



GUIDELINE	
Eating disorders	
Scope (Staff):	School Health
Scope (Area):	CACH, WACHS

This document should be read in conjunction with this [DISCLAIMER](#)

Aim

To provide guidance to community health nurses working in schools on identification, support and referral for eating disorders in young people.

Risk

Eating disorders have a relatively high morbidity and mortality rate. Early intervention is important for diagnosis, treatment and recovery.

Background

Eating disorders are not ‘diets gone wrong’, but are serious and potentially life threatening mental illnesses, believed to affect approximately 9% of the Australian population¹ although this may be a conservative figure due to underreporting and under-diagnosis.² Young people experience eating disorders at higher rates than others in the general population, with as many as 15% of adolescent females and 3% of males experiencing an eating disorder.³

Eating disorders are complex mental health conditions, with behavioural symptoms, and are frequently influenced by a person’s genetic make-up.² As many as 97% of people who have an eating disorder have a co-morbid mental health condition, such as depression and anxiety, engage in harmful alcohol or other drug use, or have a personality disorder.⁴ The physical and psychological health consequences of eating disorders are well documented and can include complications of the gastrointestinal, cardiovascular and endocrine systems, osteoporosis, severe malnutrition and brain dysfunction.⁵

Eating disorders have the highest rate of mortality of any psychiatric illness, and this may be related to the physical complications associated with eating disorders, as well as the increased suicidality related to these conditions.⁶ There is stigma associated with eating disorders, and young people may find it difficult to disclose information related to eating disorders, or to seek help.⁷

A person with an eating disorder experiences severe disturbances in eating and/or weight regulation behaviours, such as excessive exercise. Young people who diet, those who experience negative body image and those with diabetes are all at increased risk of developing an eating disorder.⁶ Eating disorders exist across all ages, cultural and socio-economic groups, and genders, and most young people (84%) think they know someone with an eating disorder.⁶

According to the DSM5, there are several kinds of eating disorders⁸, each with their own strict diagnostic criteria, and it is important to note that an individual may exhibit behaviours from one or a range of eating disorders over time.² The most common types of eating disorders are:

- **Binge eating disorder** - Periods of uncontrolled, impulsive or continuous eating to the point of being uncomfortably full. This is the most common eating disorder. Approximately 47% of those who have an eating disorder have binge eating disorder¹, and it is often associated with obesity.⁶
- **Anorexia nervosa** – Often presents as dramatic weight loss or failure to grow. Associated with a preoccupation with food, restrictive food “rules”, and body image distortion.⁵ Approximately 3% of those with an eating disorder have anorexia nervosa.¹
- **Bulimia nervosa** - Characterised by recurrent episodes of binge eating and by compensatory behaviour (vomiting, purging, fasting, or exercising, or a combination of these) in order to prevent weight gain. Despite compensatory behaviour, bulimia is associated with overweight or obesity.³ Approximately 12% of people with an eating disorder have bulimia nervosa.¹
- **Other specified feeding and eating disorders (OSFED) or Unspecified feeding and eating disorders (UFED)** - Those who have some, but not all of the characteristics of an eating disorder, but their attitude to food, weight, body size or shape is seriously interfering with their life.² Approximately 38% of those who have eating disorders have OSFED or UFED.¹

The onset of eating disorders often occurs in adolescence, although problems may be evident in children as young as seven and throughout the lifespan.⁵ While approximately 64% of the total population who experience eating disorders are female¹, reports of body dissatisfaction and eating problems in young males have also increased.⁹

Risk factors (Appendix A) that contribute to the development of an eating disorder are complex and involve a combination of factors such as:

- Biological or genetic vulnerability
- Psychological predispositions
- Socio-cultural influences.

Often a trigger such as internal or external pressure to lose weight, particularly teasing or comments about appearance or size, dieting and stressful events² precipitates eating disorder onset. Therefore, promoting positive self and body image, media literacy, coping skills, flexible eating habits and a positive approach to physical activity² using the health promoting schools framework may help to assist in their prevention.

