Spotting and supporting eating disorders in school: recommendations from school staff

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Abstract

Eating disorders have a high rate of onset in school-aged children. School staff are in an excellent position to spot the early warning signs and offer support during recovery. This article explores the findings from focus groups conducted with 63 members of staff from 29 UK schools with the aims of (i) understanding whether they are in a good position to support students with eating disorders and (ii) to generate recommendations regarding school staff’s training needs for spotting and supporting eating disorders. Participants took part in semi-structured focus groups. These were transcribed and analysed using content analysis principles. Five key themes emerged: (i) many staff do not have a basic understanding of eating disorders, (ii) eating disorders are taboo in the staffroom, (iii) staff do not feel comfortable talking to students about eating disorders, (iv) support is needed to ensure the teacher–parent relationship is a positive one and (v) school staff would welcome practical ideas for how they can best support students during the recovery period. The findings show that school staff currently feel ill-equipped to support students with eating disorders and endorse a need for focused training for school staff to better enable them to support students with eating disorders.

Background

Eating disorders in school-aged children have recently hit the headlines in the United Kingdom as the number of hospitalizations caused by eating disorders in children aged between 10 and 19 rose by 49% between June 2011 and June 2012 compared with the previous year [1]. The 10–19 age group accounted for 55% of all eating disorder related hospital admissions and 1 in 10 admissions was a 15-year-old girl. This reflects existing evidence that the peak age of onset of eating disorders is between the ages of 10 and 19 [2] making them a very real issue for secondary schools which typically cover the 11–18 age range.

Recent estimates about the prevalence of eating disorders in adolescence puts the lifetime prevalence of anorexia nervosa at 0.3%, bulimia nervosa at 0.9% and binge eating disorder at 1.6% with a particularly high incidence between the ages of 12 and 13 years [3]. Many eating disorders sufferers do not meet the diagnostic criteria for one of the three major disorders and are instead classified as suffering from ‘eating disorders not otherwise specified’—as many as 2.4% of girls between the ages of 12 and 23 fall into this category [4]. All told, the prevalence of eating disorders at secondary school age is such that most school staff are likely to encounter students suffering with eating disorders several times throughout their school career.

The ramifications for a student suffering from an eating disorder during their time at school can be wide-ranging with a lasting impact on both their academic and social development [5, 6]. There is clear evidence that early detection and appropriate intervention can significantly reduce the impact that eating disorders have on young people’s outcomes as well as greatly increasing the chance of a full recovery [7].
The importance of early recognition and appropriate support provided by staff for pupils suffering from eating disorders and other mental health issues has been recognized in a series of government initiatives which aim to enhance young people’s emotional health and well-being. These include ‘Every Child Matters’ [8], ‘National Healthy Schools’ [9], ‘Social and Emotional Aspects of Learning’ [10] and the ‘Targeted Mental Health in Schools Project’ [11]. These initiatives all highlight the role of schools and teachers in the life of young people and see them as providers of student welfare and support in relation to a wide range of mental health issues. However, little specific support has been provided to teachers in relation to eating disorders and whilst they are keen to be trained to provide support in this area of mental health [12, 13] research to date has shown that teachers feel uncomfortable and lacking in knowledge and confidence when faced with the matter of eating disorders [14, 15].

This study aimed to draw on the experiences of school staff and pupils in relation to eating disorders within the school setting to generate a series of recommendations which are reflective of the needs of current students and teachers as well as being realistic and practical to implement within a school setting.

Methods

Participants

All participants had taken part in a previous study that required them to complete a survey about their experiences of eating disorders in schools and had expressed a willingness to be involved in future interviews or focus groups on the topic. Of 826 staff who had completed an online survey [16] 109 expressed an interest in participating in further studies and 63 took part in the focus groups outlined in this study; 76% (n = 48) of participants were female. Current UK school staff were eligible to participate. A total of eight focus groups were conducted in total. Participants represented a broad range of roles within school including support staff, teaching staff and principals. A total of 29 different schools were represented from across the United Kingdom, 9 of these were schools where parents paid a fee for their child to attend, 7 of which were girls only schools (the other 22 schools were co-educational). Schools deemed by UK school inspectors to be outstanding, satisfactory and failing were represented in the current sample.

