



Eating Disorders

and PSHE Education

Professionals' Pack

2024

Ellie Chesterton & Natalie McGrath

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Introduction

This pack aims to support education providers to deliver quality PSHE education around Eating Disorders through identifying the curriculum links within the PSHE Associations' Spiral Curriculum and the Department for Education's statutory guidance and developing staff's confidence and competence on the subject matter to support them to facilitate PSHE education on this topic within their own setting.

The Department for Education's statutory guidance states that:

- Pupils can also put knowledge into practice as they develop the capacity to make sound decisions when facing risks, challenges and complex contexts.
- Schools should show flexibility to respond to local public health and community issues to meet the needs of pupils
- This should be addressed sensitively and clearly

Children and young people need to be taught to manage risks, make safer choices and recognise when pressure from others threatens their personal safety and well-being.



Local Quality Framework

We believe that for PSHE education to be effective it must:

- Be delivered in a safe learning environment based on the principles that prejudice, discrimination and bullying are harmful and unacceptable.
- Have clear learning objectives and outcomes and ensure sessions and programmes are well planned, resourced and appropriately underpinned by solid research and evidence.
- Be relevant, accurate and factual, including using the correct terminology.
- Be positively inclusive in terms of:
 - Age
 - Gender Identity
 - Race
 - Sex
 - Disability
 - Pregnancy and Maternity
 - Religion or Belief
 - Sexual Orientation
- Designed to include the development of knowledge, skills and values to support positive life choices.
- Use positive messaging, that does not cause shame or victim blaming.
- Challenge attitudes and values within society, such as perceived social norms and those portrayed in the media.
- Be reflective of the age and stage of the children and young people and be tailored to the environment and group.
- Utilise active skill-based learning techniques to encourage active participation.
- Ensure that children and young people are aware of their rights, including their right to access confidential advice and support services within the boundaries of safeguarding.
- Be delivered by trained, confident and competent professionals.
- Empower and involve children and young people as participants, advocates and evaluators in the development of PSHE education.

Safe Learning Environment

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently.

We have created a guidance document to support professionals to create this safe in their own setting.



No. 01 – Ground Rules

Create in collaboration with the group . As the facilitator role model the agreed ground rules.



No. 02 – Collaborate with DSL

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.



No. 03 – Staff Confidence

Check Staff confidence levels. If anyone is in panic zone it is not safe or appropriate for them or the participants to teach on the topic. This pack should help professionals to move from panic zone to learning or comfort zone



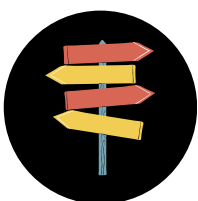
No. 04 Learning Techniques

Use scenarios and stories to help participants engage with the topic. Refer to the third person rather than you e.g. what could this character do?, or people of about your age....



No. 05 – Difficult Questions

Questions are an important part of learning. Sometimes a child or young person will ask a difficult question. As with all questions the first thing is to value the question whilst either allowing time to consider an appropriate answer or to deflect an inappropriate question.



No. 06 – Signposting

It is absolutely essential, that included in the lesson, is information about different organisations and people that can provide support both within the organisation and outside of it.

A more detailed version of this page is available by emailing either Natalie or Ellie

Best Practice Principles

Do not use scare/fear or guilt tactics

It is a common misconception that if a child or young person is shocked or scared by what they see in images, videos used in sessions, they will avoid the behaviour in the future.

Whilst young people will often say that they like 'hard-hitting' material and that it engages them more effectively, in fact when experienced in a safe setting (in this case a classroom or youth space), shocking images become exciting (in a similar way to watching a horror film or riding a rollercoaster) and this excitement response can block the desired learning. Equally, for anyone who has previously been affected by something similar, it can re-traumatise them or they can block the message as it is too close for comfort, which again prevents the intended learning. It also presents a scenario which is more likely to make young people think 'that won't ever happen to me' than the desired 'that could be me' response.

The adolescent brain is still developing which means that the perception of messaging and how they react to them is different to our experiences as adults. Furthermore, because their brains are still developing, they often live "in the moment;" when an unhealthy situation arises, they'll make decisions based on what they're feeling then and there, instead of making a reasoned, logical decision.

The pre-frontal cortex or critical thinking/reasoning part of the brain is the last section to develop.

You can find out more about the teenage brain [here](#).

Young people should be informed of risks in a balance and measured way through an approach that supports them to make informed, healthy, safe decisions and empower them to believe they can act on "good choices."

Top Tips:

- Evidence shows that shock and scare tactics just don't work.
- Check resources (including external agencies) for images or scenes that might be shocking, harrowing or scary for the age group – remember that children and young people will have a much lower threshold for what might worry them.
- Remember the purpose of the session is to educate not entertain. Just because young people might watch scary films in their own time, does not mean using similar films within PSHE Education will promote learning.
- Make sure there is a range of examples, case studies and consequences, most of which do not focus on the most dramatic or extreme outcomes.

Best Practice Principles

Knowledge, Skills and Values

Topics explored in PSHE education, relate directly to a child's or young person's life, when they might find themselves in a tricky situation or "crunch" moment – and need to make a quick decision; for example, a child who is dared to run across the road by their friends, or a teenager who is being pressured to start a fire. They will need to recall learning from PSHE education at that moment to help them make a decision.

