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**Eating Disorder Policy**

**Written in line with the Higher Education Occupational Physicians/Practitioners’ Society Guidance**

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| The Policy has been reviewed and supersedes all previous issues. It has undergone the following approval process: |
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| Equality Analysis | 30 May 2018 |
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| The Policy was first issued on 30 May 2018. The principal changes relate to: |
| Section/Paragraph | Title | Change: |
| Throughout |  | Website links updated |
| Throughout |  | Wellbeing Services nomenclature updated |
| Throughout  |  | Cross-references updated |
| Throughout |  | Director of Institute as well as Head of Academic Department |
| Throughout |  | D Corcoran’s Title updated to Director of Student, Support and Information Systems |
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# Introduction

At the centre of the Eating Disorder Policy is a recognition of the University’s duty of care to all students. The main purpose of this document is to set out the procedure which the University follows when concerns are raised about a student’s health in relation to an eating disorder, which may be affecting their ability to safely engage with their studies and practice.

This policy has been written in line with the Higher Education Occupational Physicians/Practitioners’ Society (HEOPS) Guidance: ‘Fitness to Study for Students with Severe Eating Disorders’ (Appendix A - HEOPS Guidance), to be referred to as *HEOPS* guidance throughout this document, which provides a consistent approach between higher education institutions. This policy replaces previous eating disorder guidelines at the University.

**The Need for Guidelines**

*HEOPS* Guidelines (Appendix A - HEOPS Guidance) states that:

*The question of whether students with severe eating disorders, in particular anorexia nervosa (AN) are fit to study is a difficult one as very often students themselves do not acknowledge they have an illness and want to commence or continue their studies even though their physical state might be severely compromised.*

*Studies have shown that effective treatments for eating disorders offer the possibility of full and lasting recovery and that delaying such treatment may worsen the prognosis for recovery. It is therefore in the best interests of students with eating disorders to receive specialist treatment as soon as possible. Outpatient treatment can be combined with continuing attendance at university and for many, the desire to succeed in their course is an incentive to tackle health issues but for some students it may be necessary to take an intermission from their studies to focus on overcoming their eating disorder.*

*Unfortunately, students with eating disorders are often reluctant to acknowledge the problem let alone receive treatment. They may be fearful that their health issues may affect their eligibility to study. An assessment by a professional, knowledgeable about the locally available medical and academic support, may offer an opportunity to identify such students early in their university careers and offer guidance.*

# Purpose

The purpose of this document is to fulfil a number of objectives in line with *HEOPS* Guidelines (Appendix A - HEOPS Guidance):

* It recognises the University’s duty to work together with the student, to advise and support them to maintain a healthy weight, in line with the *HEOPS* Guidelines on Fitness to Study, Fitness to Practise and Fitness to Resume Studies with Severe Eating Disorders.
* As a general rule this policy is intended for use in cases in which the behaviour, disruption, or risk presented by the student, to themselves or others, is perceived to be of a serious or potentially serious nature. Where possible the Personal Tutor/Academic Adviser, Department, and or the University Student Support and Wellbeing Service should be contacted prior to taking any formal action.
* The Policy should be viewed as offering a positive, and supportive process to potential applicants or current students, which recognises their individual needs, and aims to support them, as far as reasonably possible, to commence or continue their studies without putting themselves or others at risk.
* The Policy recognises that many students who disclose an eating disorder at the start of their university life do wish to actively work, with support from Primary and Secondary Care Services and the University, to maintain their health so they are fit to practise and study.
* The University Safeguarding and Prevent Duty Policy (which can be found on the ‘[Academic and Student Support Policies’](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support) webpage)will be followed in circumstances where a student is perceived to be, or is, at potential risk of serious harm because their physical or psychological wellbeing has been severely compromised by the detrimental effects of an eating disorder.
* A student’s right to confidentiality is upheld, however there may be occasions where ‘consent to share’ appropriate information with others, including University staff, external services, or next of kin, is required. If a student is believed to be at risk then the [Fitness to Study](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support) policy may be invoked.
* This Policy is written in line with the University Fitness to Study Policy, the University Fitness to Practise Policy, the Acute Risk Policy, and the Safeguarding and Prevent Duty Policy and upholds all other University polices. (These Policies can all be found on the ‘[Academic and Student Support Policies’](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support) webpage).
* It is also written in line with:
	+ NMC *(Nursing and Midwifery Council)* Code <https://www.nmc.org.uk/standards/code/>
	+ [BACP *(British Association for Counselling & Psychotherapy*) Ethical Framework](https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/)
	+ HCPC (Health and Care Professions Council) [Standards of conduct, performance and ethics](https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/)

