

SUPPORTING THE RECOVERY OF **STUDENTS WITH EATING DISORDERS IN SCHOOLS**

INTRODUCTION

PURPOSE OF THIS DOCUMENT

This resource is designed to provide information to schools and guide them on aspects to consider when formulating their policies on supporting the recovery of students with eating disorders. Each school will want to formulate their own response, taking into consideration existing policies and procedures on supporting student wellbeing as well as their capacity and capability.

UNDERSTANDING EATING DISORDERS

Eating disorders are serious mental and physical illnesses which require diagnosis by a health professional and formal treatment to support recovery. There are several different eating disorders that may be experienced, each with their own unique diagnostic criteria. Eating disorders such as Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED), and Other Specified Feeding and Eating Disorders (OSFED) tend to have weight and shape concerns as a central feature of the disorder. While other eating disorders like Avoidant Restrictive Food Intake Disorder (ARFID), Rumination Disorder and PICA do not share the same weight and shape concerns, people with these disorders can also become significantly malnourished and unwell if they don't receive the right treatment.

This document focuses on eating disorders that share weight and shape concerns as a primary feature. Every eating disorder experience is unique and there are a range of different treatment approaches. The prevalence of eating disorders amongst adolescents is high and has increased significantly since the beginning of the pandemic. It is likely that a number of students will be impacted in some way. Eating disorders not only affect an individual student, but also the school community, peers and friends, staff, and families.

Schools play an important role in the prevention, identification, and early intervention of eating disorders and supporting the recovery of a young person experiencing an eating disorder, in partnership with parents and clinicians. It is important to note that there are many different treatment approaches and not all students will be engaged in health-professional led treatment. Schools will need to be aware of this and should also not assume that a student with an eating disorder has support from a clinician or their family.

Every school should consider their existing capacity and capability to support students with eating disorders. They should also have a clear policy setting out the prevention and early intervention strategies they will employ, including:

- Providing an environment that promotes student wellbeing through the adoption of evidence-based mental health programs and initiatives to increase self-esteem, positive body image, balanced approaches to eating, physical activity and other related topics.
- Implementing policies and practices to promote emotional and social wellbeing and to create a school culture which encourages positive relationships with the body, eating and physical activity. For example, avoiding the weighing, measuring or anthropometric assessment of students.
- Adopting a zero-tolerance approach to weight/appearance-based teasing or bullying to ensure the

school environment is inclusive and respecting of body and appearance differences.

- Providing staff with the opportunity to learn about body image and the impact it has on a young person's health, wellbeing, studies, extra-curricular activities, and inter-personal relationships.
- Ensuring staff are supported to understand disordered eating and eating disorders and their warning signs so they can help to identify and intervene early if concerned about a student.
- Supporting staff in role modelling healthy behaviours and attitudes towards their own body, eating and physical activity and encouraging them to seek support if needed.
- Working in partnership with families and recognising their central role in prevention, early identification and supporting eating disorder treatment and recovery.
- Providing the wider school community with resources and further information relating to prevention and early intervention, and supporting students impacted by eating disorders.

COMMON WARNING SIGNS OF EATING DISORDERS

The signs and symptoms of eating disorders will vary and may be challenging to detect as people experiencing eating disorders may not have sufficient insight to understand the impact and severity of the eating disorder and associated behaviours. Many of the emotional and psychological warning signs occur long before behavioural or physical signs may be noticed.

Behavioural Warning Signs May Include:

- Restrictive dieting or overeating excessively
- Changes to eating habits and behaviours, eating only certain types and amounts of food
- Avoiding social situations that involve food
- 'Playing' with food rather than eating it
- Going to the bathroom straight after meals
- Wearing loose fitting clothes to hide weight loss or due to shame associated with the body
- Exercising excessively in a driven and compulsive manner
- Obsessively and repetitively weighing themselves or body checking.

