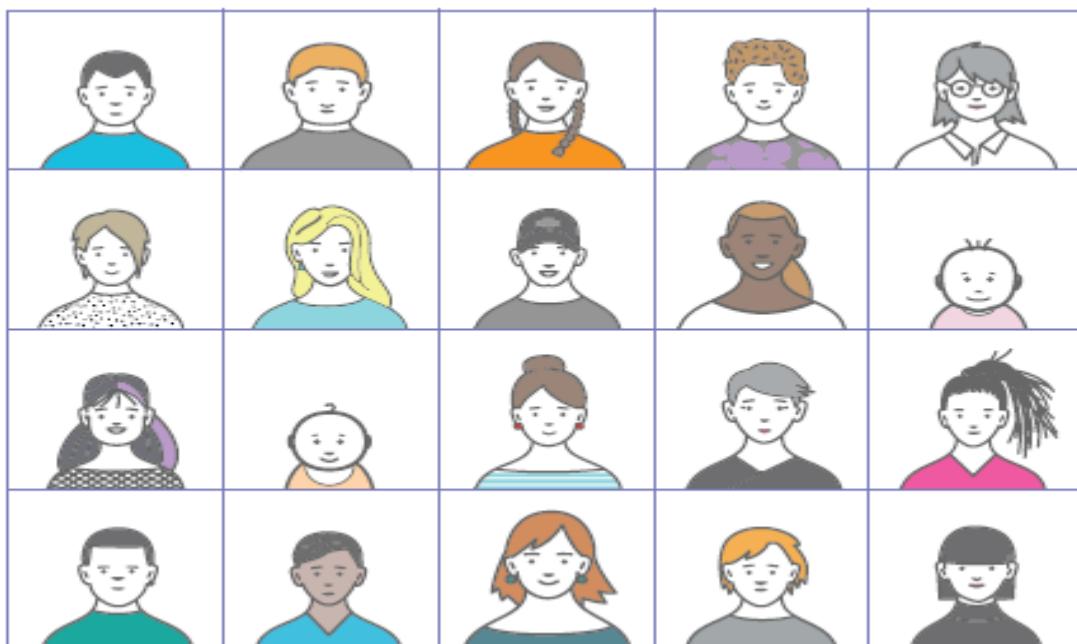




**HEALTHiER MiNDS**



## Eating Problems and Eating Disorders A Guide for Professionals



September 2021

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## **INTRODUCTION**

This guidance is written for any professional who works with young people as part of their role. It is intended as a useful reference guide when supporting a young person affected by eating problems or eating disorders. It also contains helpful links to further resources and services that may be able to offer further support.

We recognised that there were more and more young people having problems with their eating. We have worked with young people, their families and professionals such as Social Workers, Education Psychologists, School Nurses and a CAMHS Nurse Therapist to write this guidance to help you. We also have guidance written specifically for young people and parents/carers so that young people and their families can get the best support possible.

*Children and young people can be affected by eating problems at any age but for the purposes of this document we will use the term 'young person' or 'young people' as problems are more prevalent in this age group.*

### **What Professionals Told Us**

Professionals who have supported young people affected by eating problems and eating disorders have told us that they would like specific information, advice and guidance about this challenging area. They would like support and acknowledgement of the emotional toll this work can take on them. We hope the information included in this guidance will enhance communication and collaboration between agencies, services and families as we know this is crucial to the recovery of the young person.

### **What Young People and Families Told Us**

We asked young people who have been affected by an eating disorder and their families to tell us what was important to them in their recovery. Young people told us that they would like more time to talk through their concerns and behaviours with a trusted adult. They would also like to focus on other important areas of their life and be supported to develop other interests which would distract them from their eating problems. While young people appreciated the opportunity to meet with a range of professionals, having as few people as possible at formal meetings was less overwhelming for the young person.

Parents and carers told us that they would like much more information and support when eating problems are first identified to avoid the situation escalating to crisis point. Connecting with other parents / carers in a similar situation is helpful. They also told us that it was important for professionals to see their child as more than just their illness.