They will, of course, require knowledge e.g., of the legality (or not) of their actions. However, in order to make a safe decision in the moment, they will also need skills to negotiate with their peers to resist pressure from others, to exit the situation (if they choose to) and access appropriate help or support if necessary. They will need a strong sense of their own values, to make the right decision and the confidence to stick to it.

Knowledge on its own won't necessarily stop someone from trying things. In many cases young people end up in situations where they know what they are doing is "wrong", but they do it anyway, as they lack the essential skills or attributes to help them effectively manage the situation.

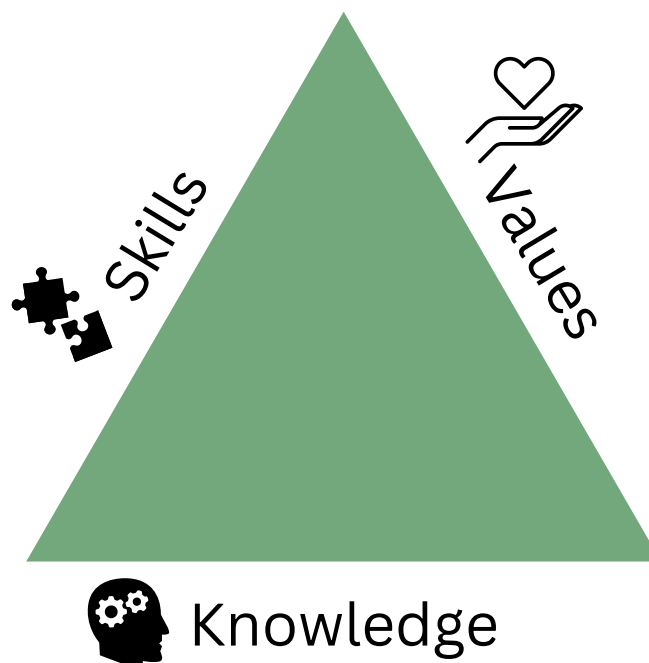
To ensure that sessions are balanced it is important to know the purpose of the activity and create a balanced session that increases or enables reflection on knowledge, skills and values.

The definition of each of these is:

Knowledge: gaining new information on a topic

Skills: gaining new skills on a topic

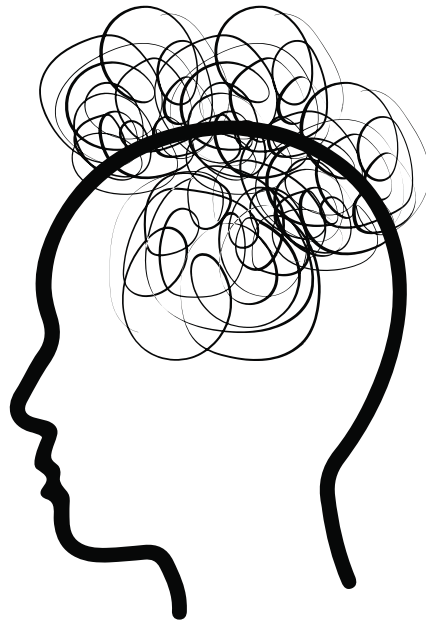
Values: reflecting on, and potentially altering, your own values in relation to a topic



Trauma Informed Approach

Being Trauma-Informed

It is important to be aware of the risks of educative interventions, if not delivered carefully. PSHE resources – when used with children and young people who have been affected by the topic being covered – can re-traumatise children and young people or induce vicarious trauma – this is defined as the feelings of trauma experienced by a third party when witnessing or engaging with the harm or trauma of another (Eaton, 2017).



The National Youth Agency provides a free e-learning course to help professionals gain a greater understanding of trauma and how it affects mental and emotional wellbeing. The module provides tools and reflection space for professionals to enable them to better support young people in this area.

You can access the course [here](#) – you will need to create a Youth Work One account to be able to access the course.

Top Tips

- Do not use resources that include graphic images, victim blaming or scenes of abuse.
- Ensure that the work is part of a planned, sequential curriculum that builds on prior knowledge.
- Work with your pastoral team to understand if there is anyone who could be affected by this scheme of work. Ask the individuals if they want to be included in the class or if they would prefer to do some other work - explain there will be no explanation given to their absence.
- Use resources only within class-sized groups and not within assemblies.
- Ensure that a trigger/content warning is given beforehand.
- Ensure there is plenty of time for class-based discussions and signposting and that children/young people do not move onto a different topic/lesson before having time to debrief.
- When exploring themes with the participants do not ask “what could x have done to not be a victim of...” or “what signs should they have spotted” this encourages victim-blaming and abuse is never the fault of the child or young person.
- Use distancing techniques - Avoid questions or activities which encourage students to consider their personal experiences, or ask them to put themselves in a particular situation. It is more appropriate to ask “how do you think x is feeling?” or “how would you feel if x was your friend?”. This helps to develop skills of emotional literacy and empathy. You could also ask young people to imagine the response of “a young person, about your age who goes to school around here”
- How can you make it easy for participants to leave the room and communicate this in advance?
- How will you ensure parents/carers have information about this scheme of work to support it within the home?
- You might want to consider a Disassociation Game to close the session. This is a quick, light-hearted, unrelated activity following the plenary on learning from the session. The purpose of this is to help students emotionally detach themselves from the content of the session before they leave.

Tips for Communication

Communication difficulties

Special provision should be put in place to support conversations with children, young people or adult learners who:

- have communication difficulties
- are too young
- are unable to communicate
- cannot or will not explain

You should refer to the child, young person or adult learner's behaviour plan and the information available from any assessments. This may include visual cues to help facilitate discussion, such as picture exchange communication cards.

