



A Resource for Teachers: Eating Disorders

By Jenny Tomei

Copyright © 2021 JenUp

Hi everyone,

I have produced this toolkit in order to equip teachers with the skills to identify eating disorder behaviours, and take the initial steps to ensuring that any students get the necessary help.

Three things that are worth saying upfront:

- (1) an eating disorder is not actually primarily about food
- (2) it can affect anyone
- (3) people can and do recover.

I have looked to pack the most valuable information I can into this toolkit. However, information on its own is not enough. I know this, as someone who has both suffered from an eating disorder a few years ago myself, and has since trained as an Eating Disorder Coach and Nutritional Therapist.

I believe that what's needed is a balanced, personal and holistic approach. I am particularly passionate about working to prevent and intercept eating disorders at an early stage, as I believe that this can make a really big difference.



Jenny Tomci

Contents:



What is an Eating disorder?



How to approach a student if you suspect an Eating Disorder



Disordered Eating vs Eating Disorders



Speak to Parents or Guardians



Understand who is at risk of developing an Eating Disorder



How might JenUp be of support?



How to spot the early signs of an Eating Disorder



Boys get Eating Disorders too

What is an Eating Disorder?

An eating disorder is a serious mental illness that can have a significant effect on your health and wellbeing. The term refers to a potentially life-threatening condition, that is characterised by disturbances in eating, emotional and psychological distress, and physical symptoms. Eating disorders can be seen as a way of coping with emotional distress, or as a symptom of other underlying issues.

The current categories for eating disorders are: Anorexia Nervosa, Bulimia Nervosa, and Binge Eating disorder. All of

these - as well as others Feeding and Eating Disorders Not Elsewhere Classified (FEDNEC), are concerned with control of weight and shape.

Just because somebody doesn't fit in absolutely with one particular category doesn't mean they don't have an eating disorder. Other conditions include compulsive eating, ARFID (avoidant restrictive food intake disorder) types of anorexia and bulimia which are not severe, Night Eating Syndrome, and Orthorexia, which is thought to be similar to anorexia.

Disordered Eating vs Eating Disorders

It's important to know the difference between these terms, as they can sometimes be used interchangeably - when they in fact represent two very different issues.

Someone could be showing signs of 'disordered eating', yet still not have an eating disorder. Disordered eating could mean anything from chaotic eating to simply not taking care of your eating habits. An example of this could be someone who doesn't prioritise food, or often skips meals, because they're depressed - these unhealthy food habits are a by-product of the person not looking after their wellbeing.

By contrast, an eating disorder is specifically connected with poor body image and attempts to control shape and weight in order to feel better about oneself. Behaving in a way that is harmful to physical and emotional health because of concerns about weight and feeling fat are key signs of an eating disorder.

Therefore, in order to help a child, it's important to acknowledge that their eating disorder is fuelled by issues with self-esteem and mood. It isn't simply a 'food' problem.

Understand who is at risk of developing an Eating Disorder

Although research into the causes of eating disorders is ongoing, it's still an area that is not well understood. No single cause has been identified, but there are many risk factors that increase the likelihood that a person will experience an eating disorder at some point in their life.

In order to identify students who would most benefit from preventative interventions, keep the six major at risk groups in mind using **THIS HANDY 'A-F' MEMORY TOOL:** (See the next page for details)



A FOR AGE

Although most eating disorders develop during adolescence, the mean onset age for anorexia in girls is around 17 or 18, whereas for boys it is more likely to be around 13 or 14. For girls, the deposition of subcutaneous fat to the breasts, buttocks and hips that occurs during puberty typically leads to low self-esteem in late teens, whereas boys are at greater risk pre-puberty - when they've yet to lose fat in exchange for a more muscular, adult physique.



B FOR BULLYING AND SOCIAL ISOLATION

Children who are bullied are at much greater risk of developing an eating disorder, with studies even showing that 60% of those affected by eating disorders cited bullying as a major contributing trigger. Similarly, loneliness and isolation seem to be rife in those with anorexia, with many sufferers reporting having fewer friends, and engaging in less social activities.



C FOR CULTURAL CHANGE

Acculturation - which is the process of assimilating to a different culture - can increase the likelihood of a child or teen developing an eating disorder. People from racial and ethnic minority groups, especially those who are undergoing rapid Westernisation, may be at increased risk due to their sudden exposure to Western ideals concerning body image.



D FOR DIABETICS

Coined diabulimia, this specific eating disorder involves skipping insulin injections in order to control weight. It's surprisingly common, with recent research showing that approximately one-quarter of women diagnosed with type one Type-1 diabetes will develop an eating disorder.



E FOR EMOTIONAL DISORDERS

It's important to remember that eating disorders are not primarily about food, but actually more of a coping mechanism for emotional distress. In fact, research shows that two-thirds of those with anorexia exhibit signs of an anxiety disorder (including generalised anxiety, social phobia, and obsessive-compulsive disorder) before the onset of their ED. Evidence also suggests that eating disorders can be genetic; those with family members who suffer with an ED are typically at a higher risk of developing an eating disorder themselves.



F FOR FITNESS ENTHUSIASTS AND ATHLETES

Involvement in competitive sport or dance, where being particularly lean or muscular is seen to be important for performance, leads to a greater risk of eating disorders. This is particularly prevalent in gymnastics and ballet, where major emphasis is placed on having a thin body shape. Boys can also be particularly influenced by comments from coaches or by general changing room chat.

How to spot the early signs of an Eating Disorder

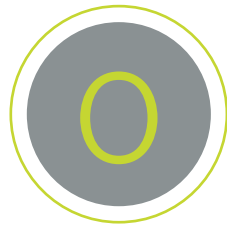
Aside from obvious signs like fluctuations in weight, if you notice some key changes to a student's relationship with food, exercise, and/or social interactions - both inside and outside the classroom - then this could indicate an eating disorder.

