



Pupils with Mental Health Difficulties

Eating Disorders



Eating Disorders



Classroom-based tips (focus on instructional methods)

1. **Educate yourself on the signs and symptoms of eating disorders.** As a teacher you are strategically placed to recognise potential problems. See Supportive Literature for more information.
(Eating Disorders: Information for Teachers and Youth Workers, *Bodywhys*, 2008)
2. **Take positive steps as preventative measures against the onset or development of an eating disorder.** As a whole-class or whole-school approach, developmentally appropriate emphasis should be given to:
 - Improving general health, nutrition, and psychological well-being, including self-esteem and positive body image
 - Enhancing media literacy and promoting critical evaluation of media messages
 - Helping children learn how to manage the socio-cultural influences linked to the development of body image dissatisfaction
 - Reducing teasing, including weight-based teasing and using preventive programs regarding bullying
 (Educator Toolkit, *NEDA*, 2016)
3. **If you have concerns about a pupil, keep clear and concise accounts of the incidents and behaviours that have led you to become concerned.** You should not try to diagnose conditions, but rather state facts based on observations. Denial is often the first response from the young person so a factual record of events is important. You should then make your concerns known to the relevant personnel in the school and to the pupil's parents, according to school procedures.
(Eating Disorders: Information for Teachers and Youth Workers, *Bodywhys*, 2008)
4. **Focus on the pupil's feelings rather than on their food and weight.** Eating disorders can be a way of coping with unmanageable feelings or a symptom of emotional distress.
(Eating Disorders in School, NEDC 2016)
5. **Don't discriminate or play favorites on the basis of appearance.** In particular, watch out for favoritism of girls who fit the cultural definition of "pretty". Whenever possible, see that pupils of diverse body shapes and sizes are chosen as leaders for a variety of tasks, such as school reps, or in theatrical productions.
(C. Steiner-Adair, L. Sjostrom, 2006)
6. **Avoid weighing of pupils and BMI measurement as part of class.** Weigh-ins should also be avoided in sports programmes.
(Educator Toolkit, *NEDA*, 2016)
7. **Review posters, books and other class materials to ensure that a broad range of body shapes, sizes and ethnicities are represented.**
(Educator Toolkit, *NEDA*, 2016)

8. **Refrain from discussing food, weight, exercise and dieting in class if you have a pupil who is suffering with an eating disorder.**
(Educator Toolkit, *NEDA, 2016*)
9. **Evaluate the pupil's strengths and limitations together with the pupil and the parents/guardians; this will help the pupil to accept these and set realistic goals.** It will also help to guide a pupil who suffers from an eating disorder away from perfectionist thinking and behaviour.
(Eating Disorders: Information for Teachers and Youth Workers, *Bodywhys, 2008*)
10. **Ensure that the pupil is involved in any decision-making processes so that s/he is given as much responsibility as possible for the choices made.** As eating disorders are often about the young person exerting control when s/he feels s/he has none, giving the pupil opportunities to have input into plans is important.
(Eating Disorders: Information for Teachers and Youth Workers, *Bodywhys, 2008*)
11. **Set time limits on how long the pupil is to spend on school work.** Inadequate nutrition and the psychological characteristics related to eating disorders will generally have an effect on pupil's cognitive and physical abilities in the school setting. Perfectionist traits may lead these pupils to spend excessive amounts of time completing homework, as well as class-work and examinations. Work with the parents to set reasonable limits on the time pupils can allocate to their work tasks.
(B. Hellings and T. Bowles, 2007)
12. **Be supportive of the pupil's friends and fellow pupils by providing information and opportunities to talk.** The friends of a pupil with an eating disorder can be supportive by learning basic information about eating disorders and encouraging a culture of body positivity within their social circles.
(Educator Toolkit, *NEDA, 2016*)



School-based practical tips (focus on instructional methods)

Announcement / Sign at School

Review posters, books and materials in the school to ensure they represent a wide variety of body shapes, sizes, and ethnicities.

