National Eating Disorders Collaboration

Evidence Experience Expertise

Eating Disorders in Schools

Prevention, Early Identification, Response and Recovery Support

The National Eating Disorders Collaboration (NEDC) is funded by the Australian Government Department of Health and Aged Care.

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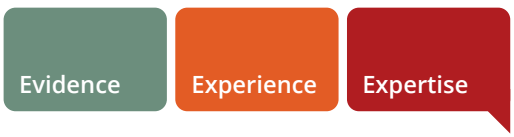

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EATING DISORDERS IN SCHOOLS BOOKLET

Schools and school staff are in an ideal position to support the prevention of eating disorders in the school community, to identify and respond when a student might be experiencing an eating disorder, and to provide ongoing support throughout the recovery process.

With this in mind, NEDC developed the Eating Disorders in Schools booklet to provide schools and school staff with the key information and resources they need to effectively prevent, identify, and respond to eating disorders in their community.

- Section One provides an overview of eating disorders, including common myths and misconceptions, different diagnoses, and the prevalence and impacts of eating disorders.
- Section Two assists school staff to identify eating disorders, highlighting the warning signs and risk factors for eating disorders in students.
- Section Three offers advice on how best to respond when a student may be experiencing an eating disorder and how to manage risk and crisis situations.
- Section Four provides an overview of eating disorder treatment and the care team.
- Section Five describes the recovery process and the role schools and school staff can play in providing ongoing recovery support to students experiencing an eating disorder.
- Section Six provides a directory of key eating disorder treatment and support services and resources for individuals and their support persons.
- Section Seven provides an overview of eating disorder prevention in schools, including strategies and programs that schools and staff can implement.

Seeking Help and Support

Some of the information provided in this booklet may lead you to reflect on your own relationship with food and/or your body, or your mental health more generally. If this raises any concerns for you, about yourself or a person you may know, it is important to seek support. These organisations can provide support and guidance:

- The Butterfly National Helpline offers free and confidential support to anyone concerned about eating disorders or body image issues. The counsellors offer support over the phone, via email, and by online chat. Click here for more information and to access the Butterfly National Helpline.
- Eating Disorders Victoria (EDV) offers a free and confidential service, EDV Hub, providing information and support for people experiencing eating disorders or those who are supporting them (e.g., health professionals, family). Click here for more information and to access the EDV Hub.
- Crises: If you or someone you know is in crisis, please call one of the following:
  - Police & Ambulance: 000
  - Lifeline: 13 11 14
  - Kids Helpline: 1800 551 800

SECTION ONE:
INTRODUCTION TO EATING DISORDERS

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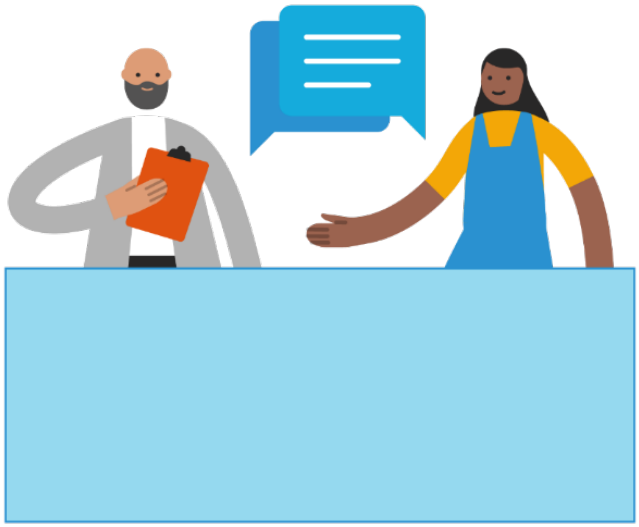
This section provides school staff with a basic understanding of eating disorders, including common myths and misconceptions, the different diagnoses, and the prevalence and impacts of eating disorders.



What is an eating disorder?

Eating disorders are serious, complex mental illnesses accompanied by physical and mental health complications which may be severe and life threatening. They are characterised by disturbances in behaviours, thoughts and feelings towards body weight and shape, and/or food and eating.

Misconceptions about eating disorders

There are many misconceptions about eating disorders and the people experiencing them. A few of these include:

Myth: Eating disorders only affect females

Eating disorders can affect people of all genders and any person, at any stage of their life, can experience an eating disorder.

People who identify as male comprise approximately 20% of people with anorexia nervosa and 30% of people with bulimia nervosa. Recent data suggests that the prevalence of binge eating disorder may be nearly as high in males as in females (1).

Emerging research suggests that people who identify as gender non-binary or transgender are at two to four-times greater risk of eating disorder symptoms or disordered eating behaviours than their cisgender counterparts (2-5).

Myth: Families and supports are the cause of eating disorders

The factors that contribute to the development of an eating disorder will differ from person to person. Eating disorders do not develop from any one cause, rather, there are many factors that will increase the likelihood that a person will experience an eating disorder.

Eating disorder clinical practice guidelines encourage the inclusion of families and supports in eating disorder treatment and recovery. Families and supports can be the person and providers' best allies throughout this time. They play a critical role in the care and support of a person experiencing an eating disorder. Families and supports can also facilitate and encourage the person to engage in treatment. It is important to engage families and supports, and encourage a team approach to diagnosis, care, and treatment.

Myth: Dieting is a phase that most adolescents go through and tends to be harmless

Dieting is a major precipitating risk factor for the development of an eating disorder. Research indicates that Australian adolescents engaging in dieting are five times more likely to develop an eating disorder than those who do not diet (6). Dieting is also associated with other health concerns including depression, anxiety, and nutritional and metabolic problems. While dieting practices are unhealthy at any life stage, children and adolescents should not diet (e.g., restrictive dieting for the purpose of weight loss or changing appearance). Dieting can impact growth and development, and emotional and psychological health.

Myth: You can tell if a person has an eating disorder by their appearance

It is not possible to tell simply by looking at someone whether they are experiencing an eating disorder. A person experiencing an eating disorder can be any size or weight. No matter the appearance of a person, if they are experiencing an eating disorder, they could be at risk of serious physiological and psychological complications.

Myth: Eating disorders are a choice

Eating disorders are serious and complex mental illnesses. They are not a lifestyle choice, a phase, or a diet gone 'too far'. While the behaviours may begin with the person actively choosing to diet or change their weight, they can progress into an eating disorder at any time. An eating disorder generally won't resolve on its own and a person experiencing an eating disorder requires prompt access to appropriate treatment to support optimal recovery outcomes.

Types of eating disorders

Eating disorders are classified into different types, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Fifth Edition (7). Classifications are made based on the symptoms and how often these occur.

Outside of mental health professionals employed by the school, school staff members are not expected to remember or know the differences between types of eating disorders. However, it can be helpful to understand the different types of eating disorders and how they may present, as this can support you to recognise when students may be experiencing an eating disorder, and help to guide your response. Most importantly, any eating disorder can be serious and potentially life threatening, so it is important to take seriously any concerns about students who may be experiencing one.

Anorexia nervosa

Anorexia nervosa is characterised by restriction of energy intake leading to significantly low body weight accompanied by an intense fear of weight gain and body image disturbance, or behaviour that reflects that. Changes that happen in the brain because of starvation and malnutrition can make it hard for a person experiencing anorexia nervosa to recognise that they are unwell, or to understand the potential impacts of the illness. Subtypes of anorexia nervosa include restricting subtype and binge-eating/purging subtype.

Atypical anorexia nervosa is a subtype of other specified feeding or eating disorders (OSFED). A person with atypical anorexia nervosa will meet all of the criteria for anorexia nervosa, however, despite significant weight loss, the person's weight is within or above the 'normal' BMI range. Atypical anorexia nervosa is also serious and potentially life threatening, and a person may experience many of the physiological complications associated with anorexia nervosa.

Access NEDC's anorexia nervosa fact sheet here.

Avoidant/restrictive food intake disorder (ARFID)

ARFID is characterised by a lack of interest, avoidance, and aversion to food and eating. The restriction is not due to a body image disturbance, but a result of anxiety or phobia of food and/or eating, a heightened sensitivity to sensory aspects of food such as texture, taste or smell, or a lack of interest in food and/or eating. ARFID is associated with one or more of the following: significant weight loss, significant nutritional deficiency, a marked interference with psychosocial functioning, and sometimes dependence on enteral (tube) feeding or supplementation.

Access NEDC's ARFID fact sheet here.

Binge eating disorder (BED)

BED is characterised by recurrent episodes of binge eating, which involve eating a large amount of food in a short period of time. During a binge episode, the person feels unable to stop themselves eating, and it is often linked with high levels of distress. A person with BED will not use compensatory behaviours, such as self-induced vomiting or overexercising after binge eating.

Access NEDC's BED fact sheet here.

Bulimia nervosa

Bulimia nervosa is characterised by recurrent episodes of binge eating, followed by compensatory behaviours, such as vomiting, laxative use or excessive exercise to prevent weight gain. A person with

bulimia nervosa can become stuck in a cycle of eating in an out-of-control manner, followed by attempts to compensate for this, which can lead to feelings of shame, guilt and disgust. These behaviours can become more compulsive and uncontrollable over time, and lead to an obsession with food, thoughts about eating (or not eating), weight loss, dieting, and body image.

Access NEDC's bulimia nervosa fact sheet here.