Young people and families agreed that clarity around the role of each professional is crucial as well as clear communication between agencies to ensure information is shared and plans are joined up.

## KEY DEFINITIONS

Eating problems are described by the mental health charity '[Mind](#)' as 'any relationship with food that you find difficult'. Eating disorders is the term used for clinically diagnosed problems. A diagnosis is based on eating patterns and medically assessed weight, blood and body mass index.

Food plays an important part in our lives and our eating habits can change. Sometimes we may try to eat more healthily, at other times we may eat more than usual or lose our appetite. Changing our eating habits every now and again is normal. However it becomes problematic when someone starts to focus a lot on controlling what or how much they eat; when food and eating feels like it's taking over their life; or when they have worries and concerns which are having an impact on their eating behaviours.

Many people associate having an eating problem with being overweight or underweight and assume it only affects certain groups in society e.g. young girls. However, anyone, regardless of age, gender, ethnicity or weight, can be affected by eating problems. It is important to note that eating problems may not be directly related to food, eating or body image but rather are a response to very challenging emotions which the young person is struggling to manage.

The [Beat Eating Disorders](#) website provides the following definitions for types of eating disorders:

- **Anorexia** or anorexia nervosa is a serious mental illness where people are of low weight due to *limiting how much they eat and drink*. They may develop "rules" around what they feel they can and cannot eat, as well as things like when and where they'll eat.
- **Avoidant/restrictive food intake disorder (ARFID)** is a condition characterised by the person avoiding certain foods or types of food, having restricted intake in terms of overall amount eaten, or both.
- **Binge eating disorder (BED)** is a serious mental illness where people eat very large quantities of food without feeling like they're in control of what they're doing.
- **Bulimia** or bulimia nervosa is characterised by a cycle of eating large quantities of food (called bingeing), and then trying to compensate for that overeating by vomiting, taking laxatives or diuretics, fasting, or exercising excessively (called purging).

- **Other specified feeding or eating disorder (OSFED):** Sometimes a person's eating behaviours don't exactly fit those expected for any of the above eating disorders. In that case, they might be diagnosed with an "**other specified feeding or eating disorder**" (OSFED).

## EATING DISORDERS AND COVID-19

The Coronavirus pandemic and subsequent restrictions have had a significant impact on the mental health and wellbeing of many people. Young people have been particularly affected by limited social contact, health fears and school closures. The incidence and severity of eating disorders have increased over the course of the pandemic with eating disorder organisations such as BEAT reporting a rise in young people seeking support and a reported increase in referrals to specialist NHS services for concerns relating to eating problems.

The pandemic has brought, for many, increased anxiety, a reduced sense of control, a loss of normal day to day activities which keep us mentally and physically healthy, and increased uncertainty about the future. Eating problems and other mental health concerns emerged or worsened as young people faced this ever changing landscape. Restrictions also meant families spending more time together. For some young people, the increased time at home enabled family members to recognise the difficulties their child was experiencing and ultimately led to families seeking help. However, for other young people the pandemic and restrictions have exacerbated symptoms as young people felt more scrutinised, less in control over aspects of their life and food choices, and less able to access social support. Social media, with conflicting messages around exercise and weight loss during lockdown, has also been highlighted as influential in exacerbating symptoms.

The impact of the pandemic and restrictions on the mental health of young people is likely to last beyond the lifting of restrictions. As such, it is more important than ever that we all look for opportunities to talk openly about mental health and prioritise those activities which promote our emotional wellbeing. We hope this guide will be helpful for professionals affected by, or supporting someone with, eating problems.

## EATING PROBLEMS, EATING DISORDERS AND SUPPORTING MENTAL WELLBEING

### The Mental Wellbeing Continuum

Most of the time, young people will cope with the normal challenges and stresses of growing up. Young people are best supported by those closest to them e.g. by their parents, family members, friends, or a key adult such as school staff. Young people often learn coping strategies along the way that help them to manage difficult times in the future. Some young people will experience times when they need additional or specialist support. This may be because of factors relating to the child's

development, their health, or because of the impact of adverse childhood experiences such as bereavement, loss, neglect or abuse.

