

ROEDEAN

Eating Disorders Policy

There are three main types of eating disorder

1. Anorexia Nervosa

People with anorexia limit the amount of food they eat by skipping meals and rigidly controlling what they will and will not eat. Their concern about food, weight and calories can start to control them and they can become very ill.

2. Bulimia Nervosa

People with bulimia will also constantly think about food, but they become caught in a cycle of eating large amounts of food and then making themselves sick (or “purging” as doctors call it), in order to try and lose the calories they have eaten.

3. Binge Eating Disorder

People with binge eating disorder will eat large amounts of food in a short period of time and tend to put on weight.

There are also other eating disorders that are a mixture of the disorders above.

“Eating disorders are not a diet gone wrong or a fad or fashion. They are a way of coping with difficult thoughts, emotions or experiences” (from **b-eat “beating eating disorders”**).

Any pupils who are stressed, unhappy or lacking in confidence may be at risk of developing an eating disorder. Triggers may include stress due to examinations, problems at home or school. There may be past traumas that manifest themselves in the form of an eating disorder. In some cases an eating disorder may be triggered in a vulnerable personality by a period of illness which is accompanied by a period of not eating.

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Warning Signs

Physical Signs:

- Weight loss/weight gain
- Dizziness, tiredness or fainting
- Feeling cold
- Dull, lifeless hair; hair loss
- Swollen cheeks
- Calluses on the knuckles of the dominant hand
- Headaches
- Menstrual disturbances
- Sore throat, mouth ulcer and tooth decay; bad breath
- Stomach pains
- Growth of soft, fine hair over body
- Dry or poor skin
- Fainting
- Dehydration

Behavioural signs:

- Restricted eating – i.e. volume of food and low calorie content
- Difficulty sleeping
- Obsession with food, weight and dieting
- Preference for eating alone
- Irritability, distress, and arguments around mealtimes
- Strange behaviour around food
- Hiding, collecting or storing food
- Secretive eating; lying about how much they have eaten
- Inability to tolerate unplanned events involving food
- Extreme irritability when meals earlier or later than usual
- Using a lot of salt, vinegar or spicy substances
- Drinking lots of water or fizzy drinks
- Frequent weighing
- Excessive exercising
- Wearing baggy clothes
- Increase in activity including homework
- Increased conscientiousness
- Insisting on being fat when not
- Increased isolation and loss of friends
- Ritualistic behaviour and obsessions
- Disappearing to the toilet immediately after meals
- Secretive behaviour

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Psychological signs:

- Preoccupation with food
- Sensitivity about eating
- Denial of hunger despite lack of food
- Feeling distressed or guilty after eating
- Fear of gaining weight
- Self dislike
- Moodiness
- Excessive perfectionism

It is unlikely that a young person would present with all or even most of these signs. However, the list is intended to raise awareness of potential signs to look out for.

Eating disorders are very secretive and usually associated with a high level of denial, and self denial, which can make diagnosis very difficult. It is often a bringing together of clues reported from different sources that build up the bigger picture that results in diagnosis of, or strong suspicion of an eating disorder.

People with eating disorders can be plagued by them for many years, or even a lifetime. Up to 13% of those with Anorexia Nervosa die as a result of the effects of the disorder or by suicide (Neumarker K-J (2000) "Mortality Rates and Causes of Death". European Eating Disorders Review, 8, 181-187).

Research also suggests that early intervention can be very effective and reduce the years of suffering for the young person and their family (LKG Hsu (1990) Outcome. In "Eating Disorders", Guildford Press, New York).

Policy Statement

The school recognises some of its pupils will, from time to time, experience eating disorders as defined above. It will seek to support the pupil as far as possible, to recover and establish healthy eating patterns.

Aim

To help to avoid the onset of an eating disorder by increasing awareness of the problem amongst pupils and all staff, and providing a safe, supportive and nurturing environment for pupils. Where an eating problem is suspected or identified, provide swift intervention to minimise damage and promote recovery.