Other specified feeding or eating disorders (OSFED)

A person with OSFED may present with many of the symptoms of other eating disorders such as anorexia nervosa, bulimia nervosa, or binge eating disorder but will not meet the full criteria for diagnosis of these disorders. This does not mean that the eating disorder is any less serious or dangerous. The medical complications and eating disorder thoughts and behaviours related to OSFED are as severe as other eating disorders.

Access NEDC's OSFED fact sheet here.

Pica

Pica is characterised by persistent eating of non-nutritive, non-food substances, which is inappropriate to the development level of the individual.

Rumination disorder

Rumination disorder is characterised by the repeated regurgitation of food, where the repeated regurgitation is not associated with another medical condition nor occurs exclusively in the course of another eating disorder diagnosis.

Unspecified feeding or eating disorder (UFED)

UFED is a feeding and eating disorder that causes significant distress and impairment in social, occupational, or other important areas of functioning, however, it does not meet the full criteria for any of the other feeding and eating disorders. This category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific feeding and eating disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis.

Prevalence of eating disorders

Eating disorders are common. They do not discriminate and can occur in people of any age, weight, size, shape, gender identity, sexuality, cultural background, or socioeconomic group.

More than one million Australians are experiencing an eating disorder in any given year; that is, at least 4% of the population (8). Furthermore, eating disorder symptoms are on the rise with weekly binge eating increasing almost six-fold since the late 1990s and strict dieting increasing almost four-fold (9).

Eating disorder diagnosis

Of people with an eating disorder, 3% have anorexia nervosa, 12% bulimia nervosa, 47% BED, and 38% other eating disorders (8).

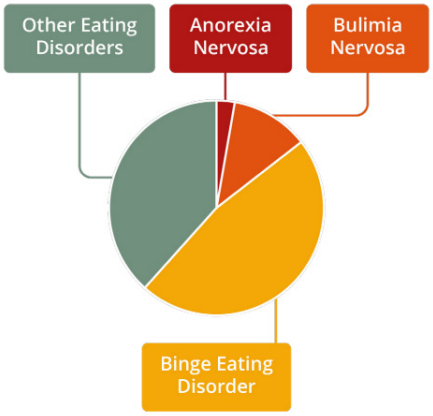


Figure 1. Prevalence of eating disorders by diagnosis.

Disordered eating

Many people experience disordered eating (i.e., symptoms and behaviours of eating disorders, but at a lesser frequency or lower level of severity) that do not meet criteria for an eating disorder. Approximately a third (31.6%) of Australian adolescents engage in disordered eating behaviours within any given year (9).

Disordered eating behaviours, and in particular dieting, are among the most common risk factors for the development of an eating disorder (10). For more information, visit NEDC's dieting and disordered eating page here.

Body image concerns

Body dissatisfaction is ranked as one of the top issues for young Australians. Research indicates that approximately 47% of females, 15% of males and 49% of gender diverse people aged 15-19 years were either extremely or very concerned about body image (11). Similar results have been found in other studies, with one study finding that 50% of girls aged 9-12 years reported feeling dissatisfied with their body (12) and another reporting that 55% of boys aged 12-18 years expressed a desire to change their body in some way (13). For more information, visit NEDC's body image page here.

Age

While a person can experience an eating disorder at any age, eating disorders remain more prevalent among adolescents and young people, with the average onset for eating disorders between the ages of 12 and 25 years (14, 15). However, they can develop in children as young as five years old (16).

Gender

Eating disorders can be experienced by people of any gender.

8.4% of females and 2.2% of males are estimated to experience an eating disorder at some point in their lifetime (17). Research suggests that females comprise approximately 80% of people with anorexia nervosa, 70% of people with bulimia nervosa and 57% of people with binge eating disorder (18).

There has been an underrepresentation of males in eating disorder research, and research is almost exclusively with cisgender men and may not be inclusive of people who identify as trans or gender diverse. It is estimated that one third of people reporting eating disorder behaviours in the community are male. The prevalence of males experiencing an eating disorder may be much higher and underreporting may be related to underdiagnosis, misdiagnosis and the stigma associated with eating disorders.

While research on the prevalence of eating disorders/disordered eating in gender non-binary and transgender people is limited, emerging research suggests that gender non-binary and transgender people have a two to four times greater risk of eating disorder symptoms or disordered eating behaviours than their cisgender counterparts (2-5).

Culture

Eating disorders can be experienced by people of any cultural background.

The way eating disorders manifest may be different within different cultural groups. Research suggests we need to learn about developing more culturally sensitive screening measures to identify people who may be at higher risk but less likely to be identified as needing support, such as Aboriginal and Torres Strait Islander peoples and young people from other culturally and linguistically diverse communities (22, 23).

Impacts and complications of eating disorders

The medical and psychological complications associated with eating disorders are serious and potentially life-threatening. This can be the case even when someone experiencing an eating disorder may appear 'healthy' or have a 'normal' weight.

School staff are not expected to understand all the medical and psychological complications associated with eating disorders. However, awareness of the impacts and complications will support school staff to recognise the need for early identification, prompt response, and for appropriate supports to be in place.

It is possible for a person to display a combination of these symptoms, or no obvious symptoms at all. Presentation of signs and symptoms will vary between people and between different diagnoses.

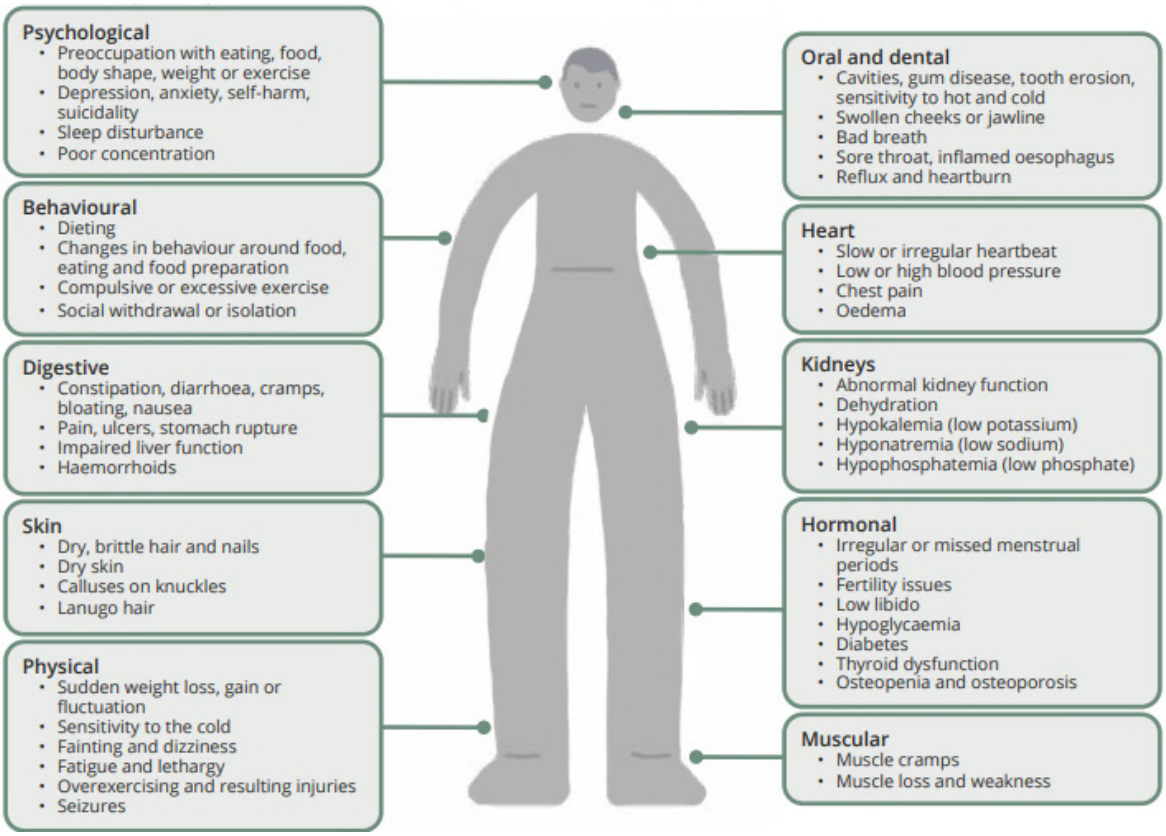


Figure 2. Signs and symptoms of an eating disorder.

SECTION TWO:
IDENTIFICATION OF EATING DISORDERS

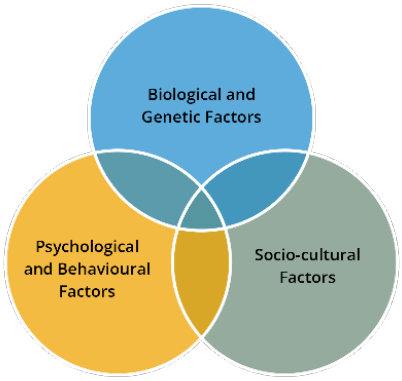
SECTION TWO: IDENTIFICATION OF EATING DISORDERS

This section supports school staff to identify eating disorder risks and warning signs, which will promote early identification of disordered eating and eating disorders in students.

Risk factors for eating disorders

The factors that contribute to the development of an eating disorder will differ from person to person. There is no one cause of an eating disorder, rather, there are many factors that will increase the likelihood that a person will experience an eating disorder.

