

Schools and Eating Disorders RFL CAMHS ED Conference

27th June 2023

Introduction & Welcome

Dr Aisling McGrath, Consultant Child and Adolescent Psychiatrist

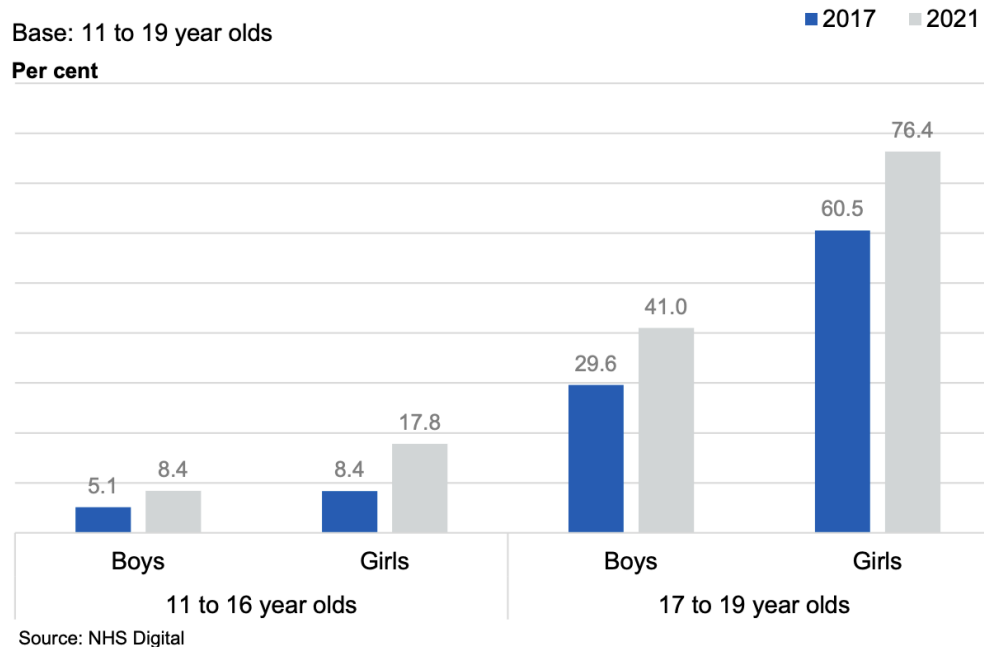


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- To increase understanding and awareness of eating disorders amongst school staff
- To provide an overview of eating disorders, including common myths and misconceptions
- To think about prevalent messages regarding eating, weight, and shape and possible impact
- To facilitate conversations aimed at eating disorder prevention in schools, including strategies and programs that schools and staff can implement.

Current climate

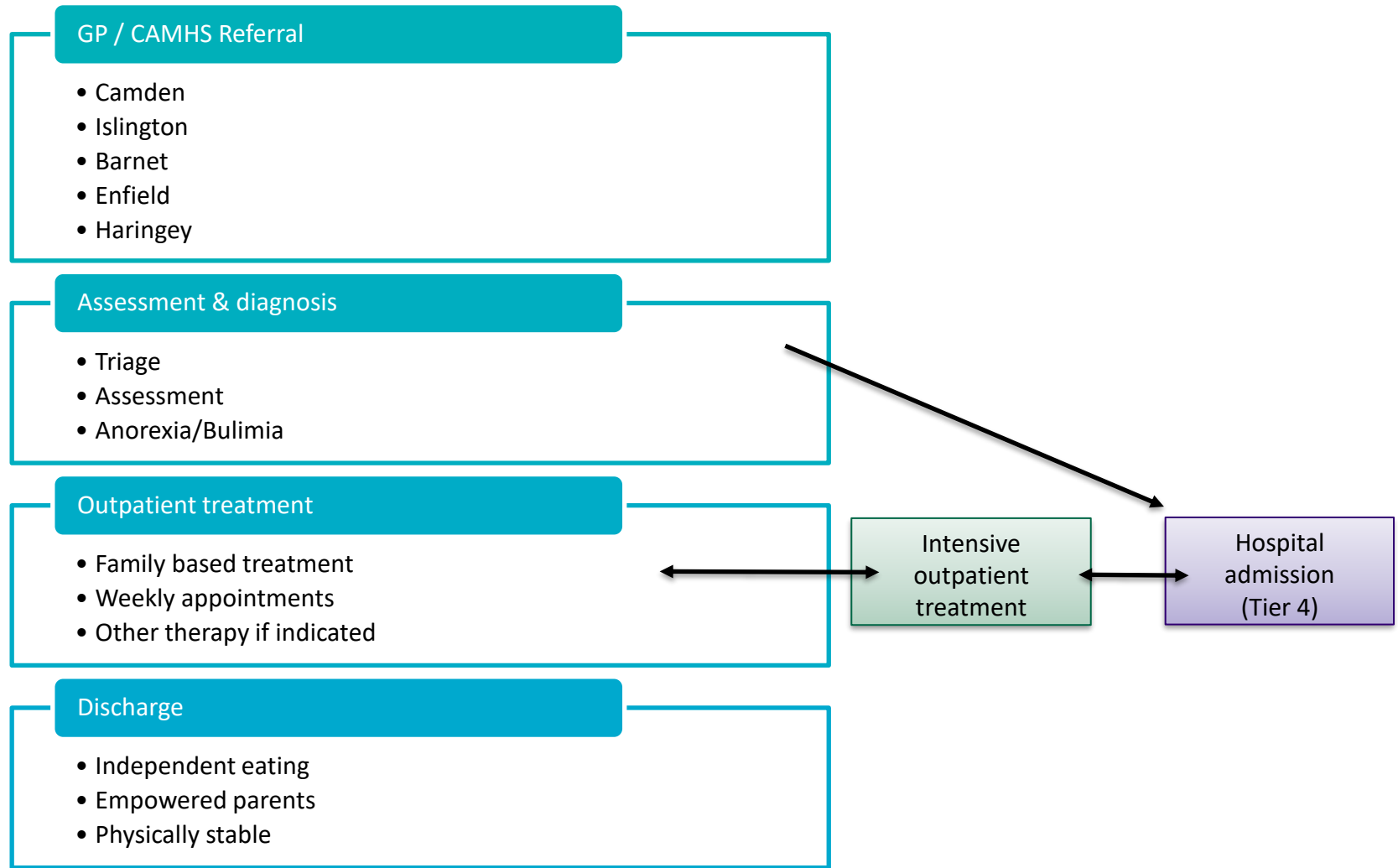
- Urgent referrals to eating disorder services doubled when schools went back after the pandemic