It is important to think of mental wellbeing as a continuum that ranges from feeling happy and content to experiencing chronic and enduring mental health difficulties that can be very debilitating. These difficulties are usually temporary and with support and coping strategies a young person's mental wellbeing will improve. How adults and agencies should respond and the support that is needed depends on where they are on this continuum.



When someone develops problematic eating behaviours it is an indication that they are struggling with their mental wellbeing and if not addressed it could have much longer term implications for the person's mental and physical health. As with most mental illnesses, early intervention is important for helping someone with an eating problem or a disorder to recover.

***The challenges faced by the young person with eating problems may not be directly related to food, eating or body image but rather reflect strong feelings which they are struggling to manage. The problematic eating behaviours develop as a way to cope with these feelings of distress, during times of pressure, or to regain a sense of control when they feel out of control of other areas of their life.***

## Spotting the Signs

The following should not be used as a checklist but rather a guide to some of the behaviours which could be indicative of an eating disorder:

- Social isolation
- Avoiding / self-conscious about eating around others
- Difficulty concentrating
- Tiredness
- Irritability
- Low confidence and self-esteem
- Anxiety
- Exercising excessively
- Covering up body parts
- Obsessive and/or rigid behaviour (e.g. restricted foods, specific times for eating)
- Perfectionism and setting unreasonably high personal standards
- Self-harm
- Changes to weight – gaining, losing or fluctuating weight
- Avoiding physical exercise / PE
- Eating when not hungry

## Talking about Eating Disorders and Eating Problems

You may have a suspicion about a young person, or you may have been informed by the young person or a concerned friend. In any situation, discussing the subject with the young person is a sensitive issue. However, talking about the problem is often the first step to recovery and in the long term, the person will be grateful for your support.

*Before you talk to the young person, think about what will be most helpful. Here are some ideas:*

- Have you documented the place and time of the specific behaviours you have witnessed which lead you to suspect the young person might be suffering from eating problems?
- Do you know the school's policy for mental health interventions and the appropriate next steps (e.g. Who should you report the issue to? Who will speak with the young person's family?)
- What is your aim (this should be to encourage the young person to seek help)?

*Think about who, when and where*

- Are you the best person to approach the young person or is there a member of staff who might have a better rapport with them or be experienced in dealing with eating problems?
- If you are the best person to speak with the young person, would they respond better to a one-on-one chat or is there another member of staff who could be present to provide support?
- What would be the best time and place to approach the young person?
- Find a quiet, comfortable and familiar place.
- Avoid meal times when feelings of anxiety are likely to be higher.

### *Avoid, if possible*

- Avoid focusing on food and weight – talk about feelings instead.
- Avoid statements which imply blame.
- Avoid taking on the role of a therapist - you do not need to have all the answers, rather it is most important to listen and create a space for them to talk.

### *Stay calm*

- The young person may well deny that there is a problem, they may become angry or upset. This is perfectly normal.
- If the young person becomes angry or defensive, try to avoid getting angry yourself – an angry response is most likely an indication that you are right to be worried. Stay calm and reassure the person there is no pressure but you will be there when he or she is ready.
- Approach them again another time to remind them why you are worried and that help is available.

### *Practical Strategies / Tips*

- Encourage the young person to go to the GP in the first instance, with a family member or friend, or to talk with an adult at home.
- Signpost them to online support organisations – see resources section.
- Encourage the young person to keep doing the activities they enjoy doing – it will remind them that they have a range of other coping strategies and can distract them from the thoughts and behaviours associated with the eating problem.
- Introduce the person to other coping strategies such as relaxation, mindfulness techniques, listening to music or colouring. While exercise is a helpful strategy for most people, some people with eating problems will exercise too much.
- If relevant, remind the person that social media images aren't realistic and are often airbrushed.
- Formalise the support provided by, for example, school, health or social work such as regular check-ins or a wellbeing plan if this is considered necessary.