Topic guide

The key topics explored in relation to eating disorders were school culture, knowledge and understanding, communication with students, support strategies and working with parents and external agencies. A topic guide was used during the focus groups that included 10 open-ended questions:

(i) Are student mental health issues openly discussed at your school?
(ii) How does the school manage students with eating disorders?
(iii) Are staff well informed about eating disorders both in terms of recognizing symptoms and what to do if they are concerned about a student?
(iv) Are students taught about eating disorders?
(v) Does the school have eating disorder policies or procedures—if so are staff and/or students aware of them
(vi) Are staff comfortable handling mental health disclosures—are students comfortable making them?
(vii) What experiences do you have of any school-based strategies for preventing/managing/supporting eating disorders in school?
(viii) Have you had any positive or negative experiences working with external agencies to support a child with an eating disorder?
(ix) What is your experience of successful and unsuccessful relationships with parents of student with eating disorders?
(x) Is there any support that would better enable you to support students with eating disorders?
Procedure

Eight focus groups took place either on school premises or in city centre conference facilities. School staff met in groups of 6–12 for one school period (this varied between 40 min and an hour). The researcher who facilitated all eight focus groups was selected because she had been trained in focus group processes, had previously carried out consultation with school staff and students about eating disorders so was familiar with the topics to be covered and was an experienced school governor so was able to relate to participants and quickly make them feel at ease. The researcher ensured the discussion was kept on track and that all participants contributed as equally as possible to the discussion. A second researcher attended each focus group to ensure all questions were posed, additionally, they took notes and reported the general impression of each interview [17]. The focus groups followed a semi-structured format with the lead researcher using the topic guide to generate discussion whilst taking care to allow relevant conversation to develop freely.

Transcription procedure and data analysis

The interviews were recorded and transcribed verbatim, retaining repetitions, pauses and emotional expressions [18]. To gain a general impression of what participants’ had shared during the focus groups, the transcripts were first read through in their entirety before analysis moved on to categorization. A categorization system was developed using content analysis—a process which enabled us to classify the large volume of data into a manageable number of categories [19]. Transcripts were analysed and classified into categories with care being taken to ensure the categorization system was comprehensive whilst avoiding overlapping of categories. The transcripts were independently categorized by two researchers and inter-rater reliability was 87% with a few minor discrepancies caused by one researcher applying more categories to some items than the other. There were no instances where the two researchers did not agree on the primary category for a transcript section.

Institutional review board approval and informed consent procedures

Ethical approval was obtained from King’s College London Research Ethics Committee (Ref PNM/09/10-110). All participants gave written informed consent prior to participating in the focus groups.

Findings

Focus groups lasted between 40 min and an hour. As participants discussed their experiences of eating disorders in school, five key themes emerged:

(i) Many staff do not have a basic understanding of eating disorders.
(ii) Eating disorders and other mental health issues are taboo in the staffroom.
(iii) Staff do not feel comfortable talking to students about eating disorders.
(iv) Parents are key to eating disorder recovery but sometimes the relationship gets off on the wrong foot.
(v) Staff would welcome ideas for practical support during the recovery period.

Many staff do not have a basic understanding of eating disorders

Whilst the majority of staff who attended the focus groups seemed to have a basic understanding of eating disorders, they did not always feel this was true of all of their colleagues:

I went to the head and said ‘I think she’s bulimic’ – he looked at me completely blankly. I had to explain what I meant. (PE teacher)
Teaching is difficult, you’re expected to know about everything and of course that’s not possible. Sadly, I think that eating disorders are one of those things that fall through the gaps. It’s not covered in initial teacher training and most schools don’t provide INSET (training) on it so most teachers don’t even have the most basic understanding. Not unless they’ve experienced it in their own...
There was also a lot of misconception around eating disorders—participating staff felt that the prevailing attitude of their colleagues was that eating disorders were a teenage fad or phase which students would grow out of.

