



THE ROYAL BALLET SCHOOL

Eating Disorders Policy

Definition and Related Symptoms

Anorexia nervosa, **bulimia nervosa** and **compulsive**, or '**binge**', **eating disorder** are three illnesses that have separate and distinct criteria for the purposes of diagnoses. Doctors are very precise about the factors that need to be present before one of these labels can be formally applied. It is impossible to completely separate signs and symptoms of the eating disorders. There is a lot of overlap and many experience all three illnesses to a greater or lesser degree at some point.

Major common threads running through eating disorders include: low self-esteem, self-hatred, disgust at weight and shape, obsession with food, mood swings and depression.

The major problem with substance abuse, including food, is that chemical changes in the body, not least the brain, quickly become addictive. Something that began as an attempt to bring control into a life *takes* control over the thoughts and actions of the sufferer and becomes a force too strong, complex and vital to be sorted out alone.

The likelihood of these conditions occurring amongst students at The Royal Ballet School is increased because of a common tendency amongst young aspiring dancers to conform to a perceived stereotype of the 'perfect dancer', despite the policies of the School which give clear guidance concerning appropriate dietary habits and expectations. Students are compelled to spend several hours a day in front of large mirrors and are inclined to compare themselves to their peer group. They face continuing challenges in the development and assessment of their dance training and their 'self image' is consistently under observation and scrutiny within this training. The School's primary and overriding concern is the welfare of the student – all other considerations, dance related or otherwise, are subsidiary.

Recognizing the Warning Signs

Realizing that some one has an eating disorder is difficult for a variety of reasons, including:

- The most usual age for people to show signs of an eating disorder is early teens. This is a time of physical and emotional upheaval for both boys and girls and it is not always easy to tell that development is not quite as it should be.
- Many people have some sort of hang up, problem or a peculiar relationship around food and drink. Some refuse to eat vegetables, some are vegetarian, some won't touch hot drinks. Sorting out what is a fad and what is a problem is difficult.



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Anorexia Nervosa

Physical, psychological and behavioural signs, such as:

- Rapid weight loss or, failure to develop and gain expected weight during a growth spurt.
- Hormone disturbance – shows as an absence of periods in women and affects sperm development in men, but may only become evident as a lack of interest in sex in late teenage years.
- Loss of calcium from bones means that bones may break more easily than would be expected in someone young.
- Other physical effects of starvation and dehydration may include constipation, swollen stomach and ankles, dizziness, poor circulation shown in coldness, blue fingers and toes, and growth of fine downy hair on the face and body.
- Fears around being 'fat' and over weight.
- Fears around shape- the mind of an anorexic shows them as 'fat' when they look in the mirror when others see them as a virtual skeleton.
- A belief that the more weight they lose the closer they come to being worthwhile.
- Feelings of paranoia that people are staring at them because they are fat and 'ugly'.
- If challenged, they deny that have a problem and refuse to believe they are dangerously thin.
- They are unable to accept rational argument around their eating habits and weight.
- Personality changes may include violence, mood swings and depression.
- Sufferers become secretive around food, their body and their eating habits. They may claim to have eaten when they have not.
- Rituals and superstition may build up around food and drink: specific times when 'meals' may be eaten, precise measurements of portions and the way food is prepared and presented. Being faced with the need to eat outside of these conditions may lead to panic.
- Excessive exercise is often linked to eating disorders. This can manifest itself as a compulsive need for the sufferer to become obsessive about dance practice and 'extra' coaching, practice etc.
- Inappropriate use of large numbers of laxatives or diuretics.
- Panic attacks.

NB. Boys often manifest an eating disorder by excessive exercise. Sometimes they lock themselves away in their rooms to do this. It is easily missed because exercise is such a fundamental part of their lives. If a boy appears to be becoming thinner and is exercising excessively he should be weighed by the medical centre in consultation with the Ballet Department. Often they will not be conscious of restricting food, they will say that they want to develop a 'six pack' or change their shape. They can become quite ill - this phenomenon is on the increase in the UK.



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Bulimia

- Weight may stay steady or fluctuate.
- Hormone disturbance- absence of periods in girls.
- Physical effects of vomiting may include worn tooth enamel, sore throat, bloodshot eyes, puffy face through infected salivary glands, calluses on hands and fingers from inducing vomiting.
- Total preoccupation with thoughts of food.
- Feeling totally out of control during binges.
- Fear of weight gain.
- Self evaluation is centred on weight and shape.
- Personality changes, violence, mood swings and depression.
- A need to succeed and a feeling that no achievement is enough.
- Self hatred, feelings of shame, guilt, and low self esteem.
- Large amounts of food may disappear during binges
- Students may become secretive and avoid socializing especially where food is involved.
- Sufferers may disappear to the lavatory after meals.
- Evidence of purgative medicines may be found- laxatives, diuretics etc.
- Other techniques to counter the effects of food, e.g. excessive exercise or fasting.
- Associated problems may include self harm by other methods.

Compulsive Eating

- May be steady or sudden weight gain, or marked fluctuation in weight if yo-yo dieting is involved.
- Feelings of disgust around weight and shape
- Feelings of distress, self hatred, low self esteem, secretiveness around binges.

Procedures for Care of Student/s with eating disorders:

- When a problem is reported, various people may need to be involved to provide the best help for the individual. These should include the parents, The Head of Boarding, The Head, The Ballet Principal, House Staff, the School Councillor, Academic Tutors and Medical staff including the School Nutritionist. In the first instance, all concerns should be communicated to the School Nurse who will then coordinate the next steps.
- Any student who seeks help through the School Nurse needs to understand that medical confidentiality will be honoured. However, this is subject to the obligations of the Royal Ballet School to inform parents when their child is ill, and others when 'Safeguarding' issues occur. The Medical staff will involve and discuss with the pupil any issues of necessary communication beforehand.



