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EATING DISORDER PREVENTION PROGRAMMES IN
SCHOOLS.

Section A: What are stakeholders saying? A systematic literature review of the qualitative evaluation of eating disorder prevention programmes for young people in schools.

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Section B: Eating disorder prevention in schools: an exploration of an eating disorder prevention programme in UK secondary schools. Exploring the perspectives of parents and carers, teachers and young people.

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Summary of the Major Research Project

Section A:

A systematic literature review exploring the experiences of young people, teachers, and parents who have engaged with eating disorder prevention programmes in schools around the world. Ten papers were identified and considered for their quality and the qualitative results were synthesised to identify common themes. Four overarching themes were identified, including perceived need, impacts, facilitating factors and barriers. Within these themes, fourteen subthemes were noted and explored including student vulnerability for eating disorders, increased student self-acceptance, exploration of wider societal influences, and teacher resistance. It was concluded that experiences of eating disorder prevention programmes are largely positive, and this aligns with existing quantitative research which has demonstrated positive measurable outcomes. This review offers support for implementation of eating disorder prevention programmes in secondary schools, however barriers were noted, indicating avenues for future research.

Section B:

This study aimed to explore the acceptability of an eating disorder prevention programme being piloted within UK secondary schools, gathering the perspectives of students, teachers, and parents and carers, who had engaged with the programme. No parents or carers opted to participate in this study, however the perspectives of students and teachers were gathered through focus groups or individual interviews. Eight overarching themes, and twelve subthemes were identified. Overall, the eating disorder prevention programme was deemed acceptable by students and teachers,

and it was considered appropriate to continue with the programme's future development across the UK. However, recommendations arose from this study which will be incorporated into future developments to further increase the programme's acceptability and successful implementation.

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Section A: What are stakeholders saying? A systematic literature review of the qualitative evaluation of eating disorder prevention programmes for young people in schools.

Word Count: 7967

Abstract

Objective: Eating disorder prevention programmes (EDPPs) focus on the prevention of eating disorders through promoting protective factors and minimizing risk factors.

This systematic literature review aimed to identify and synthesise the qualitative literature surrounding stakeholders' experiences of EDPPs in schools.

Method: A systematic literature review was conducted to identify relevant papers.

Papers were assessed for their quality and their qualitative results were explored through thematic synthesis.

Results: Ten papers and four overarching themes of perceived need, impacts, facilitating factors and barriers were identified. Within these themes, fourteen subthemes were identified reflecting the vulnerability of young people, and possible benefits of EDPPs in increasing awareness, self-acceptance and empathy towards others. Facilitating factors such as personal salience and exploration of wider societal influences were noted and barriers including teacher resistance and apprehension of causing unintended harm were also noted.

Conclusions: The qualitative literature indicated overall positive effects of EDPPs in schools from the perspectives of young people, teachers and parents, which is in line with the quantitative outcome-based research. This review offers support for further development and implementation of EDPPs in schools, whilst barriers identified offer implications to consider for successful implementation.

Keywords: eating disorders, prevention, qualitative methods, school

Introduction

Eating Disorders and Young People

Eating disorders (EDs) is an umbrella term used for serious mental health difficulties in which individuals manage distressing feelings or experiences through their eating behaviours (BEAT, 2024). The Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition (DSM-5; APA, 2013) names nine types of EDs and the most researched and understood are Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, and Other Specified Feeding and Eating Disorder. EDs can cause significant impacts to both the mind and body (Westmorland, Krantz & Mehler, 2016), and a meta-analysis of 36 studies found that EDs have the highest mortality rate of mental health difficulties, with highest mortality rates for those experiencing Anorexia Nervosa (Arcelus et al., 2011).

In 2019, 700,000 people were estimated to be living with an ED in the UK (National Institute for Health and Care Excellence, 2019) and it is believed that this has been further exacerbated since the COVID-19 pandemic (Hudson, 2022; Brown et al., 2021). Young people are particularly at risk of developing an ED with 14% of adolescents engaging with disordered eating patterns (Schiele et al., 2020) and the peak age of onset reported to be 10-29 years old (Micali et al., 2013). There are many psychological, biological, and social risk factors associated with ED development (Polivy & Herman, 2002) including lowered self-esteem (Colmsee, Hank & Bosnjak, 2021), body dissatisfaction (Midlarskey & Nitzburg, 2008), perfectionism (Hewitt, Flett & Ediger, 1995), and family history of EDs or other mental health difficulties (Thornton, Mazzeo & Bulik, 2011). Additionally, influence from peers (Shisslak et al., 1998) and societal messages regarding appearance and

diets can be significant risk factors for unhelpful eating behaviours (Wertheim et al., 1997). For young people, these factors, combined with their challenging developmental period, including the physical and emotional changes experienced during puberty, have been found to increase the risk of EDs, particularly in young girls (Klump, 2013).