Awareness of the risk factors for eating disorders can support screening and help school staff to recognise the warning signs and red flags of eating disorders in students.



Biological and genetic

- Gender – While people of all genders can experience eating disorders, females, particularly during biological and social transition periods (e.g., onset of puberty, change in relationships, pregnancy and postpartum) may be more susceptible to developing an eating disorder.
- Age – risk is highest between 12 and 25 years of age
- Family history – People who have family members who have experienced an eating disorder may be at a greater risk of developing an eating disorder themselves.
- Higher body weight in childhood
- Higher parental body weight
- Early start of puberty (<12yrs) in girls
- Genetic predisposition towards specific traits such as perfectionism (see psychological factors)

Psychological and behavioural

- Dieting (e.g., restrictive eating, cutting out food groups, etc.)
- Perfectionistic traits
- Heightened sensitivity or inability to cope with negative evaluations
- Excessive/compulsive exercise
- Stress
- Obsessive-compulsive traits or disorder
- Depression or depressive features
- Anxiety, including social anxiety and avoidance of social interaction
- Substance use
- Neurodivergent individuals (e.g., autistic people)

- Overvaluing body image in defining self-worth
- Dissatisfaction with body weight and shape
- Low self-esteem or feelings of inadequacy
- Harm avoidance or traits such as excessive worrying, anxiety, fear, doubt, and pessimism
- Experience of trauma, abuse, neglect, or post-traumatic stress disorder (PTSD)

Socio-cultural

- Adopting and aspiring to cultural ideals of body shape, muscularity, and leanness
- Pressure to achieve and succeed
- Peer pressure
- Involvement in competitive occupations, sports, performing arts, and activities that emphasise thin body shape/weight requirements (e.g., modelling, gymnastics, rowing, horse riding, dancing, athletics, wrestling, boxing)
- Teasing or bullying, especially when focused on weight or body shape
- Social isolation or difficult peer relationships
- Family stressors
- Family dieting or encouragement to diet
- Exposure to unrealistic images or ideals based on social media (e.g., Instagram, TikTok)
- Exposure to weight bias and stigma

High-risk groups that you may be in contact with as a school staff member

While an eating disorder can develop in anyone, some groups are at a higher risk. An understanding of who may be at risk of developing an eating disorder can help school staff to identify eating disorders earlier in the course of illness.

High-risk groups that school staff may encounter include:

- Children and adolescents
- Females
- Students experiencing co-occurring conditions (e.g., diabetes, celiac disease)
- Students engaging in competitive occupations, sports, performing arts, and activities that emphasise thin/lean body or shape/weight requirements (e.g., modelling, gymnastics, swimming, rowing, horse riding, dancing, athletics, wrestling, boxing)
- Students from LGBTQIA+ communities
- Students from culturally and linguistically diverse backgrounds
- Students who are neurodivergent (e.g., autistic people)

Recognising the warning signs of eating disorders

Being informed about the warning signs of an eating disorder will help school staff to recognise when a student may be experiencing an eating disorder.

It can be challenging to identify the warning signs of an eating disorder. Many warning signs may not seem related specifically to the eating disorder or a student may present with no obvious signs.

Psychological

Psychological warning signs can be difficult to detect in a person experiencing an eating disorder. They usually only come to light through changes in behaviour, discussion and conversation, or concerns raised by families and supports. Psychological warning signs may be something the person recognises within themselves, or alternatively the person may not be aware, which is why also looking at behavioural and physical signs is important.

Psychological warning signs may include:

- Preoccupation with eating and food (or activities relating to food)
- Preoccupation with body shape, weight and appearance (e.g., focus on fitness, muscle toning and/or weightlifting, pursuit of leanness and muscularity)
- Intense fear of weight gain
- Heightened anxiety or irritability around mealtimes
- Feeling of being 'out of control' around food
- Body dissatisfaction or negative body image
- Rigid 'black and white' thinking (e.g., thoughts about food being 'good' or 'bad')
- Experiencing difficulty concentrating or focusing in class
- Heightened sensitivity to comments or criticism (real or perceived) about body shape or weight, and eating or exercise habits
- Mood fluctuations (e.g., increased irritability, low mood)
- Low self-esteem (e.g., feelings of shame, guilt and self-loathing)
- Using food as self-punishment or to regulate emotions (e.g., refusing to eat, or binge eating related to stress or other emotional reasons)

Behavioural

Behavioural warning signs are commonly present in people experiencing eating disorders. While you may recognise some of these symptoms, behavioural signs are often difficult to detect. This may be because the person is unaware of the behaviours or may seek to hide these behaviours, they may not see the behaviours as a problem, or they feel ambivalent or even fearful about seeking help.

Behavioural warning signs may include:

- Constant or repetitive dieting behaviour (e.g., fasting, counting calories/kilojoules, skipping meals, avoidance of certain food groups)
- Evidence of binge eating (e.g., hoarding of food in preparation for binge)
- Evidence of vomiting or laxative use for weight-control purposes (e.g., frequent trips to the bathroom during or after meals)
- Compulsive or excessive exercise patterns (e.g., exercising during school breaks, exercising in bad weather, continuing to exercise when sick or injured, failure to take regular rest/recovery days, experiencing distress if exercise is not possible)
- Patterns or obsessive rituals around food, food preparation and eating (e.g., eating very slowly, playing with food, cutting food into very small pieces)
- Changes in food preferences (e.g., claiming to dislike foods previously enjoyed, sudden obsession with 'healthy eating')
- Avoidance of, or change in behaviour in social situations involving food (e.g., no longer eating family meals at home, no longer sitting with friends at lunchtime, refusal of food in social settings)
- Avoidance of eating by giving excuses (e.g., claiming to have already eaten, claiming to have an allergy/intolerance to particular foods)
- Avoidance of activities requiring exposure of the body, such as swimming or wearing excessively baggy or inappropriate clothing (e.g., lots of layers despite hot weather to hide the body)
- Social withdrawal or isolation from friends and family (e.g., avoidance of previously enjoyed activities)
- Changes in behaviour around food preparation and planning (e.g., shopping for food, preparing meals for others but not consuming meals themselves, taking control of family meals)
- Strong focus on weight and body shape (e.g., interest in weight loss or muscle building)
- Repetitive or obsessive body checking behaviours (e.g., pinching waist or wrists, repeated self-weighing, excessive time spent looking in the mirror)
- Covert or secretive behaviour around food (e.g., secretly throwing out food, hiding uneaten food, eating in secret)
- Inappropriate hydration behaviours (e.g., consuming little to no fluids, consuming excessive fluids above requirements)
- Continual denial of hunger
- Applying rigid food rules (e.g., making lists of 'good' and 'bad' foods)
- Insulin misuse in diabetes (type 1 or 2)

Physical

Physical warning signs can occur in people with an eating disorder, as a consequence of restricting food or fluid intake, nutritional deficiencies, binge eating, and compensatory behaviours.

Physical warning signs may include:

- Sudden weight loss, gain, or fluctuation

- In children and adolescents, an unexplained decrease or increase in growth curve or body mass index (BMI) percentiles
- Sensitivity to the cold (e.g., feeling cold most of the time, even in warm environments)
- Delayed onset, loss, or disturbance of menstruation
- Signs of vomiting (e.g., swollen cheeks or jawline, calluses or bumps on knuckles, bad breath, damage to teeth)
- Fine hairs covering the body or face (lanugo) caused by the body trying to stay warm
- Fatigue or low energy (e.g., always feeling tired, unable to take part in normal activities, difficulty concentrating)
- Fainting or dizziness
- Hot flashes or sweating episodes
- Digestive issues (e.g., reflux, bloating, constipation, nausea, feeling full)
- Weak and fragile bones (e.g., osteoporosis or osteopenia)
- Compromised immune system (e.g., getting sick more often, regular days away from school)

SECTION THREE:

RESPONSE WHEN A STUDENT MAY BE EXPERIENCING AN EATING DISORDER

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Early identification and prompt response when a person may be experiencing an eating disorder are particularly important given we know that earlier access to treatment leads to better recovery outcomes.

It is never advised to 'watch and wait'. If a student may be experiencing an eating disorder, school staff members need to be able to react quickly and appropriately.

Schools are encouraged to have policies and protocols in place to support early identification and response when a student is experiencing an eating disorder. It is important that you are aware of your school's policies for mental health interventions. The information in this booklet can be one source of information for developing a school policy for eating disorders.

The following section is designed to help school staff respond when a student may be experiencing an eating disorder to support early identification and intervention.

How do I know if a student may be experiencing an eating disorder?

You may suspect a student is experiencing an eating disorder if you have noticed some of the warning signs and symptoms outlined in Section Two. Similarly, you can also refer to a traffic light system (click here), where signs and symptoms in the orange and red sections indicate that action and intervention is required.

School staff may also identify that a student may be experiencing an eating disorder if:

1. A student self-discloses to a school staff member that they are experiencing concerns related to eating, body image, or mental health
2. Concerns are raised by a school staff member or a student reports concerns about another student
3. The school is advised by families and/or supports that a student has been diagnosed with an eating disorder

What do I do?

As a school staff member, you should respond promptly to all eating disorder concerns about a student, whether they are raised by another staff member, a student peer or by the student themselves. These concerns will need to be raised with the student and with their parents/guardians.

