

"I heard that only teenage girls suffer from eating disorders."

"I've always thought people who self-harm are just attention seeking."

“Eating disorders are a result of vanity and are caused by the media.”

“People who self-harm are suicidal.”

“People don’t ever recover from an eating disorder or self-harm.”

Understanding self-harm and eating disorders

Definitions: Self-harm and eating disorders



Self-harm describes a wide range of ways in which a person might hurt themselves, put themselves at risk or neglect to take care of themselves in order to manage difficult thoughts, feelings or experiences.

Anorexia nervosa (commonly referred to as 'anorexia') is the least common but most publicised of all the eating disorders. People with anorexia restrict their food intake and lose weight as a result.

Bulimia nervosa (commonly referred to as 'bulimia') involves bingeing and purging – so a person will eat large amounts of food and then they will use different strategies to remove food from their body. People with bulimia often have a weight that is within a healthy range so it can be very hard to spot.

Binge eating disorder is similar to bulimia but without the purging – consequently people with this disorder gain weight, sometimes very rapidly.

Organisations that can help

Starting a conversation can be the first step to recovery, and parents or carers, as well as friends, are available for support. If you can, talk to your tutor, PSHE teacher, head of year or another trusted member of staff about anything that concerns you, including worries about yourself or a friend self-harming or struggling with an eating disorder.

There are also local and national organisations:

Childline www.childline.org.uk call: 0800 1111

Young Minds www.youngminds.org.uk

Samaritans www.samaritans.org call: 116 123

BEAT www.beateatingdisorders.org.uk

BEAT youth helpline: 08088 010711

Why are these strategies unhealthy?

Self-harm: In some cases the injuries or damage can be more serious than intended. It often leads to scars or infection. 25,000 people a year get taken to A&E as a result of their injuries. Self-harm is a sign of underlying mental health issues, which, if left untreated, are likely to get worse.

Eating disorders: These can have a range of effects, from tooth decay and bad breath, to brittle bones and organ damage. A body denied nutrients means the person is likely to feel weak, tired, unable to concentrate and have a low mood.



Myth busters: Eating disorders

Myth: Eating disorders only affect teenage girls

Fact: Eating disorders can affect anyone, of any age, gender or background. The highest rate of onset of eating disorders is in females aged 13 to 20, however it is believed that between 10 and 25% of people diagnosed with anorexia are male.

Myth: Eating disorders are caused by vanity and the media

Fact: Although being surrounded by the 'thin ideal' and images of unobtainable beauty can lower self-esteem and contribute to the onset of disordered eating, any diagnosed eating disorder goes far beyond diet and vanity and is a serious mental health condition.

Myth: A person cannot recover from an eating disorder

Fact: It is possible to recover and lead a happy life having suffered from an eating disorder, especially if it is identified early. However, many people say they still have to make an active choice everyday to eat healthily (a little like an alcoholic making an active choice not to consume alcohol).



Myth busters: Self-harm

Myth: People who self harm are attention seeking

Fact: Some people work very hard to keep their self-harm hidden, so it is inaccurate to suggest that they are attention-seeking – but some people do not hide their injuries. This can be a way of outwardly showing inner hurt or communicating that they need help but don't know how to ask. Either way, a person who is self-harming needs to be supported, rather than judged.

Myth: People who self-harm are suicidal

Fact: Most people who self-harm never have any associated feelings of suicide: this is their way of coping with difficult feelings and a sign that they want to be alive. Some people might accidentally die while self-harming and some people may go on to have suicidal feelings if underlying issues are not resolved, but it is inaccurate to assume that a person who self-harms is also suicidal.

Myth: a person cannot recover from self-harm

Fact: It is possible to recover from self-harm, although it is common for people to relapse during their initial recovery period while they learn to use healthier coping mechanisms. Learning to spot the early warning signs of relapse and to respond appropriately is often considered a key aspect of recovery.

Healthy coping strategies

Someone who is struggling with difficult emotions could try a range of different healthy strategies to help them cope.