### *What to say*

- Use caring "I" phrases like 'I've noticed' and talk about why you are worried
- Help them to feel it is safe to talk to you
- Ask them how they feel
- Give them time to talk about their feelings
- Listen respectfully to what they have to say
- Encourage them to seek help

### *Conversation Starters*

- I've noticed that you don't want to eat with us. Is there something worrying you?
- I've noticed you're not enjoying food like you used to. Is there anything you want to talk about?
- I think that maybe I saw you hiding your food. Is something the matter?

- I wonder if something is worrying you, I noticed you don't seem to be eating in public anymore.
- It worries me that you always seem to disappear to the bathroom after you've eaten. Is there anything you'd like to tell me?
- I've noticed that you're exercising more than usual. Is something on your mind?
- I might not understand, but if you need someone to talk to, I will help as much as I can.
- I've noticed you don't seem quite yourself recently. Is there anything on your mind?
- I wonder if you would like to talk about how you are feeling?
- I'm here for you when you're ready to talk.

A person with eating problems may show resistance to getting help as they are ashamed of their eating and exercise behaviours. You can help them by remaining supportive, positive and encouraging. The earlier someone seeks help, the more likely it is the young person will make a full recovery. Including the family as soon as possible is also important for improving outcomes and the family should be encouraged to make contact with their GP as soon as possible.

## **UNIVERSAL APPROACHES TO SUPPORTING YOUNG PEOPLE**

### **Universal Support from Education**

Universal supports aim to protect all young people from the effects of poor mental wellbeing by promoting general health and wellbeing, resilience and thereby reducing the risk of mental illness such as eating problems and eating disorders. Adolescents are particularly vulnerable to the personal and environmental risk factors that can lead to eating problems and as such, the school is a key environment where universal prevention approaches can have a positive impact. As with any positive mental health initiative, it is important to consider a multi-stranded whole school approach.

### **Elements of an Effective Whole School Approach**

- A school ethos which celebrates diversity and promotes positive language by all adults and pupils around appearance, image and weight.
- A clear anti-bullying policy is in place which specifically mentions appearance related teasing.
- Staff professional development includes:
  - signs to looks out for
  - increasing confidence around talking about eating problems and eating disorders
  - clearly defined response to disclosures and referral pathways
  - Mental Health First Aid
- A broad Personal, Social and Health Education (PSHE) exists and covers specific topics related to healthy body image presented in an age appropriate way including media literacy.

- Topics related to mental wellbeing and eating problems are addressed in other curricular areas.
- There is a programme of parental involvement and community awareness raising about eating problems and eating disorders, including the impact on young people and families.
- Healthy and balanced food options are available in school.
- Promotion of diversity of body shapes, sizes and ethnicity through public material/posters is evident.
- 'Tell someone' campaigns encourage young people to look out for each other.

## **Bullying**

### *Eating Disorders: Cause or effect of bullying*

- Young people with pre-existing disorders are at risk of being victimised because they are perceived as being odd or different, this includes those with eating disorders.
- The stress and trauma of being the victim of bullying can lead to an increased risk of eating disorder, particularly if a young person already has symptoms of eating problems.
- It is not only victims of bullying who are at increased risk of eating disorders. Symptoms and incidence of eating disorders are increased in young people who are bullies and victims. Those who both bully and have experienced bullying are likely to have the greatest risk for an eating disorder.

### *Types and content of bullying*

- Bullying and teasing about weight and appearance is common and unsurprisingly this can lead to preoccupation about weight and appearance, including social comparison and increased body dissatisfaction.
- However, it has also been shown that bullying that is not related to appearance or weight can have a negative impact on children's body esteem, increasing the likelihood of eating problems.
- In-person and online bullying are both associated with increased risk of eating disorder. Body appearance is a common target of online bullying. For example, children may send derogatory messages or images about the bodies of their victims or peers, or children are ostracised because of their size (e.g. children are told not to be friends with those who are fat).
- Girls tend to be the victims of online and in-person bullying about body image and appearance more frequently than boys. There is also a greater impact on girls' self-esteem compared to boys.
- Bullying and teasing is social in nature and can lead to social submissiveness and isolation. These characteristics tend to be common in young people with problematic eating.

For guidance specific to bullying please refer to the resources section.

