation.

# How can schools help? Breaking the pattern of restriction

- What are schools doing currently in terms of meal for our patients?
  - Does your school offer support or supervision to young patients
  - Does your school nurse offer this? Head of year? Head of pastoral care?
  - Is it in a private room?
  - Do they not offer any support and supervision and expect young patients to go out?
- Our experience is that it varies considerably


# Treatment of Eating Disorders – how can schools help?

- Often young people are unable to do sport or fitness for a short period of time
- They need to be released from school to attend regular appointments with CAMHS without feeling self conscious or guilty about this (difficult for your attendance figures).
- Think carefully about
  - Body image. Fat shaming; appearance driven bullying; appearance driven activities.
  - Normal eating. Includes social eating; flexibility and variety

# How can schools help?

## Enhancing protective factors

- We want our patients to be engaged in their community; schools; families; activities; friends as much as possible
- Its only in this way that they will find the thing in life they want more than being very very thin.
- This may or may not include academic work....

A large, yellow, multi-pointed starburst shape with a blue outline, centered on the slide.

Warning  
Our patients are  
often your A\*  
pupils



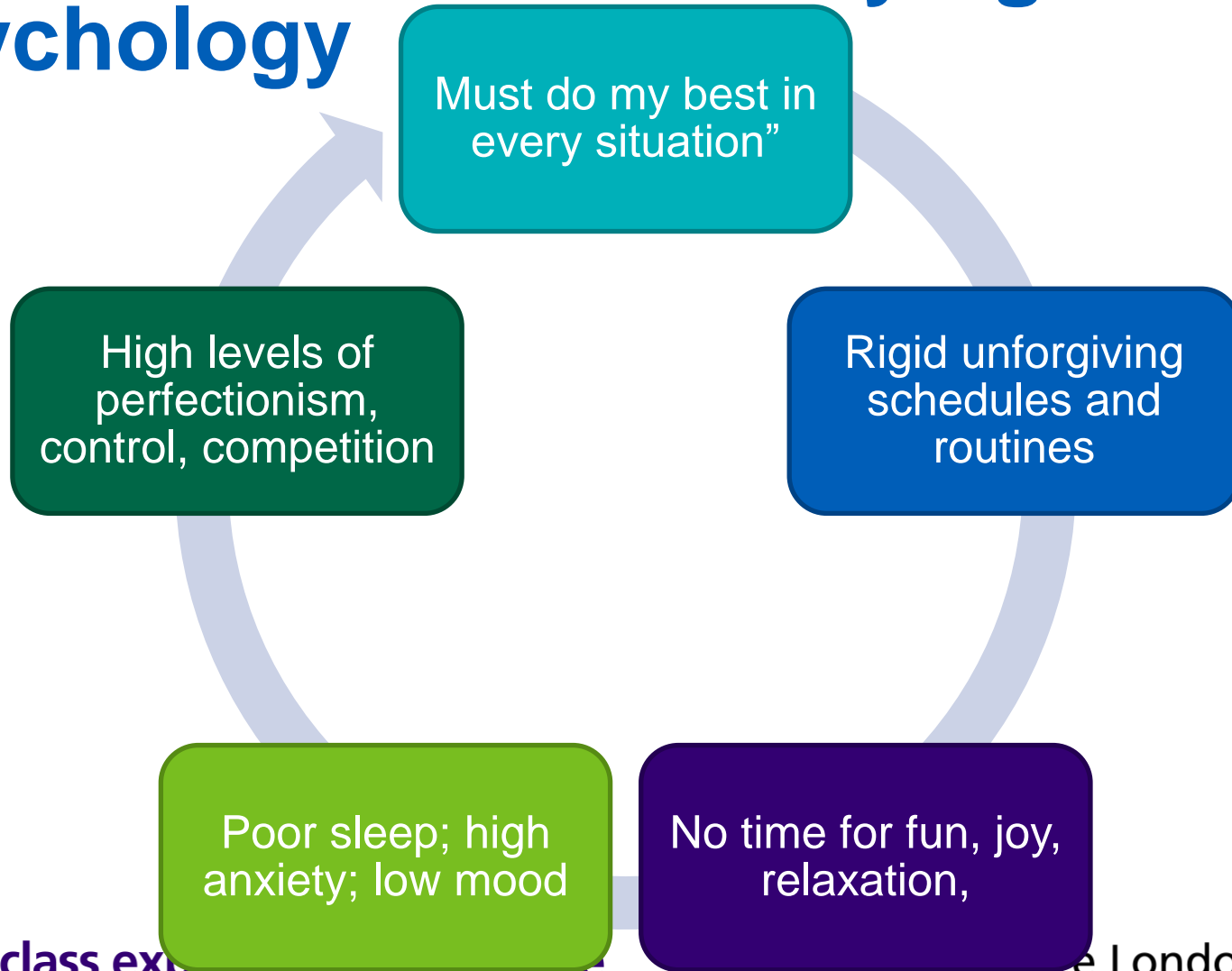
## The Eating Disorders Iceberg....

What's under the surface?

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# Work ethic and eating disorder may come from same underlying psychology



# How can schools help?

- Avoid punishing messages around academic work: “Some of you need to work harder...some of you need a break”
- ED patients spend a lot of time fantasising about your expectations of them: That they will be a disappointment to you.
- Give them permission to fail; do second best; get a B.
- Keeping hold of a rich broad life - other sources of self esteem than appearance or healthy eating
- Be a role model. There is more in life than grades...



# How can schools help?

- 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 Self – compassion
- Discourage perfectionism

# Uncomfortable facts upfront

1. There are not enough resources to meet need.
2. Even if there were enough resources, at our current state of knowledge at least 1/3 of people with significant mental health problems, will still have the same level of difficulties or worse, even after the most evidenced based and specialised input.
3. These two facts are unlikely to change in the near future.

# Mental Health Spectrum

- Like physical health, mental health is something we all have.
- It can range across a spectrum from healthy to unwell.
- It can fluctuate on a daily basis and change over time



Adapted from Centre for Mental Health

# How can schools help?

- Not one presentation of an eating disorder... every young person is different.
- There is as much variability within the condition as there is between the condition.
- Most young people will recover but sometimes for the most serious eating disorders it will be a chronic picture.
- Having schools on board makes a huge difference in recovery

**Thank you for coming and  
listening**

**Thank you for your help treating  
this pernicious disease**