- Tip of the iceberg

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Service overview

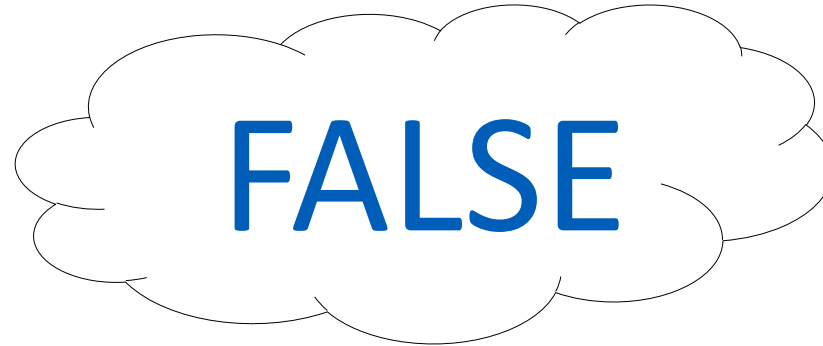


Part 1

Understanding eating disorders & disordered eating



Eating disorders do not develop until adolescence

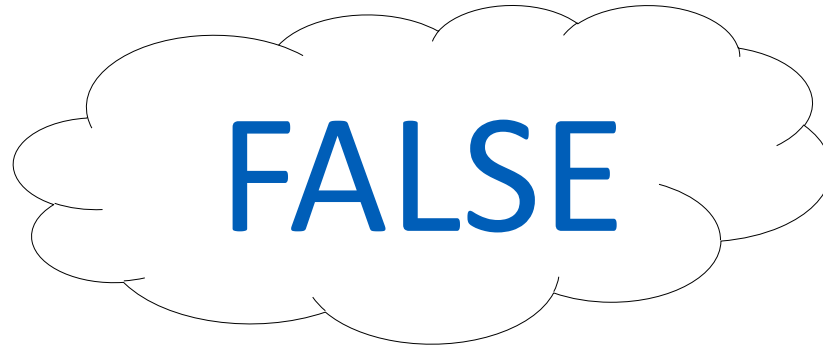


Eating disorders can present as early as 2 years old

Research has shown that children have shown concern around their weight from as young as 6 years old

Incidence of weight losing eating disorders in children is on the rise

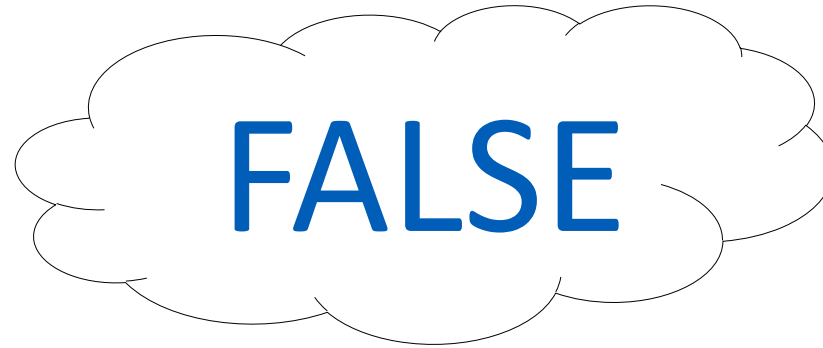
Only girls develop eating disorders



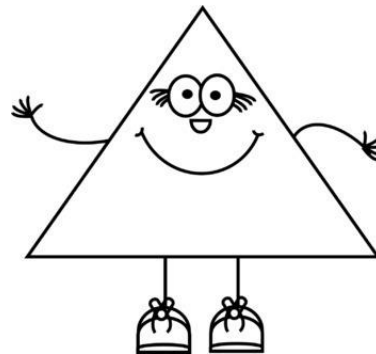
Eating disorders can affect people of all genders at any stage of their life

Around 25% of those affected by an eating disorder in the UK are male
(Beat UK)

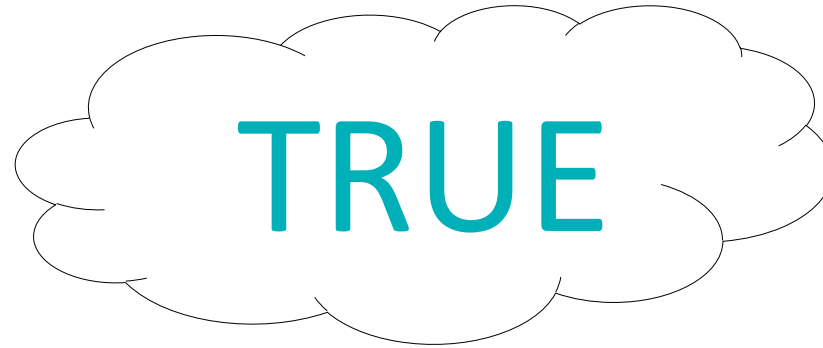
You must be underweight to have an eating disorder



A person experiencing an eating disorder can be any shape, size or weight



You are more likely to recover from an eating disorder if it is caught early



Research on treatments for eating disorders indicates that early identification and treatment:

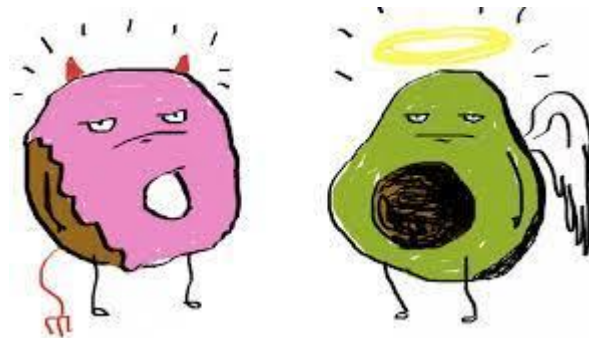
- improves the speed of recovery
- reduces symptoms to a greater extent
- improves the likelihood of staying free of the illness