## **Media literacy**

*Media literacy is the ability to critically evaluate media and understand the complex messages it contains. It is associated with some of the most effective methods of reducing eating disorder behaviours in young people.*

- Media can exert a strong influence on the body image of young people, especially girls, and can lead to distress, low self-esteem, and body dissatisfaction. Whilst media does not directly cause eating disorders, being exposed to beauty ideals can exacerbate or encourage weight loss practices and internalising the 'thin ideal'. These are both modifiable behaviours.
- Social media platforms such as Instagram, Snapchat and Facebook are image-centric and have been associated with a drive for thinness, perfectionism, and social comparison across different genders and races. It has been found that young people with problematic eating patterns are more likely to spend time editing photos and comparing their photos to others on social media. Living in cities and large towns may increase risk of exposure to media influences.
- In addition, there are many pro-anorexia 'thinspiration' and 'fitspiration' blogs and sites that seek to provide information and normalise harmful eating disorder behaviours, such as extreme restriction, exercise, and laxative use.
- Media literacy aims to help young people understand the role media plays in shaping society's views about beauty; how advertising and marketing works; to recognise bias and misinformation; and develop media messages that are positive and helpful.
- It is recommended that young people are encouraged to care for their body which includes healthy practices such as nutritional eating, keeping well hydrated, exercising, and seeking out healthy friends in addition to caring for their external appearance. Developing wellbeing practices like these may enhance the ability of young people to challenge disempowering media messages.
- It is important to ensure that books, brochures and media in school, libraries, youth groups etc. are appropriate and not promoting or glamourising the thin ideal, restricted diets and other eating problems.

## **'Tell Someone' Campaigns**

Adolescents are highly influenced by their peers, they spend a lot of time together and are most likely to look to their peers for support when they are struggling with their mental wellbeing. Despite this, however, many young people who have eating problems will hide it from even their closest friends. Mental illnesses aren't always easy to spot and young people should be encouraged to look out for each other and notice subtle changes in behaviour which might be a sign of distress. Through PSHE sessions and public, school-wide campaigns, young people should be given the language to approach friends about whom they are concerned and encouraged to speak to school staff or trusted adults about their concerns.

## **Promoting Positive Body Image and Mental Wellbeing**

PSHE lessons can cover a wide range of topics related to promoting mental wellbeing and should include topics focused on mitigating the risk factors associated with eating disorders:

- Positive body image
- Healthy lifestyle choices
- Healthy and balanced eating patterns
- Self esteem
- Enhancing media literacy and promoting critical evaluation of media messages
- Helping young people learn how to manage social and cultural influences linked to the development of body image dissatisfaction
- Coping skills that promote resilience and emotional wellbeing

There are a number of curricular areas where topics related to mental wellbeing and more specifically eating disorders can be addressed in detail, and many more where positive attitudes and behaviours can be encouraged. As part of a whole school approach to promoting wellbeing involving as many curricular areas as possible can improve the impact of universal prevention approaches. The following subject areas, for example, provide opportunities to promote a healthier understanding of body image, lifestyle choices and encourage more positive skills in self-expression, confidence, coping strategies etc.:

- Physical Education
- Media Studies
- Drama
- Art
- Biology
- Personal, Social and Health Education
- English
- Modern Studies
- Religious, Moral and Philosophical Studies
- Home Economics
- Business Studies (e.g. advertising topics)

## **Engaging Parents**

- Provide parents with links to information about body image and eating problems, supporting organisations and referral pathways, including East Renfrewshire Healthier Minds - Eating Disorder Guide for Parents and Carers.
- Share topics covered in school or by other organisations regarding the promotion of positive mental wellbeing, healthy body image and helpful coping strategies. Provide information sessions on topics related to mental wellbeing and eating disorders.

## **Supporting Young People Recovering from an Eating Disorder in School**

It is important to plan for young people who are currently receiving support for an eating disorder. Most young people will be able to continue to attend school and other activities but they will require additional measures to support their educational and pastoral needs:

- A wellbeing plan should be developed in collaboration with the young person, parents/carers and any other agency involved in the young person's care.
- Accommodations can be made to the learning environment and curriculum taking into consideration reduced physical strength, concentration span and lethargy.
- Where a young person is admitted to inpatient care, plans to continue to support education and reintegrate on their return to school should be developed in multi-disciplinary teams.

