



Eating Disorders in Schools: COVID-19's Impact and Key Prevention Programs

Tara L. Rempel, M.A. and Heather L. Rickmers Tacovsky, Psy.D., NCSP

Georgian Court University



Introduction

- Eating disorders are *serious* psychiatric disorders, with **high mortality rates**, defined by severe and persistent disturbance in eating behaviors and as well as distressing thoughts/emotions, which represents a significant public health concern (APA, 2021).
- Prevalence: **increased** from 3.4-7.8% between 2000-2018 (Galmiche et al., 2019).
- Following the 2003 SARS outbreak, eating restrictions were found to **trigger the development of psychological disorders** in 26.2% of those who responded to the General Health Questionnaire (Shah, Sachdeva, & Johnston, 2020)
 - INCREASED RISK DUE TO COVID:** media exposure, disruption to daily activities, social isolation, modified physical activity, negative affect/fear of contagion, avoiding quarantine (Rodgers et al., 2020).
 - LOWERED PROTECTIVE FACTORS DUE TO COVID:** social support, access to treatment (Rodgers et al., 2020).
- Inpatient admissions, hospital beds, and outpatient program inquiries **increased** on average over time **post-pandemic compared to pre-pandemic** ($p < .01$) (Lin et al., 2021).
- The inability to rapidly increase outpatient assessment capacity, despite using telehealth, may have contributed to the **increase in inquiries and hospital admissions** as individuals may have been at the point of needing medical stabilization (Lin et al., 2021).
- Using the health records of 5.2 million people under 30 years old, mostly in the USA, the diagnostic incidence was **15.3% higher in 2020 overall** compared with previous years (Taquet, 2021).
- Due to eating disorders frequently being diagnosed in the **childhood and teenage years**, and with the trend decreasing for age of onset, many who develop eating disorders are **students**, spending a majority of each day in **school** (Carney & Scott, 2012).
- Eating disorders have the potential to impact students' **academic, social, emotional, and behavioral functioning**, which are the very **domains school psychologists strive to foster**.
- Further, it is vital that prevention programs are implemented in schools, as they are both **necessary and important** (Warschburger & Zitzmann, 2018).
- Early identification and treatment** is associated with **better outcomes** and can **save lives** (Lin et al., 2021).
- Studies have found that upwards of **30%** of those with eating disorders have a history of **childhood sexual abuse**, and therefore screening for eating disorders becomes critical when a history of trauma is present (Behar et al., 2016).
- NASP states that schools are limited in their capacity to **treat** eating disorders, however taking **preventative steps is a must**.

Program Info

- Universal school-based prevention programs that are focused on **reducing risk factors** as well as **preventing the start of eating disorders** have shown to be **effective** (Warschburger & Zitzmann, 2018).
- A meta-analytic review of efficacy trials suggests **51%** of prevention programs have led to a notable reduction of eating disorder risk factors and **29%** were able to lessen eating disorder behaviors in the participants (Stice, Becker, & Yokum, 2013).
- When measuring implementation of eating disorder prevention programs among incoming college students retrospectively, **71%** reported they had no exposure (Green & Venta, 2018).
- Based on NASP's statements, **several prevention programs result in significant intervention effects on eating pathology**, and **two** eating disorder prevention programs have been able to **reduce the risk for future onset** (Stice, Becker, & Yokum, 2013).
 - The Body Project & Healthy Weight**
 - Both: show 60% reductions in eating disorders over a 3-year follow-up (medium effect size) (Stice, Becker, & Yokum, 2013).

COVID-19 has
decreased
 school-based
 protective
 factors against
 eating disorders
 &
exacerbated
 potential barriers
 to treatment.

(Rodgers et al., 2020)



MORE ON RISK FACTORS, SIGNS/SYMPTOMS, GUIDANCE FOR MALE PROGRAMS, RESULTS OF PREVENTION PROGRAMS, & RESOURCES

For Additional Information Please Contact:
Tara Rempel at tr64347@georgian.edu

Questions?

Program Descriptions

1. The Body Project:

- Group-based; dissonance-based program in which the objective is to critique the thin-ideal through several exercises (Becker & Stice, 2017).
 - Helps to develop healthy body image and self-esteem, as well as reduces body dissatisfaction, negative mood, and dieting/disordered eating (Becker & Stice, 2017).
 - May aid in the prevention of comorbid conditions as well (Christian, et al., 2019).
 - For boys: discourages internalization of the hypermuscular ideal (Doley et al., 2021).
- ### 2. Healthy Weight:
- Can be peer led; promotes lasting improvements in dietary intake and physical activity with the sole goal of providing participants with an energy balance.
 - Based on nutritional science health behavior change (Stice, Becker, & Yokum, 2013).

Conclusion

- Prevention, **particularly in middle school or before**, when physical changes, social influences/peer status, and increased emotional/behavioral issues arise, is **key** (NASP).
- Adolescents find themselves **more reliant on social media** to connect, which increases exposure and can impact body insecurities and eating (Schwartz, & Costello, 2021).
- Prognosis for an eating disorder is best when **catching an eating disorder early**.
- One trial of a virtual eating disorder prevention program **found no differences** between the intervention group and control group, which is important due to most prevention programs going to a virtual platform due to COVID-19 (Stice, Becker, & Yokum, 2013).
- While knowledge of eating disorders appear to have **increased**, school staff report **low confidence in identifying students with eating disorders** (Harshbarger, 2011).
- It is critical to ensure **proper identification**, as the research on the effects of undernutrition includes the following (NEDA, 2008):
 - Negative impact on cognitive development, behavior, and grades.
 - Decreases ability to concentrate, process information, and listen.
 - Leads to deficiencies in nutrients (i.e., iron), which impacts memory.
 - Can make students apathetic, withdrawn, and less social.
 - Increases absenteeism.
- To help with identifications **school psychologists should educate school staff** to enable them to **identify the signs and symptoms of eating disorders**, as well as use **checklists of signs and symptoms of eating disorders to monitor changes** so that a student can be referred for specialist support as warranted (NASP, 2008).
- According to NASP, **to aid in prevention**, school psychologists should: **assist** teachers in including **eating disorder prevention into their curricula**, know how to **approach individuals at risk for an eating disorder** and **refer** at-risk students, **learn about the current best practices** for eating disorders to support the student and family, and also **provide support to students in recovery** returning to the school setting (2008).
- Through incorporating eating disorder prevention groups, school psychologists can **target students** at risk (Breithaupt, 2019).
 - Targeted: most effective at reducing risk, difficult to implement.
 - Universal: easier to implement, less likely to motivate/empower.
- School psychologists must be aware that the **prevalence of eating disorders is rising**, in addition to the impact COVID-19 is having, which will **create more opportunities to identify students with eating disorders**.
- The time to implement prevention programs, specifically targeted for at-risk students, is **now**, in order to ensure we are doing our part in **NASP advocated prevention**.