

Disordered Eating/Eating Disorder Referral Pathway

Use this referral pathway if you suspect a student is struggling with their relationship with food and/or their body.

Conversation Starters:

- Tell me about your relationship with food?
- Walk me through what eating and drinking looks like for you over the course of the day.



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Identify Concerning Behaviours

Use the list of [red flags](https://www.nedic.ca) (nedic.ca) and the screening tools below to identify concerning behaviours around food and body image.

- Excessive concern about one's weight, shape or size
- Preoccupation with food and nutrition
- Extreme concern about being judged by others on appearance and behaviour
- Depression or irritability
- Guilt or shame about eating
- Rigid and ritualistic eating behaviours
- Progressive elimination of foods from one's diet
- Feeling fat despite being at a low or "average" weight
- Exercising through fatigue, illness, or injury
- Noticeable weight loss or weight fluctuations. **Weight loss is never appropriate for children and youth as they are still growing, no matter what their body size is.**
- Vomiting or laxative misuse:
 - Purging/vomiting once a week x 3 months in students over 12, or any purging in students 12 years or younger.
 - Note: Intentional purging/vomiting is a significantly concerning behaviour and warrants an immediate referral to a primary care provider or walk in/urgent care.

Screening Tools (choose one)

Ottawa Disordered Eating Screen - Youth Version (ODES-Y)¹

1. Over the past 3 months, has your weight and/or shape influenced how you think about (judge) yourself as a person? (YES or NO)
2. Over the past 6 months, have you fasted (skipped at least 2 meals in a row) or eaten what other people

Screen for Disordered Eating²

1. Do you often feel the desire to eat when you are emotionally upset or stressed?
2. Do you often feel that you cannot control what or how much you eat?

would regard as an unusually large amount of food (e.g., a quart of ice cream) given the circumstance and experienced a loss of control (felt like you couldn't stop eating or control how much you were eating? (YES or NO)

* A 'yes' on both questions indicates a positive screen

3. Do you sometimes make yourself throw up (vomit) to control your weight?
4. Are you often preoccupied with a desire to be thinner?
5. Do you believe yourself to be fat when others say you are thin?

*A "yes" response to 2 or more questions is a positive screening result and indicates that further evaluation is warranted. As individuals with eating disorders often downplay or hide their symptoms, it is essential to be vigilant and to ask questions about weight, food, and dieting in a sensitive manner (ex., "I'm wondering about your relationship with food?")



If you suspect a student is in distress or imminent danger notify the school administrator and follow the school's policy on next steps. Imminent danger includes:

- suicidal thoughts and plan
- fainting, cannot walk, chest pain, trouble breathing
- blood in vomit, urine, or stool
- any other physical or mental symptom that we would normally access urgent medical attention and support

2 Refer to a Primary Care Provider



Student has a primary care provider

- Encourage the student to reach out to their primary care provider.
 - Resource: [A Guide to Discussing Your Concerns with Your Primary Care Provider.pdf \(NEDIC.ca\)](#)
- If appropriate and client consents, the Social Worker (SW) or Public Health Nurse (PHN) (if available) may



Student does not have a primary care provider

- Suggest student go to a walk-in clinic/urgent care/ER for medical assessment. Consider providing additional information in a letter for student to take with them (see [letter template](#)).
- Helpful resources:
 - Applying for OHIP and getting a health card

call or share a letter with the primary care provider outlining concerns. If deemed appropriate, the SW or PHN could recommend that the family physician consider a referral to an appropriate eating disorder treatment, which may include a publicly funded eating disorder program ○ Primary Care Provider Letter Template	https://www.ontario.ca/page/apply-ohip-and-get-health-card ○ Finding a doctor or a nurse practitioner https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner#section-0
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LOCAL PUBLICLY FUNDED EATING DISORDER PROGRAMS

(Requires primary care referral)

- [LHSC Child and Youth Eating Disorders Program:](#) Outpatient, Day Programs, and Inpatient care
 - [Referral Form](#)
 - Vanier offers the [H.A.V.E.N program](#) for youth experiencing disordered eating/eating disorders.
 - Accepts referrals from: London, Middlesex, Oxford and Elgin
 - Referrals must go through the LHSC Child and Youth Eating Disorders Program referral process. If specifically interested in the H.A.V.E.N program, this can be indicated on the referral form.
- [Woodstock Hospital Eating Disorders Program:](#) Outpatient care
 - [Referral Form](#): **Note:** referral requires a student to have a primary care provider. The primary care provider is responsible for monitoring and managing any medical complications as the program does not have a physician attached.



