



# Supporting pupils with Eating Disorders

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Who is here today?



Attendance at  
this workshop  
will support you  
to:

- **Develop understanding of Eating Disorders**
- **Be able to identify early warning signs**
- **Provide early targeted support for children and their families**
- **Know when and how to refer pupils for specialist support**



Is there anything else you  
would like us to address  
today?



When you think about eating disorders what comes to mind?

Stories?

Images?

Concerns?



# Who are we?

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- Team of professionals from different disciplines (psychiatry, nursing, family therapy, psychology, occupational therapy, dietetics, social work, support work).
- Offer community-based support to young people aged up to 18yrs who have been diagnosed with or are suspected of meeting criteria for a diagnosis of Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, OSFED and Avoidant Restrictive Food Intake Disorder.
- We also run an intensive day treatment programme in Norwich, which accepts under 18s with eating disorders, this is useful as an alternative to admission to hospital



# What do we offer?

- Assessment and formulation
- Physical health monitoring
- Dietary advice
- Family appointments and family therapy
- Groups for young people and families/carers
- Individual therapy
- Meal support
- Mental health review with a psychiatrist (which may include medication)

Every young person will be allocated a member of staff who will act as that person's Lead Care Professional or Care Coordinator.

# Treatment

- Prognosis is better when a young person receives early treatment.
- Food = medicine in the early stages.
- Core intervention includes family involvement. Family key in supporting their child to eat.
- Individual therapy can be helpful but may not be prioritised early in treatment.
- No medication to 'treat' an Eating Disorder.
- Lead Care Professional will coordinate a young person's care, considering timing of interventions and what else might be needed.



# Comorbidity

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- People with an ED also commonly experience:
  - Depression
  - Anxiety
  - Obsessional thinking (sometimes diagnosed as Obsessive Compulsive Disorder - OCD)
  - Emotional dysregulation
- Symptoms associated with these diagnoses can be the result of suffering with an ED, may be triggers to the ED or both

# What is Anorexia Nervosa?

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- A determined restriction of food intake leading to a “significantly low body weight”.
- Fear of becoming fat or gaining weight or behaviour that interferes with weight gain even though at a significantly low weight.
- Disturbance in the way weight or shape is experienced,
- Persistent lack of recognition of the seriousness of the low body weight.
- Weight loss happens through dieting, fasting and/or excessive exercise.



# Binge Eating Disorder (BED)

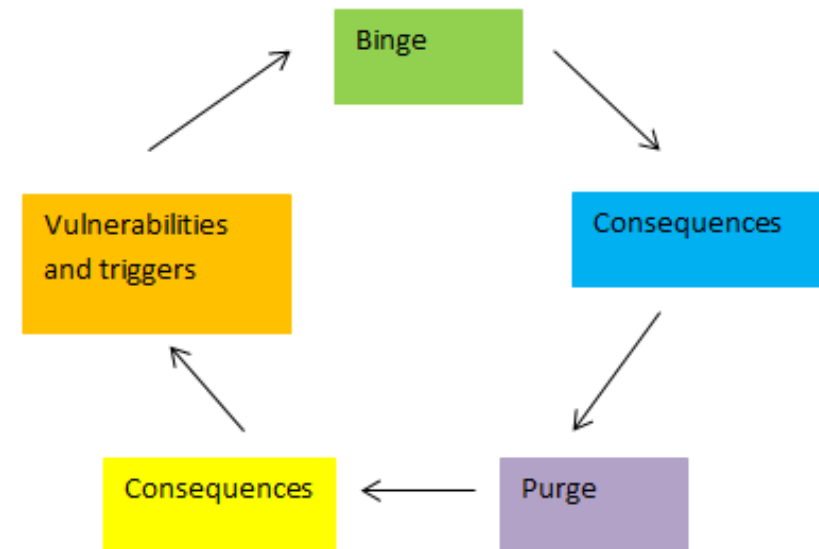
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- Eating very large quantities of food without feeling like they're in control of what they're doing.
- Difficulty to stop eating.
- Disconnected from what they're doing.
- Struggling to remember what they've eaten afterwards.
- Eating much faster than normal.
- Eating until feeling uncomfortably full.
- Eating alone through embarrassment at the amount being eaten.
- Feelings of disgust, shame or guilt during or after the binge.
- Weight gain.



# What is Bulimia Nervosa?

- Recurrent binge eating.
- Inappropriate compensatory behaviours to prevent weight gain (e.g. vomiting, laxatives, diuretics, fasting, excessive exercise).
- Over-focus of weight and shape on self-evaluation.
- There does not have to be any weight loss.



## Avoidant/Restrictive Food Intake Disorder (ARFID)

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- Characterised by the person avoiding certain foods and restricting food intake due to sensitivity to the taste, texture, smell, or appearance of certain types of food, fear of choking/vomiting and/or a low interest in eating.
- Not just a 'picky eater'.
- Not about body image concerns.
- Physical health is significantly compromised.
- Is seen in individuals with autism, but not exclusively.