# Scope

**The scope of this policy for students and staff is as follows:**

**For potential, registered, or enrolled students, or for established students commencing a new programme of study:**

* To help clarify and shape their expectations of study at the University of Chichester.
* To offer support in line with *HEOPS* Guidance and University Privacy Standard, Safeguarding and Prevent Duty, Acute Risk, Fitness to Study, Fitness to Practise and all other University Policies (these can be found on the [University’s Policies webpage](https://www.chi.ac.uk/about-us/policies-and-statements)).
* In line with *HEOPS* Guidance, to support those who are perceived to be, or who are, at potential serious risk of physical and/or psychological harm.
* To work towards a safe outcome, with University staff, statutory services and specialist outpatient and inpatient services, in line with the [Fitness to Study Policy](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support) and the [University Safeguarding and Prevent Duty Policy](https://www.chi.ac.uk/about-us/policies-and-statements/academic-and-student-support).
* To recognise that Fitness to Study and Fitness to Practise, are positive and supportive processes which the University will follow to support students to achieve their academic potential, as long as they are deemed safe to do so.
* To be aware that the University will follow *HEOPS* Guidance on Fitness to Return to Study (which is specified in the Fitness to Study Policy S.7) when a student plans to return from intermission/break in study.

**For staff:**

* To raise awareness of support available for students with severe eating disorders.
* To offer guidance in line with *HEOPS* on how to support students with eating disorders to achieve their academic potential.
* To offer guidance as the University recognises that many students who disclose an eating disorder at the start of their university life do wish to actively work, with support from Primary and Secondary Care Services and the University, to maintain their health, so they are fit to practise and study.
* To encourage students with eating disorders to seek support as, in line with the *HEOPS* guidance, it is in the best interest of students with eating disorders to receive specialist treatment as soon as possible.
* To establish a clear process to ensure the safe and suitable return to the University for the student after a break in study under Fitness to Study/Fitness to Practise grounds.
* To follow the *HEOPS* Guidance on fitness to resume studies when a student plans to return from intermission/break in study.

# Eating disorders and disordered eating

## What is an eating disorder?

A student has an eating disorder if they eat in such a way that they put their physical and/or mental health at risk. Eating disorders in young people may not always be about issues with food, but none the less are a mechanism for coping with emotional distress.

Eating disorders affect all genders identities; the University recognises that eating disorders are an issue which must be addressed. Any student who is stressed, distressed, not fitting in or joining in, or is lacking in confidence may be at risk of developing an eating disorder.

Triggers may include stress due to moving to university, exams, and problems at home or in the University setting. In some cases, an eating disorder may be triggered in a vulnerable student by illness which is accompanied by a period of not eating.

For a student with a pre-existing eating disorder the transition of leaving home to live independently may cause resurgence. It is important for the University to act on concerns as soon as possible. Often by the time others recognise there is an issue, patterns of behaviours are well established (see list below).

**Manifestations of eating disorders include:**

* Severe weight loss
* Binge eating large amounts of food
* Vomiting or purging (see Bulimia Nervosa below)
* Excessive exercising
* Emotional or irritable behaviour or depression
* Secretive and ritualistic behaviour
* Erratic or cessation of menstrual periods
* Lethargy and difficulty sleeping
* Loss of self-confidence
* Unbalanced / trendy eating habits
* Food avoidance
* Social withdrawal
* Feeling constantly cold
* Changes in skin or hair condition
* Concentration problems
* Mood swings
* Black and white thinking
* Avoidance
* Irritability
* Feeling out of control and lonely
* Self-hatred
* Negative self-image
* Anxiety
* Pre-occupation with food
* Wearing baggy clothes
* Downy hair on face and/or arms
* Distorted body image
* Encouraging eating in others

## Common eating disorders

* **Anorexia Nervosa (AN)**

Anorexia Nervosa (AN) is a serious mental health condition (most commonly affecting females though becoming more common in a range of gender identities) where individuals keep their weight as low as possible by any means at their disposal (dieting, vomiting and purging, excessive exercise etc.)

