




Eating Disorders: When to worry and what to do next

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Welcome and a little about me

- Have worked in the field of eating disorders for over 25 years as a clinician and trainer
 - Work for 2 national charities; Beat and Charlie Waller Trust
 - Passionate about eating disorders and raising awareness, understanding and how to support sufferers and carers
 - Deliver eating disorder training in schools, colleges, universities and work-places
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Learning outcomes

- Highlight the prevalence of eating disorders and the impact of COVID
- What an eating disorder is; the tip of the iceberg
- When to worry; warning signs to look out for
- What to do next
- Further resources and support





Jot down 3 things you know about eating disorders...?



- **1.25 million** people in the UK have an eating disorder and it is estimated over 4 million people are affected
- **Non-discriminatory**
 - ▶ Anyone can develop an eating disorder regardless of age, race, gender, ethnicity and social group
 - ▶ Many eating disorders develop during adolescence
 - ▶ Men and boys too; Estimated 25% affected are male

Eating disorders and COVID

dailymail.co.uk

Daily Mail MORE STORIES

Rise in youngsters with eating disorders is yet another distressing cost of the Covid lockdown - as charity sees an 81 per cent increase in calls to its helpline since March

By Eve Simmons For The Mail On Sunday
22:01 16 Jan 2021, updated 12:11 17 Jan 2021



Guardian

News Opinion Sport Culture Lifestyle



Eating disorders

Hospital admissions for children with eating disorders rise by a fifth in England