The purpose of this is to:

- Help the student and their family identify and understand what might be happening for the student by talking with them about the concerns
- Educate the student and family about the importance of early intervention in eating disorders
- Support the student and their family to link to appropriate resources and seek help from professionals who can provide a proper assessment and provide the necessary care

Practice note:

It is useful to document planning, communication and suggestions provided to the student and/or their family. It is a good idea to write this with the student and/family, or in a way that you are happy for the student and/or family to read it.

If you are initiating a conversation because of concerns raised by a teacher or peer:

These concerns need to be raised with the student and with their parent/s or guardians. Whether the initial conversation is held with the parents, or both parents and student, or the student themselves, is a matter of judgement. Best practice is to involve the family at every stage as they are the student's best resource for recovery.

There are few exceptional circumstances where family and/or supports would not be involved in eating disorder treatment and recovery. In these circumstances, it is important to ensure the immediate safety of the student and follow standard child protection protocols.

Prepare

The best way to prepare for these conversations is to ensure that staff are equipped with a good understanding of eating disorders, are prepared to connect with the student and/or family in a non-judgemental and caring manner, and are equipped with appropriate resources and referral information. Before initiating a conversation with the student and/or their family:

- Establish clear aims or goals for approaching and communicating with the student and/or their family. These will include:
    - Explaining concerns in a calm and non-judgemental manner
    - Building a trusting relationship with the student and family
    - Encouraging help-seeking – professional assessment and treatment as needed
- Consider who is the best person to approach and communicate with the student and/or their family and supports. This could be you or another school staff member (e.g., year coordinator, school counsellor or wellbeing officer, school nurse).
- Plan for the meeting to be held in a comfortable and appropriate environment. It is best to meet face-to-face in a private and safe place, away from distractions.
- Plan the content of the discussion with consideration to the student's age, the severity of the concerns, and any previous engagements with the student and family.
- Document the situations where the student showed signs that led to concerns that they could be experiencing an eating disorder. Specific examples will be helpful as part of the conversation.

Communicate

When communicating with a student and/or their family about eating disorder concerns, aim to do the following:

- Begin the conversation by explaining your duty of care and confidentiality considerations.
- Maintain a calm, caring, empathetic, and supportive manner.
- Listen in a supportive manner by using both verbal and non-verbal cues.
- Ask the student how they are feeling and allow them the time to talk about their feelings.
- Communicate and reassure the student and family that you are here to listen, help, and support (e.g., 'I am here to listen and support you', 'This is a safe space').
- Focus on providing support to the student and family, and assisting them to reach out to professional help, rather than changing their behaviours or trying to convince them of anything.
- Explain to the student and/or family the concerns that you hold for the student (e.g., 'I have noticed that you are no longer having lunch with your friends. Do you want to tell me some more about this?').
- Keep in mind that the student may be experiencing high levels of anxiety, shame, embarrassment, guilt, or denial, and may not yet be ready to acknowledge the concerns raised.
- The student may be accepting of the concerns raised and may be receptive to talk further, or feel relieved that someone has noticed, or agree that there is an issue. If the student is accepting of the concerns raised, it is important to acknowledge and affirm how the student has responded (e.g., 'It's great that you have been able to talk about this').
- The student may not be accepting of the concerns raised and may deny that there is an issue or become distressed. There are several reasons that a person may not be accepting of the concerns raised, such as not being ready to make a change, difficulty trusting others, or not seeing the behaviours as a problem. This can be a symptom of the eating disorder. If the student is not accepting of the concerns raised, it is important to be understanding and accepting of how the student has responded. It is very important that the student's family/supports are aware of your concerns and are equipped to seek out professional assessment and treatment as needed.

Support help-seeking

The student and/or their family and supports should be encouraged by school staff to organise an appointment with a general practitioner to conduct a comprehensive assessment and initiate access to appropriate treatment as required.

Examples of ways you can make these suggestions include:

- 'As a [insert your role], I don't have the experience or expertise to address these concerns. However, I am here to listen and can support you in seeking help.'
- 'It sounds as though you are having a tough time with this. I have some recommendations I can provide to support you in getting help.'
- 'Do you have a family GP that you trust? GPs are a good first point of contact to access further support and treatment.'

There are several recommendations that can be provided to the student and/or their family and supports. See Section Six for supports, resources, and referral information.

If a student initiates the conversation with you and discloses concerns about themselves:

Communicate

Begin the conversation by explaining your duty of care and confidentiality considerations.

- Maintain a calm, caring, empathetic, and supportive manner, using both verbal and non-verbal cues.
- Acknowledge and commend the student for confiding in you and seeking support (e.g., 'Thank you for sharing your concerns with me. I am here to listen and support you', 'It can be challenging to talk to someone when you are feeling this way. Thank you for being open with me').
- Ask the student how they are feeling and allow them the time to talk about their feelings.
- Keep in mind that the student may not be disclosing the full extent of their concerns.
- Explore with the student whether they have confided in anyone else regarding their concerns (e.g., family, supports, friend).
- Family will need to be involved except under exceptional circumstances. Discuss this with the student and explain your duty of care and the limits of confidentiality. The student may become distressed about this, and it is helpful to be prepared for how the student may respond.
- Depending on your role, you may need to discuss the student's concerns with another school staff member (e.g., school counsellor, year coordinator, school nurse). Discuss this with the student and explain your duty of care and confidentiality.

After the initial conversation with the student, you will likely need to facilitate a conversation with the student's family. It is helpful to organise this conversation or meeting as soon as possible, to ensure that appropriate support can be initiated for the student.

Support help-seeking

Examples of ways you can facilitate further conversations with the student and make suggestions that encourage help-seeking include:

- 'There are several people in the school who can provide you with advice and support (e.g., school nurse, school counsellor). Would you like to involve them?'
- 'Your family and/or supports can be helpful in providing support and accessing treatment. Would you like to talk to them about this before I give them a call?'
- 'I am here to listen and can support you in seeking help. What would you like to happen next?'

There are several recommendations that can be provided to the student. See Section Six for supports, resources, and referral information.

Avoid

When engaging with a student who may be experiencing or is experiencing an eating disorder, school staff should avoid:

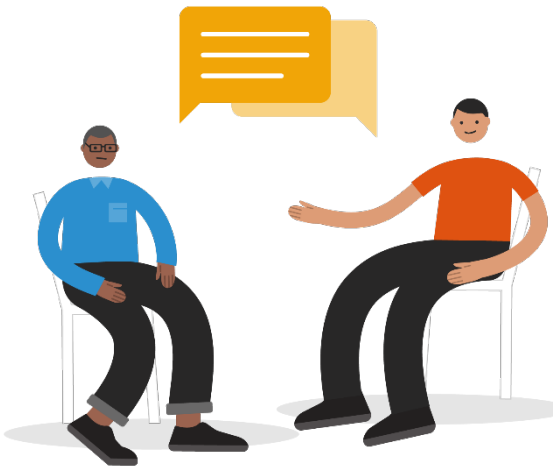
- **Responding negatively**
- **Making comments about the student's weight, size, or shape**
- **Trying to solve the student's problems or change their behaviours**
- **Speculating about the development or cause of the student's concerns**
- **Minimising concerns or implying this is normal adolescent behaviour**
- **Talking about other people you know who have had an eating disorder**
- **Blaming the student and/or their family and supports**
- **Making promises to the student that you are unable to keep, particularly regarding duty of care and confidentiality**

If the school is advised by family and/or supports that a student has been diagnosed with an eating disorder:

When a school is advised that a student has been diagnosed with an eating disorder, it can be an uncertain and challenging time for the school community. The school should have policies and procedures in place to support students and their family and supports through eating disorder treatment and recovery.

To support the student and their family and supports during this time, the school should focus on ensuring school staff understand eating disorders, the treatment and recovery process, and the individual circumstances and needs of the student.

The school should be clear with the student and/or their family and supports about the support that the school is able to provide. Each student will have individual needs as they work through treatment and recovery. During this time, the focus for the student will be on eating disorder treatment and recovery, and general mental health and wellbeing, rather than focusing on their academic performance. It is important that the school establishes clear communication protocols with the student, their family and supports, and treatment providers (if appropriate and with consent). This will ensure that the required information is shared with necessary people in the care team and the student is supported during treatment and recovery. In some cases, treatment providers may recommend a collaborative meeting with the school staff, student, family and supports, and the treatment team to discuss how best to support the young person. This is often a very helpful way of ensuring everyone is on the same page about what is most helpful.



Managing risk and crisis

It is not the role of schools or school staff to assess medical and psychiatric risk in people experiencing eating disorders and this resource will not equip you to do so. However, you should be aware of common signs of medical or psychiatric risk and be prepared to manage a potential crisis. If a student appears to be at medical or psychiatric risk, **urgent action** must be taken.

A person at **medical risk** may present with signs such as chest pain, fainting, and/or disorientation. If a student is showing any signs that they are at medical risk, school staff must call '000' immediately.

A person at **psychiatric risk** may engage in non-suicidal self-injury and/or experience suicidal thoughts and behaviours. If a student is at psychiatric risk, school staff must take action to keep the student safe. This may involve contacting the school counsellor or wellbeing officer, contacting family and/or supports, or contacting a mental health centre or crisis telephone line. Refer to the Mental Health First Aid Guidelines and the Eating Disorders: Mental Health First Aid Guidelines for more information on managing mental health crisis situations.

Legislation

Some states and territories will have legislation in place that requires teachers, as mandatory reporters, to report the disclosure of eating disorders under certain circumstances.