1. **Talk to someone** - finding someone they trust, and be honest about the emotions, challenges and urges they are experiencing.
2. **Ice cubes** – someone who is trying to avoid self-harm might find holding ice cubes in their hand is a less dangerous alternative.
3. **Hobbies** – when experiencing difficult emotions, pursuing things that make a person happy can really help to relieve stress and improve mood, whether this is playing sport, listening to music, gardening, doing something creative, or playing their favourite game.
4. **Releasing emotions** – finding other ways to release emotions, such as screaming into a pillow, going for a long walk, meditating, writing an angry letter and tearing it up can all be successful strategies to manage challenging situations or feelings.
5. **Reduce social media** – some social media platforms can add to already challenging emotions or situations. Allowing time to disconnect from technology and avoiding posts which might be damaging to self-esteem or relationships with others can be helpful.



Part 1

Pete was feeling stressed about his exams but was coping well until there were problems at home. He didn't feel able to manage everything that was going on for him at the time. Pete found himself becoming more disconnected from his friends and it felt easier to just keep quiet and out of everybody's way.

Pete's friend, Yasmin, had started to notice some changes in Pete's behaviour. He wasn't coming out with the rest of the group, and the types of clothes he wore had changed; even though it was the summer he was always in baggy, long sleeved jumpers. In school, he seemed to be really tired and easily distracted. She tried to ask him what was wrong, but he told her it was nothing, and got really angry and stormed off when she tried to ask more questions. Every time their teacher started talking about exams and revision, Pete's mood seemed to get worse.

Part 2

As time went on, Yasmin became more worried about Pete. She spoke to their mutual friend, Dimitri, about her concerns:

Yasmin: "Have you noticed anything... different... about Pete recently?"

Dimitri: "It's Pete. He's always been different!"

Yasmin: "No, really, I'm kind of worried about him. Don't you think he's been acting 'off' lately?"

Dimitri: "He's probably a bit stressed about exams - we all are, aren't we?"

Yasmin: "I think it's more than that. He was really defensive when I asked him if he was OK."

Dimitri: "Well that means he doesn't want to talk about it Yasmin, so stop interfering."

Yasmin: "I think maybe we should tell someone."

Dimitri: "It's really none of our business."

Yasmin: "He's our friend. Of course it's our business. I think he might need some help."

Dimitri: "Well there's not much we can do, really, is there?"