Mental health practitioners call for improved access to treatment services

Yohannes Lowe

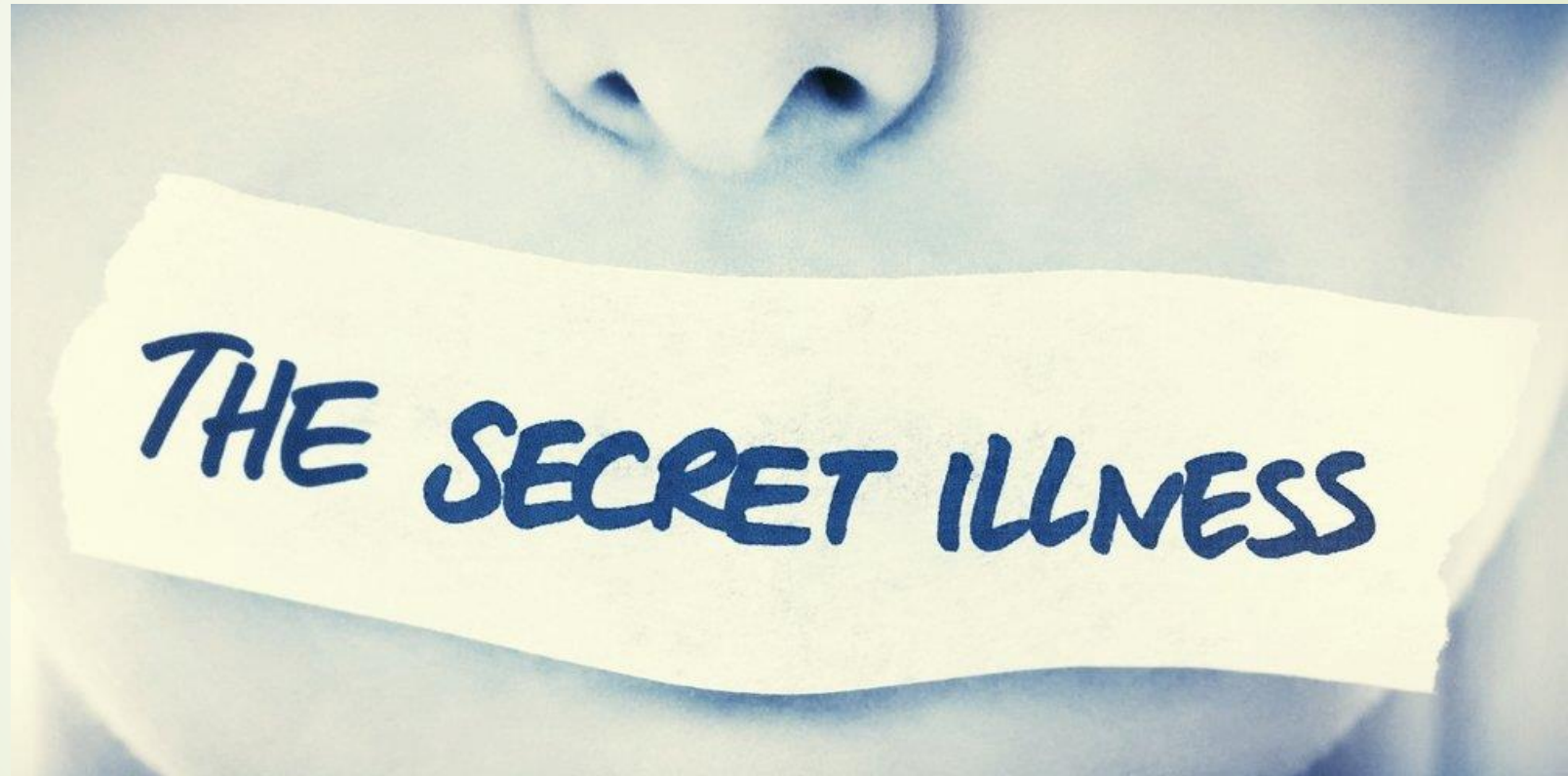
Mon 28 Dec 2020 19:01 EST

Impact of Covid-19

“I felt like I was managing but over the last few weeks I have felt that I am slipping back into my eating disorder... I go to bed feeling so disgusted with myself ... part of me wants to move away from the illness yet on the otherhand part of me feels this is the one thing at the moment with so much uncertainty and change that I can control”



What is an eating disorder





What is an Eating Disorder?

The individual is using food, their weight or shape;

- ▶ to **block out** or **control** difficult thoughts
- ▶ as a means of **cop**ing with, or **expressing emotion**
- ▶ it's their **cop**ing mechanism to manage day to day.
CONTROL