Early Intervention

The importance of early intervention within the field of EDs has become increasingly discussed in literature over recent years. Research has shown that the earlier an intervention is offered to someone experiencing an ED, the better the outcome for the individual (Keski-Rahkonen & Mustelin, 2016; Ambwani et al., 2020). Within the UK, Schmidt et al. (2016) developed the First Episode Rapid Early Intervention for Eating Disorders (FREED) model, focusing on early intervention for young adults aged 16-25 years who have experienced an ED for less than three years. A pilot evaluation of this early intervention model (McClelland et al., 2018) found 53% of FREED patients fell below clinical cut-offs for ED symptoms on the Eating Disorder Examination Questionnaire (EDE-Q; Fairburn & Beglin, 2008) after 6 months, and 70% were under the clinical cut-off after 12 months. Since this initial development, this early intervention model has expanded across England, with from nine services offering this in 2019 (Allen et al., 2020) and to an estimated 50 UK-based ED services now using this model in some capacity.

However, despite focus on early intervention within ED services once an individual seeks support, it remains of note that these approaches do not address the delays in initial help-seeking (Allen et al., 2020). This remains a large barrier to

positive outcomes for people with EDs given that time between onset of symptoms and accessing treatment is reported to be between 25-41 months (Neubauer et al., 2014; Gumz et al., 2017). Therefore, considering McGorry et al.'s (2006) stage model of illness that has been applied to EDs (Treasure, Stein & McGuire, 2015), it is argued that focus on early intervention and prevention of EDs is vital in avoiding increased prevalence and severity of EDs in adolescents going forwards. Figure 1 from FREED's website (FREED, retrieved March 2024) illustrates this stage model of illness for eating disorders.

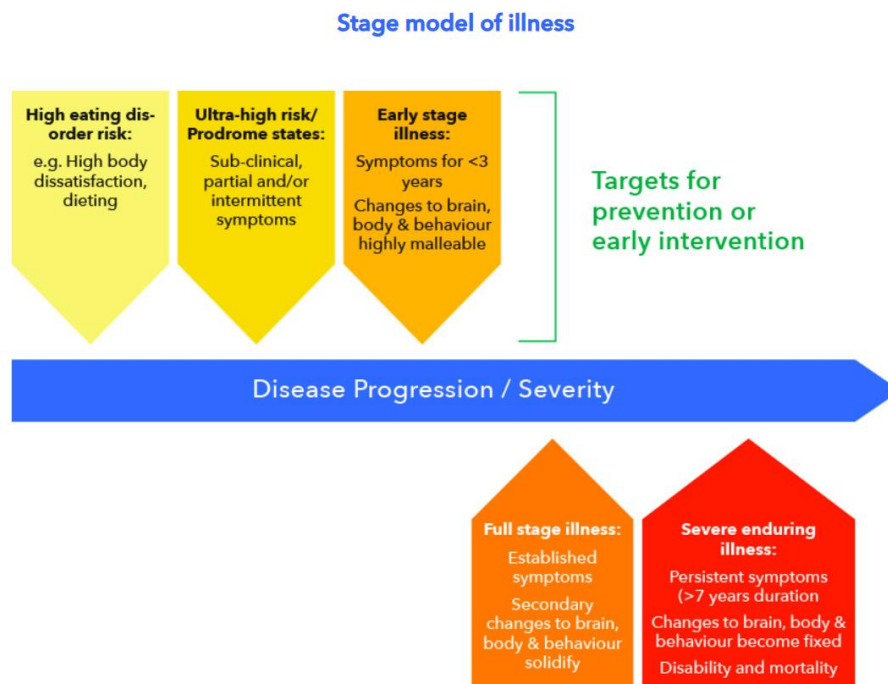


Figure 1

Stage model of illness applied to EDs. Figure taken from FREED website (retrieved March 2024).

Eating Disorder Prevention Programmes (EDPPs)

The National Eating Disorder Association (NEDA), describe Eating Disorder Prevention Programmes (EDPPs) as seeking to reduce risk factors and promote protective factors of EDs (NEDA, n.d.). This may include reducing body dissatisfaction, building self-esteem and self-identity that is not appearance-based, and increasing appreciation for the body and its multiple functions.

Universal prevention programmes (PPs) are aimed at all individuals within a population, regardless of their level of risk within the topic area. They often take an educational focus to create shifts in attitudes and behaviours within an institution, such as schools, and studies such as McVey, Tweed and Blackmore (2007) have found a reduction in the influence of thin ideal focuses within media and a reduction in disordered eating behaviours in females.

Selective PPs take a more focused approach, aimed at individuals who are at increased risk of developing an ED due to specific factors or characteristics they hold. These programmes are also often education-based but may be more interactive and tailored to the specific group being addressed. Kaplan (2014) created and evaluated a selective EDPP, specifically designed for ballet dancers, a group considered to be at high risk of developing EDs (Bettle et al., 2001). Compared with a control group of ballet dancers, those who engaged with the EDPP reported improved body image and self-esteem, reduced focus on the thin ideal and physique-focused identity, and healthier attitudes around food and eating.