I was really quite concerned, I tried to push the issue but several different members of staff told me that I shouldn’t interfere, that she was fine. She was normal. Teenage girls diet, all the usual stuff. I just knew there was something more serious going on but no one would believe that it wasn’t just a silly phase she was going through. (Geography Teacher)

I was quite disgusted with what I heard – ‘It’s just a cry for help’ we were told. The head went on to tell us that if we paid too much attention to the students’ difficulties we would be fuelling their illness. I’m no expert but this just sounded all wrong. These young people are desperately in need of help and support, surely? (Teaching assistant)

Participants referred to a lack of understanding of the severity of eating disorders as a serious mental health issue and suggested that many school staff did not understand that these illnesses were unlikely to improve without professional medical and psychological intervention:

A lot of staff think if we can just get her to eat she’ll be fine. I think it’s a lot more complicated than that. (age 13–14 form tutor—a form tutor sees a specific group of students each morning and has a role to play in their academic, physical and emotional well-being) I had an eating disorder when I was younger so I know that it really is a big thing. You can’t get over it on your own – but it’s hard to get that point across at school. The SLT [Principal and team] seem to think that if we can’t manage pupils by ourselves then we’ve failed. They think asking for outside support is a sign of failure or something. (Behaviour Mentor)

Eating disorders and other mental health issues are taboo in the staffroom

When asked about how freely eating disorders and other mental health issues were discussed at school, participants reported that they were considered somewhat taboo in many schools and it would not be appropriate to discuss eating disorder or other mental health concerns in the school staffroom.

Talking about mental health issues is frowned upon at my school. (age 12–13 Teacher)

No, I’ve never talked about eating disorders or anything like that in the staff room. I wouldn’t dream of it. It just, you know, isn’t the done thing really. (Higher Level Teaching Assistant)

A fairly prevalent attitude seemed to be that talking about eating disorders would exacerbate the problem or bring disrepute upon the school:

It’s almost like a superstition: the head is worried if we discuss it, we’ll have an epidemic on our hands. (PE Teacher)

We’re an outstanding school, and everyone seems to think that means our students can’t have these problems – we’re certainly not allowed to ‘encourage them’ by talking about it. (Head of Student Welfare)

Some schools had a more enlightened attitude and this was considered to be very beneficial:

In my school we have a completely different approach. We regularly talk about those kinds of concerns. I guess we learnt the hard way that if you’re not alert to them early on then they can get really really bad, but when they’re just starting out you’re in a really good position to help. We don’t go on about it for ages or anything, just let everyone mention any concerns – it’s kind of useful because if more than one person has noticed something is not right with a pupil then it kind of gets the alarm bells ringing and we keep a closer eye and get ready to offer support. (French Teacher)
Staff do not feel comfortable talking to students about eating disorders

It became clear from the focus groups that on the whole staff do not feel comfortable talking to students about eating disorders either in the context of talking to a sufferer, or in the context of teaching a class about eating disorders.

Participants talked about how they were highly concerned that they might say the wrong thing to a pupil with an eating disorder and unwittingly exacerbate the situation:

It’s my impression that you can very easily say the wrong thing and make the whole situation worse. So instead of helping and supporting like you set out to do, you actually do them more harm than good. I guess it’s worrying about that that means I tend to shy away from speaking to them. (Teaching assistant)

Many people feel deeply uncomfortable having those types of conversations and feel it’s best left to a counsellor or nurse. Of course they’re in a good position to talk about these things but what do you do if a pupil trusts you and comes to confide in you – you can’t just send them away. (Head of Student Welfare)

There was also a great deal of unease surrounding teaching students about eating disorders:

I can’t imagine ever feeling comfortable teaching kids about all that stuff. It’s not that I don’t think it’s important it’s just that I’d feel completely out of my depth. (Head of age 14–16)

Form tutors are supposed to address eating disorders with their tutor group. After all it’s an important topic. I have to say though, there has been a lot of resistance. Some teachers think we shouldn’t be teaching this stuff at all as it will give the kids ideas, whilst others just feel completely out of their comfort zone and there’s very little information available to help with that. (Head teacher)

Parents are key to eating disorder recovery but sometimes the relationship gets off on the wrong foot

The role of parents was considered very important by the school staff we interviewed. Many of them thought that recovery would be impossible without the full support of the family:

I think it’s important to approach recovery as a team – it’s too much for the school or the family to manage alone but if we work together then we’re a lot stronger. (Head of Student Welfare)

We had a boy who was recovering from severe anorexia and his parents were just amazing. They literally couldn’t have done more to help and support him through such a difficult time. Without them, I’m sure he’d have died. (Assistant to head of Student Welfare)

Staff had experienced a range of responses from parents when they first approached them about their child’s eating disorder. Some participants reported very positive experiences:

They had been worrying about the same issues themselves and were grateful that someone else had noticed. (age 15–16 Form Tutor)

Most are pleased to have support from the school and do tend to follow it up with a doctor’s appointment leading to a medical referral. (Head teacher)

However, some staff reported negative experiences of working with parents who saw the school as interfering, over-reacting or accusing them of poor parenting:

I have had some bad reactions from parents, including abuse and complaints against me. (Deputy Head)

Some parents are in denial and don’t want to admit there is a problem as they see it as a reflection on their parenting. (Head of Student Welfare)

One mother will not work with me. She is modelling dysfunctional behaviour around
Participants agreed that the initial communication with parents was key and that it was highly important to ensure that parents were approached in such a way that they welcomed the school’s involvement and were keen to work alongside the school to support their son or daughter.