# OSFED

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Other Specified Feeding or Eating Disorder

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Symptoms don't fit all the criteria for AN, BN, or BED

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Example: Atypical anorexia – where someone has all the symptoms of anorexia, except their weight remains within a healthy range.

Can Males  
Have Eating  
Disorders?

# YES

Males can have eating disorders but there is a discrepancy between research as to the prevalence. Why may this be?

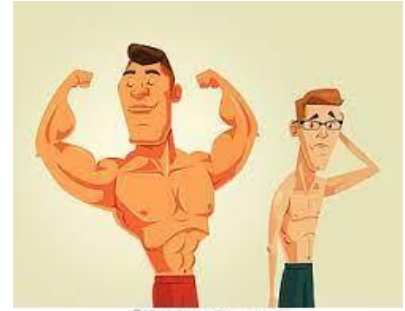


# Male presentation

- Males less likely to seek treatment: 'Girls illness', stigma/shame, delay in diagnosis as presentation may be different from females.
- Under researched group.
- Research is very conflicting with similarities and differences between males/females.
- Overall, differences in male presentation with eating disorders are desire to be 'more muscular' and 'leaner' rather than 'skinny'.
- Males less aware that their eating and weight control behaviours are an ED, especially those who excessive exercise and/or binge eat.







What might be the signs that indicate someone is experiencing an ED?

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# Signs of ED You Might Notice



- Weight loss (Except with BED)
- Doing a lot of after school and during lunch activities (esp. exercise)
- Perfectionistic tendencies
- Going to the toilet often during breaks and/or after meals
- Social withdrawal
- Missing meals
- Making comments about their weight or shape and how they are unhappy with this (Except with ARFID)
- Feeling cold, wearing warmer clothes
- Wearing looser clothing
- Problems with concentration and tiredness
- Sudden changes in diet (e.g. becoming a vegetarian or vegan)
- Irritability and/or anger

# SCOFF QUESTIONNAIRE

<b>Do you make yourself Sick because you feel uncomfortably full?</b>	<b>/1</b>		
<b>Do you worry you have lost Control over how much you eat?</b>	<b>/1</b>		
<b>Have you recently lost more than One stone in a 3-month period?</b>	<b>/1</b>		
<b>Do you believe yourself to be Fat when others say you are too thin?</b>	<b>/1</b>		
<b>Would you say that Food dominates your life?</b>	<b>/1</b>	<b>Total</b>	<b>/5</b>

# Social Care, Parents and CEN-CAEDS Working in Partnership

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- Regular communication so social care know what treatment plan is at each stage.
- Understand that treatment will involve regular (often weekly) appointments during school time.
- In the early stages food = medicine. Therefore supporting a young person around meals is important.
- Understanding the responsibilities of Section 117



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# If supervising a meal, be attentive to:

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- Citing dislike of certain foods for what seem like non ED related reasons (e.g. texture, food sensitivities).
- Eating small amounts.
- Cutting food into small portions, smearing food, eating foods in a particular order.
- Eating very slowly or quickly.
- Hiding food (e.g. in sleeves, hair, a tissue).
- Going to the toilet soon after meal times.

If any of these traits noted be sure to discuss with parents, carers and CEN-CAEDS.





# Things to Avoid

- Talking about food, weight, body shape, exercise or events that may trigger feelings of distress.
- Talking about anything food related while supporting a meal or ask if the individual has enjoyed it.
- Using consequences for not eating or giving praise enthusiastically during / after a meal (even 'well done' may be too much...).

# Key Messages

- Early Intervention is key to better treatment outcomes.
- You have a role in noticing changes and acting on concerns at the earliest opportunity.
- Take these concerns to parents, carers and GP
- Have an understanding and awareness of eating disorders. Signs of ED can be well masked and hidden.
- If in doubt, complete SCOFF and seek out resources and support available (BEAT).



Refer

How?

1. Raise your concerns with young person and their parents/carers
2. Consider Eating Matters
3. Request a visit to GP/check on outcome
4. If in doubt contact us [CEN-CAEDS4professionals@nsft.nhs.uk](mailto:CEN-CAEDS4professionals@nsft.nhs.uk)
5. Don't delay, if in doubt refer



# Other useful Links

## **YouTube:**

search Eva Musby

## **Websites:**

[What is an eating problem? – Mind](#)

[What To Do If You're Experiencing Eating Problems | YoungMinds](#)

## **Books for carers:**

*Eva Musby (2014) Anorexia and other eating disorders*

*Janet Treasure (2017) Skills-based caring for a loved one with an eating disorder*

## **Eating Disorders Training:**

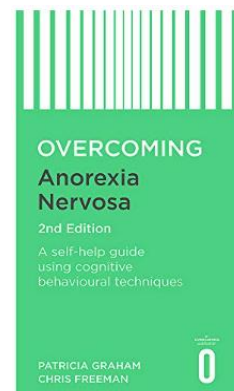
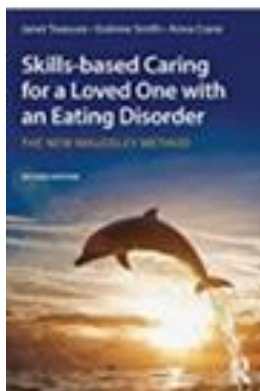
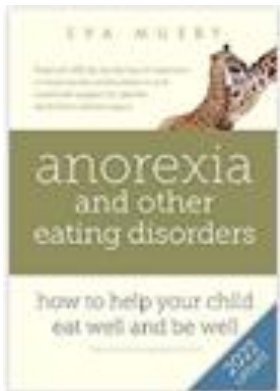
### **MIND:**

This one-day course looks at common eating disorders and the behaviours and thought processes associated with them. Delegates will learn how to spot the signs of an eating disorder, as well as practical skills to confidently and sensitively support someone who is affected.