Finally, Targeted PPs are designed for individuals who may be starting to indicate early symptoms of an ED or demonstrate vulnerabilities that are known to be high risk factors for EDs. These PPs are much more individually based and are more

aligned with approaches involved in early intervention support. For example, Tanofsky-Kraff et al. (2014) conducted a control trial of a Targeted PP for adolescent girls who reported losing control of their eating and were at risk of obesity. The programme involved a 12-week programme of adapted interpersonal psychotherapy, and this was compared with a 12-week programme of health-education. Both conditions were found to have benefits for the young females, but the interpersonal psychotherapy was found to have longer lasting impacts on reducing binge eating behaviours.

Prevention Programmes in Schools

Young people spend a large amount of time within their school communities, and the cultures and practices within these environments can have significant influence on the wellbeing of young people within them (Glover et al., 1998). Literature has evidenced effective PPs regarding other health and wellbeing concerns for young people, including smoking (Thomas, McLellan & Perera, 2015), use of illegal substances (Faggiano et al., 2008), and bullying (Ttofi & Farrington, 2011).

Regarding EDPPs in schools, there are multiple programmes which have been developed and evaluated around the world. De Luca (2023) conducted a systematic analysis of EDPPs within school settings, considering their varied characteristics and features to develop an understanding of what constitutes an effective school-based EDPP. Seventy-two papers were reviewed, with USA having the highest contribution to the literature, however the reviewed papers were not explicitly referenced within the report. Of those papers which were referenced, the typical methodology was

quantitative in design, using questionnaire measures to evaluate the reduction of ED risk factors. Thirty-four different programmes were identified and most of the programmes had evidence of effective outcomes. This review highlighted strengths such as web-based programmes being easily disseminated, as well as limitations such as a need for training of those able to deliver the programmes within a school environment.

In addition to De Luca's (2023) review regarding features of EDPPs, Torres-Castano et al. (2022) conducted a scoping review of universal EDPPs in school settings, considering the ethical, legal, organisational and social factors related to their implementation. The positive impacts of universal EDPPs were noted, however they concluded that targeting populations that demonstrate at least one risk factor for EDs increases the effectiveness of the programme.

Although these literature reviews show promising evidence in favour of EDPPs in schools, they were largely completed with a quantitative lens, focusing on papers with measurable pre- and post- programme outcomes (Yager et al., 2013; Piran, 2005). Whilst this offers a useful indication of the effectiveness and outcomes of these programmes, there is a significant lack of qualitative evidence related to the views and experiences of key EDPP stakeholders, such as students, teachers, parents and carers. This is problematic within the field because, although the EDPPs appear to have quantitatively measured benefits for students, it is not known how these programmes are experienced by those involved or what aspects of the programme facilitate these outcomes.

Therefore, the gathering of qualitative feedback in the early stages of programme implementation is vital for facilitating co-production, and creating a

programme that achieves the intended goals, and is acceptable to those engaging with it and responsible for its longer term implementation (Skivington et al., 2021).

Rationale and Aims for the Current Review

The current review aims to add to the existing evidence base by identifying and synthesising the literature surrounding stakeholders' experiences of EDPPs in schools. By capturing qualitative data highlighting the thoughts and perspectives of those delivering or receiving these programmes in schools, it aims to afford deeper insight into the perceived benefits and contributing factors that facilitate the positive quantitative outcomes observed.

Methods

Search Process

A systematic search of PsychINFO, ERIC, ASSIA and Medline was completed, with no further databases searched. This search was conducted in October 2023, searching all titles and abstracts with the search terms (Table 1) and no limitations on the publication date. The literature search process and search terms used were broad in nature to capture a large representation of the research within the field of EDPPs in schools and avoid any omissions. All literature identified during the systematic literature search was exported to the reference management software, RefWorks.

Table 1:*Search terms.*

Keyword 1		Keyword 2		Keyword 3
School OR "secondary school" OR "high school" OR "senior school" OR "middle school" OR education OR curriculum)	AND	"Eating disorder**" OR anore* OR bulimi* OR "binge-eat*" OR "binge eat*" OR "disordered eat**"	AND	Intervention* OR program* OR educat* OR psychoeducat* OR "psycho-educat**" OR workshop* OR prevent* OR lesson OR class OR training OR teaching OR guidance

* = truncation

Once duplicate papers were removed, the remaining 2,930 titles were screened for relevance. The most frequent reasons for exclusion at this title screening stage was papers lacking relevance to the subject area such as binge-drinking behaviours, anorectal malformations, and exploration of other difficulties faced by young people. Furthermore, exploratory studies related to the prevalence of EDs in young people and associated factors were excluded at this stage.