Mencap has published further information on communicating with people with learning difficulties.

The National Autistic Society has also published tips to communicate more effectively with an autistic person.



The table below shows the learning opportunities from the relevant PSHE Association core themes which can be linked to Eating Disorders.

Secondary PSHE Association Key Stage 3

H11.	the causes and triggers for unhealthy coping strategies, such as self-harm and eating disorders, and the need to seek help for themselves or others as soon as possible
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Key Stage 4

H11.	the importance of and ways to pre-empt common triggers and respond to warning signs of unhealthy coping strategies, such as self-harm and eating disorders in themselves and others
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DfE Statutory Guidance:

By the end of Secondary pupils will know:

M3.	how to recognise the early signs of mental wellbeing concerns.
M4.	common types of mental ill health (e.g. anxiety and depression).



It is important to avoid teaching methods and resources that provide instruction on ways of self-harming, restricting food/inducing vomiting, hiding behaviour from others etc., or that might provide inspiration for pupils who are more vulnerable (e.g. personal accounts of weight change)

PSHE Association SEND Framework

Key Stage 3-4

SSS1 – Feeling Unwell

Development	Recognise some situations where we might need to ask someone for help with our mental wellbeing (e.g. feeling unhappy or depressed, disrupted sleep pattern, not wanting to eat/over-eating).
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HL2 – Mental wellbeing

Encountering	Respond to stimuli about things we like to do which make us feel calm and relaxed.
Foundation	Identify things we can do to help ourselves when we feel worried or stressed.
Core	Recognise what mental health and emotional wellbeing are. Suggest some simple ways to maintain our emotional wellbeing (e.g. relaxing, being with friends/family, listening to music).
Development	Explain the link between physical health and mental wellbeing. Recognise when we need help with mental health or emotional wellbeing and whom we can speak to. Explain why it is important to seek help for ourselves or others if we are worried about unhealthy coping behaviours (e.g. self-harm or disordered eating).
Enrichment	Describe some healthy coping strategies that can help if we are struggling to maintain our emotional wellbeing. Describe how we can help friends or family who might be feeling stressed or unhappy. Identify things that can prevent people from seeking help with mental health issues (e.g. stigma).
Enhancement	Identify reliable sources of advice and support for mental health and emotional wellbeing. Identify some strategies for challenging stereotypes and stigma relating to mental health.

Key Stage 5

H5.	to recognise common mental health issues such as anxiety, depression, eating disorders, self-harm and compulsive behaviours
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NYA Youth Work Curriculum:

HW4.	Making appropriate support and services accessible when necessary
HW5.	Providing appropriate, accurate information and guidance

Useful Resources

Please check all resources are suitable for your settings and children before use

Eating Disorders

Check our [resource library](#) for the latest lesson plans on the topic. Please note [registration](#) is required. This only takes a few moments to complete.

Videos:

[Understanding Eating Disorders – Dr Dasha Nichols](#)

Supported by [fact sheet](#). This film contains sensitive material about Disordered Eating and is not suitable for children under 16.

[Do I have an eating disorder? – Mind](#)

[James's experience with Eating Disorders – Mind](#)

Mind, the mental health charity, presents the story of James who was a teenager when he developed an eating problem. He needed help but stereotyping around eating disorders meant it took time for people to realise what James was experiencing.

[Sandeep's experience living with Eating Disorders – Mind](#)

Mind, the mental health charity, presents the story of Sandeep who was diagnosed with anorexia nervosa, body dysmorphia disorder and obsessive compulsive disorder. But Sandeep is much more than her diagnosis. Hear how her family, faith and helping others, helped Sandeep on her recovery from eating disorders.

[KS2 / KS3 PSHE: Anorexia – Kirsty's story – BBC Teach](#)

Animated documentary relating the story of Kirsty, a girl who developed anorexia as a response to social anxiety and who became so thin she was hospitalised before seeking help.

[KS3 / GCSE PSHE: Dealing with an eating disorder – Jack's Story](#)

Narrated in first person, this film explores what it is like to battle with an eating disorder.

DEVELOPING SUBJECT KNOWLEDGE



EATING DISORDERS

with thanks to...

Definitions

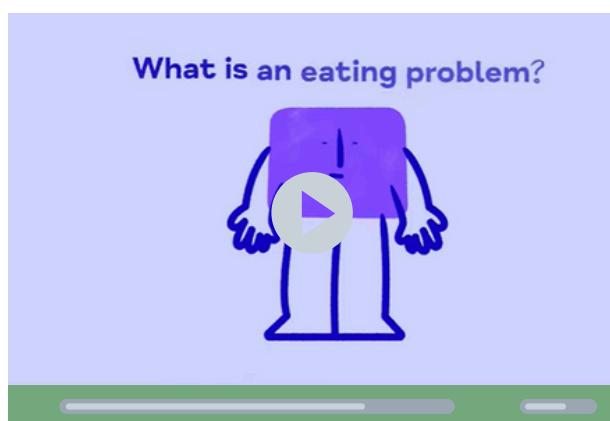
Below is a glossary of key terms related to Eating Disorders that will be used throughout this document.