Physical Warning Signs May Include:

- Sudden, noticeable changes or fluctuations in body weight/size (not relating to puberty)
- Signs of frequent vomiting - swollen cheeks/jawline, calluses on knuckles, or damage to teeth
- Fainting or dizziness
- Fatigue - always feeling tired, unable to perform normal activities.

Psychological Warning Signs May Include:

- Preoccupation with body image, body weight and food
- Becoming irritable or withdrawing from friends
- Being sensitive to comments about food, exercise, weight, or body shape
- Feeling depressed or anxious
- Being sensitive to criticism, or feeling guilty
- Having difficulty concentrating
- Having problems with relationships
- Having suicidal thoughts or of self harm behaviours
- Experiencing other mental health concerns.

It is important to note that eating disorders often present alongside other mental illnesses such as Depression, Anxiety, Obsessive Compulsive Disorder, and students experiencing these illnesses may be at greater risk of an eating disorder. There is also a high association between eating disorders, self-harm, and suicidal ideation.

For further information about eating disorders, their warning signs and also risk factors, please visit the Butterfly Foundation website <https://butterfly.org.au/eating-disorders/risks-and-warning-signs/> or the National Eating Disorders Collaboration - <https://nedc.com.au/support-and-services/supporting-someone/understanding-the-warning-signs/>

SUPPORTING THE IDENTIFICATION OF STUDENTS WITH EATING DISORDERS

Every school is encouraged to have practices in place to help support the early identification of eating disorders. All eating disorder experiences should be treated respectfully and seriously.

NOTIFICATION OF EATING DISORDERS

School staff can become aware of a student's concern in several ways including:

- The school may be advised by the student's parents/carers or siblings following a diagnosis. This notification should be formally documented in the same manner that any other health condition is recorded at the school.
- A staff member may suspect a student is experiencing an eating disorder that has either not been diagnosed yet or the school has not been notified of.
- A student shares concerns with a staff member about another student.

When parent/carers notify school of an eating disorder diagnosis

It can be a distressing time, when the school is notified of a student's eating disorder diagnosis. The school should aim to learn as much as possible about the treatment/recovery support that the student is receiving which includes understanding the volume and timing of appointments as this will affect the student's attendance. It is important to remember that the focus needs to be on the student's recovery, rather than how the student will maintain academic performance.

It is also important that the school clearly communicates what they can and cannot offer in way of support. Whilst supporting the recovery of all students experiencing eating disorders is an important role for schools, students returning from inpatient stays, those returning from longer periods away from school, and whose treatment involves weight restoration/stabilisation will have greater needs. Initial discussions should also focus on establishing communication protocols between parents, the school, and any treatment providers, ensuring appropriate consents are in place, and agreeing what information will be shared and with whom. As treatment progresses, things may change (treatment requirements may intensify or reduce). It is important that regular updates and check-ins occur.

When an eating disorder is suspected staff should:

- Ensure they are well informed about eating disorders so that they can identify early warning signs in line with the evidence.

- Follow school internal referral guidelines e.g., report their concerns to the school's wellbeing team/or other designated staff. The school's wellbeing team/staff member should then decide who is best placed to approach the student. Note: Guidance on approaching a student can be found at <http://www.foodforthought.org.au> and in the [Mental Health First Aid Guidelines for Eating Disorders](#).
- The staff member approaching the student should explore if the student has told anyone else, particularly parents/carers, and aim to speak with the student's family as soon as possible. Depending on the student's age and family situation, the student should be involved appropriately and respectfully regarding what happens next.
- Aim to act with the student's consent and where this is not possible, let the student know what they are going to do and why.
- Encourage the student and their family to contact their GP and ask for a referral to an eating disorder credentialled psychologist or psychiatrist. Involvement of an eating disorder credentialled dietitian might also be needed. For more information, ask the student or parents/carers to contact the Butterfly National Helpline. Families may also want to search Butterfly Foundation's [database](#) for nearby professionals and services.
- Document discussions with parents/carers regarding concerns raised and agreed actions for the student, school, and parents. For example, asking parents to keep the school informed of treatment progress.
- Seek consent to speak with any external treatment providers to ensure a consistent approach.
- Refer to child protection legislation and the school's policy and code of practice if the student's family does not wish to acknowledge the issue and there are any concerns around harm associated with failure to seek medical care.

