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 population although this may be a conservative figure due to underreporting and under-diagnosis. 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.

Eating disorders are complex mental health conditions, with behavioural symptoms, and are frequently influenced by a person’s genetic make-up. 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. 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.

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. 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.

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. 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.
According to the DSM5, there are several kinds of eating disorders\(^8\), 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 having binge eating disorder\(^1\), 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 female\(^1\), 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 events\(^2\) precipitates eating disorder onset. Therefore, promoting positive self and body image, media literacy, coping skills, flexible eating habits and a positive approach to physical activity\(^2\) 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 recover\(^7\), 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.
- It may be possible to identify disordered eating behaviours but we cannot diagnose eating disorders so language when discussing the young person should be carefully considered until a formal diagnosis is in place.
- All eating disorders are serious mental illnesses.  
- All require appropriate medical and psychological responses specific to the type of eating disorder.  
- 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.  
- 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 action 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**

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<td>1. Be approachable</td>
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- 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.  
- 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.  
- Young people with an eating disorder may:  
  - 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. |
### Steps

#### 2. Discuss confidentiality
- Early in the consultation explain confidentially, privacy and the limits of confidentiality. Check understanding by the individual.
- Clearly document that confidentiality has been discussed.

#### 3. Health counselling
- Respond to the issue the young person presents with and conduct a HEADSS psychosocial assessment, if appropriate. If a previous HEADSS 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.
- 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.\(^1\)
- 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.\(^1\)
- 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.
- Nurses should be aware of youth friendly doctors in their area. The [Australian Medical Association](https://www.ama.org.au/) 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.

#### 4. Refer
- 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 Youth Friendly doctors in their area. The [Australian Medical Association](https://www.ama.org.au/) 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.
### Steps

Adolescent Mental Health Service.
- Provide young people and parents with information about various services where they can access information.
- Specific programs and services include:
  - Princess Margaret Hospital Eating Disorders Program (up to 16 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 *Useful referral information* section below.

### Additional Information

- **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.
- **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.

### 5. Parental support

- 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.

### 6. Follow-up

- 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

- 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.
- Nurses can be instrumental in supporting the young person with their personal recovery in the context of their (school) life.
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**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
### Useful resources

#### For Community Health Staff

**Eating disorders program** (Princess Margaret Hospital) - provides children, adolescents and their families with a multidisciplinary, evidence-based approach to the assessment and treatment of eating problems.

**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.

**Women’s Health & Family Services** – offers a Body Esteem Program (BEP)

#### For Young People and Families

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**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.

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### Useful referral information

**Eating Disorders Program – Princess Margaret Hospital – (State-wide Service)** - The Eating Disorders Program is a free, specialised multidisciplinary service with outpatient, day patient and inpatient care. It accepts referrals for young people up to 16 years of age. Referrals are accepted state-wide from general practitioners, school psychologists, paediatricians, psychiatrists, social workers or community health nurses. The team accepts that a rapid response for some people is required and some children may require immediate hospitalisation. The Triage Officer can be contacted Monday to Friday during office hours to discuss concerns and provide professional support.

The program also works with the Hospital School Services (HSS) which provides educational support for students whose physical or mental health prevents them from successfully participating in their own school programs. Support is available to both public and private school students through direct teaching, liaison and teaching in the home setting. A teacher from HSS is available to liaise with the young person’s school regarding academic and peer related issues. This teacher can form a link between the student, parents, the enrolled school and the Eating Disorders Program in order to
maximise communication and positive outcomes.

Referrals can be faxed or mailed to:
Triage Officer, Eating Disorder Program
Specialised Child and Adolescent Mental Health Service
Princess Margaret Hospital for Children
GPO Box D184
Perth 6840
Ph: (08) 9340 7012; Fax: (08) 9340 7700
Website:  http://www.pmh.health.wa.gov.au/services/eating_disorders/

Centre for Clinical Interventions (State-wide Service) - The Centre for Clinical Interventions (CCI) is a specialised mental health program. It offers Cognitive Behaviour Therapy (CBT) for people diagnosed with eating disorders. The Eating Disorders Program is one of the psychological treatment programs offered by CCI. It is a new service, using the latest and best-researched treatment available for eating disorders. Referrals are accepted for patients 16 years and above and as part of the public health system, the service offered is free. The referral can be faxed or mailed to:

Clinical Manager, Centre for Clinical Interventions
223 James Street
Northbridge WA 6003
Ph: (08) 9227 4399: Fax: (08) 9328 5911
Email (general enquiries only): info.cci@health.wa.gov.au
Website:  http://www.cci.health.wa.gov.au/
Appendix A – Risk factors and warning signs

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

| Biological or Genetic\textsuperscript{11} | • 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\textsuperscript{11, 12} | • Personality traits – perfectionism, obsessive-compulsiveness, impulsivity, neuroticism, low self-esteem  
• Comorbidity – anxiety, depression and substance abuse |
| Socio-cultural influences\textsuperscript{2, 13} | • 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:

| Behavioural\textsuperscript{13} | • 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\textsuperscript{12, 13} | • 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 |
| Psychological\textsuperscript{13} | • 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 questions

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.
## References


This document can be made available in alternative formats on request for a person with a disability.

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<th>Director Clinical Services Community Health</th>
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<td>Reviewer / Team:</td>
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