Anorexia Nervosa (Anorexia)	an eating disorder and serious mental health condition.
Avoidant/restrictive food intake disorder (ARFID)	a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both
Cognitive behavioural therapy (CBT)	a talking therapy that can help you manage your problems by changing the way you think and behave. It's most commonly used to treat anxiety and depression, but can be useful for other mental and physical health problems.
Body mass index (BMI)	a measure of whether you're a healthy weight for your height.
Bingeing	refers to eating large amounts of food in one go. You might do this when you're struggling with feelings or problems in your life.
Bulimia	an eating disorder and mental health condition.
Diabulimia	an eating disorder that only affects people with type 1 diabetes
Dietician	a qualified health professional who can assess, diagnose and treat dietary problems.

Eating Disorder	a medical diagnosis based on your eating patterns. It involves medical tests on your weight, blood and body mass index (BMI).
Eating Problem	means any relationship with food that you find difficult. Not every eating problem will be diagnosed as a disorder.
Obsessive-compulsive disorder (OCD)	a mental health condition where a person has obsessive thoughts and compulsive behaviours.
Other specified feeding and eating disorder (OSFED)	an umbrella term for a diagnosis where the eating disorder doesn't exactly fit the expected symptoms for any of the specific eating disorders.
Pica	an eating disorder in which a person eats things not usually considered food
Relapse	when a person who is in recovery returns to engaging in eating disorder symptoms or becomes strongly influenced by negative thoughts about food, weight and body size again.
Purging	refers to acting to get rid of the food you have eaten after bingeing. You might feel guilty or ashamed of what you've eaten.
Rumination disorder	an illness that involves repetitive, habitual bringing up of food that might be partly digested.

Types of Eating Disorders

Eating disorders are serious mental illnesses affecting people of all ages, genders, ethnicities and backgrounds. People with eating disorders use disordered eating behaviour as a way to cope with difficult situations or feelings. This behaviour can include limiting the amount of food eaten, eating very large quantities of food at once, getting rid of food eaten through unhealthy means (e.g. making themselves sick, misusing laxatives, fasting, or excessive exercise), or a combination of these behaviours.



Mind provide a short video which looks at eating disorders, including signs and symptoms, and where to get help.

Click on the video to watch.

There are 3 more common types of eating disorders.

Bulimia

Anorexia

Binge Eating

Bulimia (or bulimia nervosa) is a serious mental illness. It can affect anyone of any age, gender, ethnicity or background. People with bulimia are caught in a cycle of eating large quantities of food (called bingeing), and then trying to compensate for that overeating by vomiting, taking laxatives or diuretics, fasting, or exercising excessively (called purging).

Possible Feelings	Possible Signs	Possible Impacts on the body
<ul style="list-style-type: none"> • Shame and guilt • Hatred towards their body • That they are fat • Scared of being found out by family and friends • Depressed or anxious • Lonely, especially if no one knows about their diagnosis • Very low, sad and upset • Quick or sudden changes in their mood • Stuck in a cycle of feeling out of control and trying to regain it • Numb, as if feelings are blocked out by bingeing or purging 	<ul style="list-style-type: none"> • Eating lots of food in one go (bingeing) • Going through daily cycles of eating, feeling guilty, purging, feeling hungry and eating again • Bingeing on foods that they think are bad for them • Starving in between binges • Eating in secret • Craving only certain types of food • Trying to get rid of food you've eaten (purging) by being sick, using laxatives or exercising a lot 	<ul style="list-style-type: none"> • Maintaining roughly the same weight, or experiencing frequent weight changes • Dehydration, which can cause bad skin • Getting irregular periods or none at all, if they usually menstruate • Harm to teeth and getting a sore throat from stomach acid, from being sick • Developing irritable bowel syndrome (IBS), stretched colon, constipation or heart disease, through use of laxatives

Click here for [more information about Bulimia](#) from Beat

An anorexia diagnosis (known as anorexia nervosa), is due to a person not eating enough food, meaning that they're not getting the energy needed to stay healthy. Some people think anorexia is about slimming and dieting, but it's much more complex. At its core, it's often connected to low self-esteem, negative self-image and feelings of intense distress.

Possible Feelings	Possible Signs	Possible Impacts on the body
<ul style="list-style-type: none"> • Unable to think about anything other than food • Like they need to be perfect or you're never good enough • Lonely, especially if no one knows about their diagnosis • A need for control, that they feel they lose by eating • That they're hiding things from family and friends • That they are fat and scared of putting on weight • That losing weight isn't enough • Like they want to disappear • <u>Angry</u> if someone challenges them about their weight or food intake • Tired and not interested in things they normally enjoy • Like they cannot see a way out, even depressed or <u>suicidal</u> • Anxious or panicky, especially around mealtimes • Like it's an achievement to deny themselves food or over-exercise 	<ul style="list-style-type: none"> • Reducing food intake or totally stop eating • Spending a lot of time counting calories of everything eaten • Hiding food or secretly throw it away • Avoiding 'dangerous' foods, like those with high amounts of calories or fat • Reading recipe books and cook meals for others, without eating them themselves • Using drugs that claim to reduce appetite or speed up digestion • Spending time thinking about losing weight, checking and weighing themselves • Exercising a lot, with strict rules about how much they must do • Developing very structured eating times • Making up rules about food – for example listing 'good' and 'bad' types or only eating certain colours of food 	<ul style="list-style-type: none"> • Weighing less than normally, or should do for age and height • Losing weight very fast • Becoming physically underdeveloped, especially if anorexia starts before puberty • Feeling very cold and weak • Moving around more slowly than normal • Having irregular periods or none at all, if they usually menstruate • Losing hair or starting to have very thin hair • Developing fine fuzzy hair on arms and face, called lanugo • Losing interest in sex, or finding they're not able to have or enjoy sex • Finding it hard to concentrate • Developing fragile bones or problems like osteoporosis – this is a disease that makes bones break easily

Binge Eating

Binge eating disorder (BED) is a serious mental illness where people eat very large quantities of food without feeling like they're in control of what they're doing. It can affect anyone of any age, gender, ethnicity or background, and evidence suggests it is more common than other eating disorders.