Symptoms of an eating disorder (e.g., sudden weight change, social withdrawal, dieting behaviour) can be difficult to distinguish from other reportable scenarios such as neglect or abuse.

If a report needs to be made, consider who is the most appropriate person to make the report and whether it is necessary for families and supports to be informed. Refer to the information available in your state or territory to support decision making.

ACT: Child and Youth Protection Services	https://www.communityservices.act.gov.au/ocyfs
NSW: Family and Community Services	https://www.facs.nsw.gov.au/ https://www.facs.nsw.gov.au/families
NT: Department of Territory Families, Housing and Communities	https://tfhc.nt.gov.au/ https://tfhc.nt.gov.au/children-and-families
SA: Department of Child Protection	https://www.childprotection.sa.gov.au/
TAS: Department of Communities	https://www.communities.tas.gov.au/children
VIC: Families, Fairness and Housing	https://services.dffh.vic.gov.au/families-and-children https://services.dffh.vic.gov.au/child-protection
WA: Department of Communities	https://www.wa.gov.au/organisation/department-of-communities/child-protection
QLD: Department of Child Safety, Youth and Women	https://www.cyjma.qld.gov.au/childsafety/child-safety-practice-manual/introduction/department-child-safety-youth-women

Professional development

School staff may benefit from professional development to support them in understanding eating disorders and providing appropriate support to students during treatment and recovery.

Examples of professional development programs for school staff include:

- **The Butterfly Foundation** provide staff professional development that can be tailored to the needs of the school. More information can be found here.
- **Eating Disorders Victoria** provide professional development workshops to equip people working in education (primary, secondary and tertiary) with the skills and knowledge needed to identify and support students who may be at risk of an eating disorder with an emphasis on awareness, early identification, and early intervention. More information can be found here.
- **The InsideOut Institute for Eating Disorders** provides the eLearning course EducatED, which equips school staff with the necessary skills to identify and manage young people with eating disorders in the school environment. More information can be found here.

SECTION FOUR:
UNDERSTANDING THE CARE TEAM AND EATING DISORDER TREATMENT

SECTION FOUR: UNDERSTANDING THE CARE TEAM AND EATING DISORDER TREATMENT

This section provides school staff with an understanding of the stepped system of care for eating disorders, treatment options, and a description of the care team.

Eating disorders require a person-centred and multidisciplinary team approach, integrating medical, mental health, nutritional, and functional interventions to support optimal recovery outcomes. While it is not the responsibility of a school staff member to decide which type of treatment is required for a student, this section provides school staff with an understanding of the care team and eating disorder treatment, to equip school staff to provide appropriate support to students during eating disorder treatment and recovery.

The care team

The care team consists of the person experiencing an eating disorder and all people who will provide care, support, and/or treatment.

The care team includes:

- The person experiencing an eating disorder, and their family and supports
- Minimum treatment team: medical practitioner and mental health professional
- Dietitian, psychiatrist, and paediatrician as needed
- Other health professionals and medical specialists as needed
- Lived experience workforce as needed

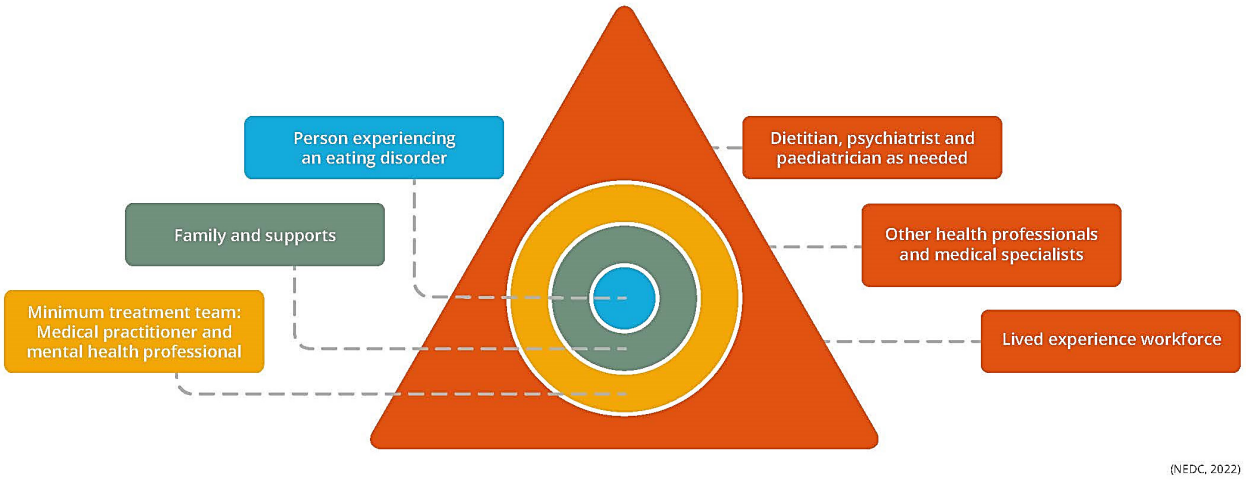


Figure 3. The eating disorder care team

The treatment team is a part of the care team and consists of the clinicians within the care team who are providing treatment for a person experiencing an eating disorder. The minimum eating disorder treatment team must include a medical practitioner (e.g., a GP) and mental health professional.

Treatment for eating disorders

Access to evidence-based treatments has been shown to reduce the severity and duration of an eating disorder and maximise a person's physical wellbeing, mental health, and quality of life. Among people with a diagnosable eating disorder, only around 23% access appropriate treatment (14). Delivering treatment early in the course of illness provides the best chance of recovery from an eating disorder.

Eating disorder treatment may be delivered in different settings across three levels of intensity, depending on a person's individual needs. Some people may commence treatment at the lowest level of intensity, while others may commence at a higher level of intensity. People may need to move back and forth between these levels as they work through treatment and recovery.

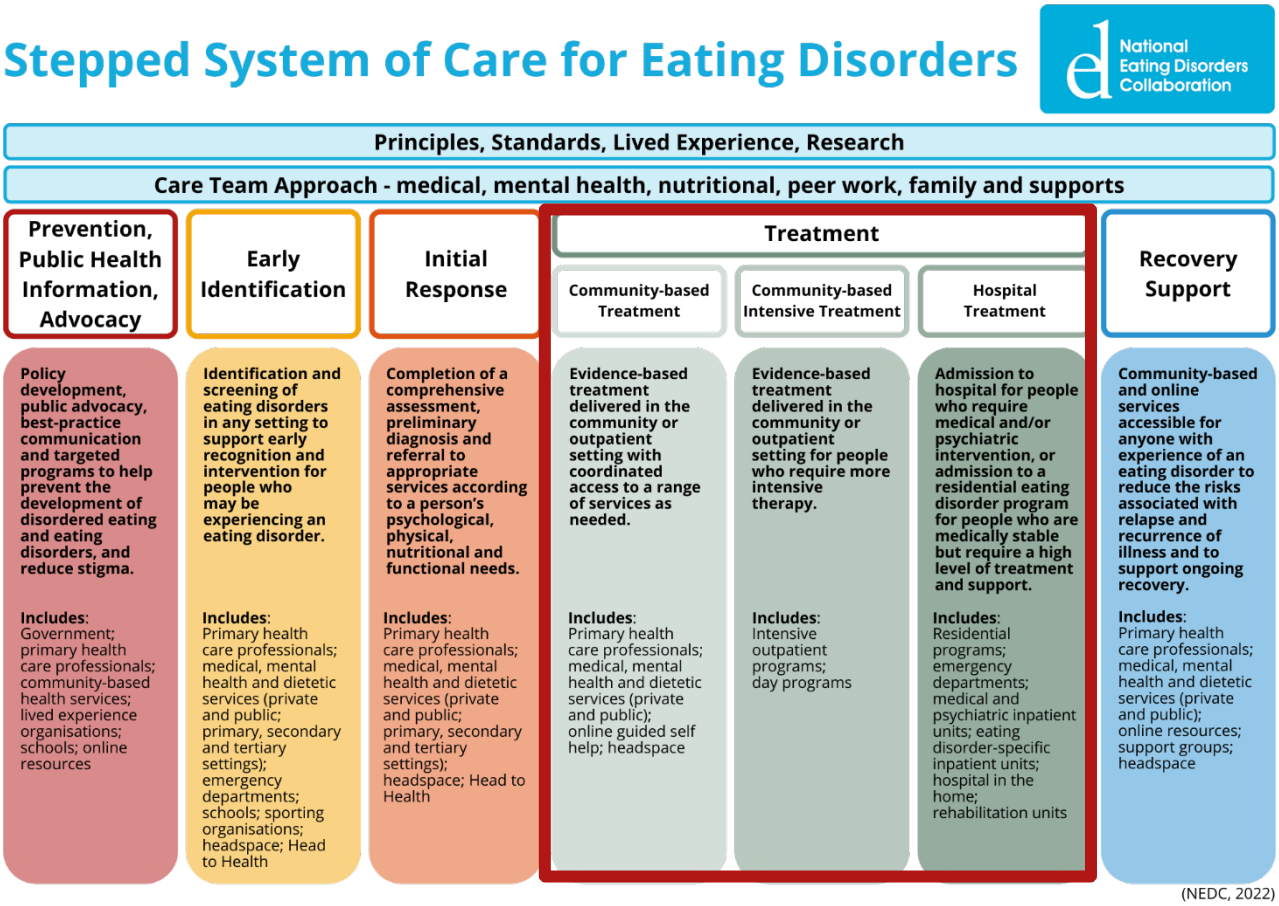


Figure 4. The stepped system of care for eating disorders

The levels of treatment services available to a person with an eating disorder include:

Community-based Treatment

Community-based treatment refers to evidence-based treatment delivered in the community or outpatient setting, with coordinated access to a range of services as needed.