It’s that first conversation that’s crucial – you can either make an ally or an enemy within five minutes. If we can just crack how to make the initial approach I think we’ll find ourselves in a much better position. (Assistant head)

We've got to think of ways to make them want to work with us – to make them realise that the school is actually on their side. We're not there to catch them out. We're asking for their support because we genuinely want it and need it.

Staff would welcome ideas for practical support during the recovery period

When asked about what further support was needed to enable school staff to help young people recovering from an eating disorder, it became clear that what was needed was some highly practical guidance which highlighted the dos and don’ts in various scenarios such as mealtimes or sports, and gave suggested approaches for other areas such as homework and lesson participation.

Mealtimes were considered a particular flashpoint by staff who felt that being given clear guidance on how best to support pupils would better enable them to fulfil their role:

Of course mealtimes are the hardest of all – after all this whole thing is about food isn’t it? But what are you supposed to do? Should you stand there and watch? Tell them to eat more? Write down what they eat? I don’t know where to start to be honest. (age 12–13 form tutor)

Mealtimes were a bit of a minefield. She never wanted to eat in the lunch hall. She said it gave her panic attacks – we weren’t sure if we should be making her face her demons and help her to become ‘normal’ again or if we should be putting her in a situation where she felt less panicked so she could eat more. At first we decided to persevere with the lunch hall but after a few days we realised her recovery was slipping and there were tears at every mealtime so we let her eat in the nurse’s office. Someone who knew about these things could probably have told us to do that from the start and saved us a whole lot of grief and heartache. (Assistant head)

Physical education was another area that staff felt unsure of. Many were aware that over exercising was dangerous for pupils with anorexia but were unclear as to whether that meant they should be prohibited from participating in sport altogether and, if so, at what point they could recommence with physical education lessons:

Anorexics over-exercise to lose weight so I guess that we should stop them doing sport – but on the other hand, I’m always reticent to do anything that makes a pupil really stand out from their peers and can’t help wondering if there isn’t a healthy balance to be struck? (PE teacher)

I’d really like clear advice on it – when they’re really poorly stopping them from doing sport seems obvious but at what point in their recovery is it okay for them to get started again? Also, are some sports a worse idea than others? You’d imagine that dancing and gymnastics would be a bad idea for example. (Head of age 14–16)

Staff were also unsure about the best approach to take during class and regarding homework

It’s really hard when you’ve got a pupil who you know is really bright but right now they just aren’t quite able to manage the standards they used to. It’s hard to know when to praise...
and when to encourage them to work harder. (Chemistry teacher)
I suddenly became aware of the fact she was staying up until 2am doing the homework I’d been setting her. She’d been turning out good work so I’d been praising her and encouraging her – it seemed good that she had a positive focus whilst everything else was so muddled with her eating disorder. I’d obviously been doing exactly the wrong thing but I’m not sure I’d know any better how to handle the situation next time. (English teacher)

Discussion
Implications and core recommendations

There was a strong belief amongst the school staff interviewed that eating disorders are a problem that are prevalent in UK schools but that currently school staff are not well equipped to spot the warning signs or offer support. The lack of understanding of eating disorders by school staff referred to in this study of UK school staff is well documented worldwide in previous studies [12, 14, 15, 20], and a recent survey of over 800 UK school staff found that 40% of participants would not know how to respond if a pupil had a suspected eating disorder [16].

This study highlighted the need for training for school staff to improve their basic understanding of eating disorders and to enable them to recognize the warning signs. In the United Kingdom, there is an expectation on school staff to provide support to students struggling with mental health issues, including eating disorders. However, there is a lack of clarity over what schools and school staff should actually be trying to achieve [21, 22]. This is likely to be fuelling the uncertainty felt by school staff as expressed in this study and needs to be addressed to enable school staff to fulfil this role to the best of their ability.

