

EATING DISORDERS  
**ARE NOT**  
**JUST**  
**A 'GIRL THING'**

Bev Mattocks

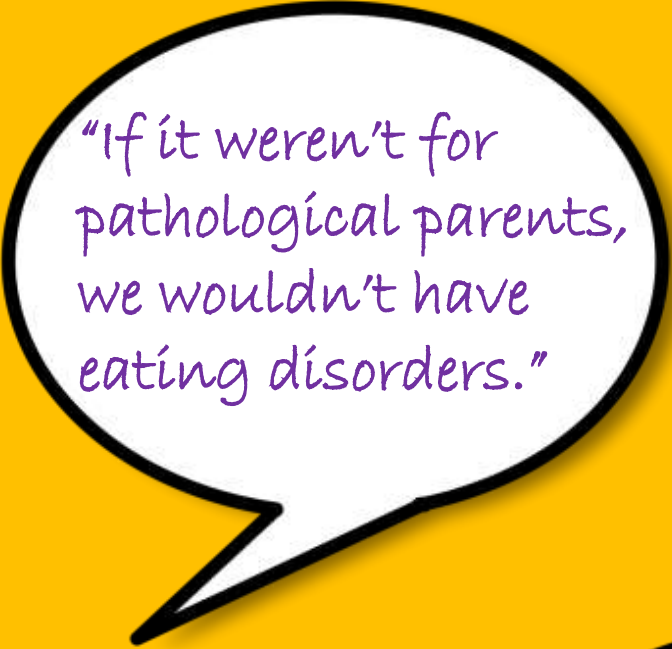




**My son, Ben, developed anorexia  
in 2009 at the age of 15**

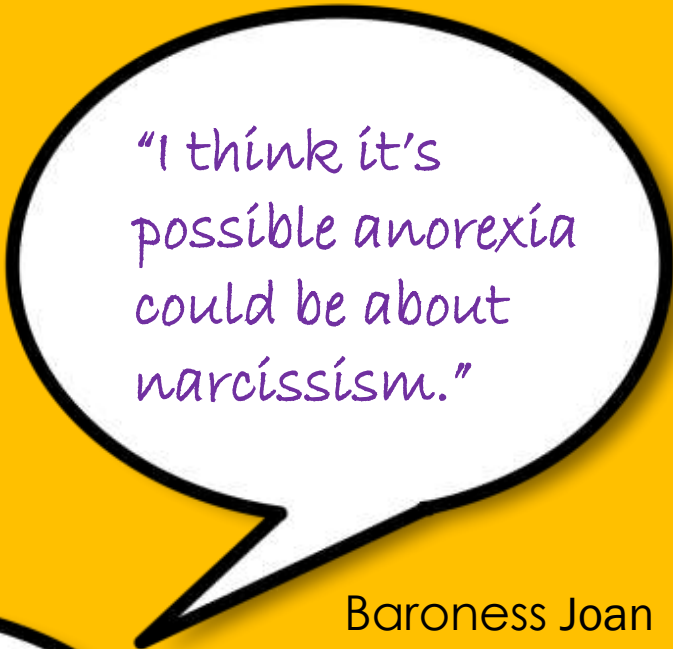
anorexia is a "girl thing," surely?



A white speech bubble with a black outline and a drop shadow, containing purple text.

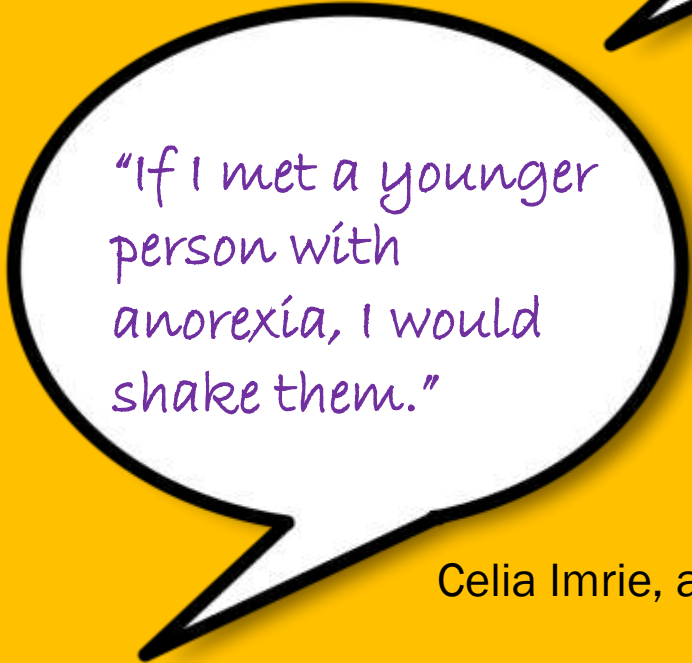
"If it weren't for  
pathological parents,  
we wouldn't have  
eating disorders."