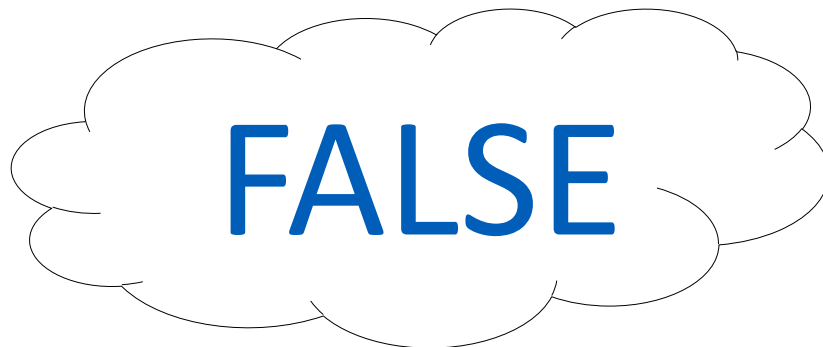
Diet culture causes eating disorders

The promotion of diet culture can contribute towards the development of an eating disorder...

However, eating disorders are complex!



School staff cannot assist in preventing eating disorders



School staff absolutely can help!

You play an important part in the life of young people



Eating disorders: a brief overview

Dr Harriet Walker, Counselling Psychologist

Eating disorders are serious, complex mental health difficulties accompanied by physical and mental health complications which may be severe and life threatening.

They are characterised by disturbances in behaviours, thoughts and feelings towards body weight and shape, and/or food and eating.

May affect those with:

- a certain temperament/personality
- other mental health difficulties
- neurodiversity
- challenging family dynamics
- significant life events
- important transitions
- other influences



High-risk groups that school staff may encounter include:

- Children and adolescents
- Females
- Students experiencing co-occurring conditions (e.g., diabetes, celiac disease)
- Students engaging in competitive occupations, sports, performing arts, and activities that emphasise thin/lean body or shape/weight requirements (e.g., modelling, gymnastics, swimming, rowing, horse riding, dancing, athletics, wrestling, boxing)
- Students from LGBTQIA+ communities
- Students from culturally and linguistically diverse backgrounds
- Students who are neurodivergent (e.g., autistic people)



'Classifying' eating disorders

Anorexia nervosa

- Low weight due to limiting how much they eat and drink or rapid significant weight loss
- Rules around what they can and can't eat
- Weight and shape become an important factor in self-worth
- Intense fear of gaining weight
- Distorted self-image

Bulimia nervosa

- Cycle of eating large quantities of food and then trying to compensate by vomiting, taking laxatives or diuretics, fasting, or exercising excessively (bingeing and purging)
- Loss of control
- Strong emphasis placed on weight and shape

Binge eating disorder

- Eating large quantities of food without feeling like they are in control of what they're doing
- May fast between binges but do not get rid of the food
- May plan binges or be spontaneous
- Feelings of guilt and disgust

'Classifying' eating disorders

OSFED

- OSFED diagnosis when a person's symptoms don't fit into these classifications e.g.:
 - Symptoms of anorexia but weight falls within a 'normal' range
 - Symptoms of bulimia but low frequency or limited duration of behaviours

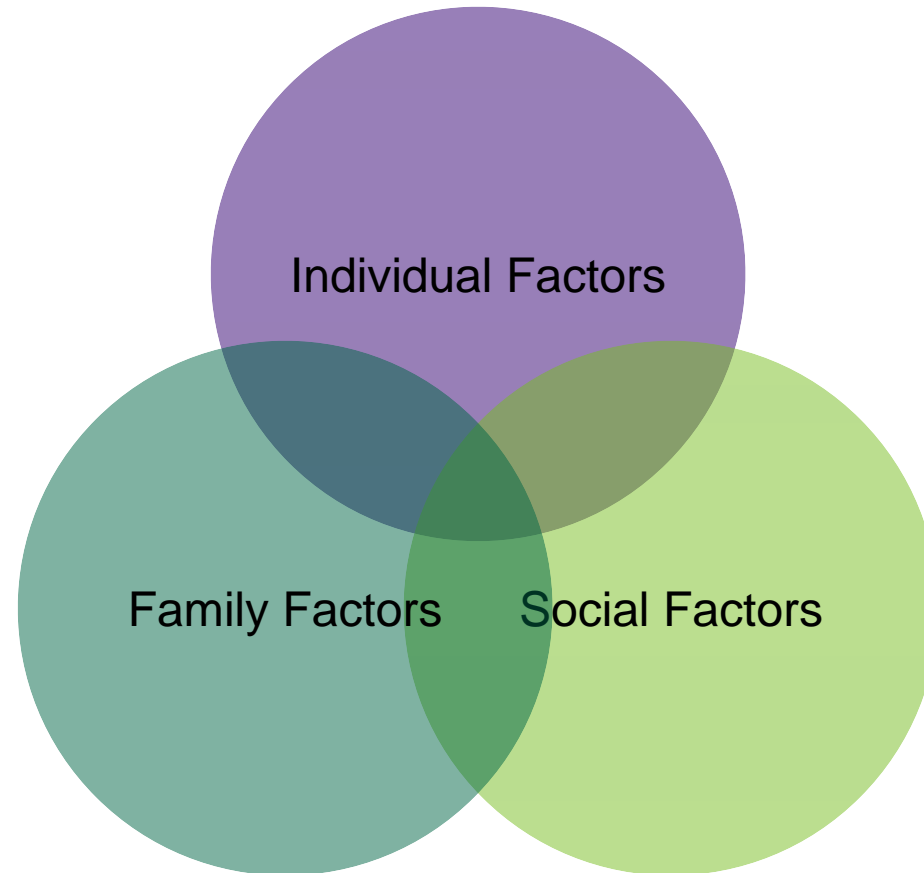
T1DE

- Type 1 diabetes
- Severe disordered eating and related insulin omission leading to significant difficulties in managing their diabetes effectively
- Severe fears of weight gain on insulin