## **Educational Psychology**

Any concerns about a young person's eating problems should be discussed as soon as possible with the young person, their family and a health professional. However, advice and consultation can be also sought from an educational psychologist at the school's Joint Support Team Meeting (JST). At the JST it may be decided that a referral to the Educational Psychology Service is appropriate. The role of the educational psychologist will vary depending on the needs of the young person and will be discussed at an initial consultation with the young person and parent/carer but may include:

- Advice, consultation and training for school staff
- Further assessment of the young person's additional support needs
- 1-1 support for the young person
- Home visits and support for the family
- Liaison with health professionals and other agencies
- Signposting to relevant support agencies

## **ACCESSING SPECIALIST SUPPORT**

### **East Renfrewshire School Nursing Team**

When the School Nursing Team receives a referral, this is triaged and consent is sought from the young person for involvement from the School Nurse. A face-to-face appointment is arranged to gather further information from the parent/carer(s) and young person. The school will also be contacted for further information.

A Universal Wellbeing and/or My World Triangle assessment is undertaken to gauge risk using the universal wellbeing indicators; Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANARRI). Vulnerability, resilience, protective factors and environment would be measured and given a Health Performance Indicator (HPI).

If the young person has a high risk HPI, the school nurse would seek further advice from either Duty CAMHS or contact Connect-ed (further information below) if appropriate, before considering a referral to specialist services.

In cases of undiagnosed Autism Spectrum Condition (ASC) and selective or restrictive eating in relation to sensory issues, pre-five health records would be accessed to review the young person's history. The school nurse may also use the Speech and Language Autism Developmental History questionnaire to undertake a more thorough assessment of the young person's background. If the eating problems are sensory related, Occupational Therapy can be contacted for advice and a referral made for an Autism Diagnostic Observation Schedule (ADOS) assessment.

Should the young person have a lower level risk HPI, the School Nurse may offer support; monitor weight; and/or check in with the young person in relation to their worries/stressors. They may also consider a referral to the Community Dietetics Team if appropriate.

### **Healthier Minds Service**

Children and young people aged 10 -18 in school are being offered more timely and appropriate support for their mental and emotional wellbeing. Ensuring that the right support is given at the right time in non-emergency situations.

Membership of the new multidisciplinary team includes personnel from CAMHS, Children 1st, Educational Psychology, Social Work, RAMH and School Nursing. Youth Counselling will be accessed via the Healthier Minds Screening Hub. The team will provide 1-1 and group work support that is needs led, facilitate the establishment of peer support networks and provide support and build capacity within schools. A referral can be made to the Healthier Minds Screening Hub for children and young people aged 10-18 years old for support with problematic eating.

### **Children and Adolescent Mental Health Service (CAMHS) and Connect-ed (Specialist Eating Disorder Service)**

The following points detail the service and support a child/young person affected by an eating disorder would receive from CAMHS and/or Connect-ed:

- Referrals are sent by the GP directly to the CAMHS? team.
- CAMHS have a Duty Worker in place Monday – Friday who will screen referrals. They may contact the GP and/or parents/carers for further information. The Duty Worker will be able to allocate an E-Choice Appointment (Urgent Appointment) and this will always take place within five working days. These appointments are generally at 10am Monday – Friday in East Renfrewshire CAMHS. The young person and family would be asked to attend face-to-face due to the requirement of physical observations and potentially needing to draw blood for further tests. The appointments are run by two CAMHS clinicians from different disciplines (e.g. Nursing, Psychology, Occupational Therapy, Psychiatry, and Family Therapists).
- An assessment of the young person is completed.

- Following the E-Choice appointment clinicians would formulate a plan and discuss with young person and the family. Clinicians would complete FACE CARAS (Risk Assessments) and relevant paperwork.
- The clinicians would complete an E-Choice report which would be sent to the referrer, family and, if the family consent, to other professionals who may be involved.
- Advice would be given at the Initial Assessment which may include advice for the young person to not attend school, bedrest, no exercise, increasing food and fluids if possible, highlighting the severity of physical and mental health issues if continues.

