# Maple Medical PRU
# Disordered Eating policy

## Policy Statement

This policy is to raise awareness amongst all staff about disordered eating and provide a clear set of protocols to be adopted by all staff in supporting pupils and peers currently suffering from, or recovering from, disordered eating.

## At Maple we aim to:

- increase awareness and understanding of disordered eating;
- alert pupils and staff to warning signs and risk factors;
- make all staff aware of, and capable of implementing, the management plan of a pupil with disordered eating, including assessing the pupil's unique and individual needs within Maple and an agreed monitoring and reporting role with the pupil's CAMHS worker and parent(s)/carer(s);
- provide on-going support to pupils currently suffering from, or recovering from, disordered eating;
- work with other vulnerable pupils to try to prevent development of peer disordered eating;
- provide positive mentoring for pupils who wish to talk about historical, potential or actual disordered eating, including assistance in building the confidence, self-esteem and emotional wellbeing of the pupil;
- provide support to staff dealing with pupils suffering from disordered eating;
- provide education and awareness on disordered eating for pupils;
- provide training and education on the issue of disordered eating for all staff.
- Liaise with the disordered eating nurses about the patient's ability to access education when in hospital

## What is disordered eating?

People with disordered eating are preoccupied with food and/or their weight and body shape, and are usually highly dissatisfied with their appearance. The majority of disordered eating issues involve low self-esteem, shame, secrecy and denial.

Anorexia nervosa, bulimia nervosa, compulsive overeating and binge eating disorder are the major types of disordered eating. There are a range of lesser known types of disordered eating.

People with anorexia live at a low body weight, beyond the point of slimness and in an endless pursuit of thinness by restricting what they eat and sometimes compulsively over-exercising. They may be abnormally sensitive about being perceived as fat, or have a massive fear of becoming fat -- though not all people living with anorexia have this fear.

People with bulimia have persistent preoccupation with, and intense cravings for, food, secretively overeat and then purge to prevent weight gain (for example, by vomiting, fasting or use of appetite suppressants, thyroid medication or diuretics). They may also have a fear of obesity, which is also seen in people with anorexia nervosa. There is some overlap in the symptoms of these two diseases.

Compulsive overeating (also sometimes called food addiction) is characterised by someone engaging in frequent episodes of uncontrolled eating during which they may feel frenzied or out of control, often consuming food past the point of being comfortably full. This is generally followed by feelings of guilt and depression. Compulsive overeaters do not attempt to compensate for their binging with purging behaviors such as fasting, laxative use or vomiting. Compulsive overeaters will typically eat when they are not hungry. Their obsession is demonstrated in that they spend excessive amounts of time and thought devoted to food, and secretly plan or fantasize about eating alone. In addition to binge eating, compulsive overeaters can also engage in grazing behaviour, during which they return to pick at food throughout the day. These things result in a large overall number of calories consumed even if the quantities eaten at any one time may be small.

Binge eating is a pattern of episodes of uncontrollable eating. During such binges, a person rapidly consumes an excessive amount of food. Most people who have eating binges try to hide this behaviour from others, and often feel ashamed about being overweight or depressed about their overeating.

Anyone can have disordered eating regardless of their age, sex or cultural background.

## Risk Factors

The following risk factors, particularly in combination, may make a young person particularly vulnerable to developing disordered eating:

Individual Factors:

- Difficulty expressing feelings and emotions

- A tendency to comply with others' demands
- Very high expectations of achievement

Family Factors
- A home environment where food, eating, weight or appearance have a disproportionate significance
- An over-protective or over-controlling home environment
- Poor parental relationships and arguments
- Neglect or physical, sexual or emotional abuse
- Overly high family expectations of achievement

Social Factors
- Being bullied, teased or ridiculed due to weight or appearance
- Pressure to maintain a high level of fitness / low body weight for e.g. sport or dancing

Cultural Factors
- Cultural pressures that glorify 'thinness' and 'obtaining the perfect body
- Narrow definitions of beauty that include only men and women of specific body weights and shapes
- Cultural norms that value people on the basis of physical appearance and not inner qualities and strengths
- Current trends/fads e.g. size 0 models.