Abstracts were then screened against inclusion and exclusion criteria (Table 2). Papers were excluded due to their focus on adult populations or selective populations such as specialist ballet schools or sports clubs. Furthermore, papers not utilising qualitative methods were excluded at this stage. Hand searches of the reference lists identified eight additional relevant titles.

The full text of remaining papers were then read and again considered against the inclusion and exclusion criteria. Papers were excluded at this final stage for reasons such as their focus on the development of EDPPs rather than their

implementation, or limited qualitative data such as from open-ended questionnaires only.

Table 2:

Inclusion and exclusion criteria.

Inclusion Criteria	Exclusion Criteria
<ul style="list-style-type: none"> • Secondary school-based programme • Qualitative design through focus groups or interviews or mixed method design with clear qualitative results reported • Universal prevention programmes • Published in English 	<ul style="list-style-type: none"> • College/university-based programme or pre-teens focus • Quantitative design or no qualitative results reported • Non-research articles • Targeted prevention programmes (e.g. sports clubs, ballet schools, children of Mums with EDs) • Obesity reduction programme without reference to EDs • Treatment programmes for young people already experiencing symptoms of EDs • Not published in English • Research on programme development rather than programme evaluation

This search process identified ten papers deemed relevant in answering the research question of this systematic literature review and were therefore included in the thematic synthesis. Figure 2 illustrates this literature search process through a PRISMA diagram (Moher et al., 2009).

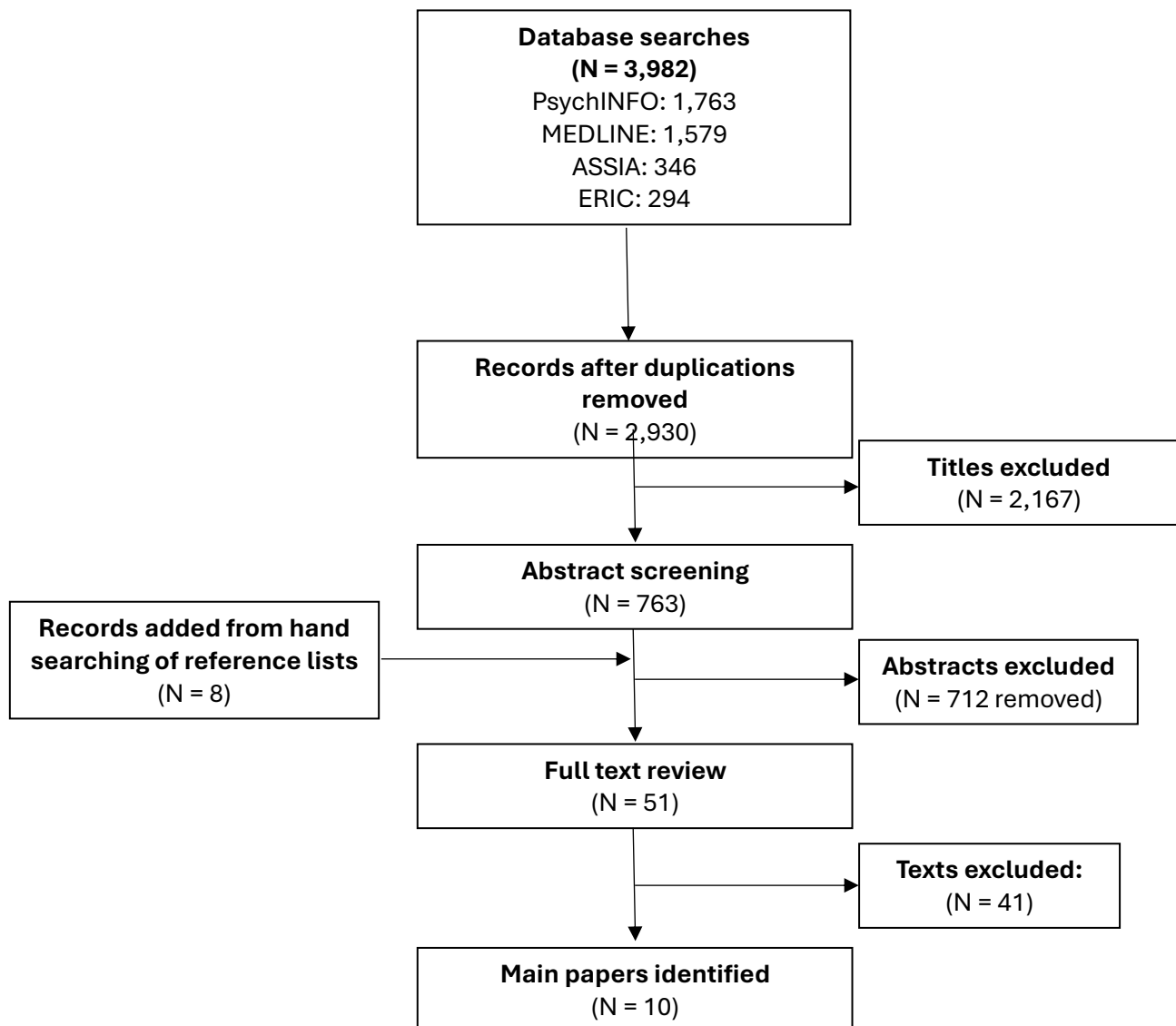


Figure 2:

PRISMA diagram outlining the literature search process.