This can cause severe physical problems due to the effects of starvation on the body, leading to loss of muscle strength, reduced bone strength, loss of menstruation, infertility, or reduced sexual function. The condition often develops out of an anxiety about body shape and weight and individuals with this condition generally have a distorted view of themselves, believing they are fat when they are not, often going to great lengths to hide their behaviour from family and friends.

Typified by low confidence and poor self-esteem, individuals with eating disorders may also suffer from depression, alcohol/substance misuse and may self-harm.

Anorexia causes many profound health problems, including blindness and eye damage. This may be relevant to some visually impaired students or to those who develop sight problems linked to an eating disorder

* **Bulimia Nervosa** **(BN)**

Bulimia is an eating disorder and mental health condition where an individual’s weight is within the normal range. People with Bulimia try to control their weight by strictly restricting the amount of food they eat, then eating large quantities of food (bingeing) followed by vomiting, taking laxative or diuretics (purging).

This behaviour can dominate daily life and lead to difficulties in relationships and social situations. Typical health problems experienced are tiredness, bloating, constipation, abdominal pain, irregular periods in women and sometimes swelling of hands and feet. Excessive vomiting and purging can lead to problems with the teeth, sore throats, poor skin and hair, swollen glands and gastric and bowel problems.

People with Bulimia may have very low self-esteem, experience mood swings and suffer feelings of anxiety, depression, alcohol misuse and self-harm.

* **Binge Eating Disorder (BED)**

Binge Eating Disorder is a serious mental health condition where people experience a loss of control and overeat on a regular basis. People who binge consume very large quantities of food over a short period of time (called bingeing) often eating even when they are not hungry.

Binges are usually planned like a ritual and can involve the person buying "special" binge foods which they eat in private. This behaviour usually generates feelings of guilt and disgust at their lack of control. Unlike those with bulimia, people who binge eat do not purge themselves in an attempt to control their weight.

Binge Eating affects all gender identities equally, and sufferers typically present with low self-esteem and lack of confidence, depression and anxiety. Many are overweight or obese which can lead to high blood pressure, high cholesterol, type 2 diabetes and heart disease.

* **Eating Disorder Not Otherwise Specified (EDNOS)**

A diagnosis of Eating Disorder Not Otherwise Specified (EDNOS) would typically have been given to someone whose symptoms didn’t meet all of the criteria for anorexia or bulimia or where their symptoms were a mix of those for anorexia and bulimia. EDNOS is an equally serious form of eating disorder.

This was used in the Diagnostic and Statistical Manual of Mental Disorders (DSM) classification system until 2013. The latest diagnostic criteria no longer uses this term and people would be diagnosed with anorexia, bulimia or binge eating disorder.

* **Disordered Eating/Eating Problems**

This term contains a range of eating problems not covered above:

**Prader-Willi Syndrome**: a complex genetic disorder present from birth, causing an insatiable appetite due to a defect in the hypothalamus which normally tells us when we are full. Sufferers are typically overweight and may even steal food or eat unsafe food to feed their appetite.

**Pica**: objects consumed are not suitable to be eaten and offer no nutritional value (E.g. chalk, clothing, paint, paper, plaster.) While some objects can pass through the body without harm, others can cause serious damage, illness or poisoning.

**Night Eating Syndrome**: involves eating the majority of food late at night or when waking from sleep or excessive food consumption after an evening meal. Often people with this problem skip eating at the beginning of the day.

**Rumination Disorder**: not due to a medical condition and involves repeatedly regurgitating food which can be re-chewed, re-swallowed or spat out.