Other Factors
- In some individuals with eating disorders, the brain chemicals that control hunger, appetite and digestion may be imbalanced.

## Warning Signs

All staff may become aware of warning signs which indicate a pupil is experiencing difficulties that may lead to disordered eating. These warning signs should always be taken seriously and staff observing any of these warning signs should speak to the Head or Deputy Head as soon as possible.

Physical Signs
- Weight loss
- Dizziness, tiredness, fainting
- Feeling cold
- Hair becomes dull or lifeless
- Swollen cheeks
- Callused knuckles

- Tension headaches
- Sore throats / mouth ulcers
- Tooth decay

Behavioural Signs

- Restricted eating
- Missing meals
- Strange behaviour around food
- Wearing baggy clothes
- Wearing several layers of clothing
- Excessive chewing of gum/drinking of water
- Increased conscientiousness
- Increasing isolation / loss of friends
- Believes s/he is fat when s/he is not
- Secretive behaviour
- Visiting the toilet immediately after meals

Psychological Signs

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

## Protocol

### On referral

CAMHS worker to provide Deputy Head with details of all mental health issues including historical, current and/or risk of potential disordered eating.

Multi-agency liaison to gain information from all parties about disordered eating behaviours in other settings.

CAMHS worker to discuss current therapy/approach/responses to disordered eating. Pupil to be made aware that s/he will be expected to eat with other

pupils/staff at lunchtimes, that their intake will be monitored and that not eating anything is not an option.

Deputy Head to circulate appropriate information to all staff and make Learning Mentor referral.

**On entry**

Deputy Head and Inclusion manager to meet with pupil to:

i) discuss support package agreed in conjunction with their CAMHS worker including strategies for break and lunch time eating
ii) signpost open access to information about disordered eating and details of help and support available outside Maple
iii) discuss the issue of confidentiality and that any suspicion/evidence of disordered eating will be shared with their parents/ carers and CAMHS worker (in line with the PRU's Safeguarding Policy, i.e. when a pupil's health and welfare are considered at serious risk the parent/carer must be informed (unless the safety of the child is likely to be put at further risk by this action)).

**Procedure**

Suspicion of disordered eating
Pupil to be asked to discuss with Learning Mentor.
Incident recorded on to pupil's file.
Follow-up session(s) with Learning Mentor as necessary

Actual disordered eating
Agreed CAMHS procedure to be discussed with pupil. These procedures vary according to the individual disorder and therapy plan but may include:
-having an extended lunch to allow the pupil to eat food more slowly
-lunch time being extended into afternoon session if pupil does not eat the required amount within the lunch hour
-restriction of visit to toilet for a set period of time post lunch
-additional food/drink to be provided and eaten at breaks
-restriction of PE activities immediately after lunch
-restriction of privilege to go out to local shops if monitoring of intake required (Y11 only)
-self-service of lunch
-monitoring of packed lunch and contact with parent/carer re content/amount eaten
-provision of free school lunch if lunch money not available

All disordered eating pupils' intake to be monitored and recorded on to pupil's file as necessary
Parents/ carers and CAMHS worker informed of eating patterns on timescales as agreed and/or at review meetings
Liaison with School Nurse for regular weight/BMI measurement as agreed by CAMHS
Follow-up sessions with Learning Mentor including referral to outside agencies as appropriate.

**Protocol for the Hospital School**

The inpatient is referred to the hospital school by a named nurse and the relevant information is passed on. The treatment plan is passed over to staff and all staff are made aware of the contents. Teaching staff are involved in the treatment plan and the inpatient is made aware of this. Snacks may be made available in lessons at the request of the dietitian. Staff liaise regularly with the named nurse/ CAMHS worker/ dietitian and if the pupil becomes long term (more than 5 days) may attend multi-disciplinary meetings. A learning mentor referral is also made in this case.
Education may be in the classroom or on the ward depending on the severity of the case.

**Date of Policy** Jan 2021

**Date of Review** Jan 2023

**Signed**

**Head of Centre**…………………………………………………….

**Chair Management Committee**………………………………….