

Eating Disorders Awareness in the Public School Setting

Authorization

The *Code of Virginia* requires that each school board provide educational information regarding eating disorders to parents of students in grades 5 through 12 on an annual basis.

§ 22.1-273.2. Parent educational information regarding eating disorders.

Each school board shall annually provide parent educational information regarding eating disorders for pupils in grades five through 12. Such information shall be consistent with guidelines set forth by the Department of Education.

Overview

According to the National Eating Disorders Association (NEDA, 2020):

“Eating disorders are serious but treatable mental and physical illnesses that can affect people of all genders, ages, races, religions, ethnicities, sexual orientations, body shapes, and weights. While no one knows for sure what causes eating disorders, a growing consensus suggests that it is a range of biological, psychological, and sociocultural factors. Eating disorders are not fads or phases, and can have serious consequences for health, productivity, and relationships.

Eating disorders can develop or re-emerge at any age. Eating disorder specialists are reporting an increase in the diagnosis of children, some as young as five or six. Many eating disorder sufferers report that their thoughts and behaviors started much earlier than anyone realized, sometimes even in early childhood. Although most people report the onset of their eating disorder in their teens and young adulthood, there is some evidence that people are being diagnosed at younger ages.

It is not clear, whether individuals are actually developing eating disorders at younger ages or if an increased awareness of eating disorders in young children has led to improved recognition and diagnosis.”

Hill, Reid, Morgan & Lacy (2010) further report, “Despite relatively low prevalence from a public health perspective, eating disorders have a high mortality and morbidity that can be drastically reduced with effective treatment.”

A clinical report by the American Academy of Pediatrics (AAP, 2014) states that the number of children with eating disorders has increased steadily since the 1950's. The report further explains that, “the epidemiology of eating disorders has gradually changed; there is an increasing prevalence of eating disorders in males and minority populations in the United States.” It also reports that, “from 1999 to 2006, hospitalizations for eating disorders increased most sharply -119 percent- for children younger than 12 years.”

According to the AAP website (2020), “males get eating disorders as well, with increasing prevalence now than in years past. They are actually more likely than females to get binge-eating disorder, and, by the latest estimates, they account for about 15 percent of cases of anorexia nervosa.”

The purpose of this document is to provide best practice guidelines for developing a local policy for distributing educational information to parents/guardians regarding eating disorders.

Recommendations

In compliance with the *Code of Virginia* § 22.1-273.2, each school board shall adopt policies to provide parents educational information on eating disorders for students in grade 5 through 12 on an annual basis.

Early detection and treatment of eating disorders offer the best opportunity for positive outcomes and minimal long-term consequences. Educational materials should include, at a minimum, the following science-based information:

- A description of eating disorders and associated health consequences;
- A description of how eating disorders are identified (i.e., warning signs and symptoms);
- A statement describing why it is important to screen for eating disorders (early detection and treatment);
- A description of eating disorders screening;
- Information on referral for assessment, diagnosis, and treatment; and
- A description of prevention efforts and potential treatment.

Local policy should include the timeline for dissemination of information on an annual basis. There must be a clear delineation of such health information from other administrative documentation. Educational materials should be provided to parents/guardians using typical communication methods for the local school division. Examples include, but are not limited to:

- Information included in the student handbook;
- A letter home in the report card;
- Information posted to the school website;
- Information on school or division newsletter; and
- An email communication.

Prevention Efforts

School communities are uniquely positioned to assist with eating disorder prevention efforts. School divisions are encouraged to educate teachers, staff, counselors, coaches, and administrators on strategies for reducing negative risk factors and increasing protective factors.

Topics such as body image, self-esteem, weight stigma, intuitive eating, and media literacy are valuable to all members of a school community. All adults should be encouraged to serve as positive role models and should resist the urge to comment on the physical appearance or weight of students.