Staff should not:

- Diagnose the student with an eating disorder. This is not the role of school staff and diagnosis of an eating disorder must be by a health professional (GP, Paediatrician, Psychiatrist, Psychologist)
- Approach the student directly before following internal referral procedures e.g., speaking with the student wellbeing team/other designated staff. Concerns are to be formally reported.
- Attempt to treat or counsel the student (unless this is agreed and with a suitably qualified member of staff).
- Provide personal contact details to the student or their family.
- Discuss or disclose their concerns with other staff members who are not directly involved with the student's care plan.
- Promise confidentiality to the student which may compromise the staff's duty of care.

A student discloses to a staff member that they are concerned they may have an eating disorder or expresses concern for another student.

Staff should:

- Respond in a calm, empathetic, supportive, non-judgemental manner.
- Listen and acknowledge in a genuine way.
- Believe the student and validate their concerns even if they don't seem "real" or "genuine" or "serious enough".
- Commend them for seeking support and create a space that allows them to trust and confide in you.
- Avoid asking direct questions about the behaviours being engaged in.

- Be mindful that the student may not be disclosing the full extent of the issue.
- Ask the student if there is any immediate support they need or what assistance they might like. It is important that a suitably qualified member of staff undertake a risk assessment of any immediate medical or psychological issues.
- Explore if they have told anyone, especially their parents and if there is anyone they would like to tell to form part of their support network.
- Thank the student for confiding in them and advise the student that you will need to discuss the issue with another member of staff so that the school can provide appropriate support.
- Assure the student that the information they have provided will be handled sensitively.
- Formally report the conversation and observations (see section above), on a need-to-know basis to protect student privacy.
- Reassure the student that help is available, and the school is there to support.
- Assist in facilitating conversations with parents and relevant staff who can provide support e.g., school counsellor.

Staff should not:

- Dismiss or disagree with what is being shared.
- Diagnose (intentionally or otherwise).
- Engage in risk assessment if not specifically trained or allocated this role.
- Make well-meaning personal comments about the student's weight or appearance (i.e., "You look fine").
- Tell students to stop worrying about their weight, shape or exercise concerns or imply that the behaviours will subside on their own.
- Seek to normalise the student's experience with comments like "This is very common in your age", or "Everyone goes through this" or "I do that/feel that too".
- Be judgmental or react negatively.
- Share any anecdotes, disclose information about other students or their own personal experiences.
- Diagnose or offer therapy.
- Promise confidentiality which may compromise the staff's duty of care.
- Discuss the student's situation with other students or families.

SUPPORTING THE RECOVERY OF STUDENTS EXPERIENCING AN EATING DISORDER

Every experience of an eating disorder and the treatment and recovery process is unique. Therefore, the ways in which a school supports recovery will need to be flexible and determined by several factors including the diagnosis, stage of recovery, type of treatment, the wishes of the student, the capacity of the school and capability of staff.

EATING DISORDER RECOVERY SUPPORT PLAN

As for any serious illness, schools should develop a recovery support plan for a student diagnosed with an eating disorder. The 'Eating Disorder Recovery Support Plan' should set out the specific contribution and practical actions to enable the student to focus on their treatment and recovery. It should be developed in collaboration with the student, their parents/caregivers and any treatment providers and outline protocols for communication. Schools may already have templates for such plans which can be modified to include specific considerations for eating disorders. The name of any plan is less important than ensuring all aspects of support are covered.

The 'Eating Disorder Recovery Support Plan' should be stored appropriately to adhere to privacy and updated as required. It should be communicated to relevant staff in a confidential manner. The 'Eating Disorder Recovery Support Plan' and the involvement of school staff should be reviewed regularly by those involved in its development.