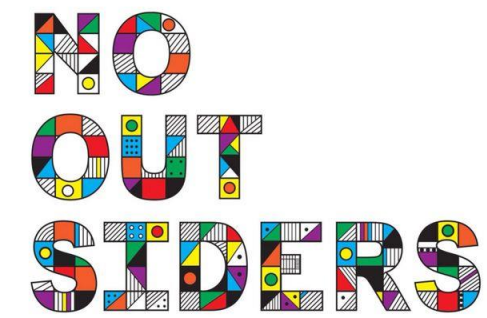
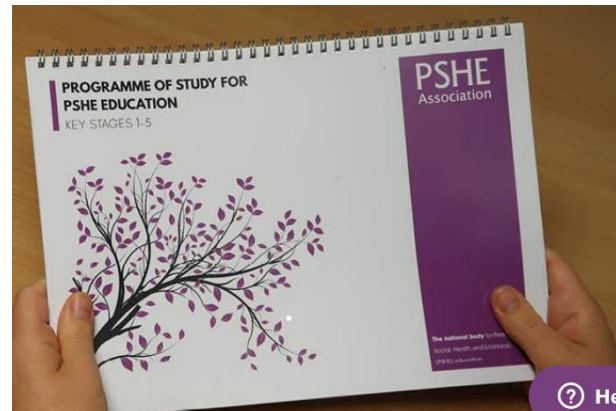
### **Suitable for:**

NHS, health, social & primary care staff, voluntary sector, county council and wider public services staff who have regular and intense contact with people who have eating disorders

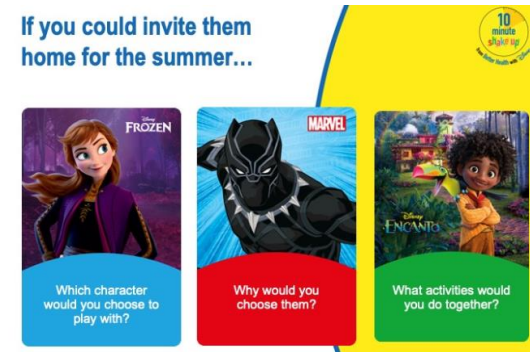
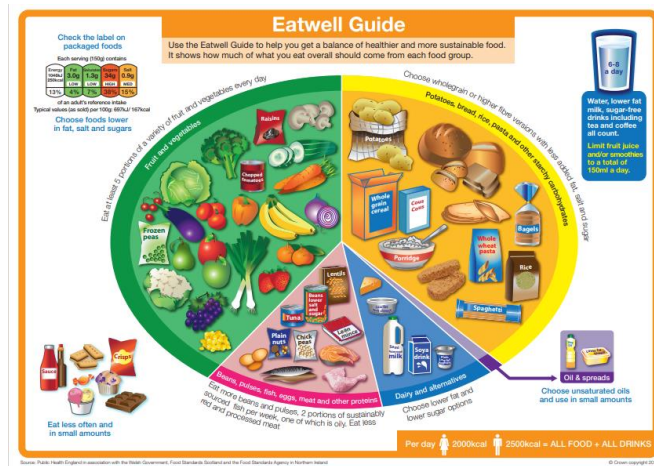
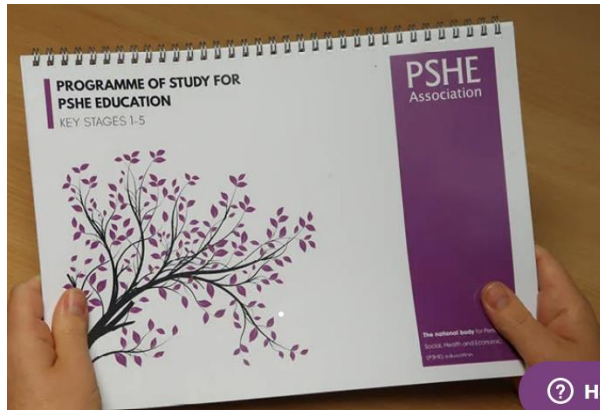
[Norfolk and Waveney Mind - ICS Training Programme](#)



# Useful teaching resources: building self esteem, promoting positive wellbeing, developing resilience



# Useful teaching resources: healthy nutrition and exercise



# BEAT services: Whether you need 1-2-1 emotional support, want to connect with others or to learn new skills, our range of services can help

Get information and support

Questions?

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