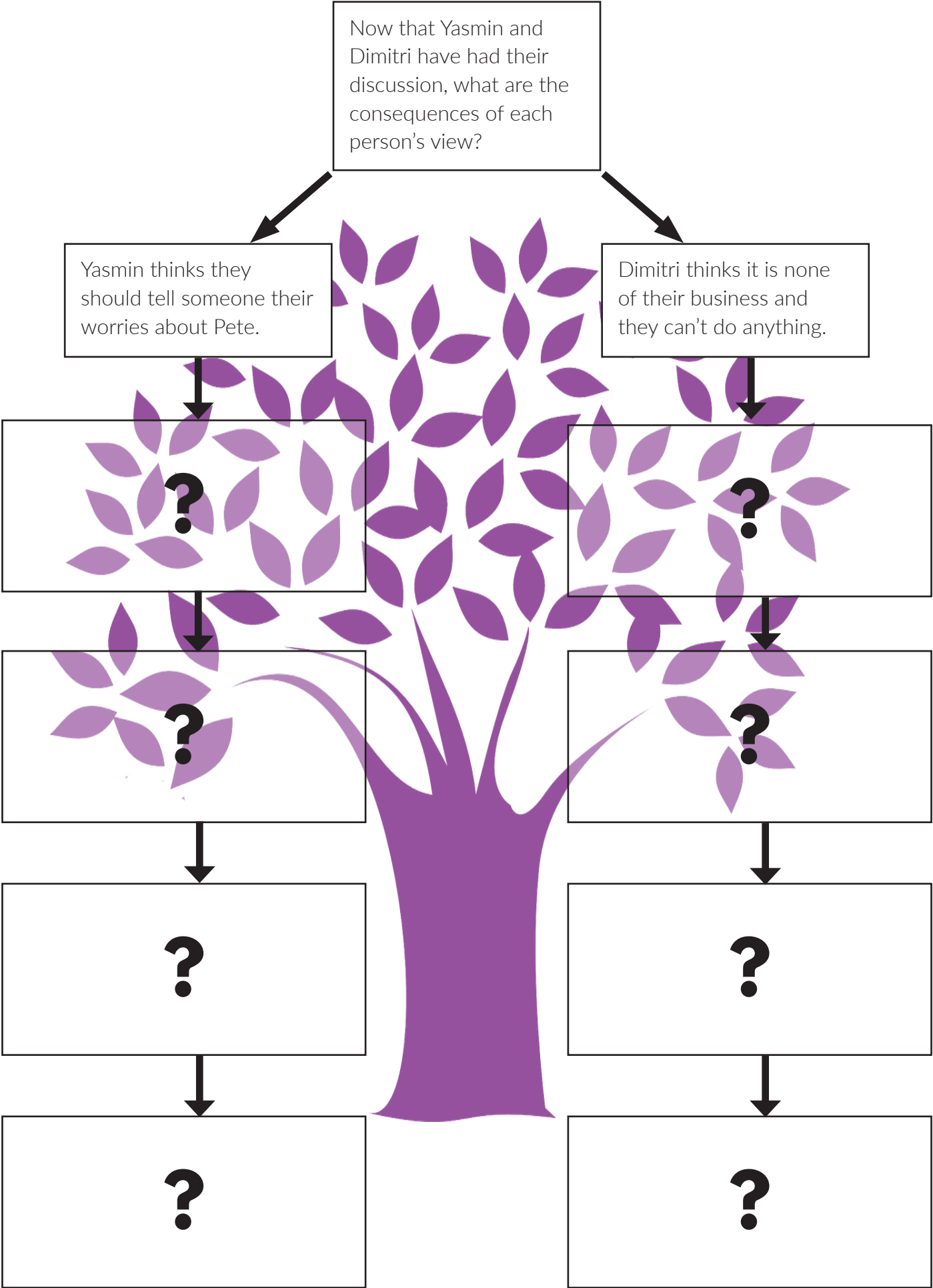
Part 3

Yasmin wanted to talk to Pete about what was happening and let him know that she'd be there for him. First, she decided to get some advice from her Dad. She wanted to tell him her concerns and get support for herself before talking to Pete. After speaking to her Dad, Yasmin arranged to meet Pete after school.

At first, Pete was defensive and kept trying to change the topic, but when he realised Yasmin wasn't going to let it go, he opened up about what had been happening, and told her about how difficult he was finding it to cope. He had started to use some really dangerous behaviours which he was finding it difficult to manage.

Yasmin was now even more worried about Pete, as his health seemed to be seriously declining, but at the end of the conversation he had begged Yasmin not to tell anyone else.

Key stage 3: Lesson 4 **Resource 4: Decision tree**



Key stage 3: Lesson 4 Resource 5: Card sort



Speak to Pete to persuade him to get help, and/or speak to a trusted adult such as a parent or form tutor to get advice and support.	Pete is likely to continue using unhealthy coping strategies, and may increase using them as his current state of mind means he's unlikely to be able to think clearly enough to get help for himself.
Pete would be referred to the school's safeguarding lead, who is likely to speak to Pete and then contact his parents.	It may take a long time for anyone else to notice or raise concerns about Pete.
Pete is likely to be referred to his doctor or a counselling service. Child and Adolescent Mental Health Services (CAMHS) are a part of the NHS who support young people with mental health concerns.	Pete may feel that nobody cares about him as no-one has noticed he is struggling. This may make things worse.
Pete could be supported through specialised care and learn techniques to manage his unhealthy coping strategies.	Pete risks developing further, potentially serious, physical health consequences related to the unhealthy coping strategies he is using.