LIASON WITH TREATMENT PROVIDERS

Families/caregivers will need to provide consent for treatment providers to contact the school. Where possible parents should be encouraged to advocate for a case conference between the school, treatment team any other supporting professionals.

STAFF WELLBEING

When a student is experiencing an eating disorder it can be extremely challenging for all members of the school community, including staff, especially those who may have had their own lived experience of an eating disorder (past or existing, for themselves, or as a caregiver). Supporting students with eating disorders can be a long and intensive process and can be emotionally challenging. The wellbeing of staff and the provision of support structures such as a buddy or supervision system, should be a priority for the School Leadership Team.

It is important that staff:

- Consent to their involvement within the 'Eating Disorder Recovery Support Plan' and can cease involvement if they feel their own wellbeing is compromised.
- Always maintain professional boundaries.
- Do not attempt to treat the student.
- Do not provide personal contact details to the student or their family. All communications are to go via the school's communication channels.
- Practice self-care and share their concerns with relevant school staff; or seek support from the relevant Employee Assistance Program or their own GP.

MODIFICATIONS

Schools can greatly assist the recovery of students by becoming aware of how eating disorders and treatment affects students physically and mentally and by trying to reduce unnecessary stress and anxiety. Following in-patient treatment or an extended period of non-attendance, a phased return is advised. Support and modifications may be given in relation to:

- Academic Expectations – The student, parents and staff may need to re-evaluate academic expectations.
- Learning Support - This may include reduced timetabling, flexibility with homework, extended deadlines for assignments, extra-time for exams, additional 'catch-up' support from teachers, provision of a quiet study area etc.
- Physical Activity Expectations – A student's treatment team may make recommendations around approved physical activity. For example, alternative arrangements may be needed for students during PE lessons or for keeping the student engaged with sporting teams when not directly participating whilst ensuring that the privacy and confidentiality of their health status is maintained in the school community. Students might also be guided to a non-sport focused school club/activity.
- Attendance and punctuality – Students may miss days or part days of schools, need time off to attend treatment appointments and be given additional time to eat.
- School Excursions – Agree what support if any is required, especially around mealtimes, to enable a student to participate.
- Psychological Support – For example, who the student should contact if feeling distressed.
- Behaviour Management Strategies – Support for the student to help identify triggers and manage and regulate behaviours.

SUPPORTING EATING AT SCHOOL

Eating and developing a healthier relationship with food is central to the recovery process. Regular eating is important for all types of eating disorders and some students returning to school may have a meal support plan specifying the number and type of meals and snacks to be eaten in a day, supports needed and the responsibilities of those involved. The level of support a student may require to engage in regular eating or adhere to their meal support plan will vary and may fluctuate. In the acute stages of illness, helping a person with an eating disorder to eat, requires specialist skills, and specialised training and sits outside the scope of most school staff.

SUPERVISION OF EATING BY FAMILY/CARE-GIVERS

The responsibility of supervising eating ultimately rests with the student's family. Schools can assist families with this by providing a quiet, safe space within the school (or car park) for parent and child to meet or by allowing students off-school site during mealtimes in line with the meal support plan. Supervision by parents in the early stages of treatment and/or return to education when support needs may be higher is advised.

SUPERVISION OF EATING BY SCHOOL STAFF

By agreement and at their discretion, some schools may wish to go further and offer supervised eating by staff. This may be at a time when the student no longer requires encouragement/prompts to eat, or intense monitoring of post-meal actions and it has been established that they are coping with eating at school. The focus should be on observing and reporting. Each school will want to consider their capacity, capability and any additional training needs to provide supervision; it is not a requirement of schools.