People with binge eating disorder eat large quantities of food over a short period of time (called binge eating). Unlike people with bulimia, they don't usually follow this by getting rid of the food through, for example, vomiting, though sometimes they might fast between binges.

Possible Feelings	Possible Signs	Possible Impacts on the body
<ul style="list-style-type: none"> • Out of control • As if they can't stop eating • Ashamed of how much they eat • Lonely and empty • Very low, even worthless • Unhappy about their body • Stressed and anxious 	<ul style="list-style-type: none"> • Eating large amounts all at once (bingeing) • Eating without really thinking about it, especially when doing other things • Often eating unhealthy food • Eating for comfort when they feel stressed, upset, bored or unhappy • Eating until they feel uncomfortably full or sick • Hiding how much they are eating • Finding dieting hard whenever they try it. 	<ul style="list-style-type: none"> • Gaining weight • Feeling sick a lot • Having shortness of breath • Getting sugar highs and lows, which means having bursts of energy then feeling very tired • Developing health problems, such as acid reflux and irritable bowel syndrome (IBS) • Developing problems linked to being overweight – for example type 2 diabetes, high blood pressure, or joint and muscle pain

Click here for [more information about Binge Eating Disorder](#) from Beat

Other specified feeding and eating disorder (OSFED)

Anorexia, bulimia, and binge eating disorder are diagnosed using a list of expected behavioural, psychological, and physical symptoms. Sometimes a person's symptoms don't exactly fit the expected symptoms for any of these three specific eating disorders. In that case, they might be diagnosed with an "other specified feeding or eating disorder" (OSFED). OSFED accounts for the highest percentage of eating disorders, and anyone of any age, gender, ethnicity or background can experience it. As OSFED is an umbrella term, people diagnosed with it may experience very different symptoms.

Click here for [more information about OSFED](#) from Beat.

Avoidant/restrictive food intake disorder (ARFID)

Avoidant restrictive food intake disorder, more commonly known as ARFID, is a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both. Although people with ARFID may lose weight or have low weight, this is not a criteria for ARFID. It can occur at any weight and varies in different people.

Click here for [more information about ARFID](#) from Beat.

Pica

Pica is a feeding disorder in which someone eats non-food substances that have no nutritional value, such as paper, soap, paint, chalk, or ice. For a diagnosis of pica, the behaviour must be present for at least one month, not part of a cultural practice, and developmentally inappropriate – generally, it's not diagnosed in children under the age of two, as it is common for babies to "mouth" objects, which can lead to them accidentally eating substances that aren't meant to be eaten. Often, pica is not revealed until medical consequences occur, such as metal toxicity, cracked teeth, or infections. People with pica don't usually avoid regular food, meaning they may still be getting all the nutrients they need. However, some non-food items that they consume can be very dangerous, especially if eaten in large quantities.

Click here for [more information about Pica](#) from Beat.

Rumination disorder

Rumination disorder is an illness that involves repetitive, habitual bringing up of food that might be partly digested. It often occurs effortlessly and painlessly, and is not associated with nausea or disgust. Vomiting in rumination disorder is different to the kind of sickness you might get with a stomach bug, for example – the person won't appear to feel sick or experience involuntary retching.

Click here for [more information about Rumination disorder](#) from Beat.

TIDE/Diabulimia

Some people use the term 'TIDE' (which stands for type 1 diabetes with an eating disorder) or 'diabulimia' to refer to the experience of having disordered eating while they are living with type 1 diabetes. Having type 1 diabetes can involve biological and psychological implications which may lead to you having a higher risk of developing an eating disorder. The term is used for the deliberate restriction or stopping taking insulin to control how many calories the body absorbs from food.

Click here for [more information about Type 1 Diabetes and Disordered Eating](#) from Beat.

Context of Eating

Disorders

One of the tasks of a child's developmental learning is to learn to manage food in their mouth and different textures of food, this can often present or be perceived as fussy eating. Food is a vehicle that children use to explore their environment as well as social interactions and explore ideas around independence and control. It is important to consider the context around eating patterns and behaviours for example, age and developmental stage of the child, family contexts such as religion, culture or socio-economic factors.

What is not an eating disorder?

- Vegetarianism, veganism or any other nutritional choices
- Obesity
- Food phobias
- Fussy and picky eating

Children differ from one another

- In their sensitivity and their sensory aspects of food
- In their interest in food
- In their ability to self-regulate

What is normal/typical?

- For children to be fussy/picky about food and most grow out of it
- For children to become more self aware, from about age 10
- For children to care about how others see them
- For children to worry about being overweight/fat
- For children's eating to be affected by their mood
- For food to be one of the ways children assert themselves
- Parents/Carers and children have autonomy battles with one another

Causes

People experiencing eating problems often share common traits. Certain traits may increase vulnerability to developing an eating problem.