Thematic Synthesis

Once the main papers were identified, the qualitative findings of each paper were analysed. As this literature review was focused on the qualitative experiences of those engaging with ED prevention programmes, the synthesis approach was

conducted on only the qualitative aspects of papers with mixed methods designs, excluding data gathered through quantitative methods.

Thomas and Harden (2008) present a three-stage method of thematic synthesis which was followed during data analysis. Firstly, the qualitative findings within the results sections of each paper were coded line by line within qualitative analysis computer software, Nvivo. These codes were then grouped to create descriptive themes before the final stage of identifying broader analytical themes which captured the descriptive themes and offered new explanations or hypotheses of the topic area. A tabled illustration of the process of theme development can be found in Appendix 3.

Results

Overview of the Studies

Ten studies were identified through the systematic literature search, published between 1990 and 2019 in countries including USA, Canada, Australia, Germany, Spain, Norway and Austria. Seven studies took a qualitative design, with the remaining three studies taking a mixed methods approach. Qualitative data analysis methodologies included thematic analysis, interpretative phenomenological analysis and content analysis.

Within the ten papers, nine different school-based EDPPs were explored. Gonzalez et al. (2013) and Gonzalez et al. (2015) reviewed the same EDPP, exploring female perspectives in 2012, and male perspectives and gender differences in 2015.

There was variation in the level of description provided regarding the content and the delivery of the EDPPs. Information typically shared included the programme facilitators, such as teachers or programme authors, either through delivery or overseeing of online programmes. Additionally, the target age group, which spanned 9-19 years old, was typically reported in papers.

Table 3 presents a summary of the ten papers included in this systematic review.

Table 3:

Summary of all the main papers included in the review.

Authours and year	Study Design	Country	ED prevention programme	Study Sample	Study aims	Data analysis
Adametz et al. (2017)	Qualitative research using individual semi-structured interviews	Germany	Name: PriMa and Torera Aim: To reduce risk of anorexia(PriMa) and reduce risk of bulimia and binge eating disorder (Torera). Structure: 9 sessions Delivered by: Teachers Target age group:11-14 year olds	13 staff members (12 female, 1 male)	To explore participants' views of the programmes and identify barriers and facilitators to long-term implementation.	Thematic analysis
Cliff & Wright (2010)	Qualitative research using individual semi-structured interviews with teachers and focus groups with students.	Australia	Name: Unknown Aim: to deliver a unit of work focused on food and nutrition. Structure:5 lessons Delivered by: Teachers Target age group: 15-16 year olds	1 teacher (Female) 2 focus groups with female students (N unknown)	To explore the role and impact of obesity discourses and concerns around EDs in the context of an ED prevention approach in schools.	Discourse analysis
Gonzalez et al. (2013)	Qualitative research using individual semi-	Spain	Name: Unknown Aim: to challenge unhelpful and false beliefs on nutrition and	12 students (all female)	To explore female students' perceptions and attitudes, 30 months	Interpretative Phenomenological Analysis

	structured interviews.		encourage critique of the aesthetic model presented in media. Structure: 3 sessions Delivered by: programme authors Target age group: middle adolescence		after a school-based ED prevention programme.	
Gonzalez et al. (2015)	Qualitative research using individual semi-structured interviews	Spain	Name: Unknown Aim: to challenge unhelpful and false beliefs on nutrition and encourage critique of the aesthetic model presented in media. Structure: 3 sessions Delivered by: programme authors Target age group: middle adolescence	12 students (all male). Compared with female responses in Gonzalez et al. (2013).	To explore male students' perceptions and attitudes, around 3 years after a school-based ED prevention programme and exploring gender differences to females of the same cohort.	Interpretative Phenomenological Analysis
Haines et al. (2008)	Qualitative research using focus groups.	United States of America	Name: Very Important Kids Aim: to facilitate opportunity to develop behavioural capacity, self-efficacy, and skills to address teasing, and resist pressure to diet	15 students (11 female, 4 male)	To explore young people's experiences of engaging with the programme and how they felt this influenced their attitudes and behaviours around	Content analysis

			and engage with healthy behaviours. Structure: 10 theatre-based sessions Delivered by: programme authors and a local theatre company Target age group: 9-12 years old		their body and weight.	
Klassen (2017)	Qualitative research using individual semi-structured interviews, journal extracts and a photo elicitation exercise.	United States of America	Name: Free to Be Aim: to facilitate discussions around societal expectations around weight and appearance, teach mindfulness skills to prevent EDs, and support young people to explore their experiences of their bodies. Structure: 5 sessions of mindfulness-based programme Delivered by: programme author Target age group: 11-12 years old	8 students (all female)	To explore girls' perceptions and attitudes towards their bodies, food and exercise over the 5-week course.	Interpretative Phenomenological Analysis