Eating disorders are serious mental health conditions

Anorexia Nervosa

Bulimia Nervosa

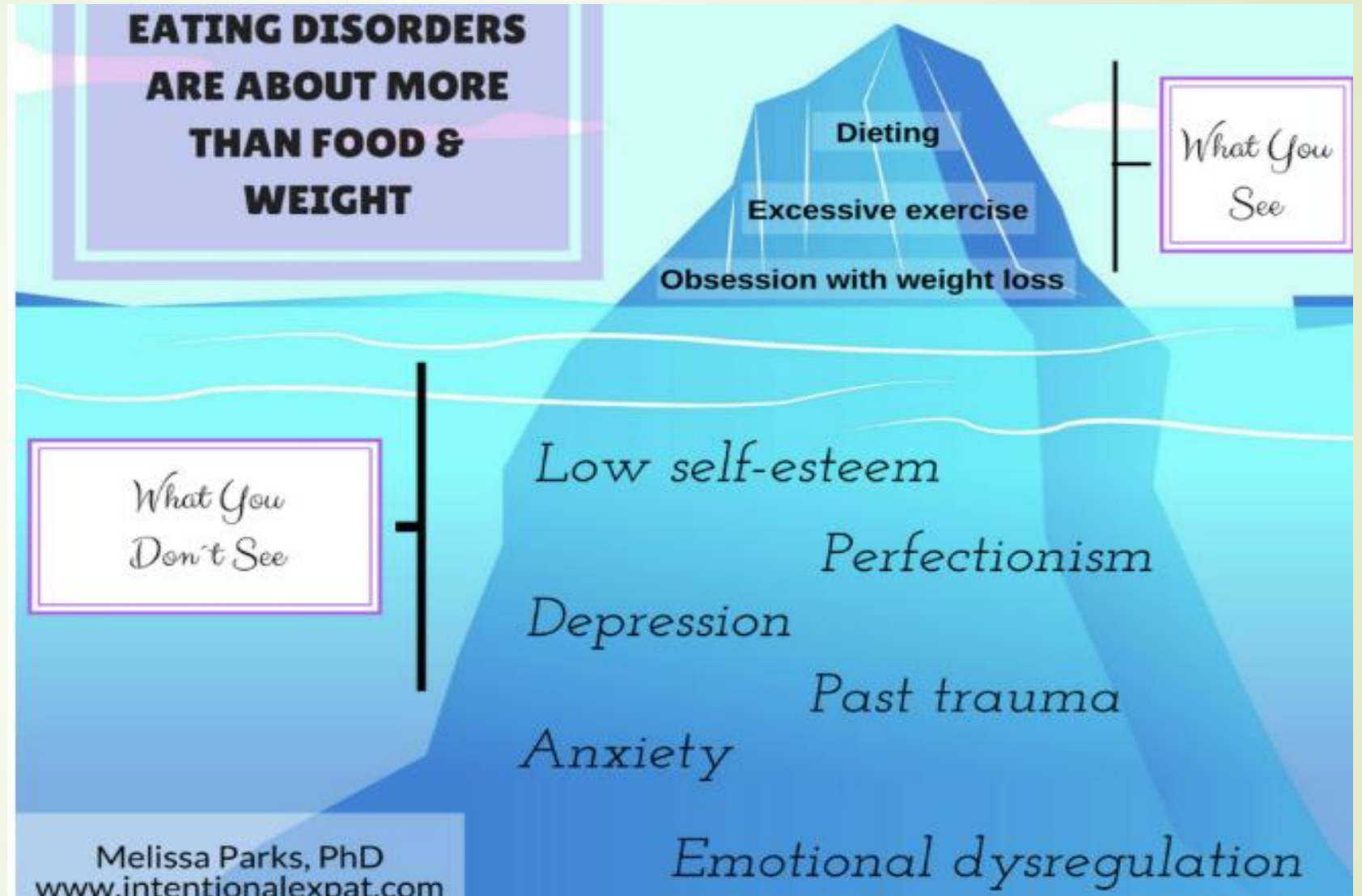
**Binge Eating
Disorder**

**Other Specified
Feeding and Eating
Disorders (OSFED)**

When to worry ...



Tip of the ice-berg





'...I didn't feel cool enough, smart enough or good enough...my bulimia was a sort of weird new release'

'it felt like...every worry, every problem, thought was just gone.'

'it was my go to thing when I felt out of control'

Fearne Cotton, speaking about her Secret Ten Year Battle with 'Intense' Bulimia



When to worry

- ▶ Marked change evident in their physical appearance
- ▶ Withdrawn, anxious, low in mood, loss of interest in previous enjoyed activities/subjects. Distracted. Isolated.
- ▶ Avoidance of interacting with family, friends, teachers.
- ▶ Demeanour change, i.e. from bubbly and outgoing to quiet and anxious.
- ▶ Refusal to eat, cutting out foods, eating less, bingeing, hiding food. Increased interest in food. Drinking a lot.



When to worry

- Excessive and compulsive levels of exercise, walking during breaks/lunch. Distressed when expected exercise is cancelled.
- Frequent trips to the toilet to purge/exercise.
- Increased pressure to succeed in study or loss of interest. High achiever/performer.
- Thinking is rigid, black-and-white, struggles to make decisions.
- Baggy and layered clothing to disguise, or skimpy clothing to display weight loss.



What to do next...



Jot down a couple of things you would do if worried about a child/YP

We need to be OPENING THE DOOR



What to do/say

Prepare

Prepare what you want to say and how you are going to do it

Find a safe space

Choose a place where you both feel safe and won't be disturbed

Listen

Listen more than you talk, side-ways listening, active listening

Don't delay

if you are worried seek advice, go to the GP, contact the Beat helpline for guidance



Prepare; If you have a Concern?