Connect with Other Supports

- Consider supporting student in notifying parents/caregivers of concerns if appropriate.
- If available, the school's public health nurse and social worker should connect to support collaborative care.
- Provide student with information on support lines and community supports (below) while awaiting referral or if the student is not open to immediate action.
 - [Student Handout: Support Groups](#)



1:1 SUPPORT LINES

(Not considered treatment, no diagnosis needed)

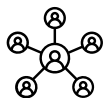
NEDIC Helpline

- Learn more: [NEDIC | What can the helpline do for me?](#)
- Chat function: [nedic.ca](#). Select “start chat” button.
- Toll free phone line: 1-866-NEDIC-20. Helpline is open Mon-Thurs 9am-9pm, Fridays 9am-5pm.

If students are not comfortable accessing eating disorder/disordered eating specific support, they can be directed to:

- [Tandem](#) (London/Middlesex) 519-433-0334 (includes crisis response and 24/7 phone support)
- [Reach out](#) (Oxford, Elgin, Middlesex, London) 519-433-2023 / 1-866-933-2023; Text 519-433-2023; Web Chat (24/7)
- [Hope For Wellness](#) 1-855-242-3310. Chat function also available on website. (24/7 mental health & crisis support for Indigenous people)
- Other mental health support lines

Students over 13 who identify as trans, queer or questioning can access free general counselling through [Trans Wellness Ontario](#)



FREE COMMUNITY SUPPORT GROUPS

- Community support group programs may be most appropriate for students who are interested in change.
- A full listing is available <https://nedic.ca/community-groups/>.

[Looking Glass Online](#) (Ages 14+)

- Online peer support for Canadian youth experiencing eating disorders, disordered eating or body image concerns

[Body Brave](#)

- Community-based organization providing virtual support and treatment services covered by OHIP. Learn more: [Navigating Services | Body Brave](#)
- Online self-paced recovery support system available to Ages 14+, virtual support groups available to Ages 17+



FEE FOR SERVICE PROGRAMS

If family has extended benefits/financial means.

- [Provider directory](#) (based on postal code, age, price type of concern) *note OHIP covered programs also listed here
- Tip sheet for selecting a provider - <https://nedic.ca/download-file/1569856563.696101-146/>
- Consider - EAP programs through caregiver's workplaces (temporary support as there is usually a limit on sessions, and would not necessarily be ED specialized)

Student Handout: Support Groups: [Student Support option handout.docx](#)

Helpful Resources for Public Health Nurses and Social Workers

- [Understanding Eating Disorders in Schools \(BC document\)](#)
 - Pg. 16-19 - Do No Harm Approach to starting a Conversation with suspected DE/ED
- RAVES Model: <https://edfa.org.au/wp-content/uploads/2023/08/Raves-model.pdf>
- NEDIC: Dieting and Weight Loss Facts and Fiction: [Dieting & weight loss facts & fiction](#)
- [Change Creates Change YouTube Channel](#) research-based information on eating disorders and helpful tips.
- [Health Professionals Webinar: First, Do No Harm \(Change Creates Change\)](#)
 - Overview of the types of EDs, red flags to look for, ED support/treatment options in a national context (primary care clinician targeted, some material quite clinical but overall, a good overview of eating disorders)
- [CANPED understanding eating disorders modules](#) - meant for parents, but good information.
- [Body Image and Eating](#) - helpful resource to share with student and also some good talking points to discuss with student related to body image
- Prevention Articles
 - [Eating Disorders Ontario: How Schools Can Help](#)
 - [Eating Disorder: Promotion, Prevention, and Early Intervention](#)
 - [Eating Disorders Ontario Prevention Research](#)

Resources for Caregivers

- [NEDIC resources for caregivers](#)
 - Resource list, tips for caregivers to 'do no harm', conversation guide.
- [CANPED understanding eating disorders](#)
 - Online learning modules
- [Feed your Instincts](#)
 - Interactive tool designed to support parents of children and young people experiencing different types of eating and/or body image problems (Australian Based) interactive tool designed to support parents of children and young people experiencing different types of eating and/or body image problems (Australian Based)

References:

1. Obeid, N., Norris, M. L., Buchholz, A., Hadjiyannakis, S., Spettigue, W., Flament, M. F., Henderson, K. A., & Goldfield, G. S. (2019). Development of the Ottawa disordered eating screen for youth: The ODES-Y. *The Journal of Pediatrics*, 215, 209-215. <https://doi.org/10.1016/j.jpeds.2019.08.018>. Available from: <https://www.cheoresearch.ca/research/projects/development-of-the-ottawa-disordered-eating-screen-for-youth-the-odes-y-2/>
2. Maguen, S., Hebenstreit, C., Li, Y., Dinh, J. V., Donalson, R., Dalton, S., Rubin, S., & Masheb, R. (2018). Screen for disordered eating: Improving the accuracy of eating disorder screening in primary care. *General Hospital Psychiatry*, 50, 20-25. <http://dx.doi.org/10.1016/j.genhosppsych.2017.09.004>. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0163834317303559?via%3Dihub>