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?
“If it weren’t for pathological parents, we wouldn’t have eating disorders.”

— Mental health professional

“I think it’s possible anorexia could be about narcissism.”

— Baroness Joan Bakewell

“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.
EATING DISORDERS ARE NOT a disease of choice
NO-ONE WOULD CHOOSE TO GET AN ILLNESS LIKE THIS
EATING DISORDERS

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
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
I am fat!
“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

You've got to be JOKING!
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!!
Slowly but surely...
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
THE #1 THING THAT GOT BEN WELL WAS...
A really good resource for educators
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


- **Men Get Eating Disorders Too** (UK male eating disorder charity): mengetedstoo.co.uk

- **Men & Boys Eating & Exercise Disorders Service** (Scottish charity, useful information): www.mbeedsscotland.org