Most young people who are identified early in the development of eating disorders, and who receive appropriate treatment, are reported to recover⁷, therefore, early identification and appropriate intervention are vital to prevent the progression of physical, psychological and social consequences. Health promotion which focuses on healthy lifestyles, rather than weight loss or gain, is recommended.²

Key Points

- Nurses must work within their scope of practice and liaise with the school Student Services Team.
- All eating disorders are serious mental illnesses.²
- All require appropriate medical and psychological responses specific to the type of eating disorder.²

- Symptoms should not be accepted as 'normal adolescent behaviour'. Early intervention is essential to avoid these behaviours developing into a serious disorder.
- Treatment within two to three years of onset significantly increases chance of recovery.²
- The secretive nature of eating disorders and disordered eating can often result in a young person isolating themselves from positive and reaffirming interpersonal relationships, ultimately exacerbating social anxiety, negative self-image and eroding protective factors.
- If the young person is at risk of suicide, immediate action must be taken to ensure their safety. Refer to the *Suicide risk response protocol* and act accordingly.
- Nurses working in secondary schools need to be competent in undertaking a HEADSS assessment. This document should be used in conjunction with the *HEADSS adolescent psychosocial assessment procedure* and the *HEADSS Assessment: Handbook for nurses working in secondary schools*.
- Refer to: *Working with Youth- A legal resource for community based health workers* for information about legal matters including duty of care, sharing information with third parties, consent and mature minors.

Process

Steps	Additional Information
<p>1. Be approachable</p> <ul style="list-style-type: none"> • Raise issues gently. • Adopt a supportive, interested, non-judgemental approach in spoken and body language. • Reassure the young person that they are not alone and support is available. 	<ul style="list-style-type: none"> • Ensure privacy for conversation • Behaviours associated with eating disorders can be well hidden. Young people do not usually discuss their eating problems openly with friends and family, and often conceal their socially inappropriate behaviour. • The signs are often subtle and the young person may not reveal more unless trust and rapport are established.¹⁰ • Young people with an eating disorder may: <ul style="list-style-type: none"> ○ strongly deny they are unwell, even when there is objective evidence of a problem ○ find it difficult or distressing to discuss it with healthcare professionals and staff ○ be vulnerable to stigma and shame.¹⁰
<p>2. Discuss confidentiality</p> <ul style="list-style-type: none"> • Early in the consultation explain confidentiality, privacy and the limits of confidentiality. Check understanding by 	<ul style="list-style-type: none"> • Clearly document that confidentiality has been discussed.

Steps	Additional Information
the individual.	
<p>3. Health counselling</p> <ul style="list-style-type: none"> • Respond to the issue the young person presents with and conduct a <i>HEADSS</i> psychosocial assessment, if appropriate. If a previous <i>HEADSS</i> psychosocial assessment has been conducted, ascertain if the young person's situation has changed. • Listen carefully to the young person's experience, thoughts and feelings. It can be highly therapeutic for a young person to explain their life to an interested, supportive, non-judgemental adult. • Be sensitive when discussing a person's weight and appearance. • Explore the level of support the young person may have from family and friends. • Offer information, literature, websites and support services, as appropriate. 	<ul style="list-style-type: none"> • When assessing a person with a suspected eating disorder, find out what they and their family members or carers (as appropriate) know about eating disorders and address any misconceptions.¹⁰ • In order to have the best chance of recovery from a diagnosed eating disorder, it is imperative that at the first point of identified symptoms, young people are enabled and empowered to access appropriate services for their location, cultural identity, gender, age and type of eating disorder as soon as possible.² • Screening questions (such as the SCOFF (Appendix B) can be utilised and have been shown to help initiate disclosure and talk about body dissatisfaction or disordered eating.² • It is not within the scope of a nurse to determine whether or not a person has an eating disorder.¹⁰ • It is important to note that a young person who has an eating disorder may actively avoid questions relating to eating and insist there is not a problem. If your professional judgement suggests cause for concern, a referral for a medical assessment and diagnosis should be made despite results of the assessment tool.
<p>4. Refer</p> <ul style="list-style-type: none"> • Ask for consent to contact parents, to refer to the Student Services Team, or to an external service provider. • In the first instance, the young person should be referred to local services such as a general practitioner, clinical psychologist, dietitian or Child and Adolescent Mental Health Service. • Provide young people and parents with 	<ul style="list-style-type: none"> • Nurses should be aware of youth friendly doctors in their area. The Australian Medical Association provides details of medical practitioners who have undertaken specific Youth Friendly Doctor training by the AMA, though they may not be available in all areas. • headspace is the National Youth Mental Health Foundation providing