**Selective Eating Disorder (SED)**: tends to revolve around a food phobia or fear of being sick.

## Severe eating disorders

**The *HEOPS* Guidance (**[**Appendix A**](#_Appendix_A_-)**) states:**

1. *A small number of students have a particularly severe eating disorder, particularly those with AN.*
2. *These students are very underweight, physically compromised and substantially impaired in their psychological and social functioning.*
3. *Such a condition is associated with high mortality rates particularly from sudden death and suicide.*
4. *These students often minimise their problems or deny having an eating disorder and instead focus solely on their studies.*
5. *They may continue to perform academically but at huge expense to their physical and psychological wellbeing.*
6. *Their presence may also have a negative effect on their peers.*

***HEOPS* Guidance notes the difficulties with implementation on BMI:**

*Body Mass Index (BMI) is a proxy measurement for medical risk in AN; whilst it is helpful to have a BMI in mind, below which students are regarded as unfit to study, this is a guidance value and should not be the only criterion applied when making the decision.*

*Students from certain ethnic origins such as Asia are recognised to have lower average BMIs. It is also less reliable at extremes of height, in diabetics and in men (who have a higher average BMI range).*

*Rapid weight loss, physical co-morbidity, excessive exercise, fluid restriction, vomiting or purging imply a greater medical risk as do signs of muscle weakness, postural hypotension or dehydration.*

*Some Anorexia Nervosa patients may control their weight a fraction about a certain BMI in order to be passed fit, but will remain unwell.*

*It is also clear that while many students are cognitively compromised at very low weight, some seem able to continue to study without obvious impairment and achieve good exam results.*

# Transitions

The *HEOPS* Guidelines (Appendix A - HEOPS Guidance) consider how a move to University is difficult for students with eating disorders and may have a detrimental effect on pre-existing conditions.

A pressured academic environment, and living in Residential Halls, can lead to the potential disruption of highly structured eating regimes and ritualised eating habits. This can contribute towards students losing weight rapidly during their first semester at University.

The loss of the safety net of family and friends at home and social anxiety may exacerbate an eating disorder, trigger a predilection or indeed spark a new eating disorder.

For students starting at university with other conditions or a disability, the stress of transition is often significantly greater. These students are required to meet and/or disclose to a larger number of staff members when they start.

For some, it may be preferable to keep quiet about an eating disorder when there are other issues to cope with, if indeed they acknowledge the eating disorder problem.

*HEOPS* states that:

1. *Continuity of care is important in Anorexia Nervosa treatment and a change in medical team may also trigger weight loss. Students can be reluctant or embarrassed to discuss their health problems with a new team.*
2. *Foreign students may experience particular problems if they do not know how to access the health system and there may be cultural problems with health seeking.*
3. *Students also spend significant time at home in between terms and may need an arrangement whereby they keep both their home and university general practitioner involved in their care.*
4. *Students may have been in treatment with child and adolescent departments at home and may have not been passed to adult services.*
5. *It may be preferable that a student is accepted by adult psychiatric services in their home town before they start at university if they are felt to be at risk. Occupational health practitioners have a role in ensuring that such transition periods are approached in a co-ordinated manner which is not detrimental to the student’s health.*

# Consideration for disabled students and reasonable adjustments

The *HEOPS* Guidelines (Appendix A - HEOPS Guidance) states:

***Eating disorders are likely to be regarded as a disability under the Equality Act and as such higher education institutions have an obligation to provide reasonable adjustments to support a student who has disclosed their disorder.***

***The decision as to what constitutes a reasonable adjustment is the decision of the institution*** *but may include for example: consideration of reasonable deferment of the student’s place whilst the student engages in treatment, consideration of whether part-time training is possible or, reasonable time off from their course to attend outpatient treatment.*

For hearing impaired students, there may be additional communication barriers to contend with. Accessing professional help may be challenging (if BSL - British Sign Language - interpretation or Communication Support is required).

Also, previously poor experience accessing professionals may determine a reluctance for students to engage with University support.

It is worth noting that research indicates that 50% of deaf people have mental health problems. Deafness is an 'invisible disability' and students may have grown up with a sense of isolation in education, and often sadly, at home too. Similarly, other disabled students may feel socially isolated due to feeling different.

**Disability Considerations**

Additional reasonable adjustments could be provided by the University Wellbeing Service. Also, regular appointments with Wellbeing Advisers could be offered to check in with a student and reduce their sense of isolation.

In addition, should a student be identified as having an eating disorder, it may be worth exploring with them if they have an undisclosed disability such as a visual or hearing impairment.

A slight hearing impairment may be brushed off as insignificant by the student, but may contribute to their stress and anxiety, if they are struggling to keep up academically or socially.