- **Not approach**
= potential to leave the eating disorder to become entrenched over time
- **Approach**
= potential to help them access appropriate support at an early stage
= greatly improve outcome

If they deny there's a problem – you've still 'opened a door

What not to do/say

- **Avoid giving simple solutions;** for example; “All you have to do is accept yourself” eating disorders are complex
- **Avoid commenting on appearance or weight;** people with eating disorders are already overly focused on their bodies
- **Avoid shaming and blaming;** “You just need to eat” “You’re hurting yourself for no reason”





Raising issues with a young person

- ▶ **Communicate** any concerns at the earliest opportunity; don't avoid
- ▶ Be clear about your purpose for doing so (**support**)
- ▶ Be mindful about how you're communicating: **what** you say and **how** you say it (verbal/non-verbal)
- ▶ **Be sensitive** to what the child/YP needs
- ▶ Inform the child/YP what you have **observed**, not your opinion about what might be the problem
- ▶ Give the child/YP **time and space** to talk
- ▶ Open questions/active listening
- ▶ Try to understand how the child/YP views the situation – **empathy**
- ▶ **Signposting** support in school, Beat website

What to say...

How are you?

Are you okay?

I might not completely understand, but we are here for you all...

This is quiet new to me too, we can work together to get you all the right support

What are you thinking, feeling, fearing?

How can I help?
What support do you think you need?

I will support you...

Let's think about options together...

Recovery IS possible for everyone

I am concerned/I've noticed...



... 'Look Tina, I just want to know you're okay?' (teacher)

I was shocked...I didn't think anyone had noticed what was going on but it seemed one person had! The question was so open and genuine, as if he could see straight through my cool-as-you-like attitude to the scared little girl underneath...I felt exposed and vulnerable...

I had 2 choices, either lie and say everything was okay or spill the beans...and how I'd let everything get so out of control. 'Yes, of course, I'm fine'. I lied

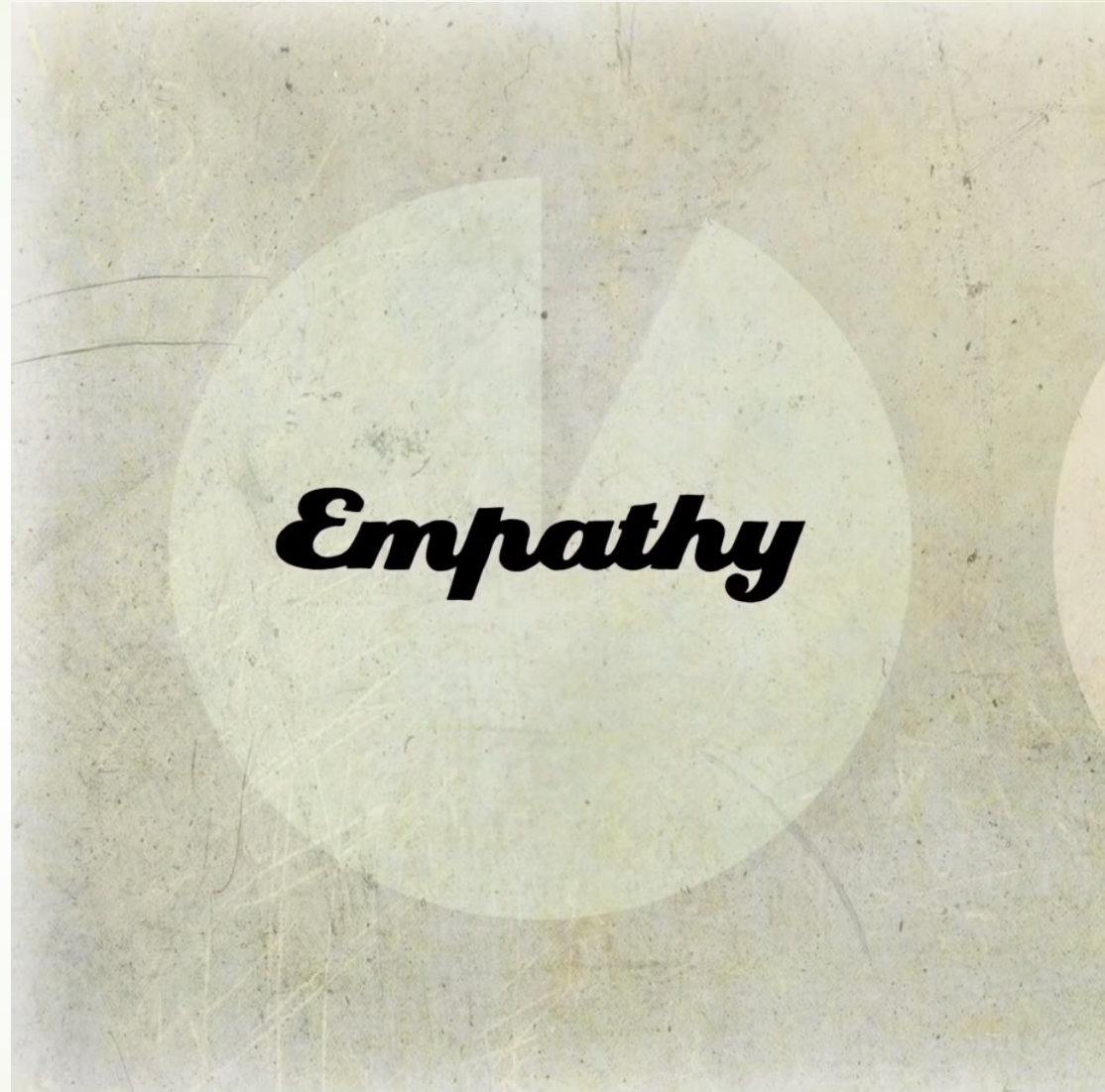
It was nice to know that someone cared, and deep down, all I wanted to do was run back in there and ask for a massive hug, then open my heart to him. I wanted to ask him for help to make my life better, but I couldn't. I just didn't know how.