ARFID

- Avoidance of food
 - Sensory based avoidance (taste, texture, smell, appearance, temperature)
- Concerns about the consequences of eating (choking, vomiting, significant abdominal pain, allergic reaction)
- Low interest in eating (no recognition of hunger, poor appetite)

Risk Factors



When to flag concerns with parents/ GP

Skipping meals at school/avoidance of eating by giving excuses

Avoidance of, or change in behaviour in social situations involving food

Body checking

Acute weight loss

Over exercising

Withdrawing socially

Fainting/dehydrated



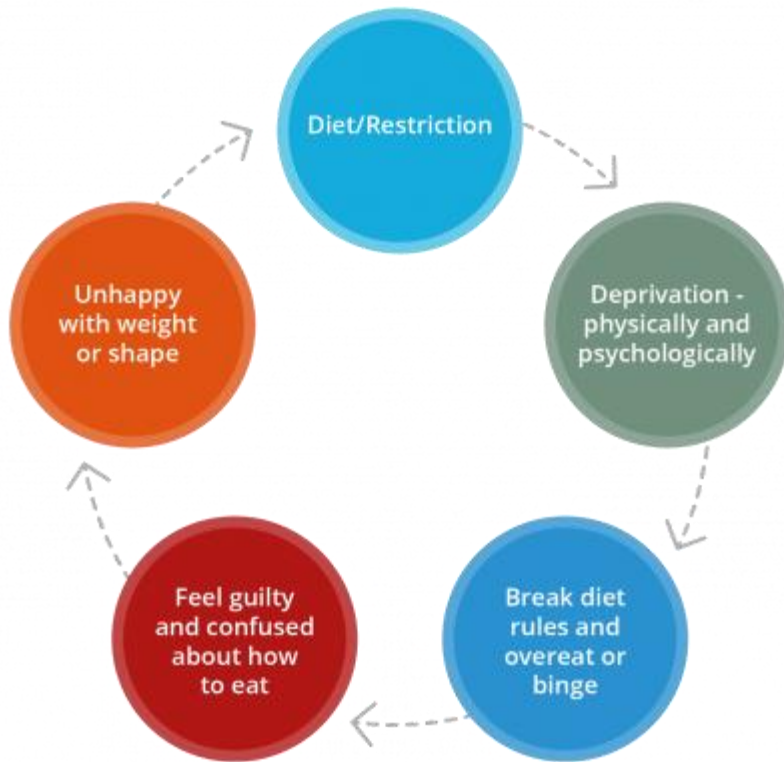
Behaviours that are more than 'teenage dieting' - significant restriction/intentional vomiting/using laxatives

Disordered eating & dieting

Rebecca Fisher, Paediatric Dietetic Lead

- Disordered eating sits on a spectrum between normal eating and an eating disorder and may include symptoms and behaviours of eating disorders, but at a lesser frequency or lower level of severity
- Adolescents engaging in dieting are five times more likely to develop an eating disorder than those who do not diet (Australia, BMJ)
- The relative risk of dieters becoming cases was eight times that of non-dieters (UK)

Disordered eating & dieting



- Avoiding a type of food or food group
- Fasting (restricting) or skipping meals and snacks
- Irregular and inflexible eating patterns
- Binge eating (comfort or distress eating)
- Self-induced vomiting
- Misuse of steroids, creatinine, diet pills, laxatives, diuretics
- In type 1 diabetes, skipping insulin

UK survey data (Schools and Students Health Education Unit) : 20/21 for NCL

- Trends in wanting to lose weight

| Year group | Girls | Boys |
|------------|-------|------|
| 8 | 51% | 41% |
| 10 | 52% | 30% |

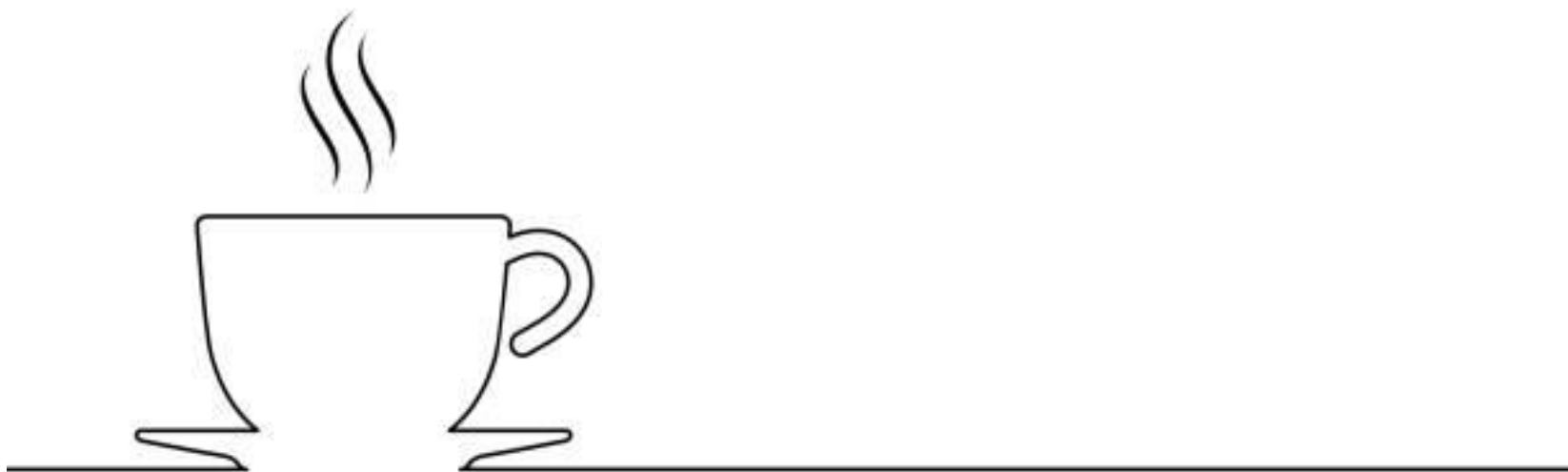
- Year 10 females who skipped breakfast on the morning of the survey were also more likely to have skipped lunch on the day before the survey, and to want to lose weight

*Credit: School Health Education Unit data

Normative discontent with weight and shape

- Describes societal or cultural norm of dissatisfaction appearance, preoccupation with thinness
- In this society, obesity is a strongly stigmatized condition and is met with punishment (psychological, social, and economic)





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Part 2

Eating disorder prevention: what can schools do?