Any member of staff (or roster of staff) providing supervision of eating in place of family/caregivers should:

- Receive sufficient information from the parents/carers and treatment team about food requirements and their role.
- Agree what information is to be reported back to parents and when e.g., did the student attend, did they have the required food, did they eat what they were supposed to eat, are parents to be notified immediately?
- Not coax, push, force or encourage the student to eat. If this level of support becomes evident/re-emerges then the task of supervising eating should be returned to parents.
- Not discuss the student's eating disorder, or treatment/treatment goals. They should avoid making any comments about the food being eaten (type or amount etc) or any sensitive topics such as appearance but may also include progress at school and peer relationships.
- Support the student to follow their post-meal plan. This may involve walking with the student to their next class and ensuring a bathroom break isn't taken for 30 minutes. If this is not possible due to resourcing, schools should work with the student and parents to determine how post-mealtime can best be supported.
- If students are struggling to eat in line with their meal plan parents/caregivers should take back responsibility for supervising eating at school and inform the health professionals/treatment team.

If a student requests the company of a sibling or friend at snack/mealtimes careful consideration should be given to ensure that this is in the best interest of all parties (i.e., impact on wellbeing, connection with peers) and that the accompanying student does not feel burdened or obligated. A small roster may be appropriate. Mechanisms should be in place to monitor wellness and allow for escalation of concerns.

ONGOING MONITORING

When students are at the stage where their eating is returning to normal some low-level supervision and reporting to parents may still be required. This may involve canteen staff or lunchtime supervisors.

For further advice/training on eating and support schools should contact their local state-based eating disorder service or the Butterfly Foundation.

MEDICAL EMERGENCY

If at any stage a student with an eating disorder becomes medically compromised (i.e., fainting, fitting, disoriented), staff must call '000' immediately and advise the responder that the student has an eating disorder. Eating disorders can be life-threatening.

SUPPORTING FRIENDS AND SIBLINGS

Eating disorders also affect the student's friends, peers, and siblings. It can be challenging and distressing for a young person to have a friend or sibling experience an eating disorder and their own mental health, studies, sports/other activities may also be impacted.

It is important that those closest to the student are supported. This may include:

- School counselling
- Small group work with the wellbeing team
- Communicating with other families (with consent from the student with an eating disorder) so they are aware of what is happening.
- Linking families into mental health services if required.

WIDER SCHOOL COMMUNITY

Staff are encouraged to:

- Minimise gossip amongst the peer group and treat breaches of confidentiality in a swift and serious manner in line with the school's code of conduct.
- Help the student with an eating disorder decide what, if anything, they want to say to peers/staff about their absences/illness.
- Take immediate action against any name calling or bullying directed at the student.
- Take any copycat behaviours seriously. While eating disorders cannot be 'caught', some of the typical behaviours, such as restrictive eating and excessive exercise can be copied. If a student (friend/peer/sibling) is exhibiting concerning behaviours it is important that they are taken seriously and that intervention, as outlined earlier, is implemented. While it may not be an eating disorder, it does flag that a student may be struggling and does place them at risk of developing disordered eating and other mental health concerns.

EDUCATION ABOUT BODY IMAGE, EATING DISORDERS AND RELATED TOPICS

Students with an eating disorder should be advised of lessons, programs or initiatives implemented by the school which refer to body image, eating disorders, weight, food, body measurement (e.g., within textiles) or exercise beforehand so that they can make an informed decision in discussion with their treatment team as if participation would be appropriate. Based on treatment team recommendations students should be supported to discontinue, reduce, and eventually reintroduce such activities. The details of any external providers can be given to the family so that they can make contact if they want to understand what is being covered and if it will be helpful for their child.

IMPLEMENTATION

A policy around supporting the recovery of students with eating disorders should be implemented through a combination of

- Staff training and supervision
- Maintenance of the student's Eating Disorder Recovery Support Plan
- Effective incident notification procedures
- Effective communication procedures with the student's parents/cares
- Effective record keeping
- Initiation of corrective actions where necessary.

RELATED POLICIES

Relevant related policies may include:

- Anti-bullying Policy (which should include bullying about weight, body size or appearance)
- Medical intervention Policies
- Incident reporting Policies and Procedures
- Supporting students with mental health concerns.

Contact

For further information on Butterfly's Prevention Service please contact: education@butterfly.org.au. If you are concerned about a student and not sure what to do or are looking for referral information, please visit: www.butterflynationalhelpline.com.au

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