Seconds to Snap. One Explosive Day. A Family Destroyed. My Descent into Anorexia.

Tina McGuff (2015) pp51-52

Find a safe place

- Create an environment of psychological safety so the young person feels able to talk about any difficulties they may be having and be open to any suggestions they might make.
- Practice compassion
i.e. empathy + action
- Video empathy v sympathy
<https://youtu.be/1Ewgu369Jw>



Listen



“Sometimes we don’t need advice. We just need somebody to listen.”



**But I don't
have time
to listen ...**

“Good listening isn't about how much time you've got. What matters is the quality...of your time”

“ A good uninterrupted four minutes is better than forty minutes of being distracted”

Nick Luxmore – Essential Listening Skills for Busy School Staff



Don't delay; referrals

- ▶ Child/YP's details.
- ▶ Confirmation they've consented to referral.
- ▶ Current weight/height.
- ▶ Any recent visible weight change.
- ▶ Current concerns re: eating behaviours.
- ▶ Any recent physical illness that may have affected weight/behaviour.
- ▶ Concerning behaviours: over-exercising, missing meals, excessive dieting, evidence of binges, vomiting, laxative use.
- ▶ Changes in mood, social interactions, activity, interests (increases or decreases).
- ▶ Significant life event recent/past (as appropriate).

£30 million investment to transform services in England

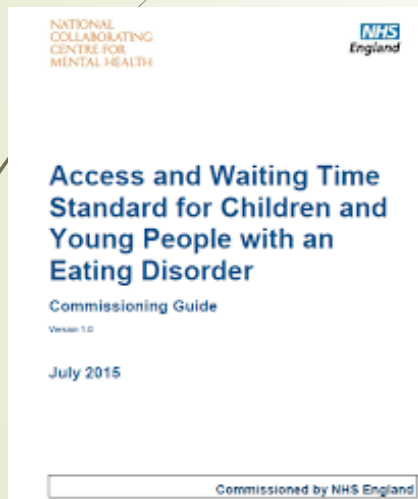
Community Eating Disorder Services for Children and Young People CEDS-CYP

**Standard set;
Treatment is to be received within...**

A maximum of 4 weeks from first contact for ROUTINE cases.

Within 1 week for URGENT cases.

Within 24 hours for EMERGENCY cases.



What Beat do?