Curriculum Mapping

Jemma Michelson, Royal Free Hospital Children's School Teacher

Curricula in the UK England



Food teaching in primary schools:
A framework of knowledge and skills

Public Health England (PHE), along with the British Nutrition Foundation (BNF), initiated the development of a *Food teaching in schools framework (2015)*.



Food teaching in secondary schools:
A framework of knowledge and skills

It looked more **specifically** at the **management and provision of food teaching**. The development of guidelines for food teaching was an action that all felt imperative to ensure the quality of food teaching in schools.

The purpose of this guidance is to **help schools implement the requirements for food within the new National Curriculum for Design and Technology (D&T)** in England and the **Core competences for children and young people aged 5 to 16 years** (and GCSE for secondary schools).



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Primary & Secondary : 'DFE Framework'

Primary & Secondary framework is presented in nine sections:

- **Developing professional competence;**
- **Taking a whole school approach;**
- **Teaching the curriculum;**
- **Managing practical food classes;**
- **Teaching food preparation and cooking**
- **Engaging in designing, making and evaluating with food**
- **Promoting and applying nutrition**
- **Applying aspects of consumer awareness**
- **Implementing good food safety and hygiene.**



Protecting and improving the nation's health

Food teaching in primary schools:
A framework of knowledge and skills



Protecting and improving the nation's health

Food teaching in secondary schools:
A framework of knowledge and skills



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Early years KS 1/2 Curriculum Mapping

From early years to secondary schools (3-16), food is taught progressively through: **Sciences; Technologies; Health and wellbeing (PSHE)**,

Teaching the curriculum: Develop schemes of work that take account of current educational thinking, best practice, national policies and statutory requirements, School Food Plan, Ofsted guidance, **Public Health England and current healthy eating advice.**

National Curriculum Cooking and Nutrition:

Key Stage 1

**Use the basic principles of a healthy and varies diet to prepare dishes.
Understand where food comes from.**

Key Stage 2

Understand and apply the principles of a healthy and varied diet.

Prepare and cook a variety of predominately savoury dishes using a range of cooking techniques.

Understand seasonality, and know where and how a variety of ingredients are grown, reared, caught and processed.

Key Stage 3- Curriculum Mapping

Statement of Intent: Food and Nutrition- *Equip students with the knowledge, understanding and skills required to cook and apply the **principles of food science, nutrition and healthy eating**.*

The curriculum will **encourage students to cook** and enable them to **make informed decisions** about a wide range of **further learning opportunities and career pathways** as well as develop **vital life skills** that **enable them to feed themselves** and others **affordably and nutritiously**, now and later in life.

Through food and nutrition, students will:

- Demonstrate effective and safe cooking skills by planning, preparing and cooking using a variety of food commodities, cooking techniques and equipment
- Develop knowledge and understanding of the functional properties and chemical processes as well as the nutritional content of food and drinks
- Understand the relationship between diet, nutrition and health, including the physiological and psychological effects of poor diet and health
- Understand the economic, environmental, ethical, and socio-cultural influences on food availability, production processes, and diet and health choices
- Demonstrate knowledge and understanding of functional and nutritional properties, sensory qualities and microbiological food safety considerations when preparing, processing, storing, cooking and serving food
- Understand and explore a range of ingredients and processes from different culinary traditions (traditional British and international), to inspire new ideas or modify existing recipes

Key Stage 4 & Qualifications

There are as **number of food related qualifications** that young people can take between the ages of 14 – 18 years.

The type and content of qualification varies, depending on your location within the UK. Qualifications include:

A variety of **B-TEC, GCSE, A-level, T-Levels or Levels 1-3** offered in subject areas:

- Food preparation and nutrition
- Biology
- Science
- Physical education
- Hospitality and catering

Different Awarding Organisations provide qualifications.- Some of the Awarding Organisations that offer 'food' qualifications include:

- **AQA**
- **Eduqas**
- **OCR**
- **NFCE**

What does this look like in your school?

From EYFS to Key Stage 4, food is taught progressively through:

Sciences; Technologies; Health and wellbeing (PSHE).

- **Marketed schemes of work**- created for all key stages building on skills and knowledge year on year
- Bespoke Whole school 'Food Journeys'-Design and Technology & Food Nutrition (cross curricular)
- Whole school 'Healthy Schools' initiative - Holistic approach 'Wellness'
- Curriculum Mapping Using exam board subject 'Spec' B-TEC, GCSE, A-level, T-Levels or Levels 1-3 to plan for the progression of skills and knowledge against level descriptors /Grades for achievement of qualifications