Mental health  
professional

A white speech bubble with a black outline and a drop shadow, containing purple text.

"I think it's  
possible anorexia  
could be about  
narcissism."

Baroness Joan  
Bakewell

A white speech bubble with a black outline and a drop shadow, containing purple text.

"If I met a younger  
person with  
anorexia, I would  
shake them."

Celia Imrie, actress

# Some facts...

- Eating disorders have the highest mortality rate of any mental illness
- They affect people of all socio-economic groups, races, colours, creeds and sexes
- As many as 20% of people with chronic anorexia will die as a result of their illness
- EDs affect approx 725,000 people in the UK
- Around 25-40% of people with EDs are male
- EDs usually begin in adolescence but can develop at any age
- Can coexist with other mental health conditions
- Treatable, but only around 46% fully recover



**Brain chemistry,  
function and structure  
are altered in eating  
disorder patients**

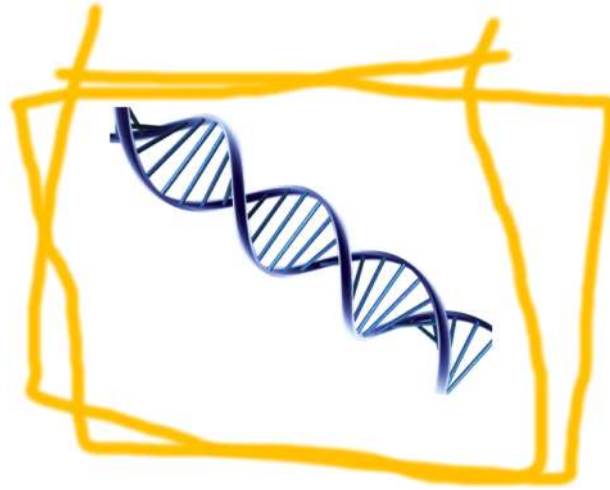
# CERTAIN PEOPLE MAY BE MORE VULNERABLE THAN OTHERS

**Typical personality traits may include:**

---

- Perfectionism
- Inflexible thinking
- Obsessive behaviours
- Low self-esteem
- Body dissatisfaction





**Many people believe that eating disorders may have a genetic link**



~~CHOICE~~

EATING DISORDERS

IMPORTANT!



**ARE NOT**

*a disease of choice*

**NO-ONE WOULD CHOOSE TO  
GET AN ILLNESS LIKE THIS**



skinny models

**DON'T CAUSE**

EATING DISORDERS

... although media pressure to be thin can be one of the many things that can TRIGGER an eating disorder