### **Connect-ed Team Role and Functions**

The Connect-ed team supports clinicians, patients and carers with issues relating to eating disorder diagnosis across NHS Greater Glasgow and Clyde. There are two main work streams; clinical work and, support and development. Connect-ed is not a standalone specialist service, but rather work as a specialist team within CAMHS. As a small team Connect-ed are not able to work with all young people with eating disorders but it may be more appropriate to offer other forms of support.

Within our broader support and development functions we support patient and carer involvement, provide and coordinate training, support service development, audit, evaluation and governance. These are often central functions that CAMHS teams are not able to provide exclusively for eating disorder patients.

### **Connect-ed Roles:**

- Accept referrals from CAMHS
- Work with the Multi-Disciplinary Team and case coordinators with their patients
- Enhanced assessment stage to help gain clarity in complex/transdiagnostic cases
- Consultations about cases with clinicians and/or patients/carers
- Support patient and carer involvement
- Work with groups of identified patients/carers
- Work with tier 4 colleagues to improve transitions
- Take referrals for specialist pieces of work: family based treatment, dietetics, cognitive behavioural therapy, and supportive individual therapy
- Support service development in the provision of evidence based therapies for the treatment of eating disorders
- Act as a resource centre- share drive, library, networking
- Provide and co-ordinate training including biannual training days in June and December
- Support audit, evaluation and research in eating disorder patients in GG&C.

For more information about Connect-ed see our website:

<https://www.nhsggc.org.uk/your-health/health-services/specialist-childrens-services/our-services/eating-disorders-connect-ed/>

## **SIGNPOSTING AND WEB-BASED RESOURCES**

### **Beat Eating Disorders – The UK's Eating Disorder Charity**

Visit their website, find them on social media or call their helpline for online support groups, one to one chat and information about eating disorders and recovery

<https://www.beateatingdisorders.org.uk/>

@beatED

FB beat.eating.disorders

Helpline: 0808 801 0677 [help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk)

Youthline: 0808 801 0711 [fyp@beateatingdisorders.org.uk](mailto:fyp@beateatingdisorders.org.uk)

Studentline: 0808 801 0811 [studentline@beateatingdisorders.org.uk](mailto:studentline@beateatingdisorders.org.uk)

For services in your area: [helpfinder.beateatingdisorders.org.uk](http://helpfinder.beateatingdisorders.org.uk)

### **Young Minds – Mental Health Charity for Young People**

Information, advice and support for young people who are struggling with their mental health. Includes specific guidance around eating problems.

<https://youngminds.org.uk/>

@youngmindsuk

FB YoungMinds

### **Connect-ed – NHS Greater Glasgow and Clyde**

Information and advice about eating disorders and the specialist service for all Young people under 18 years old with Eating Disorders in Glasgow and Clyde Connect-ED provide services for under 18 year olds in Greater Glasgow and Clyde.

<https://www.nhsggc.org.uk/your-health/health-services/specialist-childrens-services/our-services/eating-disorders-connect-ed/#>

### **CARED Scotland – NHS**

Designed for parents and carers of young people (aged up to 25) in Scotland who have recently received a diagnosis of an eating disorder and are about to, or have just started, treatment.

<https://caredscotland.co.uk/>

@CaredsCotland

## **SEDIG - Scottish Eating Disorders Interest Group**

Scotland's charity for supporting, connecting and informing anyone who is affected by eating disorders.

<https://www.sedig.org/>

## **Eating Disorders Support**

England based organisation providing information, advice and direct support.

<http://www.eatingdisorderssupport.co.uk/>

Helpline: 01494 793223

Email: [support@eatingdisorderssupport.co.uk](mailto:support@eatingdisorderssupport.co.uk)

## **Mind – Mental Health Charity**

Information, advice and support for anyone experiencing mental health difficulties. Includes specific information about eating problems.

<https://www.mind.org.uk/>

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/eating-problems/about-eating-problems/>

## **Anorexia and Bulimia Care**

Advice, information and support for young people, carers and professionals.