Some common traits include:

- A desire for “perfection” or perceived social norms
- Rarely being satisfied with personal progress or achievements
- Self-criticism
- Being overly-competitive about things
- Obsessive or compulsive behaviours
- A lack of self-confidence or the ability to express feelings/emotions

While it's unclear why exactly someone develops an eating disorder, most specialists believe that eating disorders develop because of a combination of psychological, environmental and genetic factors for example;

Difficult life experiences

The start of an eating problem may be linked to a stressful event or trauma such as;

Some examples are:

- Physical, emotional or sexual abuse
- Serious family problems
- The death of someone close to you
- Pressures at school or work, such as exams or bullying

Eating problems often develop at the same time as a major life changes such as:

- Starting puberty
- Changing school or university
- Starting a new job
- Exploring your sexuality
- Leaving home or moving to a new place

Social Pressure

While Social and cultural pressures probably aren't the sum cause of eating problems, they can contribute to them and help to keep them going.

In society, we are surrounded by messages about body image through films, magazines, social media and adverts. This can give us unachievable ideas about how we should look.

Without noticing it, children and young people may be comparing themselves to unrealistic images.

As a result, this type of social pressure might:

- Make someone feel that they are not good enough
- Have a negative impact on someone's body image and self-esteem

Physical and mental health problems

Having physical or mental health problems may contribute to the development of eating problems.

Some health issues can cause feelings of lack of control. As a result, someone may use eating or exercising as a way to feel more in control.

An eating problem might begin because you experience a mental health problem. Some examples include:

- Depression
- Anxiety
- Bipolar disorder
- Body dysmorphic disorder (BDD)

Eating problems can also cause mental health problems such as those listed above. It could also be linked to feelings of low self-esteem, worthlessness or powerlessness.

Biological and genetic factors

Research has shown that genes and biology may impact the chances of developing an eating problem.

We all have brain chemicals that control hunger, appetite and digestion. It has been found that some people with eating problems seem to have different amounts of these.

- The brain chemical serotonin can affect mood and appetite. Some people have too much or too little of this.
- Some hormones control hunger and feeling full. Some people may be more sensitive to these, which could make them more likely to overeat or binge.

Food neutral language

Language can have a powerful influence on children and young people's relationship with food. The language we use to describe food can shape children and young people's attitudes and beliefs, affecting their eating habits and overall health and well-being.

Research shows that using language that places a moral judgement on food can:

- 1) **Create a sense of guilt and shame** – when we label foods as “good” or “bad”, “healthy” or “unhealthy”, we create a moral judgment around food choices. This can make children feel guilty or ashamed if they eat “bad” foods.
- 2) **Promote a restrictive mindset** – when we speak negatively about certain foods, it can create a sense of anxiety or fear around these foods, leading to restrictive eating habits. This can make it difficult for children to enjoy food and can contribute to nutritional deficiencies.

Food neutral language

- Sustaining you
- Giving you energy or nutrients your body needs
- Feeling good
- Feeding a hard-working brain
- Satiating hunger
- Responding to appetite
- Stabilising blood sugar levels
- Being balanced
- Offering variety
- Being satisfying or delicious
- Being central to social interactions and celebrations

Boys & Young Men

Eating disorders are thought to be among the most gendered of mental health disorders, with strong associations with femininity. It is essential that PSHE provides a safe space for discussion, avoids any gender biases and stereotypes.

Eating disorders and disordered eating behaviours in males may present differently than in females.

In a National College webinar “Understanding Eating Disorders and Promoting Healthy Relationships with Food”, Anna Bateman, a Mental Health Expert and former DfE advisor, highlights some possible reasons for why males may present less readily than females:

- For males, there can be other psychiatric concerns, such as depression or anxiety that occur concurrently to the Eating Disorder. Sometimes, the Eating Disorder can be missed due to focussing on another element of mental health.
- Boys and young men are much less likely to ask for help and adolescence is a time where health seeking behaviours are low already.
- Body image concerns in males may involve muscularity; muscle-enhancing goals and behaviours such as over-eating and over-exercising are perceived as typical among adolescent boys and young men. These “laudable”, typically male, behaviours can mean this group are “hiding in plain sight”.
- Low levels of testosterone and vitamin D are a feature in boys with anorexia.

Advertising

In August 2021, Beat conducted a survey of people with lived experience of eating disorders to understand more about their perspectives of how online advertising has impacted them.

Almost all those who took part (96%) reported having encountered adverts online which could be harmful in the context of their eating disorder. The adverts that most participants reported encountering were Weight Loss Programs (89%), closely followed by Weight Loss Apps (76%) and Intermittent Fasting Adverts (73%).

Most survey respondents (64%) felt they were personally targeted by adverts that were harmful in the context of their eating disorder. The platforms that were most often reported as platforms targeting weight loss adverts were: Instagram (75%), followed by Facebook (57%), general online browsing (37%), YouTube (36%) and Tik Tok (32%).

Social Media

Some evidence has suggested that the use of social media may partially influence the eating behaviours of children and young people, leading to an increased prevalence of eating disorders.

Social media is a source of entertainment, information and influence but it is important to recognise that social media can have a significant impact on body image, both positive and negative. On one hand, social media can provide a platform for body positivity, community support, and health and fitness inspiration. But it can also contribute to unrealistic beauty standards and unhealthy comparisons. Social media can associate success with body image, thinness and beauty, promote or advertise slimming or weight loss strategies or supplements.

