In a national survey of Australian teens,

>50%

of Year 8 girls exhibited disordered eating symptoms

How can schools support students with disordered eating behaviours?

This resource provides practical, evidence-informed guidance to help school staff identify signs of disordered eating and connect students with appropriate support. It also outlines prevention and early intervention strategies for the school setting and is designed to support Department of Education guidelines and policies.

Contents

Understanding body concerns and disordered eating

Body dissatisfaction is common in adolescence, affecting **47% of girls**, **15% of boys**, and **49% of gender-diverse teens**, and can lead to disordered eating. By age 13, over half of girls report disordered eating behaviours. While girls are 2.5 times more likely to be affected than boys, these behaviours can affect young people of all body sizes, genders, and backgrounds. Disordered eating can also lead to clinical eating disorders.

Disordered eating is often hard to detect because **many adolescents hide their eating behaviours** or delay seeking help due to stigma, or if they are not ready to change.
Yet early intervention is vital because eating disorders have the highest mortality rate of any psychiatric condition and can be long-lasting.

Recognising the signs early on can make a significant difference to recovery and wellbeing.

For videos with further introductory information:

Butterfly Foundation video Let's talk eating disorders (English)
Butterfly Foundation video Let's talk eating disorders (Arabic)

Main types of eating disorders

Binge Eating Disorder

Affects 47% of people with an eating disorder. It involves repeated episodes of eating substantial amounts of food, often accompanied by distress.

Anorexia Nervosa

Affects 3% of people with an eating disorder. It involves restricting food intake due to an intense fear of weight gain and a distorted body image.

Bulimia Nervosa

Affects 12% of people with an eating disorder. It is characterised by cycles of binge eating followed by behaviours to prevent weight gain, such as vomiting, laxative use, or excessive exercise.

The remaining 38% are diagnosed with other eating disorders, including:

ARFID
Avoidant/Restrictive Food Intake Disorder

Avoiding food due to sensory sensitivity, fear of choking, or lack of interest in eating (not related to body image). Relatively common in neurodivergent students such as those with ADHD or autism.

OSFED
Other Specified Feeding and Eating Disorders

Significant eating issues that do not meet the full criteria for other eating disorders but still cause harm and require support.

In addition, muscle dysmorphia, though not formally classified as an eating disorder, causes obsessing over not being muscular enough, leading to excessive exercise, strict dieting, and even steroid use. More common in boys. For more detailed information: NEDC Eating Disorders in Schools (section 1)

Risk factors for eating disorders

Eating disorders are complex conditions and typically emerge through an interaction between some of the following factors:

Psychological/Emotional/Behavioural

- Body dissatisfaction and preoccupation with weight and shape
- Low self-esteem
- Sensitivity to criticism
- Perfectionism and high standards
- Difficulties regulating emotions
- Depression
- Anxiety
- Chronic dieting
- Restrictive eating patterns

Social/Relational

- Family conflict and/or criticism or negative messaging at home (including weight-related teasing)
- Peer pressure to be thin or meet body ideals
- Peer bullying or appearance-related teasing
- Social marginalisation, or isolation

School/Environmental

- School environments where appearance, weight, or dieting are emphasised
- Participation in sports or activities with weight or shape pressures (e.g. gymnastics, dance, wrestling)
- Competitive academic or extracurricular settings where achievement pressure is high
- Influence of media and social media promoting thinness or muscularity
- Exposure to weight-focused conversations within friendship groups

Biological

- Puberty
- Family history of eating disorders

Other

- Neurodivergence (such as ADHD or autism)
- History of trauma or abuse
- Significant life stressors

Protective factors for eating disorders

Psychological/Emotional/Behavioural

- Healthy coping skills
- Emotion regulation abilities e.g. recognising and naming feelings
- Positive self-esteem and self-acceptance
- Access to evidence-based interventions and support

School/Environmental

- Positive school climate with a sense of belonging
- Teachers and school counsellors who can identify and respond to early warning signs
- Reduced stigma around eating disorders (encourages help-seeking)

Social/Relational

- Supportive family relationships characterised by warmth and open communication
- Strong peer support networks
- Coordinated partnerships between families and healthcare providers

Other

- Early identification and intervention
- Regular screening for early signs in routine healthcare visits

Teachers and other school staff:

Suggested steps for supporting students

1. Notice

Students with disordered eating may not appear underweight. Signs include avoiding food, frequent visits to the bathroom after meals, fatigue, mood shifts, and excessive talk about food in class and/or in the curriculum context. Further information

2. Check in, listen, refer

A simple, private check-in can open the door to a supportive conversation, for example, "I've noticed you don't seem yourself lately. I care about how you're going, and I'm here if you'd like to talk."

If a student does open up, you could say something like, "Thank you for trusting me with that. I want to make sure you get the best support possible, and [relevant wellbeing person] is really good at helping with this. How about we go and have a chat with them?"