Optional Screening Program

Research shows (Austin et al., 2008) that population screening for eating disorders in high schools may identify at-risk students who may benefit from early diagnosis and intervention. Screening for eating disorders may ensure that early cases are detected and referred for appropriate follow up. However, population screening may have possible harmful effects for the vulnerable students involved. If screening is conducted, it should be done with a validated measure that is appropriate for the target age group. Should the local school division decide to conduct eating disorders screening, the following guidance is provided.

Screening program. The tool used for screening should be evidence-based and age appropriate. Local policy should clearly indicate which grade levels are screened, and whether screening is conducted on an annual basis. As required by the *Code of Virginia* § 22.1-273.2, the division must provide educational information to parents/guardians of students in grades 5 through 12 regardless of whether or not optional screening is conducted.

Personnel and training. Training needs will be directly related to the screening tool selected.

Training for school personnel should be conducted by qualified licensed practitioners. Training should be conducted before the initial screening and as needed in subsequent years. School staff most qualified to perform eating disorders screening include school psychologists, school social workers, school counselors, and school nurses. Confidentiality of student health information shall be included in the training session. Because of the sensitive nature of eating disorder screening, volunteers should not be utilized.

Written notice of screening. School divisions conducting optional eating disorders screening shall provide written notice to parents/guardians a minimum of ten (10) business days prior to screening. The written notice shall include:

- The purpose of screening;
- Information indicating when the screening will occur;
- The procedure for notifying parents/guardians of students who are identified as needing follow-up for further testing/screening; and
- The procedure for parents/guardians to opt-out of screening for their child.

Referral and Follow-Up. School divisions will determine the threshold for referral based upon the specific tool used for screening. Parents/guardians of all students who are identified as possibly “at risk” according to the screening tool will be notified by school personnel conducting the screening. Parents/guardians should be encouraged to schedule a follow-up evaluation for their children with their health care provider and/or a qualified eating disorders

specialist. School divisions may request a notice of receipt from the parent, indicating the receipt of the referral and plans for follow-up care.

Documentation. Documentation of screening and referral should be maintained in a confidential manner according to the *Family Educational Rights and Privacy Act*.

Resources

[Eating Disorder Hope](#)

[Academy of Nutrition and Dietetics \(AND\)](#)

[American Academy of Pediatrics \(AAP\)](#)

[American Psychological Association \(APA\)](#)

[Families Empowered and Supporting Treatment of Eating Disorders \(F.E.A.S.T.\)](#)

[National Association of Anorexia Nervosa and Associated Disorders](#)

[National Association of School Nurses \(NASN\)](#)

[National Eating Disorders Association \(NEDA\)](#)

[National Institute of Mental Health](#)

Educational Materials

[Academy for Eating Disorders video library](#)

[EDucation and INsights on Eating Disorders \(EDIN\)](#)

[National Association of Social Workers \(NASW\)](#)

[NEDA Coach & Athletic Trainer Toolkit](#)

[NEDA Educators Toolkit](#)

[NEDA Parent Toolkit](#)

[NEDA School & Community](#)

References

Austin, S.B., Ziyadeh, N.J., Forman, S., Keliher, A., and Jacobs, D. (2011). Eating Disorders Referral Rates Improved by Community-Led Nationwide Screening in U.S. High Schools. Children's Hospital, Boston, MA.

Austin SB, Ziyadeh NJ, Forman S, Prokop LA, Keliher A, Jacobs D. Screening high school students for eating disorders: results of a national initiative. *Prev Chronic Dis*. 2008;5(4):A114.

Committee on Adolescence (2003). Identifying and Treating Eating Disorders. *Pediatrics* 111:1, 204-211.

Funair, M. (2013). Detecting symptoms, early intervention, and preventative education: eating disorders and the school age child. *NASN School Nurse*, 28, 163-166.

Hill, L.S., Reid, F., Morgan, J.F., and Lacey, J.H. (2010). SCOFF, the Development of an Eating Disorder Screening Questionnaire. *International Journal of Eating Disorders*, 43:4, 344-351.

Rosen, D. S. and Committee on Adolescence (2010). Identification and management of eating disorders in children and adolescents. *Pediatrics*, 126, 1240-12-53.