Through PSHE, we can address themes such as media literacy to support children and young people to decipher techniques such as AI, targeted advertising, photo editing and algorithms.

Coping Strategies

In PSHE, rather than providing the details of types of self-harm including eating disorders, which presents risk around instructing unwanted behaviours, it's important that children and young people gain knowledge and understanding of positive coping strategies.

These mechanisms can support children and young people to develop resilience skills when faced with challenges and reduce harmful behaviours such as disordered eating.



Strategies for coping with anxiety and worry, Barnardos

It's a good idea to practice these techniques when your child is calm, as well as when they are feeling anxious or worried. Regularly practicing these techniques will mean your child is more likely to remember them and use them in situations when they are feeling intense emotions.



How can you promote positive coping strategies in your setting? Make space for activities which support children and young people to practice these techniques in a safe space.

Grounding Techniques

A grounding technique is a coping strategy for managing intense feelings and emotions. These techniques help to 'ground' us, which means they help us to notice the present moment we are in.

When we focus on our present moment this can reduce the intensity of the emotions and feelings we might be having. We focus less intensely on the future or on the past.

You could encourage children and young people to:

- use their five senses – concentrating on what they can see, touch, hear, smell, and taste. For example, you could think together about five things they can see, four things they can touch, three things they can hear, two things they can smell and one thing they can taste
- take deep “belly breaths” – taking slow, deep breaths can help ease the feelings of anxiety and worry. To help your child do this, have them take a deep breathe through their nose, placing their hand on their stomach, and breathing in until their belly expands. Have them hold this for a few seconds, release slowly, and repeat
- try the “roots” technique – focusing on a specific image can help to ground someone. Talk with your child and help them imagine that they are trees with roots extending from their feet into the ground. Get them to push their feet into the floor, imagining their “roots” reach deep into the earth, creating the image they are stable and firm, instead of feeling unsteady and unsure

Talking about, and naming, feelings

Naming emotions is a really important step in building children and young people’s emotional resilience because it helps them to recognise their own feelings.

1. Name the feeling and some of the possible affects your child may have experienced. “Anxiety – when we feel anxious we can sometimes experience; difficulty remembering we are present in our current location, time and space, breathing can get faster, racing thoughts, heart rate increases”, for example.
2. Ask them how they feel when they are anxious or worried. You could use the blank bubbles to add other feelings they have experienced or are experiencing.

Mind based strategies

A strategy to help deal with feeling worried or anxious is to focus the mind on other things. These could include:

- physically describing your environment – for example, “I am in a classroom”, “I can see a tree through the window”, “I am sitting on a hard chair”
- tracking the environment for distractions – for example, “Can you find 5 circles in the room?”, “Can you find 10 blue things?”, “Can you see something that starts with each letter of the alphabet?”, “How many straight lines can you see?”

Physical sensation strategies

Sometimes, children and young people may seek out physical sensations as a coping strategy and this can lead to self-harm. Below are some physical sensation strategies that do not cause harm but provide a similar feeling of release:

- run their hands under cool water
- focus on their breath – you could use online tools, animations, or videos on YouTube for pace if slowing breath down is tricky
- touch different objects – you could get your child to squeeze a pen, grip the edge of the chair, or feel their clothing
- carry a grounding object – for example, this could be a stone, a piece of ribbon, a bracelet, a fidget toy, or something your child finds comforting
- stretch or move – encourage your child to move their body, this could be wiggling their arms or clenching their toes, for example

Soothing strategies

Some soothing strategies you could try with children and young people include:

- creating a calming 'self-care kit' – a self-care kit is a box that's packed with objects that ground your child and help them when they're feeling worried or anxious. Usually they engage the five senses: touch, hearing, smell, taste, and sight. For example, you could include quotes, fidget toys, or their favourites sweets
- make positive plans – talk about things your child is looking forward to in order to anchor them. Think about these plans and ask what they're most excited about
- use images and music – use a phone or laptop to build a selection of helpful images and music that your child finds calming. A trusted adult, could even record a grounding message for them to listen to when they need

Self-Care

Mind share some self-care tips to support someone with an eating problem day-to-day, and with recovery.

- **Talk to people you trust**
- **Seek peer support**
- **Learn how to manage relapses**
- **Change unhealthy routines**
- **Take care online**
- **Look after yourself**

More information and practical ways of achieving these can be found [here](#).

Whole-School Approach ³¹

A whole-school approach is about developing a positive ethos and culture – where everyone feels that they belong. It involves working with families and making sure that the whole school community is welcoming, inclusive and respectful. It means maximising children’s learning through promoting good mental health (inclusive of awareness to conditions such as eating disorders and self-harm) and wellbeing across the school – through the curriculum, early support for pupils, staff-pupil relationships, leadership and a commitment from everybody.

A green thought bubble with a white border, containing the text: "How can we ensure a positive whole-school approach to promoting good mental health?". The bubble is connected to two smaller green circles below it.

Policies & Procedures

Ensure that your setting has policies and procedures in place that clearly set out roles and responsibilities related to responding to mental health. This should establish the expectations for all staff; who they report concerns to and how, spotting signs and how to support children and young people.

Body positivity in the classroom

Use PSHE to reinforce positive body image messaging, positive coping strategies and overall health and wellbeing.

Other subjects can contribute to this messaging. You can demonstrate ways to be active through PE, or explore nutritious healthy food choices and emphasise the role of food as fuel through Science and Food Technology.