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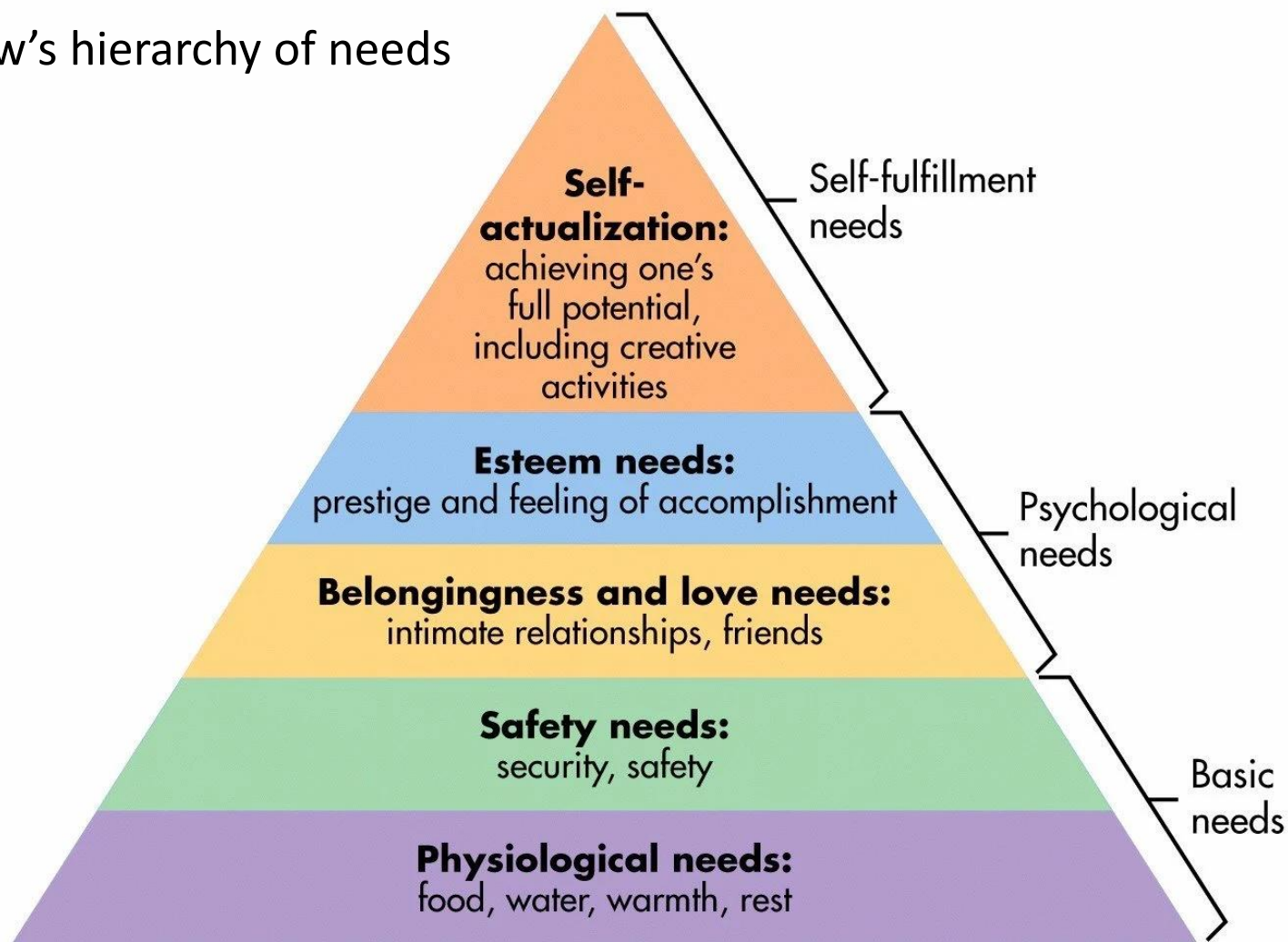
Developing healthy relationships with food & body

Rebecca Fisher, Paediatric Dietetic Lead



Can you have a relationship with food?

Maslow's hierarchy of needs



Satter's Hierarchy of Food Needs



Satter's Hierarchy of Food Needs

| |
|---|
| Once you are operating well at all other levels, you can choose foods for instrumental reasons—eating or avoiding foods to achieve a desired physical, intellectual, or spiritual outcome. |
| Given plenty of time to eat your favorite foods, you begin to seek out new foods or new ways of preparing foods. |
| At this level, your appetite becomes more discerning and you prioritize taste in making your food selections. |
| Providing yourself with appetizing food will allow you to plan for future meals, assuring yourself of being fed on an ongoing basis. |
| Once you are sure you will get enough to eat, you can develop more discriminating taste. You can reject some foods that don't appeal to your appetite. |
| Whether you are on a budget or a diet, you may be experiencing insufficient amounts of food. At this level, your main concern is getting enough to eat. You can move on only when you are well fed. |

Satter & Associates, 2007



Diet culture

CELEBRATION
OF:

- Adults losing weight, no matter what is going on in their life
- Pregnant bodies
- How thin people eat
- Children that are adventurous with their eating
- Sizing up baby and toddler clothes
- Teenage boys eating lots

CONCERN
ABOUT:

- Adults gaining weight, no matter what is going on in their life
- Postpartum bodies
- How fat people eat
- Children that have a limited repertoire of foods
- Sizing up our own clothes
- Teenage girls eating lots

Diet culture

CELEBRATION
OF:

- Eating healthy foods
- Being 'good' with food choices
- Consuming the right amount, 'not too much'
- Being in control

CONCERN
ABOUT:

- Eating 'naughty' unhealthy foods
- Being 'bad' with food choices

Neutral language

- Food neutrality
 - ❖ labelling foods as 'good' or 'bad',
 - ❖ healthy or unhealthy
 - ❖ giving foods a moral value



Cognitive dissonance

- The mental conflict that occurs when beliefs or assumptions are contradicted by new information
- The unease or tension that the conflict arouses in people is relieved by one of several defensive manoeuvres:
 - they reject, explain away, or avoid the new information
 - persuade themselves that no conflict really exists
 - reconcile the differences
 - resort to any other defensive means of preserving stability or order in their conceptions of the world and of themselves

Responses to cognitive dissonance and conflicting food messages

Reject/ignore Healthy Eating messages

- Whole message is ignored
- If parental role modelling is good anyway, limited impact
- If parents role model stressful relationships with food (or stressful times) lots of normalisation of comfort/distress eating – can become new norm

Rigidly adhere to Healthy Eating messages

- No dietary flexibility
- Give up sugar, fats, gluten
- Then start to give up other foods...(carbs)
- Disordered eating (dieting) or eating disorder (with ACE)
- Neurodiversity

Managing tricky areas: Healthy Schools Status



- Does your school have a packed lunch policy?
- Have you considered which children have packed lunch and why?
- Do teachers feel pressure to influence packed lunches?
- What happens when you ban something? E.g. no confectionary. Risk of driving secretive behaviours? Food shaming?
- What happens to children with a limited range accepted foods if those foods are deemed unhealthy?
- What are the risks? (pressure on staff, pressure on parents, pressure on pupils)

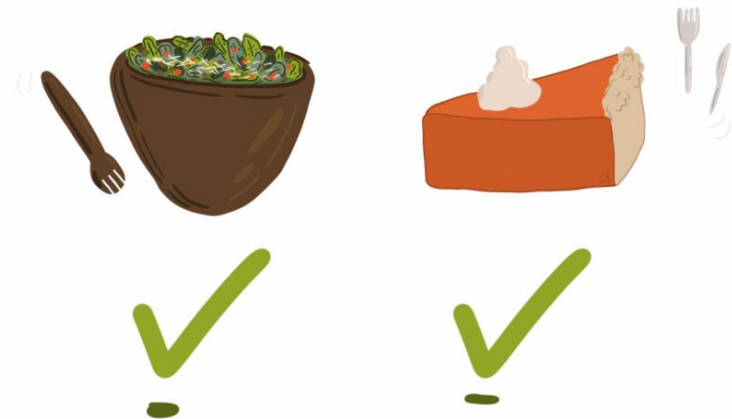
How do we develop a healthy relationship with food and body?