To keep an eye on any possible indicators of an eating disorder that might show up in a child's behaviour at school, use the handy acronym 'DOSE':



DISTRACTED AND DRAINED

Are they having difficulty concentrating in lessons? Have you noticed a change in attitude towards work? Do they seem tired or lethargic? Do they seem faint or light-headed when they stand up?



OBSESSIVE AND PERFECTIONISTIC

Do they set unreasonably high personal academic standards, and get very distressed if they fall short? Are they particularly anxious about getting anything wrong, or not living up to expectations? Are they in need of a lot of reassurance?



SOCIAL WITHDRAWAL

Do they seem withdrawn in lessons, and reluctant to get involved in discussions? Are they avoiding asking you or other pupils for help? Are they spending less time with their usual group of friends? Are they always 'working' or 'busy' at lunch, rather than eating?



ERRATIC BEHAVIOURS

Do they seem increasingly sensitive, touchy and emotional? Are they having difficulty sitting still - e.g. constantly jiggling their legs, getting up from their desk at every opportunity, and making frequent trips to the bathroom?

Boys Get Eating Disorders Too

A shocking
50%
of child sufferers
are boys.

Although eating disorders are believed to be more common in women, it's important to remember that they are still very prevalent in men and boys - although they do present differently, as a rule. Also, boys are less likely to seek help due to feelings of shame or embarrassment.

As mentioned previously, eating disorders typically start earlier with boys - so while males account for only 1-5% of total patients with anorexia nervosa, a shocking 50% of child sufferers are boys.

While women with anorexia typically restrict their food in order to lose weight, men are more likely to aspire to building muscle and attaining a certain aesthetic body shape. Rather than restricting, men therefore typically binge eat and then purge, as well as exercising excessively, and (being prone to) misusing steroids.

How to approach a student if you suspect an Eating Disorder

If you're concerned about a student and their eating habits, it's important to take quick but appropriate steps to getting them the help they need.

Start the Conversation:

If you believe a student may be developing an eating disorder, it is important to speak with them about it as early as possible. Remember that eating disorders are not really about food, and that their emotional well-being must be the focus.

As a first step, try to start a gentle conversation, one-on-one, with the student.

Here are **FIVE HANDY THINGS TO REMEMBER** for this first conversation:

- 01.** Set a **PRIVATE** time and place to talk with the student, where they will feel safe and comfortable.
- 02.** Approach the conversation in a **CALMING MANNER** - and be prepared for the fact that they may be experiencing **HIGH LEVELS OF ANXIETY, SHAME, EMBARRASSMENT, GUILT** or **DENIAL**. Equally, they might not even recognise anything is wrong.
- 03.** Express your concern for the welfare of the student using 'I' statements - e.g. **"I AM CONCERNED ABOUT YOU"**
- 04.** Make sure you **ALLOW TIME** to just let them talk and express their feelings.
- 05.** **REMEMBER** - this is just the first step in an ongoing process! Don't put too much pressure on the initial conversation.

Seek Guidance

Report any concerns to the appropriate member of staff within your school. You can also familiarise yourself with the [NICE](#) guidelines, [FIND SERVICES](#) in your local area, and even make a [REFERRAL](#).

Speak to Parents or Guardians

In order to make sure the child is being supported both at school and at home, involving parents or guardians is a crucial step. If parents are oblivious to any problem, or seem unwilling to accept that there's an issue, then these conversations can prove challenging.

Here are some handy DO's and DON'Ts for ensuring this first conversation is productive, but also approached in a sensitive manner:



DO

- Begin by telling parents that you are **CONCERNED ABOUT THE STUDENT** - and offer specific, factual observations of their behaviour to illustrate your concerns.
- **STAY CALM AND STAY FOCUSED ON THE GOAL** of the conversation: to help the family support the student, which will in turn improve the student's quality of life and academic performance.
- **AIM TO ESTABLISH AND MAINTAIN AN OPEN AND SUPPORTIVE RELATIONSHIP WITH PARENTS.** Be mindful that they may feel guilty or responsible in some way - so remain empathetic and positive.
- **ENCOURAGE THE FAMILY TO ACCESS SUPPORT,** information, or treatment from external agencies, and have resources available.



DON'T

- **TRY TO INTERPRET** what the student's behaviour could mean—just explain what you've noticed, and let the student elaborate on why they are behaving in this way.
- **INTERRUPT** the conversation.
- **PERSIST** with the conversation if it isn't proving productive, as this will impact the child, and may **DAMAGE FUTURE COMMUNICATION.**
- Make or **SUGGEST A DIAGNOSIS.**

If you're still unsure of how to start the conversation,
then use one of these handy templates:

“

We are concerned about [student's name] because of some behaviours we've noticed recently. Specifically, he/she has been keeping to himself/herself a lot and has been [distracted, fidgety, agitated, unfocused] in class. I was wondering if you had any concerns, or had noticed any of these changes?

”

“

We are concerned about [student's name] because of some behaviours we've noticed recently. We've noticed [student] does [not eat lunch; eats very little; throws lunch away; always asks to go to the toilets immediately after eating and becomes upset if they are told no]. I was wondering if you had noticed these kind of behaviours at all at home?

”

How might JenUp be of support?

I launched JenUp as an educational hub - primarily to provide early intervention, as well as to support those who are at the earliest stages of having an eating disorder. I offer a range of resources, including blogs and podcasts, alongside educational workshops and coaching programmes for schools. See the website for latest details.

NB: This toolkit is one of three created by JenUp. Also available are our toolkits for parents and for young people.



@askjenup

Copyright © 2021 JenUp