**Often patients don't feel ill or realise  
how sick they are**



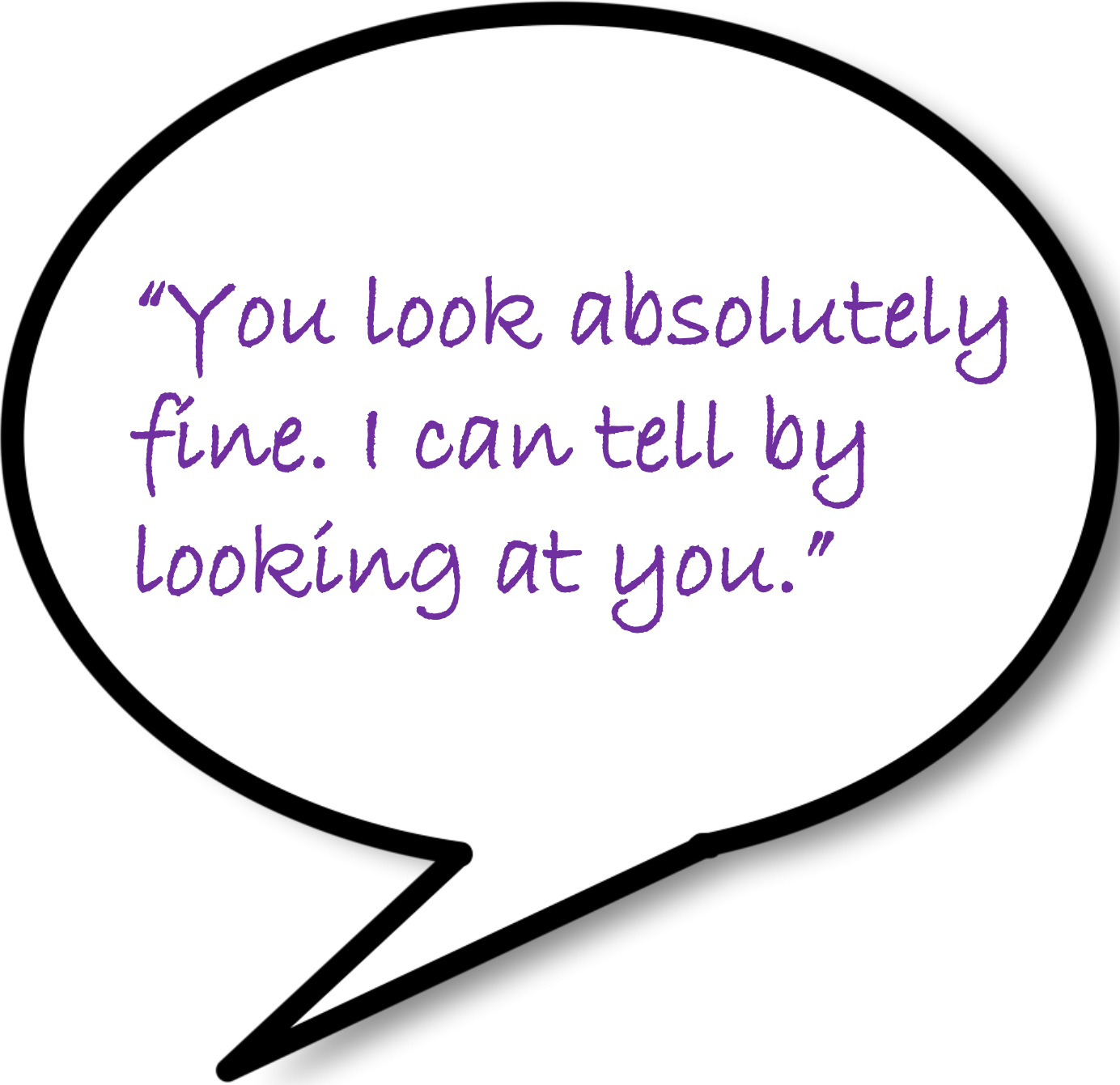
**Individuals with eating disorders can  
be great actors**



**They may argue that black is white. Yet this distorted thinking isn't present in other areas of their lives e.g. schoolwork**



**Eating disorders are not just  
about losing weight**



"You look absolutely  
fine. I can tell by  
looking at you."





**FACT:** You can't tell if someone  
has an eating disorder  
just by looking at them

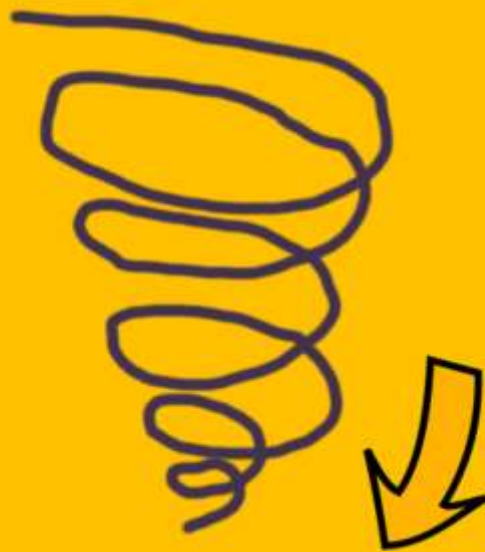


**The warning signs in boys can be  
slightly different from girls**



EATING LESS + EXERCISING MORE

=



**Ben's eating disorder began in  
2009 when he was 15**





**Less sport + diet foods = maintain  
physique + popularity**



# School dinners...

Jacket potato, beans, salad + fruit

Jacket potato, ~~beans~~, salad + fruit

~~Jacket potato, beans, salad + fruit~~



“It’s not as if I sat down one day and decided to ‘get an eating disorder’”

# Summer 2009 - symptoms

- Intense exercise without pleasure
- Dieting / avoiding widening range of foods
- New interest in 'healthy eating'
- Obsession with nutritional labels
- Eliminating fats / carbs from diet
- Increased interest in cooking
- Ritualistic eating
- Belief that 'getting fat'
- Social withdrawal
- Losing weight



Text-book  
symptoms





Sept 2009

is this NORMAL?