<https://www.anorexiabulimiacare.org.uk/>

## **East Renfrewshire Healthier Minds – Wellbeing Resource**

Information and advice on promoting and supporting the mental wellbeing of young people.

<https://blogs.glowscotland.org.uk/er/healthierminds/>

## **My Body My Way**

Advice for parents and other adults supporting young people with regard to promoting a positive body image:

<https://irocwellbeing.com/uploads/webpages/File/My-Body-My-Way-Parent-s-Info.pdf>

## **Healthier Minds Service**

More information can be found on the Healthier Minds website: <https://blogs.glowscotland.org.uk/er/healthierminds/how-and-when-agencies-can-help/healthier-minds-service-2/>

## **RESOURCES, LESSON PLANS AND ACTIVITIES FOR SCHOOLS**

For younger pupils (8 – 14) the focus of sessions should be around body image, media, lifestyle and general health and wellbeing. For older pupils (14+) discussions can relate more specifically to eating problems and disorders.

### **RSHP – Relationships, Sexual Health & Parenthood**

National resource for 3-18 year olds. Topics include: my body, I am unique, body image, body confidence.

[www.rshp.scot](http://www.rshp.scot)

### **Mentally Healthy Schools – Assembly Guide and Activity Ideas for Primary Aged Pupils**

<https://www.mentallyhealthyschools.org.uk/media/1826/primary-assembly-guide.pdf>

### **The Dove Self Esteem Project**

The Dove Self Esteem Project has resources and teaching materials to help you run sessions for pupils aged 8- 16 years on topics related to body image, media, self-esteem and confidence:

<https://www.dove.com/uk/dove-self-esteem-project/school-workshops-on-body-image-confident-me.html>

### **My Body My Way (Penumbra – Supporting Mental Health and Wellbeing)**

Free resource for primary and secondary pupils covering body image and media literacy. Includes workbook for pupils, facilitator guidance and parent/carer information.

Pupil Workbook

<https://irocwellbeing.com/uploads/webpages/File/My-Body-My-Way-Facilitator-s-Guidance.pdf>

Facilitator Guidance

<https://irocwellbeing.com/uploads/webpages/File/My-Body-My-Way-Children-s-Workbook.pdf>

Parent/Carer Information

<https://irocwellbeing.com/uploads/webpages/File/My-Body-My-Way-Parent-s-Info.pdf>

## **Newbridge School Resources**

Film clips, activities and conversation starters for 10 to 16 year olds:

<https://www.newbridge-health.org.uk/eating-disorders-help/resources-for-schools/>

## **PSHE Association**

For pupils 16 years + a range of lesson plans and activities related to body image, media and self-esteem

<https://www.pshe-association.org.uk/curriculum-and-resources/resources/taking-action-body-image>

## **Beat Eating Disorders - CPD for School Staff**

Training courses for primary and secondary teachers designed to enable staff help pupils into treatment quickly.

<https://www.beateatingdisorders.org.uk/training-cpd/school-staff>

## **Respect Me - Bullying Resources**

Guidance about how to deal with and prevent bullying by creating a positive environment.

<https://respectme.org.uk/>

## **FURTHER READING**

Living with an eating disorder – new report on people's experience in Scotland (2020)

<https://www.mwcscot.org.uk/news/living-eating-disorder-new-report-peoples-experience-scotland>

Eating disorders: recognition and treatment (Nice Guideline, 2017)

<https://www.nice.org.uk/guidance/ng69/resources/eating-disorders-recognition-and-treatment-pdf-1837582159813>

## **Conversation Starters – further information**

Eating disorders.com: [How to talk to someone you're worried about](#)  
Beat: [10 Helpful Things to Say to Someone With an Eating Disorder](#)

## **CONCLUSION**

We hope that you have found this guide useful in relation to eating disorders or problems. Hopefully you now have a better understanding of the different types of eating disorders and about how to spot signs that a child or young person may have a problem with eating. The guide also highlights the range of support that is available to you, families and children/young people, including many links and additional sources of information and support for you to access.