Treatment may be delivered by primary health care professionals, mental health professionals and dietitians in the community (private and public), and online for guided self-help.

Most people can recover from an eating disorder with community-based treatment. In the community, the minimum treatment team includes a medical practitioner such as a GP and a mental health professional.

Community-based Intensive Treatment

Community-based intensive treatment refers to evidence-based treatment delivered in the community or outpatient setting at a higher level of frequency and intensity, for people who require more intensive therapy. Treatment services may be delivered through intensive outpatient programs and day programs.

Hospital Treatment

Hospital treatment is required for people needing medical and/or psychiatric intervention, or admission to a residential eating disorder program for people who are medically stable but require a high level of treatment and support.

Treatment can occur in settings such as emergency departments, medical and psychiatric inpatient units, eating disorder-specific inpatient units, eating disorder residential programs, hospital in the home, and rehabilitation units.

Types of treatment

Evidence-based treatment models are recommended for the treatment of eating disorders. The treatment team will decide on the most suitable treatment model for students experiencing eating disorders and will depend on several factors (e.g., age, diagnosis, symptoms, behaviours, any previous eating disorder treatment, and their preference) and this will be delivered by a mental health professional.

The common evidence-based treatment models for eating disorders in children and adolescents include family-based therapy (FBT) for eating disorders, adolescent-focused therapy (AFT) for eating disorders, and enhanced cognitive behaviour therapy for eating disorders (CBT-E).

SECTION FIVE:
UNDERSTANDING RECOVERY AND PROVIDING SUPPORT

SECTION FIVE: UNDERSTANDING RECOVERY AND PROVIDING SUPPORT

This section provides school staff with an understanding of the recovery process for eating disorders and the role that schools can play in supporting a student's recovery journey.

Eating disorder recovery

It is possible to recover from an eating disorder, even if a person has been experiencing an eating disorder for many years. There is no one agreed-upon definition of recovery, reflecting that the course of eating disorder recovery is different for everyone. For some people, recovery means an end to all eating disorder thoughts, feelings, and behaviours, while for others recovery may be focused on improving function or quality of life and be an ongoing process.

The course of illness and pathway to recovery for a person experiencing an eating disorder is often non-linear, meaning it will not necessarily follow a certain set of steps in a particular order. A person may move back and forth throughout their journey with an eating disorder, sometimes needing to revisit earlier components of treatment dependent on their needs at any one point in time.

Understanding the recovery process

It is helpful for school staff to understand the recovery process, to equip them with the knowledge to provide ongoing support to students throughout the recovery process.

Supporting the recovery process

People who have recovered from an eating disorder have identified the following themes as being key components of their recovery process:

- **Support:** support, advice, and encouragement from others can provide a valuable sense of connection and decrease feelings of isolation
- **Hope:** having a sense of hope can support motivation to seek help and to persist in the face of challenge in recovery

- **Self-compassion:** practising self-compassion, self-acceptance, and connecting to and expressing emotions – positive or negative – can support recovery
- **Identity:** spending time reconnecting with prior interests, or developing new interests, can help to build or rediscover a sense of meaning and identity outside of the eating disorder
- **Meaning and purpose:** developing a sense of purpose and meaning outside of the eating disorder can help to build and shift focus towards shift focus towards and build these important areas
- **Empowerment:** developing a sense of independence and autonomy can build confidence to make important changes and engage in the recovery process.

School staff should keep these themes in mind when providing support to students who are recovering or who have recovered from an eating disorder as they transition from treatment to a return to school.

Providing support to students

School staff play an important role in providing support to students during eating disorder treatment and recovery. They also have a role in supporting family and supports, and friends and peers of the person experiencing an eating disorder during this time.

Attendance and absences

Attendance at school may be impacted when a person is engaging with eating disorder treatment. This will be dependent on the level and intensity of treatment required to meet the individual needs of the student.

If a student is engaging in **community-based treatment** with a medical practitioner and mental health professional, they will likely have regular appointments with the treatment team. The frequency of appointments will depend on the individual needs of the student (e.g., they may be fortnightly, weekly, or several times a week). These appointments may fall inside or outside of school hours and may lead to full or partial day absences.

If a student is engaging in **community-based intensive treatment**, they will be attending an intensive outpatient program or day program. It is likely that the sessions in these programs will impact on school attendance, and a student will be required to take time away from school to engage with the program.

If a student requires **hospital treatment**, they may be admitted as an inpatient or attend an eating disorder residential program. Hospital treatment will have a considerable impact on attendance at school, and students may require time away from school for weeks or months at a time.

Students may require time away from school to manage the impacts and complications associated with eating disorders. Furthermore, the attendance of siblings at school may also be impacted when their sibling is experiencing an eating disorder.

Regardless of whether treatment impacts a student's attendance at school, it is important for schools to be flexible and understanding regarding absences. Schools should have clear communication processes in place with the student and/or family and supports regarding absences.

Learning and academic support

Eating disorder treatment and recovery is a priority for a person experiencing an eating disorder and will take precedence over school and academic performance. It is reassuring to the student if school staff

are communicating messages regarding treatment and recovery being more important than school and academic performance.

It is important to keep in mind the risk factors for the development of an eating disorder such as perfectionistic traits, pressure to achieve and succeed, and peer pressure. Students presenting with these risk factors may put extra pressure on themselves to achieve academically. School staff and parents/supports should have realistic academic expectations for a student during eating disorder treatment and recovery.

Given that a person experiencing an eating disorder may require absences from school, and due to the impact that eating disorders can have on cognition, a student may require additional academic support. School staff should provide flexibility with the due date of homework and assignments. They may also provide students with one-on-one time or recommend additional tutoring if required.

If a student has accessed hospital treatment, they may have teachers on staff available to support ongoing learning and academic performance while away from school. In these cases, it can be helpful for school staff to liaise with hospital teachers to support the transitions between hospital and home.

Curriculum content

School curriculum content may include information related to food, eating, and body measurements. This content can be triggering for all students, particularly students who have experienced or are experiencing an eating disorder, or may be at risk of developing an eating disorder.

Examples of triggering material include calorie counting, anthropometric measurements (e.g., weight, BMI), maths questions related to food or weight, and content related to 'healthy' eating.

At the commencement of each school year or term, school staff should be informed and encouraged to avoid triggering material in lesson plans. Curriculum material may need to be amended or removed from lesson plans.

Students may also need to be excused from participating in some physical activity, food technology, or health classes at school. School staff should provide support to students who are excused from classes or activities, without drawing unwanted attention to the student.

Physical activity

A student experiencing an eating disorder may engage in compulsive and/or excessive exercise behaviours. The student will likely be given recommendations from the treatment team regarding approved physical activity.

School staff may be required to adjust physical education lessons to align with recommendations provided by the student's treatment team. It is important that school staff maintain confidentiality for the student with any adjustments that are made.

A student experiencing an eating disorder may use school breaks (e.g., morning tea and lunch) to engage in exercise. School staff on duty during breaks should be made aware if a student has experienced or is experiencing an eating disorder and should respond appropriately if the student is engaging in disordered or harmful behaviours.

Siblings and friends

Siblings and friends of a person experiencing an eating disorder may experience a range of emotions when a student is going through eating disorder treatment and recovery. These may include sadness, guilt, fear, neglect, stress, and confusion. As such, siblings and friends may require also support. Concerns may also be raised about their own relationship with food and body image.

The school should recommend support and services to the siblings and friends of a person experiencing an eating disorder (e.g., sessions with the school counsellor, small group sessions with the wellbeing team, referral to appropriate external support). It may also be necessary for the school to involve family and supports of siblings and friends.

It is not the role of siblings and friends to take on a carer or supervisory role for the student experiencing an eating disorder. Instead, siblings and friends should be encouraged to engage in activities that they enjoy doing together.

Meal support and supervision

Eating disorder treatment and recovery may require supervised mealtimes. Meal supervision can lead to challenges for the student, their family and supports, and school staff.

Some students may find that having a break from eating with other students is a relief and find it difficult to return to the mealtime environment at school. Other students may feel embarrassed, sad, or lonely about missing out on time with friends, or guilty for having their family take time away from work or other duties to support meals.

Meal supervision is the role of family and supports and it is desirable for family and supports to visit the school to supervise mealtimes. In these instances, having a safe, private space that the family/supports and the student can go for mealtimes is helpful. Family and supports may request that the school provides support and assistance with meal supervision. It is important that the school clearly communicates with family and supports regarding support that the school can provide.

In some cases, the school can provide mealtime supervision. However, in these instances, the school and school staff cannot force or push the student to eat, and do not hold any of the risk if the student does not eat. Family and supports should provide school staff with adequate information regarding their role and the student's food requirements. There should also be an agreement regarding the information that the school will be required to report back to family and supports.