'Exists to end the pain and suffering caused by eating disorders'

DIRECT SUPPORT

Helpline

Online Support Groups

Email Support

Social Media

Message Boards

Web chat

Website

Information & Resources



RAISING AWARENESS

Events

Ambassador Scheme

Training

Conferences

WORKING FOR POSITIVE CHANGE

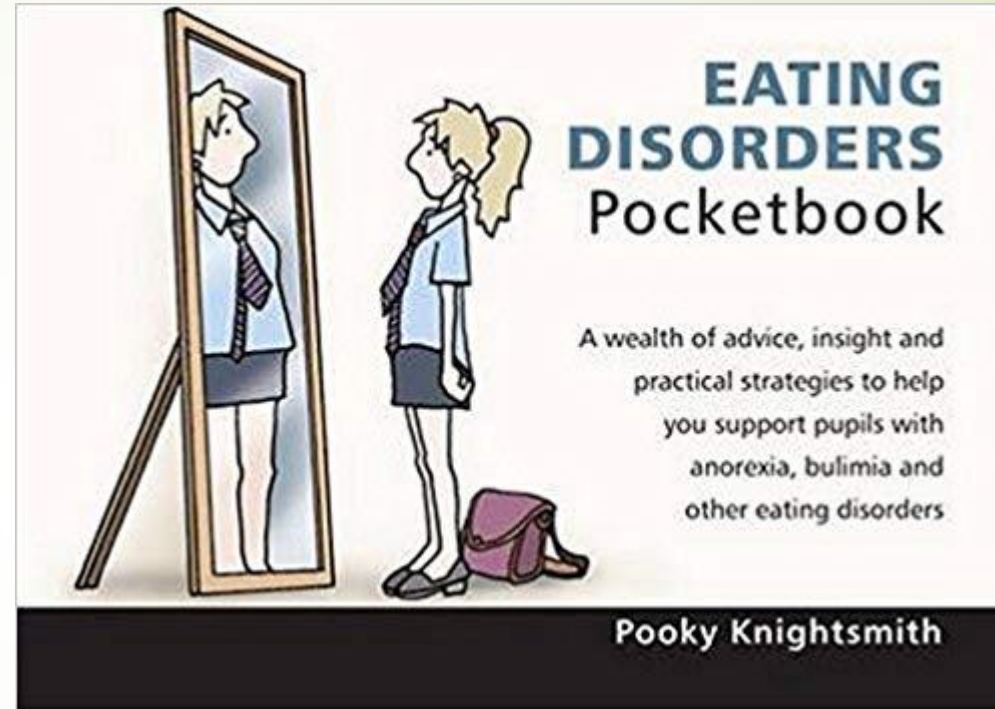
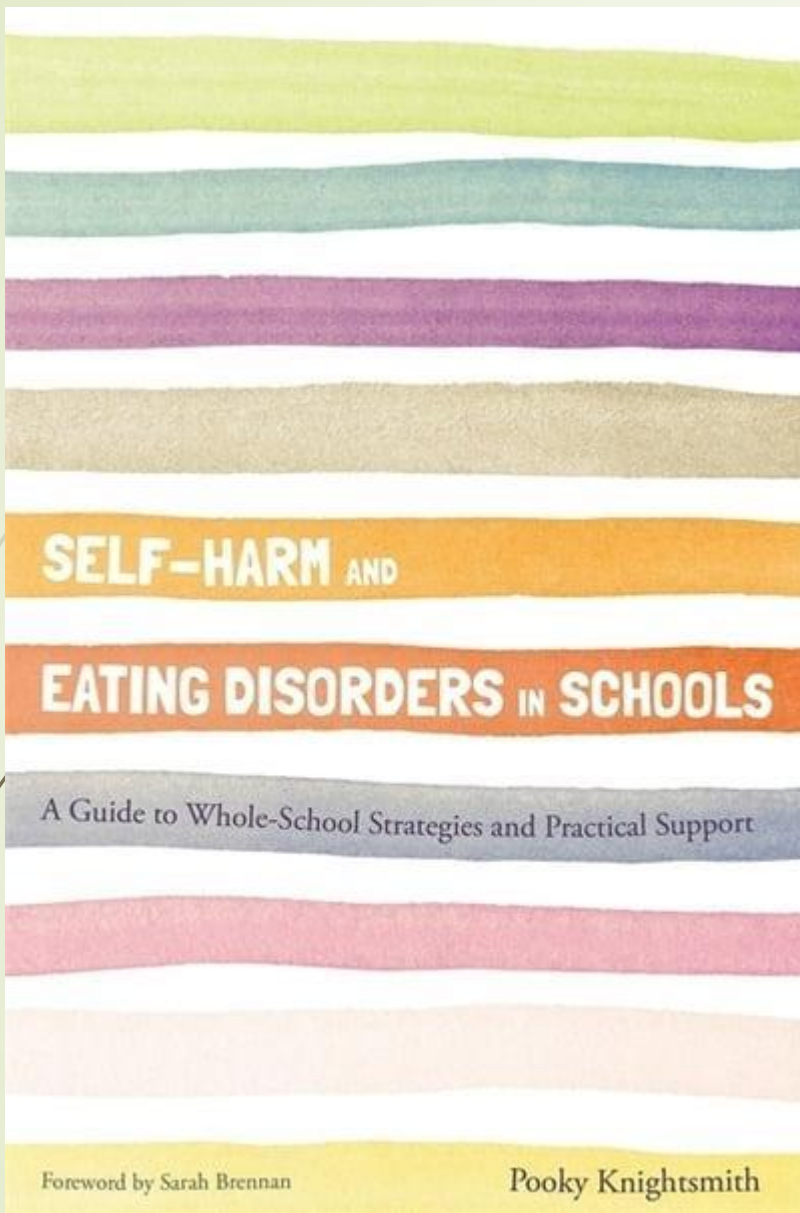
Campaigning