Moriarty et al. (1990)	Mixed methods research using quantitative pre- and post-test measures and qualitative individual semi-structured interviews	Canada	Name: A Preventative Curriculum for Anorexia Nervosa and Bulimia. Aim: to prevent anorexia and bulimia Structure: 3 sessions Delivered by: Teachers Target age group: 11-16 years old.	Teachers completed interviews. Students completed quantitative measures and open-ended questionnaire. No details of sample size or gender were provided.	To develop and evaluate the preventative curriculum. Only Part 3, pilot evaluation, was included in this review.	Quantitative: paired comparison tests Qualitative: analysis method not detailed.
Nitsch et al. (2019)	Mixed methods research using quantitative questionnaire and qualitative individual semi-structured interviews and a think-aloud task.	Austria	Name: Healthy Teens @ School Aim: to reduce ED risk, obesity risk and encourage healthy lifestyles. Structure: 10 online unguided sessions Delivered by: programme authors Target age group: 14-19 year olds	10 students (5 male, 5 female)	To evaluate the usability of a universal prevention programme.	Quantitative: descriptive statistics Qualitative: thematic analysis
Rosenvinge & Westjordet (2004)	Mixed methods research using a quantitative Likert scale	Norway	Name: Unknown Aim: to educate about EDs, their consequences and	107 students surveyed (64 female, 43 male)	To explore the experiential effects of receiving ED	Quantitative: descriptive statistics

	survey and qualitative individual semi-structured interviews		complications, and risk factors Structure: Delivered by: Teachers Target age group: 15-16 year olds	13 students interviewed (no details on gender)	related information in schools.	Qualitative: content analysis
Russell-Mayhew et al. (2008)	Qualitative research using focus groups.	Canada	Name: "It's what's inside that counts" (elementary school); "Heavenly Bodies" (junior high school); "Building blocks to a positive body image" (parents); and "Building body positive environments in schools" (teachers) Aim: to encourage young people to maintain healthy behaviours and attitudes around eating. Structure: 3 sessions Delivered by: programme authors Target age group: 9 -15 year olds.	50 parents 52 teachers (no details of gender included)	To explore parents' and teachers' responses to a wellness-based intervention.	Content analysis and process analysis

Quality Appraisal

All papers were appraised regarding their quality using critical appraisal tools designed to evaluate qualitative and mixed methods designs. This supported an initial understanding of the papers' quality and indicated the weight given to their findings within the thematic synthesis (Long et al., 2020). However, these tools are reliant upon the way in which studies are reported and therefore may not present a true reflection of the quality (Carroll et al., 2012).

Quality Appraisal of Qualitative Studies

Qualitative studies were appraised using the Critical Appraisals Skills Programme (CASP) Qualitative Checklist (CASP, 2018). This checklist (Table 4; Appendix 1) comprises ten questions considering whether the study's results are valid, what the results of the study are, and whether the results found are locally helpful. Each question is answered yes, no, or can't tell, and the more questions answered yes, the higher quality the paper.

Table 4:

Quality appraisal of qualitative papers using the CASP Qualitative Checklist.

CASP Checklist Item	Papers						
	<i>Russell-Mayhew et al. (2008)</i>	<i>Adametz et al. (2017)</i>	<i>Cliff and Wright (2010)</i>	<i>Gonzalez et al. (2015)</i>	<i>Gonzalez et al. (2013)</i>	<i>Haines et al. (2008)</i>	<i>Klassen (2017)</i>
Section A: Are the results valid?							
Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Is a qualitative methodology appropriate?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Was the recruitment strategy appropriate to the aims of the research?	Can't tell	Yes	Can't tell	Yes	Yes	Yes	Yes
Was the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Has the relationship between researcher and participants been adequately considered?	No	Yes	Can't tell	Yes	Can't tell	No	Yes
Section B: What are the results?							
Have ethical issues been taken into consideration?	No	Yes	Can't tell	Yes	Yes	Can't tell	Yes
Was the data analysis sufficiently rigorous?	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Section C: Will the results help locally?							
How valuable is the research?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Total criteria met	7	10	7	10	9	8	10

Quality Appraisal of Mixed Methods Studies

Mixed method studies were appraised on their quality, using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). This 27-item checklist (Table 5; Appendix 2) contains two initial screening questions for all methods, followed by specific questions for different research designs. Relevant questions are answered yes, no, or can't tell, providing an overall indication of the quality of the study whereby more questions answered yes indicates a higher quality paper.

