



CONTINUUM OF BEHAVIOURS¹

Young people who develop an eating disorder may progress along the continuum of behaviours below. Schools can offer Prevention programs for Well Populations and Early Interventions for students with Early Warning Signs or Disordered Eating behaviours.

BEST PRACTICE EARLY INTERVENTION PROGRAMS³:

- Target younger adolescents (12-13 years)
- Include media literacy, self-esteem and peer-focused content but not psychoeducation about eating disorders
- Multi-session (average 5 hours)

INCREASING CONCERN

WELL POPULATION

Healthy behaviours:

- 'Normal' eating (responding to hunger and satiety cues)
- Generally positive body esteem
- No 'good' or 'bad' food labels
- Mostly positive feelings about body shape/size
- Regular moderate exercise

WHAT CAN I DO?

Evidence-based prevention programs:

- Dove Confident Me Workshop
- Happy Being Me
- MediaSmart

INEFFECTIVE PREVENTION PROGRAMS²:

- Use one-off efforts such as guest speaker
- Use fear tactics, such as presenting images of people with eating disorders

EARLY WARNING SIGNS

Unhealthy behaviours:

- Dieting (limiting amount and type of food consumed)
- Increased body dissatisfaction
- Preoccupation with body shape/size and eating
- Not liking the way parts of their body look
- Frequent thinking about food, eating and the body
- Sometimes feel guilty or bad for what has been eaten and may 'make up for it' (compensate) with exercise or food restriction
- Occasional binge eating

WHAT CAN I DO?

SAFEMinds Brief Intervention Kit: Safe and Healthy Bodies

Evidence-based early intervention programs e.g. My Body, My Life



Food For Thought
Notice, Inquire, Plan Modules

DISORDERED EATING

Frequently unhealthy behaviours:

- Frequent food restriction, use of unhealthy weight loss behaviours and/or binge eating
- High level of body dissatisfaction
- Distress about body shape/size and eating
- Thinking about food, eating and body interferes with daily activities
- Rigidity with eating patterns
- Cutting out meals and food groups
- Working hard to change body and compensating for eating with vomiting, fasting, extreme exercising with possible significant weight loss
- Binge eating

EATING DISORDER

Mental and physical illness

May be: Clinical eating disorder, or Sub-threshold clinical eating disorder (some symptoms, but not all)

For example:

Anorexia Nervosa (AN)
Bulimia Nervosa (BN)
Binge Eating Disorder (BED)
Other Specified Feeding and Eating Disorder (OSFED)

WHAT CAN I DO?



Food For Thought
Support Module

1. See Footnotes in Appendix
2. See Footnotes in Appendix
3. See Footnotes in Appendix