Media

www.beatingeatingdisorders.org.uk



Resources



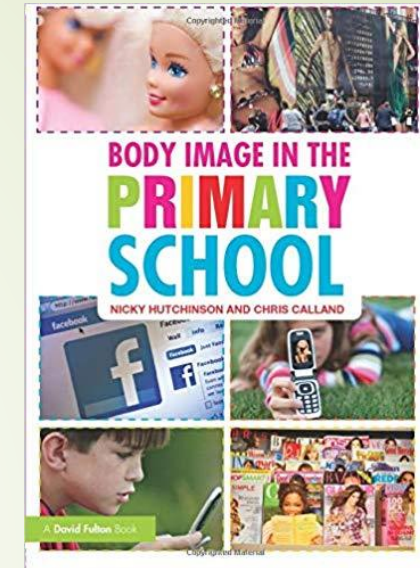
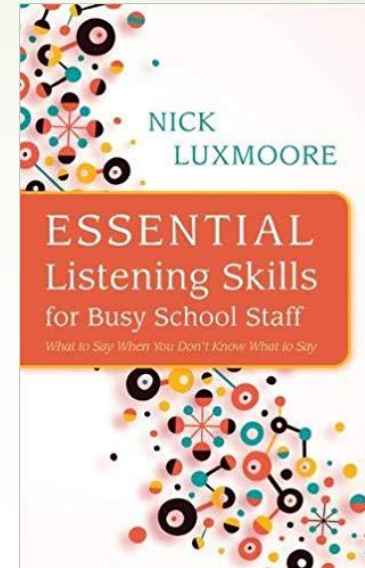
➤ **Avoidant Restrictive Food Intake Disorder (ARFID)**

<https://www.youtube.com/watch?v=JK9r14D4d-k>

➤ **Eva Musby**

Schools; Practical Measures to Support Pupils with an Eating Disorder

<https://anorexiafamily.com/meals-anxiety-school-eating-disorder/?v=79cba1185463>



Remember we need to be well to support children

- ▶ As the saying goes “you can’t pour from an empty cup”
- ▶ Be kind to yourself
- ▶ Practice self-compassion www.self-compassion.org
- Regular breaks are essential for maintaining our mental wellbeing. They also help us work more effectively.
- Maintain boundaries between work and home life so you can switch off properly.



Thanks for listening