Eating disorder recovery support plan

An eating disorder recovery support plan provides school staff with clear guidance on supporting students returning to school following hospital treatment or after extended absence from school. The plan should be developed in collaboration with the student, family and supports, the treatment team, and an appropriate school staff member/s.

Schools may already have wellbeing plans in place to support students experiencing illness and these can be adapted specifically for eating disorders.

Butterfly Foundation have developed a Supporting the Recovery of Students with Eating Disorders in Schools guidance. Within this resource, there is a section that covers **Considerations for an Eating Disorder Recovery Support Plan**. This plan can be used to support a student who has been diagnosed with an eating disorder or can be incorporated into the schools existing wellbeing plan.

SECTION SIX:
SUPPORT, SERVICES AND RESOURCES

SECTION SIX: SUPPORT, SERVICES AND RESOURCES

Support and treatment services are vital to the care and recovery of the student experiencing an eating disorder. This section provides an overview of eating disorder support and treatment services and resources for individuals experiencing an eating disorder and their support people.

Support and treatment services

There are several databases available that can be used by people experiencing eating disorders and/or their family and supports to support them in locating eating disorder services and treatment providers.

connect.ed – Professionals Connected in Eating Disorders

The ANZAED Eating Disorder Credential (the Credential) provides formal recognition of qualifications, knowledge, training, and professional development activities needed to meet minimum standards for the delivery of safe and effective eating disorders treatment. They have a Find a Treatment Provider search page which aims to help people experiencing eating disorders and their referrers to locate and connect with Credentialed Eating Disorder Clinicians. Click here for more information.

Butterfly National Referral Database

The Butterfly Foundation has an online National Referral Database available for people experiencing an eating disorder, clinicians, and families and supports. This screened database includes services and practitioners throughout Australia. Click here to access Butterfly's National Referral Database.

Butterfly National Helpline

Butterfly National Helpline offers free and confidential support and information to anyone concerned about eating disorders or body image issues. They provide information, referrals, and brief counselling for eating disorders, disordered eating, and body image concerns. Support is available via phone, online, and email. Click here for more information and to access the Butterfly National Helpline.

National Eating Disorders Collaboration (NEDC) Service Locator

NEDC has a service locator which includes eating disorder-specific treatment services across Australia, matched to the different levels of treatment in the stepped system of care. Click here for more information and to access the NEDC Service Locator.

InsideOut Institute Treatment Services Database

InsideOut Institute's Treatment Services Database can assist people experiencing an eating disorder, clinicians, and families and supports to find private practitioners, community clinics or programs, day programs, in-hospital treatment, and support groups. Click here for more information and to access InsideOut Institute's Treatment Services Database.

Eating Disorders Victoria (EDV) Hub

EDV Hub is a free and confidential service providing referral options to people experiencing an eating disorder, clinicians, and families and supports in Victoria. Click here for more information and to access the EDV Hub.

Resources for individuals and their support persons

There are many helpful, practical, and empowering resources available for people experiencing eating disorders, their family and supports, and any person involved in providing care and support.

Butterfly Foundation

Butterfly Foundation is the national charity for all Australians experiencing eating disorders and body image issues, and their families and supports. Butterfly provides evidence-based support services and resources, prevention, and early intervention programs. They also operate the National Helpline that includes support over the phone, via email, and online. Access their website here.

Eating Disorders Families Australia (EDFA)

A national not-for-profit run by carers with lived experience, connecting, supporting, and educating families and carers of people with eating disorders. It has carer and sibling support groups available. Access their website here.

The Victorian Centre of Excellence in Eating Disorders (CEED)

The Victorian Centre of Excellence in Eating Disorders (CEED) is a state-wide program of Victoria's specialist public mental health services managed by North Western Mental Health, and committed to the provision of quality services to those with eating disorders and their families. CEED has developed resources to support clinicians, families, and individuals experiencing eating disorders. Access their website here.

Eating Disorders Victoria (EDV)

EDV is a not-for-profit organisation that connects people who are affected by eating disorders including family and supports with the services they need for recovery. Services include telephone helpline, support groups, online chat room and discussion board, and education and support workshops for people experiencing eating disorders, and family and supports. Access their website here.

Eating Disorders Queensland (EDQ)

EDQ is a not-for-profit organisation providing integrated eating disorder support services to Queensland individuals and families living with and recovering from an eating disorder, their carers, and loved ones. EDQ provides individual and group treatment, peer mentoring, and community building. They have a range of services for families and supports including individual coaching, fostering recovery workshop, and a carer connect group. Access their website here.

Centre for Clinical Interventions (CCI)

CCI have developed a range of resources which may be helpful for educating and supporting people experiencing an eating disorder and their family and supports. Access their website here.

Families Empowered and Supporting Treatment for Eating Disorders (F.E.A.S.T.)

F.E.A.S.T. is an international organisation which provides support to parents and caregivers of people with eating disorders. The website includes information, an online caregivers forum, a recipe book, online stories and letters, weblinks to parent blogs, and other resources. Access their website here.

National Eating Disorder Collaboration (NEDC)

NEDC is an initiative of the Australian eating disorder sector funded by the Australian Government and dedicated to developing and implementing a nationally consistent, evidence-based system of care for the prevention and treatment of eating disorders. NEDC has created a large body of comprehensive, evidence-based information and resources for clinicians, researchers, people with lived experienced, and the general public. Access their website here.

Eating Disorders: Mental Health First Aid Guidelines

The Eating Disorders: Mental Health First Aid Guidelines have been developed to support people to provide first aid to someone who may be developing or experiencing an eating disorder. They are general recommendations only and can be tailored to support the individual needs of the person you are supporting.

Feed Your Instinct (FYI)

FYI is an interactive tool developed by CEED to support parents of children and young people experiencing eating disorders and/or body image problems. Access their website here.

Eating Disorders Carer Help Kit

Eating Disorders Carers Help Kit provides family members, carers, and key support people with information and resources about eating disorders, treatment options, and ways to help your loved one. Access the Carers Help Kit here.

SECTION SEVEN: PREVENTION OF EATING DISORDERS IN SCHOOLS

SECTION SEVEN: PREVENTION OF EATING DISORDERS IN SCHOOLS

All schools have a role in helping to prevent eating disorders. This section provides an overview of eating disorder prevention approaches and provides examples of strategies and programs that schools can implement to support effective eating disorder prevention.

Prevention for eating disorders

Prevention is understood as specific, population-based, and individual-based interventions which aim to minimise disease and associated risk factors. Below we will explain some of the different types of prevention.

Eating disorder prevention refers to specific programs or interventions that are in place to reduce the modifiable risk factors for eating disorders, enhance the protective factors, and prevent people from developing body dissatisfaction, disordered eating, and eating disorders.

Primary prevention

Primary prevention interventions aim to prevent the onset or development of an eating disorder, often by targeting the modifiable risk and protective factors for body dissatisfaction and disordered eating. Primary prevention interventions may be universal, selective, or indicated.

- Universal prevention: aims to reduce the risk of eating disorders and promote general health and wellbeing for all people. For example, universal prevention in schools would focus on targeting entire year groups within a school community.
- Selective prevention: aims to reduce the risk of eating disorders in people who may be at high risk as well as promote general health and wellbeing. For example, selective prevention in schools could focus on targeting specific high-risk groups such as people engaging in competitive sports or performing arts.
- Indicated prevention aims to improve early identification and access to treatment for people with symptoms of eating disorders who may not meet diagnostic criteria, however, are at high risk of developing an eating disorder.

Secondary prevention

Secondary prevention interventions focus on lowering the severity and duration of an eating disorder in a person who is already experiencing an eating disorder. These interventions occur early in the course of illness and focus on early identification and prompt access to treatment. The aim of secondary prevention interventions is to emphasise that recovery from an eating disorder is possible and to encourage help-seeking behaviour.

Tertiary prevention

Tertiary prevention interventions focus on reducing the impact of an eating disorder in a person who is already experiencing an eating disorder. Tertiary prevention aims to address the nutritional, physical, psychological, functional, and social impacts of an eating disorder through accessing appropriate treatment. It also focuses on recovery and relapse prevention and response.

A whole school approach to eating disorder prevention

All schools should have clear policies and strategies in place regarding mental health and wellbeing of students including prevention, identification, and response to body dissatisfaction, body image concerns, and eating disorders.

Policies should include a commitment to developing a safe environment that protects students from exposure to modifiable risk factors and supports prevention through promotion of protective factors that support positive relationships with food and body image.

Which school staff can help with prevention?

Anyone working within a school environment has a role to play in creating a safe and supportive environment that aims to prevent the development of an eating disorder. This may include teachers, staff involved directly in student welfare such as school counsellors or year coordinators, administrative staff, or other roles, including volunteers at the uniform shop or school canteen. Each person has an important role in the type of environment that is fostered within the school and can have a meaningful impact on the wellbeing of the students.

Protocols

In addition to policies and/or protocols to support early identification and response, there should also be protocols for creating a supportive and protective school environment that promotes positive body image and prevents eating disorders and body image concerns.