See handout : definition of normal eating

In short, **normal eating is flexible**. It varies in response to your emotions, your schedule, your hunger, and your proximity to food.

Understanding non diet paradigms

- Satter models (Division of Responsibility for kids and eating competence for adults)
- Intuitive eating – see resources on website
- Connected eating
- Mindful eating



Body dissatisfaction in eating disorder prevention

Debby Markovic, Specialist Charge Nurse

Body dissatisfaction refers to negative subjective evaluation of one's physical body, such as figure, weight, stomach or hips" (Stice & Shaw, 2002)

Body dissatisfaction- key target

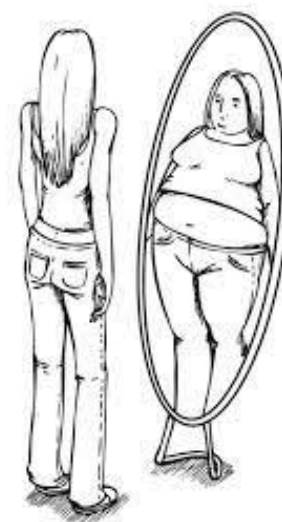
(Jacobi et al 2004, 2010, 2011)

- Most potent risk factor
- 21 longitudinal studies from 1990 – 2008 analysed
- 44,182 participants involved in the studies
- Weight and shape concerns, and body dissatisfaction **are:**

"the best confirmed and most potent risk factors for ED onset on the basis of longitudinal research"

Why focus on body image and dissatisfaction?

- It is the **strongest** risk factor that can be effectively modified
- Successful eating disorder prevention programs have focused on addressing it as a primary target, leading to reduced onset, symptoms, and/or risk factors of ED
- Body dissatisfaction in itself is an important public health concern



Aims of ED prevention:

1. Reduce modifiable risk factors for EDs
2. Reduce eating disorder symptoms
3. Reduce future onset of EDs
4. Increase protective factors



Historically, a lack of distributing research (Diedrichs, 2016)

Why?

- Lack of infrastructure
- Lack of resources
- Reliance on expert providers



What makes an effective intervention?

- Target risk factors
- Theory driven
- Interactive
- Multisession
- Evidence for small groups, both in person and online
- Focus on cognitive dissonance
- Greater effects when there is expert facilitators, however people can be trained to deliver it effectively
- Targeting at risk populations has greater effects

(Stice 2007, Stice et al. 2013, Le et al. 2017, Harrer et al. 2020)

Current interventions

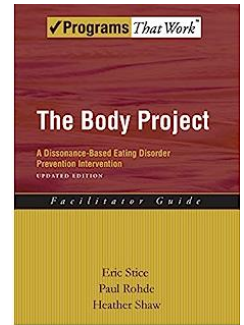
- Most evidence exists for using cognitive dissonance for body dissatisfaction
- Focuses on ED prevention and body acceptance
- 2-6 hours intervention in small groups
- Targets thin ideal internalisation and body dissatisfaction
- Counter-attitudinal verbal, written and behavioural exercises
- Self-selected at risk samples of adolescent girls, young woman and men
- Implemented globally

(Stice, Beker et al)

What interventions can schools use?

- Two effective ED prevention and Body Image intervention programs:
 - The Body Project
 - Confident Me

1. The Body Project



- A group-based intervention that confronts unrealistic appearance ideals and develop healthy body image and self-esteem
- Repeatedly shown to effectively reduces body dissatisfaction, negative mood, unhealthy dieting and disordered eating
- Effective when delivered by psychologists, counsellors, researchers, school staff
- Most effective in small groups (max 10 participants)

(Stice et al., 2008, 2013, 2019)

Body Project Training

- Train the trainer model: 1-2 days of training
- Core: girls and young woman aged 14-25 years
- Online boosters: boys/men; LGBTQIA+
- 16 staff trained ready to go
- <https://www.everybodyconsulting.com/the-body-project>

2. Confident Me



- **Workshops for Secondary Schools: single and 5 session version**
- Key topics include: unrealistic appearance ideals, celebrity culture, media influence, peer pressure, promoting body image, positive behavior change and self-esteem.
- For girls and boys
- Interactive, delivered by teachers
- Improves body image up to six months later, reduces teasing (girls) at 12 months
- Available for free in 8 languages
- <https://www.dove.nationalschoolpartnership.com/resources>

(Diedrichs, Atkinson, Garbett et al., 2015; 2016, 2016, 2021; Torres et al., 2020; Garbett et al., 2021)

Resources for professionals



- **BEAT: Schools Professionals Online Training (SPOT)**

Interactive learning webinar videos, e-learning modules, Q&A sessions with eating disorder clinician and Lived Experience Ambassador. Community forum to post questions or share advice with peers.

- **The Body Happy Org**

90-minute Body Happy Kids workshop for adults working with children focusing on body image and creating happy body settings for children and teenagers to thrive in.



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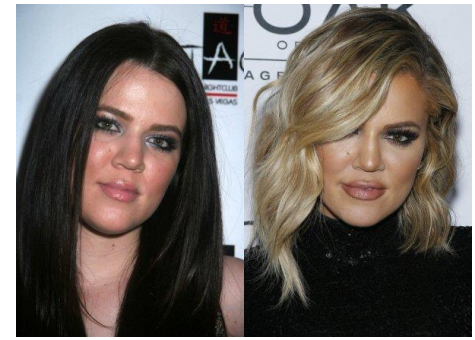


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Workshop Scenarios

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Scenario 1:



You hear a young person make a negative comments about the weight or body of a celebrity or famous person.

Examples:

'Ew, but have you seen _____? They've gained so much weight'

'No wonder he doesn't want to couple up with her on love island, she's the fattest in there!'