(Educator Toolkit, *NEDA, 2016*)

Community

1. **Establish a Student Support Team to aid in ensuring that pupils with support needs are able to continue to access a full education, and to assist staff to manage those pupils effectively.** Student Support Teams are responsible for ensuring that systems, policies and procedures to help pupils with support needs are in place.

2. Ensure that membership of the Student Support Team includes school management, school counsellor, special needs coordinators, year heads, home-school liaison personnel and teachers with specialist roles. Invite experts from external agencies and parents whenever necessary.
(Educator Toolkit, NEDA, 2016 & Department of Education and Skills, Ireland Guidelines)
3. **Make up-to-date printed information available about how parents can support their child to develop a positive body image and a healthy relationship with food.** Provide parents with links to information about body image and eating disorders on the school website. Present talks and information nights for parents about eating disorders and related issues.
(Eating Disorders in School, NEDC 2016)

Curricular Adaptations

1. **Ensure no weighing, measuring or anthropometric assessment of pupils takes place** in school in any class or group context but is only conducted in private, perhaps during routine health examinations or by the school nurse (if available).
(Eating Disorders in School, NEDC 2016)
2. **Provide an opportunity for all pupils to engage in regular physical activity** in a noncompetitive, safe and secure environment, avoiding focus on weight loss.
(Eating Disorders in School, NEDC 2016)
3. **Ensure that the curriculum provides body image topics at every year level and ensure all materials presented as part of your prevention program are age appropriate**, as follows:
Primary— focus on positive body image, self-esteem and healthy eating patterns
Early high school—focus on peer interventions and media literacy
Mid-high school—focus on cognitive dissonance and peer programs
Late high school—focus on early identification of body image, eating problems and mental health literacy
(Eating Disorders in School, NEDC 2016)

Discipline

Update school anti-harassment and antidiscrimination policies to ensure they include provisions about physical appearance and body shape. Ensure that a protocol is in place for pupils to report teasing, bullying, or harassment based on weight or appearance. Consequences for bullying behavior should be clearly outlined and communicated to pupils.
(Educator Toolkit, NEDA, 2016)

Food: Canteen / Visits / Camps / Trips

Provide a range of affordable, fresh, nutritious foods. Work with school food providers to provide consistency between food choices in the cafeteria and nutrition information taught in health class. Eliminate vending machines, or stock them with healthier choices.
(C. Steiner-Adair, L. Sjostrom, 2006)

Parents / Parents' Associations

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2. Ensure that membership of the Student Support Team includes school management, school counsellor, special needs coordinators, year heads, home-school liaison personnel and teachers with specialist roles. Invite experts from external agencies and parents whenever necessary.
(Educator Toolkit, *NEDA, 2016* & Department of Education and Skills, Ireland Guidelines)
3. **Make up-to-date printed information available about how parents can support their child to develop a positive body image and a healthy relationship with food.** Provide parents with links to information about body image and eating disorders on the school website. Present talks and information nights for parents about eating disorders and related issues.
(Eating Disorders in School, NEDC 2016)

Safety

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2. Ensure that membership of the Student Support Team includes school management, school counsellor, special needs coordinators, year heads, home-school liaison personnel and teachers with specialist roles. Invite experts from external agencies and parents whenever necessary.
(Educator Toolkit, *NEDA, 2016* & Department of Education and Skills, Ireland Guidelines)
3. **Develop a Mental Health Policy** within the school to promote mental health and well-being. This policy should inform all relevant decisions on procedures and systems relating to pupil well-being. Ensure that the needs of pupils suffering from an eating disorder are reflected in these policies and procedures.
4. **Update school anti-harassment and antidiscrimination policies to ensure they include provisions about physical appearance and body shape.** Ensure that a protocol is in place for pupils to report teasing, bullying, or harassment based on weight or appearance. Consequences for bullying behavior should be clearly outlined and communicated to pupils.
(Educator Toolkit, *NEDA, 2016*)
5. **Establish policies and protocols that relate specifically to eating disorders.** Establish a standard protocol for approaching and referring pupils with possible eating problems. Establish guidelines for contacting parents and liaising with outside health professionals. Referrals should be made with the informed consent of parents to school supporting services where necessary.