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- A core team of Medical and House Staff and parents will co-ordinate to manage the problem. This will occur by formulating a personal care plan and ensuring that the relevant people are aware of it. The care plan will be discussed with the relevant pupil, who needs to be informed of the school policy as well as his/her individual goals/targets. The team will meet regularly.
- The 'care plan' may need to include a realistic educational plan for the affected student. Be flexible while balancing realistic workloads, deadlines and the School's responsibility to ensure the student fulfils important learning and dance goals.
- Consideration should be given to any potentially stressful decisions/situations in the student's life (e.g. exams, auditions, appraisals etc).

The 'care plan' will need to make note of:

- Current weight and height to establish Body Mass Index (which indicates the severity of anorexia). Frequency of weighing and by whom will be decided by the School Nurse and Nutritionist.
- Current pattern of food intake.
- Current pattern of exercise and dance requirements.
- Whether or not menstruation (if relevant) has ceased.
- Target weights in anorexia, or orderly eating patterns in bulimia need to be set with dates, and discussed with pupil and core team. Discuss how these will be achieved.
- A member of the team will be designated to communicate with parents (probably House Staff).
- Referral for counselling will be strongly encouraged and may be made a condition of continued school attendance. The following agencies may be involved: The School Counsellor, Eating Disorders Association and Adolescent Psychiatry Unit, the School's GP.
- Dance restriction will be imposed until target weight is gained (in anorexia). To be decided in conjunction with the Ballet Department.
- Management and Care Plan will be kept in the student's confidential medical record.

In some situations, the School may not be able to implement the necessary care plan. Some will be better managed at home or in a clinic situation. Decision to send home will be discussed by the core team and communicated to the Head and The Director to decide.

- The policy will be available on the Central Resource for all staff, students and parents. It is important that parents are aware that the School has a pro-active policy on eating disorder and it will be explained to parents of students affected.



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Broaching the subject:

Advice that may be useful when first addressing the student causing concern:

- Take time to sort out what you have observed to make you feel that there is a problem. Once you are reasonably sure there is cause for concern do not be deflected by family members, or friends who may try to brush it aside or tell you that you must be mistaken.
- Think about who the best person to approach them would be; friend, family member, another teacher, possibly more than one person?
- Decide where and when it would be best to talk. Meal times should be avoided.
- Avoid talking about your own or another persons experiences – this may elicit a competitive response from the sufferer.
- Responses to the confrontation may range through outright denial and fury, through to grateful relief. However, the person confronted may change their mind about their initial response once they have had time to think about it, so be prepared for that too.
- Be realistic about what you want the outcome of the confrontation to be. Stopping the damaging eating behaviour overnight is not realistic, but encouraging the person to start talking about their issues may be one possible outcome
- Ensure The Child Protection Officer and/or Head or Boarding is notified immediately.

Be aware:

The person suffering may ask for someone else to take control of monitoring his or her food intake or weight. Perhaps you may be asked to make excuses to friends, teachers or relatives. If you do this, whilst it may appear to be helping in the short term you are simply colluding with the sufferer and causing greater problems in the long term. You are delaying the sufferer from taking responsibility for his or her own illness or recovery.

Practical and emotional support for other students concerned with a peer suffering with an eating disorder:

- Provision of training and education regarding the subject of eating disorders. All students receive this as part of the School's PHSE syllabus and via guidance from the Ballet Department and School Nutritionist.
- Consider the needs of the student's immediate friendship group. They may be feeling a loss in their friendship circle or confusion about how to relate to their friend.
- Encourage students' friends to continue usual activities with the person experiencing the eating disorder.
- Remind friends that they are not responsible for their friend's eating disorder or recovery.
- Be mindful of other students' reactions to the eating disorder.



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Strategy to prevent the spread of eating disorders within the school

- Close monitoring of students who have been in contact with another student with an eating disorder.
- Informal discussion groups within the boarding house, led by House Staff.
- Eating disorders to be part of PHSE, raising awareness and understanding within the student body.
- Encouraging an open attitude to eating disorders, where students and staff feel comfortable to discuss and raise concerns where necessary.
- Training and Education strategy for staff and pupils Training for students will be done via PHSE as well as through more informal discussion groups within the boarding community.
- Training is offered for staff who have a particular interest in the subject. This is refreshed at regular intervals to ensure knowledge is kept up to date.
- Eating disorders will feature in INSET for teaching and non-teaching staff.

The Grey Area

Many young people use food at times to cope with uncomfortable life situations. Once food is found to work, briefly against feelings of pain, fear, desperation, loneliness, low self esteem, we are into the 'Grey Area' of eating disorders – unless, or until it, goes further.

Students in the 'grey area' may use food to cope. Their behaviour may never become extreme, however desperate they may feel inside. It may not be noticeable at all. Sometimes the 'grey area' becomes a way of living, which is sustained over many years. Because it is so much more subtle in behaviour and effect that a full eating disorder, people are not 'in denial' of the situation. They are simply unaware they inhabit a problem area. It may never become extreme. Although officially acknowledged as '**partial syndrome- anorexia bulimia or binge eating**', it is unlikely to be picked up by a doctor. However, sometimes the 'grey area' is one that young people pass through on their way to a full-blown eating disorder.

It is a problem because people function better if they find ways to express negative and/or angry feelings and get rid of them, instead of using food as an emotional crutch. There are more positive and creative tools that students can use to help them feel confident in their abilities and self worth.

FR SB

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This document will be revised in line with changes in best practice and legislation. These changes will be notified to all concerned. Questions or comments should be directed to the appropriate member of the Senior Management Team.