Table 5:

Quality appraisal of mixed methods papers using the MMAT.

MMAT Checklist Item	Papers		
	<i>Moriarty et al.</i> (1990)	<i>Nitsch et al.</i> (2019)	<i>Rosenvinge & Westjordet</i> (2004)
Screening Questions (for all types)			
Are there clear research questions?	Yes	Yes	Yes
Do the collected data allow to address the research questions?	Yes	Yes	Yes
Qualitative			
Is the qualitative approach appropriate to answer the research question?	Yes	Yes	Yes
Are the qualitative data collection methods adequate to address the research question?	Yes	Yes	Yes
Are the findings adequately derived from the data?	Can't tell	Yes	Can't tell
Is the interpretation of results sufficiently substantiated by data?	Can't tell	Yes	Can't tell
Is there coherence between qualitative data sources, collection, analysis and interpretation?	Can't tell	Yes	Yes
Quantitative randomised controlled trials			
Is randomisation appropriately performed?	N/A	N/A	N/A
Are the groups comparable at baseline?	N/A	N/A	N/A
Are there complete outcome data?	N/A	N/A	N/A
Are outcome assessors blinded to the intervention provided?	N/A	N/A	N/A
Did the participants adhere to the assigned intervention?	N/A	N/A	N/A
Quantitative non-randomised			
Are the participants representative of the target population?	Yes	N/A	N/A
Are measurements appropriate regarding both the outcome and intervention (or exposure)?	Yes	N/A	N/A

Are there complete outcome data?	Can't tell	N/A	N/A
Are the confounders accounted for in the design and analysis?	Can't tell	N/A	N/A
During the study period, is the intervention administered (or exposure occurred) as intended?	Yes	N/A	N/A
Quantitative descriptive			
Is the sampling strategy relevant to address the research question?	N/A	Yes	Yes
Is the sample representative of the target population?	N/A	Can't tell	Yes
Are the measurements appropriate?	N/A	Yes	Yes
Is the risk of nonresponse bias low?	N/A	Yes	Yes
Is the statistical analysis appropriate to answer the research question?	N/A	Yes	Yes
Mixed methods			
Is there an adequate rationale for using a mixed methods design to address the research question?	Yes	Yes	Yes
Are the different components of the study effectively integrated to answer the research question?	Yes	Yes	Yes
Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	No	Yes	No
Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Can't tell	Yes	Can't tell
Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	Yes	Yes	Yes
Total criteria met	10	16	13

Research Aims and Design

All papers clearly stated their research aims and methodological design. There were clear and appropriate rationales for the methods taken to answer their research questions.

Each paper sought to explore participants' experiences following engagement in an EDPP within their school however different lenses and focuses were taken. Rosenvinge and Westjordet (2004) and Russel-Mayhew et al. (2008) explored experiential effects and responses, whereas Adametz et al. (2017) and Nitsch et al. (2019) focused more on possible barriers and facilitators for longer-term implementation. Different focuses within the literature are valuable and this was considered within the thematic synthesis.

The details provided regarding the content and delivery of the EDPPs being evaluated varied between papers. Some papers, such as Klassen (2017) provided high levels of detail in comparison to Moriarty et al. (1990) and Gonzalez et al. (2013; 2015) who offered limited information. A lack of description in some papers made it challenging to assess the quality of their chosen methods and analysis within the context of their individual programme.

Participants

Various perspectives were explored across the ten papers including students', teachers' and parents'. Generally, sample sizes were small, between 8-15 participants, however this is appropriate within qualitative research. Rosenvinge & Westjordet (2004) recruited a larger sample of 107 for the quantitative aspect of their mixed method research, however Nitsch et al. (2019) did not increase their sample size for their quantitative approaches, indicating a limitation to the quality of this

paper. Moriarty et al. (1990) did not report their sample size and it is therefore not possible to judge this aspect of their method.

Demographically, all studies were conducted within Western countries. Only one paper (Gonzalez et al., 2015) focused on the perspectives of boys alone, although within this paper, the male perspective was compared to females' perspectives reported by Gonzalez et al. (2013). Three papers focused only on female perspectives, and those that included a mixed sample remained dominantly female, with Nitsch et al. (2019) an exception, recruiting equal numbers of male and female participants. Moriarty et al. (1990) and Russell-Mayhew et al. (2008) did not detail participant genders.

Seven of the ten papers collected data from multiple schools, with Adametz et al. (2017) and Gonzalez et al. (2013, 2015) appearing to consciously recruit from different types of school including grammar and state schools. This indicates a strength of these studies in comparison to Cliff and Wright (2010) who conducted their research within a specific private girls' school context and may therefore present high specificity to the demographic being explored.