NO!





There's nothing  
wrong with me!!!

# Nothing wrong, huh?

- **Crushing depression**
- **Vicious mood swings / violent**
- **Nightmare meals**
- **Exercising like crazy**
- **Out of control behaviour**
- **Social isolation**
- **Losing weight**







**“Call the GP and get him  
to refer you to CAMHS.  
Tell the GP it’s urgent.”**

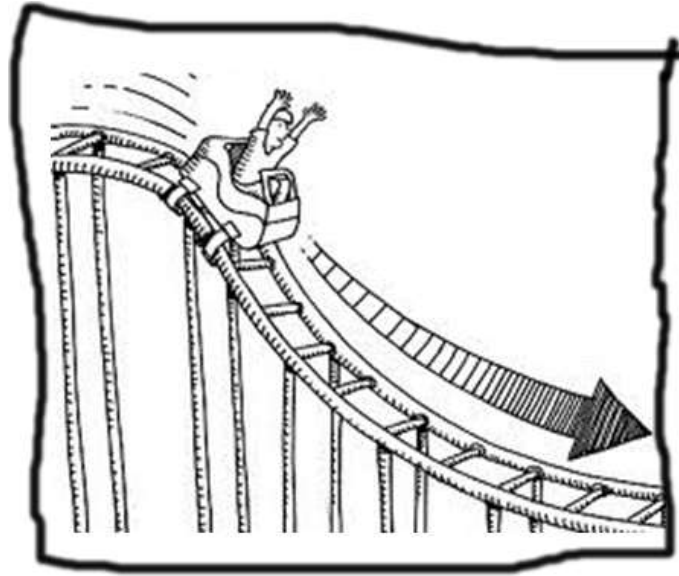


*School nurse*

# A month before we heard back

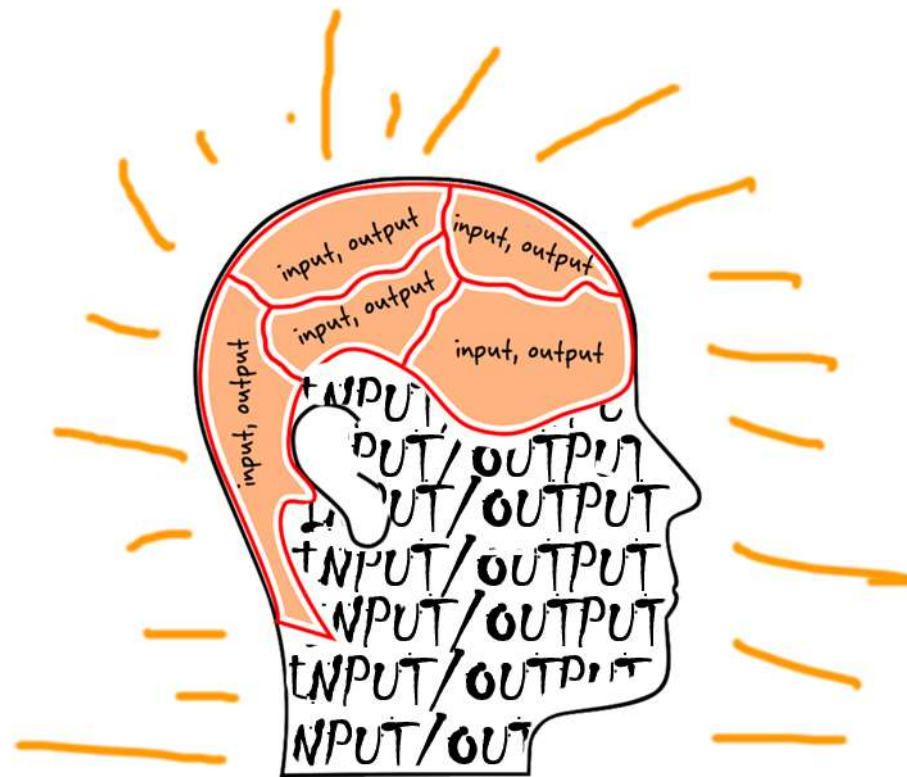
... then a **18-22** week wait





**Eating disorders can escalate out of control very quickly**





**It was all about 'input, output', 24/7**





“ Ben's heart is doing

**FUNNY THINGS**”

Spring 2010, finding  
it hard to cope under  
the strain





Heartbreaking,  
nightmarish  
thoughts going on  
inside my head,  
summer 2010



Sept / Oct 2010  
(Lower VI form)