Protocols may include:

- Including a statement in the school mission about providing an environment which is inclusive of all bodies and celebrates diversity
- Creating an environment that fosters student wellbeing to support building self-esteem, body acceptance, and a healthy relationship with the body, eating, and physical activity
- Creating a safe and respectful environment that aims to eliminate teasing, bullying, and cyberbullying, particularly related to weight and/or appearance
- Ensuring that there are no anthropometric assessments completed with or by students including weighing and measuring (e.g., calculation of BMI, comparison of weight, food diaries, calorie counting)
- Recommending that staff avoid making any comments about their own or other people's bodies or food intake or choices
- Creating a non-diet culture with no comments or discussions about dieting
- Creating opportunities for all students to engage in physical activity in a non-competitive, non-weight focused and safe environment
- Avoiding unhelpful food labelling (e.g., 'healthy' or 'unhealthy', 'good' or 'bad')
- Providing a variety of food options from all food groups in the canteen
- Displaying public materials within the school that includes a diversity of body weight, shapes, and appearance
- Providing family and supports with resources and information to support students in building a healthy relationship with food and body. This may include information about body image and dissatisfaction, understanding risks for developing an eating disorders, early identification, and response, etc.

Workforce Development

All schools are encouraged to have a workforce development strategy in place, and this should include an element that focuses on student welfare including eating disorders.

Workforce development may include:

Providing school staff with training and information about eating disorders including risk factors, protective factors, warning signs, impact, and the importance of early intervention

Training on best practice approaches to body image education and creating a positive school environment

Providing school staff with training and information regarding the use of body affirming language in their interactions with students

Curriculum

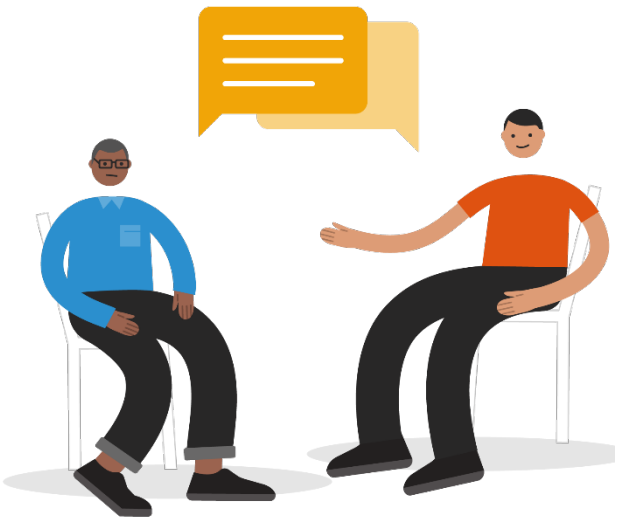
The Australian Curriculum sets the expectations for what all young Australians should be taught at school.

All schools are required to provide age-appropriate teachings at every level to support students in building a healthy relationship with food and their bodies and to support their overall mental health and wellbeing. This forms part of the Health and Physical Education (HPE) curriculum.

The curriculum provides an opportunity to communicate and deliver positive messaging related to eating, exercise, and body image within schools.

Examples of topics and themes that could be incorporated into HPE teachings include:

- Improving body acceptance, self-esteem, and self-worth
- Enhancing mental health literacy and mental health promotion
- Identifying concerns with mental health, eating, and body image
- Coping skills, help-seeking strategies, and support resources
- Enhancing media literacy, including use of social media
- Promoting a positive relationship with food and exercise
- Reducing the importance placed on body weight, shape, and appearance, and instead focusing on improving body acceptance
- Supporting students to understand the socio-cultural influences associated with the development of body dissatisfaction and eating disorders
- Improving understanding of the detrimental effects of dieting and the risk of developing an eating disorder
- Reducing mental health stigma and bullying, particularly appearance-focused



Practice point

Despite the best intentions, sometimes general school activities can cause unintended harm. When communicating about food, eating, and body image across all activities within schools, it is important to consider whether the activities have the potential to cause unintended harm.

Messages and communications within schools should NOT:

- Include anthropometric measures such as weight and body mass index (BMI)
- Provide nutrition advice that encourages dieting or labels foods as 'good' or 'bad'
- Include stigmatising language or promote weight-bias
- Include messages that may increase body dissatisfaction, dieting, and promote weight-control behaviours

Communicating about eating disorders

Communicating with students

Communication about eating disorders within schools **should**:

- Be developmentally appropriate for the intended audience
- Support understanding of eating disorders as serious and complex mental illness, and not a lifestyle choice
- Support understanding that any person, at any stage of their life, can experience an eating disorder
- Provide up-to-date and evidence-based information
- Be respectful to people with lived experience of an eating disorder
- Provide supportive messaging that promotes help-seeking behaviours
- Be monitored and evaluated on an ongoing basis to ensure the continuing safety and appropriateness of content

Communication about eating disorders within schools **should not**:

- Describe details of specific eating disorder behaviours
- Use or provide information on measurements in relation to people who have experienced an eating disorder (e.g., weight, amount of exercise, number of hospital admissions)
- Normalise, glamorise or stigmatise eating disorder behaviours
- Use judgemental language
- Encourage behaviours motivated by fear or stigma (e.g., social exclusion, bullying)
- Use imagery that shows stereotypical presentations of eating disorders including people of low weight

Do no harm

Care must be taken when communicating about eating disorders to reduce any potential harm for people who are at risk or experiencing eating and body image concerns.

Communications about eating disorders should focus on increasing awareness and understanding of eating disorders, and encouraging help-seeking behaviours.

Communicating with family and supports

Family and supports are instrumental in providing education on health and wellbeing to young people. They can provide ongoing support to children and adolescents by reinforcing messages that are provided in prevention programs.

Schools are encouraged to communicate regularly with family and supports to support prevention and early identification of eating disorders. Regular communication can equip family and supports with the information and resources to respond should a student experience eating and body image concerns. Schools can communicate with family and supports about eating disorders through emails, information sessions, and family/teacher interviews.

The types of information below can support families and supports to provide ongoing support to children and adolescents, and reinforce messages that are provided in prevention programs:

- Understand eating disorders including risk and protective factors
- Identify the early signs of eating and body image concerns
- Understand pathways to support and treatment
- Promote help-seeking behaviours
- Teach young people about eating for growth and development
- Promote positive body image and body acceptance

Eating disorder prevention programs

Eating disorder prevention programs refers to specific programs or interventions designed to reduce modifiable risk factors, enhance protective factors, and prevent people from developing eating disorders.

There are several factors to consider when selecting and implementing an eating disorder prevention program within schools. Effective eating disorder prevention programs should be evidence-based, interactive, safe, and be delivered across multiple sessions.

When selecting and implementing an eating disorder prevention program within your school, consider the following:

- Provide evidence-based information and resources in a developmentally and socio-culturally appropriate format
- Focus on reducing risk factors associated with eating disorders such as body dissatisfaction, dieting, and peer pressure

- Focus on strengthening the protective factors for eating disorders such as body acceptance and a healthy relationship with food and physical activity
- Focus on health, not weight, and give equal consideration to social, emotional, and physical aspects of health
- Utilise a health promotion approach focusing on building self-esteem, body acceptance, and a balanced approach to nutrition and physical activity
- Utilise innovative and interactive approaches within the program such as small group activities, reflective activities, videos, and online learning
- Deliver the program in a safe and comfortable environment for students
- Develop a classroom agreement in collaboration with students prior to commencing the program to support building respectful and open communications
- Include multiple sessions to cover specific topics and allow time for reflection
- Include an evaluation to assess the effectiveness of the program

Available eating disorder prevention programs

Butterfly Foundation prevention programs for schools

Butterfly works with schools to support and enhance existing wellbeing programs and to create environments that support body confidence in young people. The programs are flexible and mapped to the Australian Curriculum, and can be tailored for students, school staff and families and supports. Click here for more information.

Butterfly Body Bright

Butterfly Body Bright is a whole of primary school body image program for all Australian primary schools. The program promotes healthy attitudes and behaviours towards the body, eating, and physical activity in children so they can thrive both at school and in life. Body Bright provides resources and support to teachers as well as their broader school community. Click here for more information.

Butterfly Body Kind Schools

Body Kind Schools is a free awareness activity that runs every September, inviting people working in primary and secondary schools, as well as other youth organisations, to come together to celebrate diversity and build body confidence and body kindness in young people. Click here for more information.

Media Smart

Media Smart is a school-based eating disorder risk reduction program. An adapted online version, Media Smart Online, has been found to have both prevention and treatment effects for eating disorder symptoms and to prevent the onset of related comorbid conditions. This has now been expanded to the current *I am Media Smart* trial open to all Australians aged 13-25 years who wish to improve their body image as well as with resources available for parents and schools. Click here for more information.

The Embrace Collective

The Embrace Collective (previously known as the Body Confident Collective) provides evidence-based body image programs, professional development, and consulting services to encourage a whole school approach to creating a body confident school. Available programs include Goodform, the Embrace Hub, and Sport in Schools Guidelines. Click here for more information.

SUMMARY

Eating disorders are serious, complex mental illnesses accompanied by physical and mental health complications which may be severe and life threatening. Early identification and response are essential to minimise harm and support positive recovery outcomes.

Schools and school staff are in an ideal position to prevent, identify, and respond to eating disorders and provide recovery support to students who may be experiencing an eating disorder.

This booklet has provided readers with guidance, tools, and resources to support these processes and practices. If you require further support and information, visit www.nedc.com.au or contact the Butterfly National Helpline.

This booklet was developed in collaboration and consultation with Butterfly, headspace, mental health professionals, education professionals, and school representatives.

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Building a safe, consistent and accessible system of care for people with eating disorders

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National Eating Disorders Collaboration

Evidence Experience Expertise