The University Disability and Dyslexia Service (DDS) and Sensory Impairments Adviser can offer further support and guidance.

disability@chi.ac.uk, dyslexia@chi.ac.uk, sensadvisor@chi.ac.uk

# Eating disorder referral process and procedure

1. Students who are concerned about their eating, or are aware they may have an eating disorder, are encouraged to self-refer to the University Wellbeing Service, which includes Wellbeing Mental Health Advisers, Nurse Health Advisers and Student Wellbeing Advisers.

Wellbeing@chi.ac.uk

1. If a member of University staff is aware of, or has a concern regarding a student’s eating, they are encouraged to make contact with the student and refer them to the Wellbeing Service, or to support the student to do so.

It may be helpful at times for the staff member to offer to attend an appointment with the student to help them engage with services and obtain their consent to share information.

1. If a concern is raised by peers or family, then the student’s right to confidentiality will be respected and maintained.

However, the peer/family member will be reassured their concerns are taken seriously and staff will encourage them to support the student to make contact with the Wellbeing Service or seek medical support from their GP.

Peers may also be offered support by the Wellbeing Service to help them manage their responses and feelings around the health and wellbeing of their peer.

1. Friends and family may also be referred to the [NEAD (National Eating Disorders Association) website](https://www.nationaleatingdisorders.org/), [Beat Eating Disorders website](https://www.beateatingdisorders.org.uk/) and the Mind website, which has a section for friends of sufferers: [Mind - Eating Problems - How can other people help?](https://www.mind.org.uk/information-support/types-of-mental-health-problems/eating-problems/for-friends-family/)
2. Once a student has made contact with the Wellbeing Service they will be supported and assessed appropriately.

They may be signposted to other services, referred to see their GP or to A&E. This will be dependent on a range of considerations and factors including their physical and psychological wellbeing at the time of referral.

1. Support offered may include a Support Plan, regular appointments and follow-ups with Wellbeing Service staff and external services.
2. Support offered may also include the Fitness to Study or Fitness to Practise Policies in line with *HEOPS* Guidance.
3. Students will be supported and encouraged to demonstrate motivation and commitment to their Support Plan. They will be asked to fully engage with support, and maintain regular contact with professional external services or agencies to help them continue with their studies.
4. A SARA (Student Additional Requirements Agreement) may need to be completed to allow for suitable adjustments to be put in place to support study. This could result in exclusion from certain activities due to health or risk concerns to the student or others.
5. The University’s policy on fitness to resume studies (which is specified in the Fitness to Study Policy) will be applied in line with *HEOPS* Guidance when a student plans to return from Intermission or a break in study.

# Fitness to Study in line with *HEOPS* Guidance:

## Prior to beginning Study for Applicants or Enrolled Students

Ideally, students with severe eating disorders and a low BMI should be identified prior to starting their course.

Whenever possible, it is important that Wellbeing Service staff can liaise with any treating specialist and the student’s GP before the student begins their studies.

This process may require considerable time and should be done, if possible, well before the start of the academic year.

If an applicant, or enrolled student, is deemed medically unfit then this recommendation should be made to the HE institution and deferral of their place for a year should be considered. The students’ right to confidentiality regarding their personal medical information must be respected throughout.

## Registered Students

This policy will be used to support students who are registered and may have an eating disorder, when the issue of a student’s fitness to study is brought into question as a result of a wide range of circumstances. Which may include (but are not restricted to) the following:

1. The safety of the student from potential risk, whether as a result of intentional or unintentional self-harm.
2. Whether the student is at potential risk from others, or poses a potential risk to others.
3. The student is perceived to be, or potentially has, an eating disorder, which they may, or may not acknowledge, even though their physical state, functioning, and or psychological wellbeing is being severely compromised, in line with *HEOPS* guidance.
4. The student has told a member of University staff that they have a problem and/or provide information which indicates that there is a need to address their fitness to study.
5. The student’s disposition is such that it indicates there may be a need to address an underlying mental health problem, for example if they have demonstrated moods swings, shown signs of depression or become withdrawn.
6. Behaviour, which would otherwise be dealt with as a disciplinary matter, which it is considered may be the result of an underlying physical or mental health problem.
7. The student’s academic performance or physical behaviour is not acceptable and this is thought to be the result of an underlying physical or mental health problem.
8. The student’s behaviour is severely disrupting their own studies or the studies of others, or results in unreasonable demands being placed on staff or other students.
9. Serious concerns about the student emerge from a third party (i.e. house-mate, friend, colleague, placement provider, member of the public, medical professional etc.) which indicate there is a need to address their fitness to study.