(C. Steiner-Adair, L. Sjostrom, 2006)

Scheduling Events

1. **Provide an opportunity for all pupils to engage in regular physical activity** in a noncompetitive, safe and secure environment, avoiding focus on weight loss.
(Eating Disorders in School, NEDC 2016)
2. **Make up-to-date printed information available about how parents can support their child to develop a positive body image and a healthy relationship with food.** Provide parents with links to information about body image and eating disorders on the school website. Present talks and information nights for parents about eating disorders and related issues.
(Eating Disorders in School, NEDC 2016)

School Projects

1. **Ensure that the curriculum provides body image topics at every year level and ensure all materials presented as part of your prevention program are age appropriate,** as follows:
Primary— focus on positive body image, self-esteem and healthy eating patterns
Early high school—focus on peer interventions and media literacy
Mid-high school—focus on cognitive dissonance and peer programs
Late high school—focus on early identification of body image, eating problems and mental health literacy
(Eating Disorders in School, NEDC 2016)
2. **Review posters, books and materials in the school to ensure they represent a wide variety of body shapes, sizes, and ethnicities.**
(Educator Toolkit, NEDA, 2016)

Pupil Support

1. **Establish a Student Support Team to aid in ensuring that pupils with support needs are able to continue to access a full education, and to assist staff to manage those pupils effectively.** Student Support Teams are responsible for ensuring that systems, policies and procedures to help pupils with support needs are in place.
2. Ensure that membership of the Student Support Team includes school management, school counsellor, special needs coordinators, year heads, home-school liaison personnel and teachers with specialist roles. Invite experts from external agencies and parents whenever necessary.
(Educator Toolkit, NEDA, 2016 & Department of Education and Skills, Ireland Guidelines)
3. **Develop a Mental Health Policy** within the school to promote mental health and well-being. This policy should inform all relevant decisions on procedures and systems relating to pupil well-being. Ensure that the needs of pupils suffering from an eating disorder are reflected in these policies and procedures.

4. **Establish policies and protocols that relate specifically to eating disorders.** Establish a standard protocol for approaching and referring pupils with possible eating problems. Establish guidelines for contacting parents and liaising with outside health professionals. Referrals should be made with the informed consent of parents to school supporting services where necessary.
(C. Steiner-Adair, L. Sjostrom, 2006)

Teacher Professional Development

Train all relevant teaching staff in the early identification and referral of students with serious body image concerns and eating disorders. Ensure that training also includes information about eating disorders, their impact on the well-being of young people and ways that risk factors are reinforced by social environments.
(Eating Disorders in School, NEDC 2016)

Timetabling

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Supportive Literature

The term *eating disorder* refers to a complex, potentially life-threatening condition, characterised by severe disturbances in eating behaviours.

Eating disorders can be seen as a way of coping with emotional distress, or as a symptom of underlying issues.

(Bodywhys, The Eating Disorders Association of Ireland)

Eating disorders amongst children and adolescents are a cause of serious concern. A working definition of these disorders, as they are manifested in school settings, defines sufferers of these disorders as being significantly preoccupied with food, weight, and shape, and possibly engaging in disturbed eating behaviours (Gowers & Bryant-Waugh, 2004).

Many sufferers are forced to defer their education whilst they seek treatment, thus furthering the potential negative impact of their condition on their social and cognitive development.

(B. Hellings and T. Bowles, 2007)

Anorexia Nervosa

- A person will make determined efforts to attain and maintain a body weight lower than the normal body weight for their age, sex and height
- They will be preoccupied with thoughts of food and the need to lose weight
- They may exercise excessively and may engage in purging behaviours.