Steps	Additional Information
<p>information about various services where they can access information.</p> <ul style="list-style-type: none"> • Specific programs and services include: <ul style="list-style-type: none"> ○ Perth Children's Hospital Eating Disorders Program (up to 18 years of age) ○ Centre for Clinical Interventions (State-wide Service) (over 16 years of age) • A full description of these programs and services is included in the <i>Useful referral information</i> section below. 	<p>early intervention mental health services to 12-25 year olds. Centres are located across metropolitan, regional and rural areas of Australia.</p> <ul style="list-style-type: none"> • eheadspace is an online and telephone service that supports young people and their families who may need mental health support. Register on 1800 650 890. • Bridges Eating Disorders Association - promotes understanding and to provide support services for all people affected by eating disorders. • Butterfly Foundation – provides counselling, support groups, and a recovery program. They also provide good information for young people. • The National Eating Disorders Collaboration – provides resources for families, young people and peers.
<p>5. Parental support</p> <ul style="list-style-type: none"> • Provide practical, non-judgmental and reassuring support to parents. • Provide crisis contacts. • Offer links to online resources for parents. See Useful Resource section which follows. 	<ul style="list-style-type: none"> • If an eating disorder is suspected, it is important that communication occurs with parents, who may not be aware, or may not realise the importance of early referral to treatment. • Be aware that the family members or carers of a person with an eating disorder may experience severe distress and possible guilt.¹⁰
<p>6. Follow-up</p> <ul style="list-style-type: none"> • Make an appointment to see the young person again to assess social and emotional wellbeing and discuss outcomes of initial assessment. • Consider the needs for a student health care plan and/or risk management plan. • Where appropriate, identify a member of the school Student Services Team to be the school-based case manager for the young person and family. • Encourage and facilitate feedback on specific referrals. 	<ul style="list-style-type: none"> • The secretive nature of eating disorders and disordered eating can often result in a young person isolating themselves from positive and reaffirming interpersonal relationships, ultimately exacerbating social anxiety, negative self-image and eroding protective factors.² • Nurses can be instrumental in supporting the young person with their personal recovery in the context of their (school) life.

Documentation

Nurses will document according to local processes.

Related internal policies, procedures and guidelines
The following documents can be accessed in the Community Health Manual: HealthPoint link or Internet link
Confidentiality and adolescents
HEADSS Adolescent psychosocial assessment
Suicide risk response

The following documents can be accessed in School Health Resources: HealthPoint link
HEADSS Assessment: Handbook for nurses working in secondary schools
Medicare for young people Department of Human Services, Government of Western Australia
Mental health and resilience – Health Promotion in Schools resource
Positive coping skills – Brief intervention
Social and emotional wellbeing- Brief intervention
Social skills and relationships- Brief intervention
Working with Youth– A legal resource for community-based health workers. Perth: Department of Health Western Australia; 2007. (Revised 2013.)