Guidance on how best to talk to pupils about their eating disorder would also be very beneficial as this was an area which left staff feeling very uncomfortable and for which they felt ill-equipped. Suggestions about how to work positively with parents would also be well-received by school staff. Participants in this study highlighted the role of parents during recovery—it was suggested that school staff and parents working together with the pupil could be a very effective strategy in terms of eating disorder recovery. However, it became apparent that in some cases, school staff experienced significant difficulties in working with parents and would appreciate suggestions and guidance about how to go about getting parents on board and proactively supporting their child’s recovery alongside the school.

Eating disorders and mental health in general were found to be little talked about in school, and treated as rather taboo topics. There is little existing evidence about the stigmatization of mental health in schools, though a recent study by Bowers et al. [23] pinpointed young people’s perception of stigma as a barrier to accessing school-based mental health services. Studies beyond a school setting have repeatedly demonstrated that there is a stigma attached to mental health difficulties [24, 25] including evidence for mental health stigma amongst medical students [26].

In schools where mental health was discussed more openly, there were examples of eating disorders being picked up more quickly and students receiving better and more rapid support. Further research into how to break down the taboo of mental health issues amongst school staff would be welcomed and positively addressing these issues could have a very real impact on the welfare of students. Staff in this study felt very insecure about teaching students about eating disorders due both to lack of knowledge and also due to legitimate concerns about potential iatrogenic effects. School staff, including counsellors who one might have assumed would be well placed to have conversations with young people about eating disorders, have expressed their lack of confidence in doing so in previous studies [12, 14]. The issue seems to be deep-rooted in a lack of knowledge and understanding of eating disorders and a lack of confidence about exactly what should be said to offer support and not make the situation worse [16, 27, 28].
The concern that teaching students about eating disorders could lead to an increase in prevalence is well founded according to O’dea [29] and Yager [30] who both reported that when taught in the wrong way, eating disorders education could lead to a decrease in body satisfaction and an increase in eating disorders symptoms such as dietary restraint and purging. Further research is needed in this area as there is currently clear guidance as to what staff should not teach with regard to eating disorders, but little support about what and how it is appropriate to teach when it comes to the topic of eating disorders.

Participants’ uncertainty about how they should be supporting students during recovery from an eating disorder is likely to be due largely to a lack of training in mental health, as implicated by a wide range of studies [12, 13, 28, 31] and in a wide ranging review of UK schools, Ofsted (UK school inspecting body) reported that ‘training for staff on mental health difficulties was found to be needed in three quarters of schools’ [32]. Clear guidance should be given to schools with regard to how they can best support the recovery process. This study indicates that where there is an ongoing relationship between schools and the young people’s treatment providers, the school is better able to facilitate reintegration and recovery and relapses are less severe or less frequent.

Strengths and limitations of the study
All staff involved in the study had previously participated in research about their experiences of eating disorders at school, so it is a plausible assumption that they had more experience and/or more interest in the topic than some of their peers. However, a wide range of job roles and focuses were represented as well as a wide range of school type and location. Participants often spoke about their colleagues’ knowledge, understanding and experiences of eating disorders—this version of events may not be entirely accurate, but given the relatively large sample size (for this type of study) and the frequency with which certain themes were repeated, we felt confident that the data we collected was a good guide to what is actually happening within UK schools. However, it would be interesting to carry out further qualitative work with a wider range of school staff to explore these issues further.

Conclusion
School staff are well placed to spot the early warning signs of eating disorders and offer support during recovery but they currently lack the knowledge, understanding and confidence to do so. The development of a training programme which addresses the key issues highlighted by school staff in this study could go a long way towards helping school staff to feel confident in supporting young people with eating disorders and could ultimately improve the outcomes for young people at risk of or suffering from eating disorders or disordered eating. This study implicates that the key issues that should be covered by any such training programme are:

(i) Information about the different types of eating disorder.
(ii) Understanding the risk factors and warning signs for eating disorders.
(iii) Ideas about how to tackle the taboo/stigma associated with eating disorders at school.
(iv) Ideas to increase confidence when talking to staff and students about eating disorders.
(v) Strategies for developing positive relationships with parents of students with eating disorders.
(vi) Practical ideas for supporting students recovering from an eating disorder.

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**Conflict of interest statement**

None declared.

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