**... mark 2**



“ Ben's heart is doing  
**FUNNY THINGS** ”

Oh no, not again!!

Winter2010 - Spring 2012

# Slowly but surely...



Sept 2012

# UNIVERSITY CHALLENGE









**HE MADE IT!!!**



**WHAT  
HELPED  
MOST?**

# How did the school help?

- ✓ Being flexible
- ✓ Willingness to learn & understand
- ✓ Treating Ben as a person, not as a 'problem'
- ✓ Medical centre – 'bolt hole' / support for me
- ✓ Pack lunches
- ✓ Home-schooling regime
- ✓ Sitting exams separately
- ✓ Help with preparing university admission documents



# A few other useful strategies

- ✓ Watch out for excessive exercising / obsession
- ✓ Changes in eating habits e.g. switching to salad bar
- ✓ Avoid discussing food, weight, exercise & dieting in the classroom
- ✓ Zero-tolerance of appearance-based bullying
- ✓ Reduce / eliminate in-school weighing / BMI measurements
- ✓ Inform parents if you plan to weigh / measure students
- ✓ Be mindful of ‘triggering’ events e.g. Hunger Lunches
- ✓ Formulate plan / environment / support for eating snacks & lunches





Getting Ben through  
his eating disorder  
was a massive battle

**THE #1 THING THAT GOT  
ME  
BEN WELL WAS...**





**Ben HIMSELF**



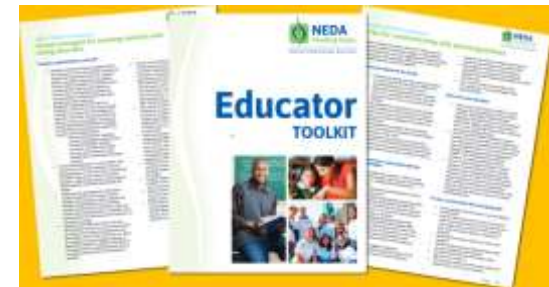
- Decide which staff will monitor and coordinate a student's well-being (Therapist to coordinate, SAP providing staff, etc.)
- Discuss with the student each week how he/she is feeling during lunch, in the classroom, etc.
- Use checklists of his behavioral and self symptoms of auditory processing strength/weakness (e.g., a student can read in a room with no background noise).
- Work toward the assignment and participation not to rely solely on the student's self-acknowledging of weakness (e.g., as well as nutritious foods, a vending machine).
- Consider other programs on special areas to help the student:
  - Inclusive program: They are together, separate, alone.
  - Ensure that the student has the opportunity to participate (e.g., reading, etc.). It is important to be





# NEDA booklet includes...

- ✓ Info on eating disorders & what teaching staff should look out for
- ✓ Different kinds of eating disorders e.g. Bulimia
- ✓ Typical emotional, physical & behavioural changes
- ✓ Tips on how to assist the student & support their friends
- ✓ A handy education plan for students
- ✓ Why parent-school communications may be difficult – advice on how to approach the family
- ✓ Info for school medical teams



# Other resources – for schools & parents

- ✓ **b-eat** (UK eating disorder charity):  
[www.b-eat.co.uk](http://www.b-eat.co.uk)
- ✓ **F.E.A.S.T.** (Families Empowered & Supporting Treatment of Eating disorders) – global resource & forum for parents:  
[www.feast-ed.org](http://www.feast-ed.org)
- ✓ **Men Get Eating Disorders Too** (UK male eating disorder charity): [mengetedstoo.co.uk](http://mengetedstoo.co.uk)
- ✓ **Men & Boys Eating & Exercise Disorders Service** (Scottish charity, useful information):  
[www.mbeedsscotland.org](http://www.mbeedsscotland.org)