'They're so skinny, it's gross!'

'Look at the state of _____ these days. They have let themselves go'



Scenario 1:

This is something that can be challenged publicly and can be a learning experience for other children or young people who may be listening in. Depending on the circumstance, it may be a good opportunity to open up discussion. Questions or responses you could use:

1. I'm wondering why you think it matters that _____ has gained/lost weight?
2. People have many different qualities about them apart from their appearance, in fact, it's the least interesting thing about them (you could expand on any specific achievements of this person and focus on why this is far more important)
3. People gain weight for lots of different reasons, both positive and negative. Do you think it's fair to comment on their body with this in mind?
4. I wonder why you feel like this person is unattractive because of their weight? Do you think this is a fair expectation to have on girls/women/boys/men/people?

Scenario 2:

You hear an explicitly or implicitly unkind comments towards a young person about their weight/appearance/a particular body part. This could also include unpleasant 'nicknames'.

Examples:

'You're massive/fat/chubby'

'You're so skinny, look like an anie'

'You could do without eating that chocolate bar'

'Could you even fit in that chair?'



Scenario 2:

1. Publicly challenge the young person making the comment, for example with: 'Unkind comments about someone's weight/appearance are unacceptable in this school, and we won't tolerate them. Please can I speak to you in my classroom/office?'
2. Privately check on the wellbeing of the young person who the comment has been made to. Make them aware that you are taking this seriously and will deal with it. Offer them any pastoral support that may be needed, including reflecting on their strengths outside of their appearance.
3. Privately challenge who made the comment to reflect on what they said. You may want to ask questions such as:

'I'm wondering why you feel it is appropriate for you to comment on _____'s weight/appearance?'

'How do you think comments like this could affect _____?'

'I'm wondering why you are using weight as an insult?'

Scenario 3:

You hear a young person make negative comments from a young person about their own weight or body image.



Examples:

'I am so fat'

'I feel rubbish, I've gained so much weight'

'_____ is so much skinnier than me, I need to lose weight'

Scenario 3:

It will depend on the context and circumstance whether comments like these are ones you think are best challenged publicly and privately.

What is most important, is to help young people reflect on their strengths outside of their appearance and reflect on some of societies unrealistic expectations regarding weight. Questions or responses you could use:

Our culture/TV/social media often makes us think gaining weight is a bad thing. Do you think this is really true?

I wonder if how we see (social media influencer/celebrity) on Instagram is how things really are? Do you think it's fair to compare ourselves to them?

How you feel about your weight/appearance sounds really difficult. Our weight/appearance is often least important thing about ourselves. What are the qualities that you think your friends like about you?

Remember to keep an eye out for consistent comments like this from young people. This could potentially indicate an eating disorder. If you think this is the case, alert and seek help from pastoral members of staff to determine the best next steps.

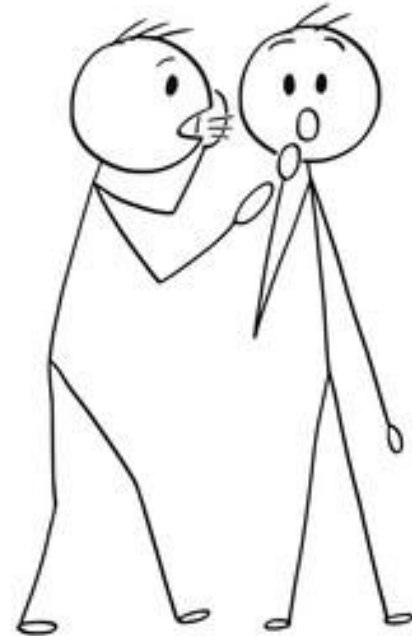
Scenario 4:

You overhear some other members of staff discussing a young person's difficulties with eating in a disrespectful way.

Examples:

'_____ could do with eating a bit less'

'_____ is so dramatic, just eat something!
They're obviously doing it for attention'



Scenario 4:

Often staff members make comments like this from lack of awareness. However, it is important these views are challenged.

If the comment was made away from (for example, in a staff room), you may decide to challenge the comments directly with:

I don't think it's appropriate to comment on the weight of a young person?

**This young person* is unwell with an eating disorder. They are suffering from a mental illness, they are not attention seeking.*

You may also take this as an opportunity to educate other members of staff, for example, distributing education resources across the staff body, or arranging a CPD session.

It is particularly important comments are challenged if they are in front of young people. If you do not feel confident speaking to the members of staff about this, you should make a senior staff member aware so this can be dealt with.

Scenario 5



Jon will not eat at all in the school dining hall and refuses to even try any school dinners. He will happily eat Quavers Cheese crisps , which he brings as a snack to school each day . More recently , the school changed the healthy eating policy. The new policy does not allow any snacks in school, apart from fruit and vegetables



Jon now refuses to eat at all in the school day and staff are increasingly concerned. Other children comment that Jon doesn't eat.



On a recent school outing , the children were offered a similar cheezy crisp snack , but Jon refused these too . Jon can generally be quite rigid

Scenario 5: Considerations for school

- Jon will just eat if he's hungry enough, won't he?
- Isn't it important for Jon to follow the school rules, just like everyone else?
- If we give in to Jon's fussiness, are we just encouraging his behaviour?
- Do parents need parenting support? Or other help ?

Scenario 5: Family experience

- Isolating and lonely for parents
- May avoid social occasions or occasions which involve eating
- Guilt and judgement
- ARFID impacts on parenting and many aspects of life

“It’s very hard when friends say let them go hungry and they’ll eventually eat, because our child will starve himself if we did that”

“Stares and judgement you get when we are out are just horrendous”

Scenario 5: Encourage strategies

- Low stress, no pressure environment
- Access to preferred foods
- Allow adaptation to foods allowed e.g relax health eating policy, allow any safe foods.
- Exposure, exposure, exposure
- Self-serving
- Expect progress to be slow but don't give up
- Think sensory – make adjustments
- Be kind and compassionate
- Learning plate- talk about the sensory properties of the food, encourage this child to become a Food Scientist



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Q&A

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Thank you very much for attending!

Conference Evaluation Form

Further Interest and Support Form