

Educators and Caregivers Need Better Tools to Support Youth with Eating Disorders

[Adolescent Health & Well-Being](#)

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Image



Eating disorders are severe neurodevelopmental disorders with potentially deadly medical consequences. They can begin in childhood and occur in youth of all genders, races, ethnicities, weights and socioeconomic strata. The COVID-19 pandemic has brought with it a mental health [crisis in youth](#). In addition to rising rates of depression, anxiety, and suicide, we have seen a dramatic increase in the number of youth who are hospitalized and seeking treatment for eating disorders nationally and internationally.

Early detection and intervention in children and adolescents with eating disorders is crucial for prognosis and treatment outcomes. The long wait times many youth with eating disorders face when seeking treatment have highlighted the need to train more behavioral health care providers in how to treat them. It's also critical that other adults who engage with youth can identify the warning signs of eating disorders early and direct families toward viable treatment options.

Caregivers (parents and guardians) and those who work in school settings have important opportunities to notice the early signs and behaviors suggestive of disordered eating. But if we want to enlist them as much-needed allies in the fight against eating disorders, it's clear we need to provide them with training and education to support these youth.

Support in School Settings

In our work as clinicians and community educators, we know that children and adolescents frequently reference middle and high school health and gym [class curricula](#) as a precipitating factor to the onset of their eating disorder. When children are provided stringent guidelines on eating and physical activity (e.g., avoid processed foods and eat “whole” foods, engage in 30 minutes of vigorous daily physical activity), this discourages [intuitive eating](#) and movement. Strict messaging about what is “healthy,” “good,” or “right” about eating and movement can lead to behavior change that, while well intentioned, can result in an energy imbalance that can trigger a

genetic predisposition to developing an eating disorder.

School leaders and educators frequently request education and training on how to identify and respond to students of concern for an eating disorder, stating that they do not know how to support these individuals. They also identify conflict between state-mandated curricula on “health” topics and what they believe is best for students based on student feedback that some mandated content can be triggering, unhelpful and detrimental.

A Look at National and Local Policies

Federally, a group of U.S. senators recently introduced the [Anna Westin Legacy Act](#). This legislation would support the training of health care providers, educators and caregivers on how to identify individuals with eating disorders.

Here in Pennsylvania, [House Bill 2158](#) was introduced and referred to the Committee on Education in December 2021. This bill proposes an amendment to the Public School Code and requires education about eating disorders be provided to caregivers of youth in middle and high school each year. The bill recommends that a task force be created to develop materials providing caregivers and key school personnel (e.g., principals, vice principals, school counselors, psychologists) training on the importance of eating disorder prevention education and resources for schools.

As we recognize [National Eating Disorder Awareness Week](#), it’s critical to highlight the importance of caregiver education and the need to address gaps in school officials’ training. The proposed legislation mentioned above offers ways to support some of these efforts, but we need to go further if we want to meaningfully impact this growing crisis among youth.

The proposed task force for Pennsylvania should identify accurate, up-to-date, weight-neutral, and de-stigmatizing information and education about eating disorders. It is also essential that educational materials developed for caregivers or communities be culturally competent and recognize that youth in traditionally marginalized groups or youth who do not fit the stereotype of someone with an eating disorder are at greater risk for not being identified as struggling with an eating disorder.

The education should also reach teachers. In tandem with educating caregivers and administrators, we need to provide education and training for all teachers to assist them in detecting and intervening with students of concern for disordered eating. Schools have the unique opportunity to support eating disorder prevention efforts and, simultaneously, identify students at risk and in need of intervention.

We understand that schools face challenges in delivering current mandated curricula in ways that are helpful and promote intuitive, weight-neutral, weight-inclusive and de-stigmatizing information. But our current youth mental health crisis proves that it’s time we provide educators with the tools they need to identify eating disorders early and direct families to appropriate treatment options. And, more broadly, there are important opportunities to strengthen the approach to school health education and address its unintended consequences. We look forward to exploring this in a forthcoming PolicyLab resource.

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