The University Fitness to Study and Fitness to Practise Polices will not be used to address academic performance issues (which should be dealt with under the normal assessment procedures) or with issues relating to attendance or mitigating circumstances.

However, they will be used to measure the level of risk posed by a student. This will be measured by a risk assessment process (for example the ‘risk assessment grid’, in Appendix 3 of the Fitness to Study Policy).

This will be used throughout the procedure to provide a consistent means of assessing the risk to the student, other individuals and the institution. This process will be led by the Director of Student, Support and Information Systems (or nominee) in close collaboration with department staff, who will play a key role in identifying the specific evidence to underpin any concerns.

# Intermission

If Intermission is requested on health grounds, then students will follow the University Policy for Intermission and seek permission from the Director of Institute (or Head of Academic Department as appropriate).

*HEOPS* Guidelines recommend that a student with an eating disorder take a year’s intermission from their studies to focus fully on treatment and recovery.

Circumstances where this may arise could be due to:

* *Significantly compromised physical state (e.g. BMI <16 kg/m² and /or purging, excess exercise, poor fluid intake, persistent electrolyte disturbance, medical instability. Risk is greater if there is rapid weight loss (e.g. 1kg/ week over successive weeks). In males or diabetics the BMI threshold may need to be set higher e.g. 17kg/m²*
* *Significantly compromised psychological or social function (e.g. suicide risk, profound social withdrawal, marked cognitive impairment)*
* *Need for intensive treatment (day patient or inpatient) as recommended by a specialist in eating disorders*

When Fitness to Study or Fitness to Practise are being applied and intermission is agreed, the Director of Institute (or Head of Academic Department as appropriate) will seek advice from the lead Wellbeing Adviser. If stage 3 of the Fitness to Study process is being invoked, the Director of Institute (or Head of Academic Department as appropriate) should seek advice from the Director of Student, Support and Information Systems (or nominee).

The student is informed of their responsibilities as well as those the University will strive to undertake to facilitate an effective return to study.

# Fitness to resume studies

In cases where a student is perceived to have, or to potentially have, an eating disorder, and has taken a reasonable intermission from their studies to overcome an eating disorder, they will be required in line with *HEOPS* guidance to:

* *Be assessed by an Occupational Health Practitioner at least one month prior to their return to study to determine whether they are fit to resume their studies.*

***HEOPS* Guidelines recommend that a student is fit enough to return to their course when they demonstrate:**

1. *A stable and uncompromised physical state (e.g. BMI > 17 kg/ m², no electrolyte disturbance or cardiovascular instability)*
2. *Sufficient psychological and social functioning to be able to cope with the demands of student life (e.g. no suicide risk, little if any cognitive impairment, able to function socially)*
3. *Willingness to engage in whatever management programme is recommended by a specialist in eating disorders. This may include regular monitoring of weight and physical state.*

**The Director of Institute (or Head of Academic Department as appropriate) has the right to ask for conditions of return and these can be identified in writing as:**

* The student submits medical evidence of their fitness to return to study in line with *HEOPS* Guidance.
* That they meet and maintain regular contact with designated staff in the Student Support and Wellbeing Team throughout their study.
* That they will submit themselves for further medical examination, attend regular review meetings and provide their continued co-operation if requested.
* The student will only be permitted to return if, after receiving medical advice, the University is satisfied that the individual is able to maintain satisfactory health and progress and comply with any conditions imposed on their return.

# Return to study

Following a period of Intermission on health grounds reached by mutual consent or imposed, the decision as to whether to permit the student to return to study will be made by the Director of Institute (or Head of Academic Department as appropriate) and will largely follow the procedure laid down in the Fitness to Study policy.