Objectives

1. To help pupils maintain healthy eating habits while they are away from the home environment and making their own decisions about what they will eat.

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2. To identify those who have or may have an eating disorder and provide help and support.
3. To offer and provide support to those who may be affected other than the pupil with the identified problem, eg friends, members of staff, family.

Strategies

1. Annual training will be provided for all staff members that come into contact with students to increase awareness of eating disorders, signs to look out for, and procedure for reporting their concerns.
2. Health Centre Lead Nurses, Head of Junior School, Deputy Head Teacher, and PSHE teaching staff will liaise annually to ensure teaching about eating disorders is provided for adequately.
3. Ensure all staff members are aware of the Roedean Eating Disorders Policy and procedures to follow.
4. Health Centre nurses in the Health Centre will monitor pupils' heights and weights in the Senior School twice yearly, at the start of the autumn term and in the second half of the spring term. This will be compulsory for boarding students. Parents of day students in the Senior School will be informed and have the opportunity to opt their child out. Boarding students will be referred on to see the GP if their BMI is above 24 or below 17, or if there is a significant change in their BMI giving cause for concern. Parents of day pupils will be informed by the Lead Nurse, taking into consideration the laws concerning medical confidentiality.
5. Encourage all staff to be vigilant, and if they have any concerns regarding the possibility of an eating disorder in a pupil to pass their concerns on to the Head of House or the Head of Junior School and the Health Centre, either directly or via the Head of House or Head of Junior School. This will enable staff to build up a picture and see if any patterns are developing.
6. Encourage staff to be open and receptive to students who wish to discuss any worries or anxieties they may have, whether directly concerned with an eating disorder, or any other worries, some of which may be an underlying cause of an eating disorder.
6. Encourage students who have concerns about a friend to voice their concerns to a member of staff, and reassure them their concerns will be taken seriously.
7. Ensure students and staff are aware of support that is available within the school, including peer listeners, counsellor, Health Centre nurses, GPs, pastoral and teaching staff, by use of displays, school literature, PSHE education and word of mouth.
8. Ensure students, staff and families are aware of support that is available externally, including private counselling, eating disorders clinics, CAHMS, b-eat (formerly eating disorders association). This information can be obtained via the Health Centre.

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Procedure to follow where there is suspicion or confirmation that a pupil has an eating disorder.

Boards:

1. Where there are concerns that a pupil may have an eating disorder, staff should contact the Head of House who will then contact the Health Centre, or they can contact the Health Centre directly.
2. House staff will encourage the pupil to attend the Health Centre for assessment. If the pupil does not want to attend the Health Centre, house staff will continue to monitor the pupil closely, and liaise closely with Health Centre nurses. If there are serious concerns regarding a pupil's health and she still refuses to attend the Health Centre, then the Deputy Head Teacher must be consulted and a course of action decided upon.
3. House staff will liaise with parents and senior staff and keep them informed of any concerns. This should ideally happen with the pupil's full consent and understanding.
4. Health staff will liaise with house staff, senior staff and parents regarding a pupil's condition. Ideally this should be with the pupil's consent. Health staff need to respect the confidentiality of pupils, although where there is serious concern for that pupil's safety, confidentiality may have to be breached. The normal rules of medical confidentiality and Gillick competency apply but where a pupil, who is very unwell and has not given permission for information disclosure, is deemed no longer fit to remain within the school community, her parents will be contacted to come and take her out of school. The pupil should be encouraged to see that it is in her interests to allow information to be shared.
5. When a senior pupil with a suspected or identified eating disorder attends the Health Centre, she will be assessed by a Health Centre nurse. This will include measuring her height and weight. If a pupil's Body Mass Index is above 24 or below 17 she will be referred to the GP. If a pupil is displaying physical signs or symptoms of an eating disorder she will be referred to the GP. If a pupil is or is reported to have been displaying behavioural signs and symptoms of an eating disorder she will be referred to the GP.
6. When a pupil has been assessed by the GP and there is a diagnosis made of an eating disorder, or there is a strong suspicion of one, then further action will be taken. This may include further medical tests and investigations. It may include referral to a counsellor, a psychiatrist, or a specialist eating disorder clinic. All of this should happen in collaboration with the pupil, her family, other Health Centre staff, house staff, and senior staff.
7. If a pupil is physically and emotionally well enough to stay in school then she or he should do so. House and Health Centre staff will monitor her or his condition and