Further information about approaching a student who may have an eating disorder

What helps

Noticing and referring concerns promptly

Keeping conversations private and calm

Using non-judgemental language

What to avoid

- Diagnosing or minimising what is shared
- Sharing personal stories
- Making confidentiality promises you can't keep
- Having sensitive conversations in public spaces
- Making negative comments about your own weight or eating habits

Leaders within the school:
4 key roles

1. Prioritise safety

Assess and respond to any immediate risks. This includes situations where a student appears severely unwell or confused, has fainted or is at risk of collapsing, expresses thoughts of harming themselves, or shows signs of serious medical instability. If you observe any of these concerns, please contact emergency services without delay.

2. Support families

Families may feel overwhelmed. If possible, meet with them, explain clearly what has been observed, and help them understand why medical or psychological support is important. If a student has been absent or needs adjustments at school, it can be helpful to develop a recovery support plan together with the student, their family, and their treating clinicians.

For support with this, visit: NEDC Eating Disorders in Schools (Section 3): This resource provides guidance and examples for creating this type of plan, including suggestions for what to include and how to work collaboratively with families.

3. Support staff

Ensure teachers are informed about what to expect and how to respond. If meal supervision is required, please clarify staff roles and responsibilities - see NEDC Eating Disorders in Schools (p33).
For further information about how to support staff and students visit:
NEDC Eating Disorders in Schools
(Section 7).

4. Promote prevention and early intervention

Schools play a key role in early intervention, and there are several practical ways to support the development of positive body image and reduce risks for eating disorders.

These include:

- Promoting body respect and inclusivity across the school
- Including balanced messages about food and body image in subjects like Health/PE where appropriate
- Encouraging critical thinking about unrealistic online content
- Building awareness of related concerns such as anxiety and low mood
- Checking in with students who regularly avoid eating at school

Resources

- NEDC Eating disorders in schools
- Orygen 'Nip it in the bud'
- Butterfly Foundation school resources
- Embrace Collective curriculum aligned programs
- Reachout Classroom lessons

Email templates and printable handouts

The following pages provide printable handouts and email templates that wellbeing staff can send to teaching and other wellbeing staff to guide their responses to student disclosures. These resources include suggested wording and short prompts to support clear, appropriate communication. There are also resources to send to parents.

Template for email to staff

Below is an email you could edit and email to staff so that they can be aware of what disordered eating is, and what to do if they are concerned or if they receive a disclosure from a student.

Dear colleagues,

We are sharing a brief overview of disordered eating and how school staff can support students who may be struggling. This issue affects many young people, often in ways that are not always visible.

Disordered eating can have serious physical, emotional, and social consequences, including the development of eating disorders. Students of any size, gender, or background may be affected, and many hide symptoms due to stigma, fear of judgment, or reluctance to change.

Eating disorders take different forms, including: Binge eating disorder - repeated episodes of eating substantial amounts of food, often with distress (47% of cases); **Bulimia nervosa** – binge eating followed by behaviours to prevent weight gain (12% of cases); **Anorexia nervosa** – restricting food due to fear of weight gain and distorted body image (3% of cases); **Other** – Avoidant/Restrictive Food Intake Disorder (ARFID), and Other Specified Feeding and Eating Disorders (OSFED). Additionally, **muscle dysmorphia**, though not formally classified as an eating disorder, involves obsessing over muscles and may lead to excessive exercise, dieting, and steroid use.

What can increase risk for disordered eating and eating disorders? Low self-esteem, perfectionism, body dissatisfaction, anxiety, depression, trauma, family history of mental illness, neurodivergence (e.g. autism, ADHD), negative messaging about weight or food, bullying, pressures from sport or social media, and marginalisation (e.g. LGBTQIA+, CALD backgrounds).

What to look out for? Possible signs include skipping meals, leaving food untouched, going to the bathroom immediately after eating, avoiding food-related social situations, excessive focus on weight, dieting or exercise in class and/or in the curriculum context, and/or complaints of fatigue, poor concentration, or low mood.

How you can help: You are not expected to be a health professional, but your support can make a huge difference. Attached are the steps to consider, plus some conversation prompts, if you are concerned about a student.

What to avoid

- Diagnosing or minimising what is shared by the student
- Sharing personal stories
- Making negative comments about weight or eating habits
- Making confidentiality promises to students that you cannot keep
- Having sensitive conversations in public spaces

Here are further suggestions for how we can all support positive eating behaviours at school: How to support positive eating at schools, and, if appropriate, the Butterfly Foundation has resources you may want to consider for class work: Butterfly Foundation school resources

If you have questions or would like to talk through a situation, please reach out to [wellbeing contact].

Thank you for your ongoing care and support of our students.

[Sign off]

For teaching and non-clinical staff: Guidance and Conversation prompts for responding to students' emotions and to conversations about disordered eating. These prompts are designed to sit alongside the policies already in place in each education jurisdiction.

How you can help: A simple private check-in can open a supportive conversation. Below are some suggested prompts for possible conversation starters or responses.