Additional Department of Health, Government of Western Australia resources or policies:
Australian Health Practitioner Regulation Agency (AHPRA) – scope of practice
Consent to treatment Perth: Department of Health Western Australia;2016
Guidelines for Protecting Children 2015 Department of Health, Government of Western Australia
Useful resources
For Community Health Staff
Eating disorders program (Perth Children’s Hospital) - provides children, adolescents and

<p>their families with a multidisciplinary, evidence-based approach to the assessment and treatment of eating problems.</p>
<p>National Eating Disorders Collaboration (NEDC) – a website with quality information and resources for health professionals as well as families and young people. See professional resource for schools to guide early prevention, identification and response.</p>
<p>Women’s Health & Family Services – offers a Body Esteem Program (BEP)</p>
<p>For Young People and Families</p>
<p>Bridges Eating Disorders Association - promotes understanding and to provide support services for all people affected by eating disorders</p>
<p>Butterfly Foundation – provides counselling, support groups, and a recovery program. They also provide good information for young people.</p>
<p>headspace is the National Youth Mental Health Foundation providing early intervention mental health services to 12-25 year olds. Centres are located across metropolitan, regional and rural areas of Australia.</p>
<p>National Eating Disorders Collaboration – provides resources for families, young people and peers.</p>

<p>Useful referral information</p>
<p>Eating Disorders Program – Perth Children’s Hospital – (State-wide Service) – The PCH Child and Adolescent Mental Health Service Eating Disorders Program (EDP) is run by a multi-disciplinary team that provides outpatient care, day treatment and in reach support for children and adolescents with eating disorders. The EDP team can also provide family support as well as education and training for health professionals and the community. Young people and their families are supported by the EDP team from assessment through to recovery and discharge from the service, or the patient’s transfer to adult services if required. They accept referrals for young people up to 18 years of age.</p> <p>Referrals can be faxed or emailed to:</p> <p>Ph: 1300 551 142; Fax: 1300 365 056 PCH Referral Office: pch.referrals@health.wa.gov.au Website: https://pch.health.wa.gov.au/Our-services/Mental-Health/Eating-Disorders-Program</p>
<p>Centre for Clinical Interventions (State-wide Service) -The Centre for Clinical Interventions (CCI) is a specialised mental health program in Perth. It offers Cognitive Behaviour Therapy (CBT) for people diagnosed with eating disorders. Referrals are accepted for patients 16 years and above and as part of the public health system, the service offered is free.</p> <p>Ph: (08) 9227 4399; Fax: (08) 9328 5911 Email (general enquiries only): info.cci@health.wa.gov.au Website: https://www.cci.health.wa.gov.au/Treatment/Eating-Disorders-Program</p>

Appendix A – Risk factors and warning signs

Risk factors contributing to eating disorder onset are varied and complex and include:

Biological or Genetic¹¹	<ul style="list-style-type: none"> • Genetic susceptibility - There is evidence that eating disorders may result from a genetic component within the biological system. Genes relating to food intake, appetite, metabolism, mood and reward-pleasure responses may be involved. • Onset of puberty – a feeling of reaching puberty too early (females) or too late (males) • Illness – diabetes or polycystic ovary syndrome
Psychological^{11, 12}	<ul style="list-style-type: none"> • Personality traits – perfectionism, obsessive-compulsiveness, impulsivity, neuroticism, low self-esteem • Comorbidity – anxiety, depression and substance abuse
Socio-cultural influences^{2, 13}	<ul style="list-style-type: none"> • Internalisation of societal pressures which promote a thin body ideal and muscularity and leanness • Specific groups at risk include athletes, dancers and models

Warning signs displayed by young people with an eating disorder include:

Behavioural¹³	<ul style="list-style-type: none"> • Severe dieting behaviours – fasting, avoidance of food groups, counting calories/kilojoules • Evidence of binge eating – disappearance or hoarding of food • Secretive behaviour around food/eating in private and avoiding meals with family or friends • Obsessive rituals around food preparation and eating • Changes in clothing style – wearing baggy or layered clothing • Excessive, compulsive or ritualistic exercise behaviours/patterns • Evidence of vomiting or laxative use – disappearance or making trips to the toilet during or after eating
Physical^{12, 13}	<ul style="list-style-type: none"> • Weight loss/gain or fluctuations in weight • Feeling cold most of the time, even in warm weather • Faintness, dizziness or fatigue • Irregular or absent menstrual cycles • Swelling around cheeks/jaw, or damage to teeth from vomiting • Always feeling tired and/or not sleeping well
Psychological¹³	<ul style="list-style-type: none"> • Preoccupation with food, weight and body shape • Extreme body dissatisfaction • Distorted view of their body shape • Changes in emotion/psychological state – depression, anxiety, irritability, stress, low self-esteem • Sensitivity to comments or criticism about exercise, food or weight

Appendix B: SCOFF screening questions¹⁰

SCOFF is a short list of screening questions which have been shown to initiate disclosure and identify concerns. SCOFF is suggested for use when a problem is suspected.

A referral for a medical assessment is recommended if the young person answers yes to two or more of the five questions. The questions should be embedded in the conversation, and not asked one after the other.

1. Do you make yourself Sick because you feel uncomfortably full?
2. Do you worry you have lost Control over how much you eat?
3. Have you recently lost Over 6 kg in a three month period?
4. Do you believe yourself to be Fat when others say you are too thin?
5. Would you say that Food dominates your life?

A further two questions have been shown to indicate a high sensitivity and specificity for bulimia nervosa:

- Are you satisfied with your eating patterns?
- Do you ever eat in secret?

It is important to note that a young person who has an eating disorder may actively avoid questions relating to eating and insist there is not a problem. If your professional judgement suggests cause for concern, a referral for a medical assessment and diagnosis should be made despite results of the assessment tool.


The SCOFF tool does not replace a medical assessment conducted by a specialist to diagnose an eating disorder.

NB: Do not use screening tools (for example, SCOFF) as the sole method to determine whether or not a young person has an eating disorder.¹⁰

References

1. The Butterfly Foundation, Deloitte Access Economics. Paying the price: The economic cost of eating disorders. 2012.
2. Eating Disorders Policy Paper writing group. Nip it in the bud: Intervening early for young people with eating disorders. Melbourne; 2016.
3. Hay P, Girosi F, Mond J. Prevalence and sociodemographic correlates of DSM-5 eating disorders in the Australian population. *Int J Eat Disord*. 2015;3(1):19.
4. National Eating Disorders Collaboration. An integrated response to complexity: National eating disorders framework 2012. Crows Nest, Australia: Author; 2012.
5. Campbell K, Peebles R. Eating disorders in children and adolescents: State of the art review. *Pediatrics*. 2014;134(3):582-92.
6. National Eating Disorders Collaboration. Eating Disorders in Australia 2016 [Available from: <http://www.nedc.com.au/eating-disorders-in-australia>].
7. Butterfly Foundation. Insights in recovery: A consumer-informed guide for health practitioners working with people with eating disorders. Sydney: Mental Health Commission of NSW; 2016.
8. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 5th ed. Washington, DC: Author; 2013.
9. National Eating Disorders Collaboration. Eating disorders in males. 2017 [Available from: <http://www.nedc.com.au/eating-disorders-in-males>].
10. NICE. Eating disorders: recognition and treatment. London: National Institute for Health and Care Excellence; 2017.
11. The Butterfly Foundation. What causes an Eating Disorder? 2017 [Available from: <https://thebutterflyfoundation.org.au/understand-eating-disorders/causes-of-eating-disorders/>].
12. Headspace. Understanding eating disorders – for health professionals 2017 [Available from: <https://www.headspace.org.au/health-professionals/understanding-eating-disorders-for-health-professionals/>].
13. National Eating Disorders Collaboration. Eating Disorders in Schools: Prevention, Early Identification and Response (2nd edition) 2016 [Available from: <http://www.nedc.com.au/files/Resources/teachers%20resource.pdf>]

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