1. In taking such a decision, the Director of Institute (or Head of Academic Department as appropriate) will seek advice from the lead Wellbeing Service Adviser and from the Director of Student, Support and Information Systems (or nominee). The student is informed of their responsibilities as well as those the University will strive to take to facilitate an effective return to study.
2. To this end the Director of Student, Support and Information Systems (or nominee), in consultation with the Academic Department will ascertain that the conditions of return have been met and identify the issues of concern the University has in respect of the student maintaining satisfactory health and progress.
3. The Director of Student, Support and Information Systems (or nominee) will contact the relevant medical professional for an assessment of the student’s ability to manage the demands of studying at University, drawing attention to the nature and extent of the student’s previous challenges and the University’s concerns about them.
4. The student will only be permitted to return if, after receiving medical advice, the University is satisfied that the individual is able to maintain satisfactory health and progress and comply with any conditions imposed on their return.
5. In any case where a student returns to study following the implementation of intermission advised by the Eating Disorder Policy and Guidelines procedure the University may decide that there should be regular review meetings with the student which can be used to monitor and support a return to study plan. If so, the student must provide their continued co-operation in this respect and such review meetings may continue for part or all of their remaining time at University.

# Continuing in study

In cases where the University has any ongoing and continuing concerns about a student’s ability to maintain fitness to study then *HEOPS* Guidelines for recommending that a student is fit enough to study and undertake a course, noted at ‘Fitness to resume studies’ (see page 12 of this policy), will apply.

In cases where the University has any continuing concerns about an individual’s ability to maintain satisfactory health and progress, the University may require a second medical opinion.

A student may therefore be asked to submit themselves for medical examinations by doctors / specialists nominated by the University, at the student’s cost, to allow the situation to be properly evaluated in line with *HEOPS* Guidance.

# Right of appeal

A student who wishes to appeal against an imposed decision to intermit relating to Fitness to Study or Fitness to Practise, or an advised period of extended intermission necessitating a delay in return to study or an advised refusal on health grounds may do so by submitting their appeal in writing to the PA to the Vice-Chancellor.

The Appeal Committee will be chaired by the Deputy Vice-Chancellor where the stage 3 Senior Review Panel was chaired by the Deputy Vice-Chancellor (Student Experience), and by the Vice-Chancellor where the Senior Review Panel was chaired by the Deputy Vice-Chancellor.

# General matters

The University will take account of relevant legislation such as the current Data Protection legislation, the Mental Health Act, the Human Rights Act, and the Equality Act and also of the general rights and expectations of a student of confidentiality.

In cases where Stages 2 or 3 of the Fitness to Study or Fitness to Practise procedures have been invoked, the Chair will make a decision about whether the student’s emergency contact should be informed, and discuss with the student whether any external third parties should be contacted.

The University acknowledges that, as a result of implementing this policy, it will receive sensitive personal data (special category data) and other data of a confidential nature pertaining to the student and other third parties, and shall ensure that all such data is handled, processed and stored accordingly, in line with current Data Protection legislation.

# Further support and information:

The following organisations offer support and information for those with eating disorders and for their family and friends:

* NADA (National Eating Disorders Association) Website: [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)
* BEAT website: [www.beateatingdisorders.org.uk](https://www.beateatingdisorders.org.uk/)
Helpline: 0808 801 0677; Studentline: 0808 801 0811
* Mind Website: [www.mind.org.uk](http://www.mind.org.uk)
[Mind Eating problems webpage](https://www.mind.org.uk/information-support/types-of-mental-health-problems/eating-problems/about-eating-problems/)
* Students against Depression: <http://studentsagainstdepression.org/>
* NHS Eating Disorders: <http://www.nhs.uk/Conditions/Eating-disorders/Pages/Introduction.aspx>
* Eating Disorder Hope - UK: <https://www.eatingdisorderhope.com/treatment-for-eating-disorders/international/united-kingdom>
* Centre for Clinical Interventions: Disordered Eating <https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Disordered-Eating>
* Treatment Guidelines:
	+ The National Institute of Clinical Excellence (NICE) Eating Disorder Guidance: <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/eating-disorders>
	+ Treasure J (2009) A guide to the medical risk assessment for eating disorders. <http://www.network-ed.org.uk/wp-content/uploads/Guide-to-Medical-Risk-Assessment-IOP.pdf>

# Appendix A - HEOPS Guidance

[HEOPS Fitness to Study for Students with Severe Eating Disorders](https://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730766HEOPS_Guidance_Fitness_to_Study_with_Severe_Eating_Disorders_v2.pdf)