When you want to…	You might say something like…
Check in on a student who seems withdrawn, anxious, or low energy	"I've noticed you've seemed a bit quiet or tired lately. I just wanted to check in. How are things going?" OR "If there's something on your mind, I'm here to talk, or help you connect with someone else you can talk to."
Validate emotions without focus on food/appearance	"It's okay to feel overwhelmed. You don't have to figure this all out alone—there are people who can help."
Encourage help-seeking	"There are people at school who understand how to support you. Would you be open to meeting with [school counsellor/other]?"
Support a student who is worried about friends	"It's really caring of you to notice that your friend is struggling. To keep your friend safe, I would like to talk to {counsellor or wellbeing team member} about this and ask them to follow up with your friend."
Redirect appearance-focused comments, Promote inclusion and body diversity	"It's more helpful to focus on what helps us feel good and strong, rather than how we look." "All bodies are different and that's normal." "It is not respectful to comment on other people's bodies." Your paragraph text
Explore body image concerns without reinforcing them	"Lots of people struggle with how they feel about their bodies. Would you be open to talking about that?"
Offer practical support while empowering a student	"Would it help for us to work out together what your next steps could be? Or, if you like, we can figure out who you'd feel most comfortable speaking to."
Support autonomy while checking in	"I respect your privacy but if anything is feeling heavy, I'm here to listen or support you to find someone who can listen."

Respond to a disclosure: Conversation prompt for teaching staff

"Thank you for sharing that with me, I am glad you have reached out with these important concerns. If you need to talk through anything more, have you got a counsellor, or is there someone in the staff here at school you can talk to about this? [Wellbeing team member] is great at helping with these kinds of things. I want to make sure you're getting the right support."

Your school reporting process/responsible staff:

_____

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Template for email to parents/carers

Below is an email you may wish to edit and email to your parent community so that they can be aware of what disordered eating is, and how they can support their children.

Dear Parents and Carers,

We're reaching out with some brief information and trusted resources that may help you support your teen if you are concerned about their eating behaviours.

Body dissatisfaction is common during adolescence, affecting 47% of girls, 15% of boys, and 49% of gender-diverse teens. For some young people, this can lead to disordered eating or an eating disorder. By age 13, more than half of girls report disordered eating behaviours, with high rates continuing throughout adolescence. Eating disorders can affect any young person, regardless of weight, background, or identity. These problems are often hidden; many students do not seek help and many may appear "well" while struggling. Early support can significantly improve recovery.

Several factors can increase risk, including low self-esteem, perfectionism, body dissatisfaction, anxiety, depression, trauma or a family history of mental illness, neurodivergence such as autism or ADHD, negative messages about weight or food, bullying or pressure from sport or social media, and belonging to a marginalised group (e.g. LGBTQIA+).

Types of eating disorders and how common they are:

- Binge eating disorder (47%): Recurrent episodes of excessive eating, with significant distress
- Bulimia nervosa (12%): Binge eating followed by behaviours to prevent weight gain, such as vomiting, laxative use, or excessive exercise
- Anorexia nervosa (3%): Restricting food due to intense fear of weight gain and distorted body image

The remaining 38% of teens with eating disorders are diagnosed with:

- *ARFID* (Avoidant/Restrictive Food Intake Disorder): Avoiding food due to sensory sensitivity, fear of choking, or low interest in food. This is common in neurodivergent people.
- *OSFED* (Other Specified Feeding and Eating Disorder): Eating difficulties that do not meet the full criteria for other diagnoses but still require support.

Additionally, muscle dysmorphia, though not formally classified as an eating disorder, involves obsessing over muscles and may lead to excessive exercise, dieting, and steroid use.

What is the school's role? If we notice a student may be struggling, we will check in with the student, refer them to the school wellbeing team, contact parents or carers where appropriate, and/or recommend medical or psychological support if needed.

What can help at home? Young people report that everyday support from family can make a significant difference. These short videos may help guide conversations:

- Info for families supporting children with eating disorders - Raising Children Network
- Eating Disorders Families Australia (EDFA)
- Families Empowered and Supporting Treatment for Eating Disorders (FEAST)
- Multilingual resources: What is an eating disorder and Eating disorders - Arabic, Hindi, Vietnamese, Chinese, Tagalog. For Arabic-speaking parents: Parent story & Lived experience of teen eating disorder

Resources to assist with finding support: Seeing a GP for mental health concerns (multilingual resources here), find-a-professional database or Eating Disorders Carer Help Kit. For immediate help, contact the Butterfly Helpline on 1800 33 4673 or via live chat and email

Please do not hesitate to contact us if you would like to talk further.

[Sign off]

References and resources

1. The Butterfly Foundation https://butterfly.org.au/
2. Butterfly Foundation school resources https://butterfly.org.au/school-youth-professionals/for-schools/education-resources/
3. NEDC Eating disorders in schools https://nedc.com.au/eating-disorder-resources/find-resources/show/eating-disorders-in-schools-prevention-early-identification-and-response
4. The inside out institute https://insideoutinstitute.org.au/
5. Embrace Collective curriculum aligned programs https://theembracehub.com/ek-classroom-program/
6. Reachout Classroom lessons https://schools.au.reachout.com/mental-health/eating-disorders

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Authors

Alex South, Lyndsay Brown, Adam Theobald, Kate Maston, Lori Adler, and Aliza Werner-Seidler

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Contact

Professor Aliza Werner-Seidler
Black Dog Institute
Hospital Road, Randwick NSW 2031
futureproofing@blackdog.org.au

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