Supportive language

Be mindful of language, particularly when addressing eating or health issues such as obesity is a careful balance. Ensure language is supportive and doesn't raise guilt, shame or anxiety. For example, avoid referring to certain food types as good or bad.

BEAT Eating Disorders: SCHOOL PROFESSIONALS ONLINE TRAINING (SPOT) FREE

SPOT aims to increase understanding of eating disorders, including how to spot the early signs in children of school age.

By accessing SPOT, you will be taught how to spot the early signs of an eating disorder, talk to a pupil exhibiting them, engage their families, and support them to seek medical assessment.

SPOT is currently funded for school professionals (including school nurses) in Primary, Secondary and Sixth form schools in the UK.

National College: Understanding Eating Disorders and Promoting Healthy Relationships with Food | Secondary

This webinar will provide you with a clearer understanding of eating disorders in young people and what schools can do to promote healthy attitudes towards food and body image as part of a whole-school approach to preventing these illnesses.

Support

YoungMinds recognise that the best way to recover from an eating problem is to get support as early as possible. They provide some tips on their website:



Talk to someone you trust

Lots of young people with eating disorders tell us that talking about it was the first step on their road to recovery. Encourage them to think about who their trusted adults are both within the education setting and at home but also more widely.



Speak to your GP

Rebuilding a relationship with food will be hard, but your doctor can help with access to the correct support. This may include talking therapy – this is talking to a trained professional who can help figure out and deal with the root of the problem.



Refer to a support service

In England, people under the age of 18 can refer themselves to community eating disorder services through the NHS. A list can be found [here](#).



Join an online support group

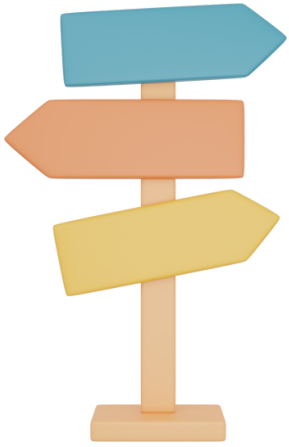
Sharing experiences with others can help someone to feel less alone and encourage recovery however, it's important that online groups/forums do not promote or encourage unhelpful and unhealthy behaviours. [The Nest](#) is run by staff from the eating disorder charity Beat and is a confidential and safe space to share experiences with other people in similar situations.



Avoid social media accounts that make you feel bad

Some social media accounts make eating problems seem cool or glamorous. This isn't helpful for recovery and can be really damaging.

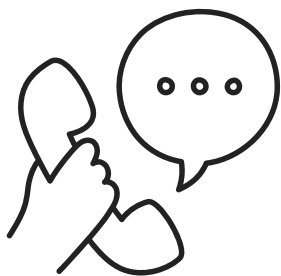
Signposting Information:



It is important to signpost children and young people to relevant local and national organisations who can provide further advice and support.

- **GP**
- **School Nursing Service (Staffordshire)**
- **School Nursing Service (Stoke-on-Trent)**
- **Mental Health Support Teams - North Staffordshire and Stoke-on-Trent**
- **Mental Health Support Teams - South Staffordshire**
- **Action for Children (Staffordshire)** - Mental Health
- **Changes (Stoke-on-Trent)** - Mental Health
- **CAMHS (North Staffordshire and Stoke-on-Trent)** -
Mental Health
- **CAMHS (South Staffordshire)** - Mental Health

Useful Contacts:



If you would like more information or support about Eating Disorders please contact:

Beat Eating Disorders

www.beateatingdisorders.org.uk

help@beateatingdisorders.org.uk

0808 801 0677

Helplines are open from 3pm– 8pm, Monday to Friday.

If you are in need of urgent help or medical advice for yourself or someone else please contact 999 or the Samaritans on 116 123 if you or someone else is in immediate danger. If you are looking for medical advice contact your GP or 111.

If a referral to Children's Social Care is required, please contact:

Staffordshire:

Staffordshire Children's Advice Service – 0300 111 8007

Monday – Thursday 8.30am – 5pm and Friday 8.30–4.30pm

Out of Hours – 0345 604 2886 / 07815 492613

Stoke:

CHAD – 01782 235 100

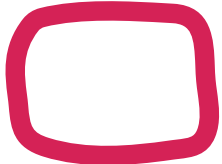
Monday – Thursday 8.30am – 5pm and Friday 8.30–4.30pm

Out of Hours – 01782 234 234

Further Reading:



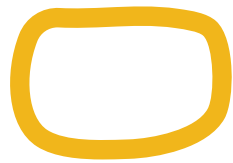
Understanding Eating Disorders in Children Fact Sheet:
Nip in the bud



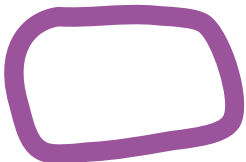
Types of Eating Disorder: BEAT



Factors Influencing Children's Eating Behaviours:
National Library of Medicine



Online Advertising and eating disorders: BEAT



Strategies for coping with anxiety and worry:
Barnardos

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PSHE
Education
STOKE-ON-TRENT
STAFFORDSHIRE

SASCAL
STRONGER TOGETHER

Ellie Chesterton
PSHE Coordinator
Stoke on Trent
echesterton@horizonoat.co.uk



Natalie McGrath
PSHE Coordinator
Staffordshire
natalie@staffscvys.org.uk

www.pshestaffs.com