Bulimia Nervosa

- A person will make determined efforts to purge themselves of any food eaten, sometimes following a binge, and often following 'normal' food intake.
- They will engage in high-risk behaviours that can include fasting, excessive exercising, self-induced vomiting, and/or the misuse of laxatives, diuretics or other medications
- They may maintain a body weight within the normal range of their age, sex and height. As a result, bulimia is often less obvious than anorexia and can go unnoticed for longer.

Binge Eating Disorder

- A person will engage in repeated episodes of bingeing without purging
- They will likely gain considerable amounts of weight over time
- They find themselves trapped in a cycle of dieting, bingeing, self-recrimination and self-loathing.

(Bodywhys, The Eating Disorders Association of Ireland)

Eating disorders are marked by a variety of emotional, physical, and behavioral changes. If a pupil consistently shows one or more of the signs or symptoms listed below, it is cause for concern.

Emotional

- Changes in attitude/performance
- Expresses body image complaints/concerns
- Incessant talk about food, weight, shape, exercise and cooking
- Displays rigid or obsessive thinking about food, eating and exercise
- Appears sad, depressed, anxious, ashamed, embarrassed, or expresses feelings of worthlessness
- Emotions are flat or absent
- Intolerance for imperfections in academics, eating and social life
- Is target of body or weight bullying currently or has been in the past
- Spends increasing amounts of time alone and pulls back from friends
- Is obsessed with maintaining unhealthy eating habits to enhance performance in sports, dance, acting, or modeling
- Overvalues self-sufficiency; reluctant to ask for help
- Unable or unwilling to acknowledge recent changes

Physical

- Sudden loss, gain, or fluctuation of weight in short time
- Complaints of abdominal pain
- Feeling full or "bloated"
- Feeling faint, cold, or tired
- Dark circles under the eyes or bloodshot eyes or burst capillaries around eyes
- Calluses on the knuckles from self-induced vomiting
- Dry hair or skin, dehydration, blue hands/feet
- Lanugo hair (fine body hair)

- Fainting or dizziness upon standing; frequent fatigue
- Thinning, dry hair

Behavioral

- Diets or chaotic food intake; pretends to eat, then throws away food; skips meals
- Creates rigid dietary rules or observes strict diet without medical or religious reason
- Exercises for long periods and with obsessional attitude
- Constantly talks about food; unwilling to share food; hoards food; refuses to eat food prepared by others, or without knowing exact ingredients
- Difficulty sitting still: hovers over chair instead of sitting, constantly jiggles legs, gets up from desk at every opportunity, offers to run errands
- Makes frequent trips to the bathroom
- Wears very baggy clothes to hide a very thin body (anorexia) or weight gain (binge eating disorder) or to hide a “normal” body because of concerns about body shape and size
- Avoids cafeteria, works through lunch and eats alone
- Shows some type of compulsive behavior, such as compulsive hand washing, hoarding, repetitive movements or speech or a need for constant reassurance
- Denies difficulty with food or body image despite evidence that it is an area of concern
(*Educators Toolkit, National Eating Disorders Association*)

Websites and EU Reports

The Eating Disorders Association of Ireland
www.bodywhys.ie

Eating Disorders Victoria, Australia
www.eatingdisorders.org.au

National Eating Disorders Association, US
www.nationaleatingdisorders.org

References

Hellings B. and Bowles T., (2007). *Understanding and Managing Eating Disorders in the School Setting*, *Australian Journal of Guidance & Counselling* 17(1), 60–67

Steiner-Adair C. and Sjoström L., (2006). *The School Guide: Full of Ourselves*. Teachers College Press

Educator Toolkit (2016). National Eating Disorders Association.

Eating Disorders in Schools: Prevention, Early Identification and Response (2nd Ed.)(2016). National Eating Disorders Collaboration

Eating Disorders: Information for Teachers/Youth Workers (2008). Bodywhys, The Eating Disorders Association of Ireland.