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progress closely, to ensure she or he is responding to treatment. If she or he is not physically or emotionally well enough to stay at school, she or he should be taken home by her or his parents to receive treatment and only return to school when well enough to do so, when she or he will continue to be monitored closely by House and Health Centre staff.

8. A pupil who has a diagnosis of an eating disorder who remains at school may need to be excluded from certain activities during the period of her recovery. Teaching staff involved will need to be informed of this, and will be expected to handle any information they are given in a discreet and sensitive manner.
9. All staff should be aware of the impact this illness may have on other members of the school community, and be willing to offer support where able or to refer them on where appropriate, for example to house staff, the school counsellor, the Health Centre, line managers, or outside organisations such as **b-eat**.

Day pupils:

1. All staff should be aware of the signs of an eating disorder as outlined above. The non-residential status of day pupils will inevitably make it harder to recognise some of the signs. However, if there is cause for concern staff should contact the Heads of Houses, who will then speak with the Health Centre nurses, or they can contact the Health Centre directly. In the case of Junior School pupils, staff should share any concerns with the Head Teacher, who may wish to contact the Health Centre for advice.
2. If a Senior School pupil is showing signs of illness, she should be encouraged to attend the Health Centre for assessment by a senior nurse. If the pupil is displaying signs of physical ill health, or if there is strong suspicion of an eating disorder, then the pupil's parents should be contacted and informed of the nurse's concerns. The same rules of medical confidentiality apply, so an older pupil, or one who is considered Gillick competent may refuse to allow disclosure to her parents. However, it should be pointed out to the pupil that if she is deemed not medically fit to be in school, then her parents will be asked to come and take her out of school, so it is in her best interests to allow disclosure.
3. If a Senior School pupil refuses to attend the Health Centre for assessment, then senior staff should liaise and agree on a course of action, which will involve contacting parents and informing them of their concerns, and requesting that the pupil be medically assessed. Parents should be contacted ideally with the pupil's full understanding and consent, but where staff concerns are very serious this may have to be done without her consent. If a pupil is considered to be physically too unwell to be in school, and she refuses to attend the Health Centre, her parents should be asked to take her home.
4. If a Junior School pupil is showing signs of an eating disorder, then the child's parents will be invited into school to discuss with the Head Teacher the concerns of staff. If staff consider the child is not physically well enough to be in school, the child's parents will be asked to keep him or her at home until he or she has been medically assessed and deemed fit to return to school. Staff and parents may contact the nurses at the Health Centre for advice.

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5. Pupils with a suspected eating disorder and their parents should be advised where they can get help, including GP, CAHMS, b-eat, private counselling. This information can be obtained via the Health Centre.
6. Pupils with a diagnosed eating disorder who are deemed well enough by the involved health professionals to be at school may do so. Staff will closely liaise with parents to ensure that his or her health and behaviour is monitored closely whilst at school, and if there are any concerns, the parents will be contacted.
7. A pupil who has a diagnosis of an eating disorder who remains at school may need to be excluded from certain activities during the period of his or her recovery. Teaching staff involved will need to be informed of this, and will be expected to handle any information they are given in a discreet and sensitive manner.
8. All staff should be aware of the impact this illness may have on other members of the school community, and be willing to offer support where able or to refer them on where appropriate, for example to house staff, the school counsellor, the Health Centre, line managers, or outside organisations such as **b-eat**.

Follow Up

The policy will be reviewed annually by the Deputy Head, Junior School Head Teacher, Heads of House, Lead Nurse. Any recommendations would be given to the Headmistress for approval.