Methods of Data Collection and Analysis

The methods of data collection were clearly described within each paper, with individual semi-structured interviews being most common, followed by focus groups. Cliff and Wright (2010) also used lesson recordings, and Klassen (2017) used written journal extracts alongside their primary data collection method. Mixed methods studies gathered quantitative data through pre- and post-PP questionnaire outcome measures. These varied data collection methods offered insights into participants'

experiences of the EDPP they engaged with and were deemed appropriate to address the studies' research aims.

Gonzalez et al. (2015), Haines et al. (2008), and Klassen (2017) enhanced their replicability by providing their question guides. However, Adametz et al. (2017) and Rosenvinge and Westjordet (2004) only offered a brief overview of the topics covered and the remaining papers did not provide any question guide for replication.

Appropriate qualitative data analysis was conducted using thematic analysis, content analysis, integrative phenomenological analysis, and discourse analysis. Adametz et al. (2017) and Gonzalez et al. (2013, 2015) clearly outlined their analysis process, including the involvement of multiple researchers to strengthen the validity of their results. These papers were deemed to be of higher quality than papers which provided little or no detail about their data analysis approach (Moriarty et al., 1990).

Researcher Reflexivity and Ethical Considerations

Six of the ten papers offered a clear statement of ethical approval (Adametz et al., 2017; Gonzalez et al., 2013; Gonzalez et al., 2015; Klassen, 2017; Nitsch et al., 2019; Rosenvinge & Westjordet, 2004), whilst the remaining four papers made no reference to ethical approval or considerations. Occasionally further ethical considerations were highlighted, such as a declaration of no conflict of interests (Adametz et al., 2017; Nitsch et al., 2019), a declaration of no relationship with participants (Adametz et al., 2017) and the role of monetary gain for participants (Nitsch et al., 2019).

Furthermore, reflexivity is highly important in qualitative research, ensuring the researcher considers their role in the research and their influences in data collection

and analysis. However, many authors did not include any statement regarding reflexivity. Adametz et al.'s (2017) and Gonzalez et al.'s (2013) incorporation of multiple researchers in data analysis perhaps indicates consideration for the influence of one researcher's experiences and views. However, Gonzalez et al. (2015) was the only paper to explicitly state that multiple researchers analyzed the data due to personal influences on the interpretation of data.

Klassen (2017) was the strongest paper regarding reflexivity, considering their role as facilitator, interviewer and analyst and the impacts of this on the research. They spoke of regular bracketing practices, and kept a research journal throughout to separate their own experiences and biases from the research.

Findings

Across the papers, results and findings of the research were clearly presented and explained. Most papers included quotes from their participants to enrich the interpretations and findings, with Klassen (2017), Haines et al. (2008) and Adametz et al. (2017) being particularly strong in this area. Rosenvinge and Westjordet (2004) provided little detail of qualitative findings, simply highlighting the five themes that arose, and Moriarty et al. (1990) presented the lowest quality results section, limiting the reader's ability to fully understand their findings.

Conclusion

It is concluded from the quality appraisal that the papers included within this review are largely of reasonable quality. All papers provided clear aims for their studies and used appropriate data collection and analysis approaches to answer their research questions, except for Moriarty et al. (1990) who did not detail their data analysis approach.

Klassen (2017) presents an extremely thorough report, offering a clear narrative of their aims, methods, analysis and conclusions. This may be facilitated and attributed to the dissertation style of paper which is typically much more detailed than other papers presented within journal articles. Other papers may have followed equally rigorous processes, however, may not have been able to present full details of this within their report (Carroll et al., 2012).

The paper noted to meet the fewest quality appraisal criteria was Moriarty et al. (1990). This was the oldest study within the review and a significant limitation of this paper was the lack of detail surrounding the qualitative analysis completed and a lack of evidence and quotations to support their reported findings.

Despite variations within the papers' quality, all papers were included within the review. Thomas and Harden (2008) recommend that papers should not be excluded from literature reviews due to poor quality as there are no determined cut-offs of what level of quality is deemed sufficient. However, the weighting placed on lower quality papers was considered throughout the thematic synthesis.

Thematic Synthesis

A thematic synthesis was completed, taking the three-stage approach outlined by Thomas and Harden (2008). This process identified four overarching themes - perceived need, impacts, facilitating factors and barriers – and fourteen sub-themes. Table 6 provides an overview of themes and sub-themes, and their contributing papers.

Table 6:

A summary of themes and sub-themes identified.

Theme	Subtheme	Contributing papers
Perceived need	Student vulnerability for EDs	Adametz et al. (2017) Gonzalez et al. (2015) Klassen (2017) Rosenvinge & Westjordet (2004) Russell-Mayhew et al. (2008)
	Target age group	Adametz et al. (2017) Gonzalez et al. (2015) Klassen (2017) Russell-Mayhew et al. (2008)
	Influence of media and cultural norms	Adametz et al. (2017) Gonzalez et al.'s (2015) Haines et al. (2008) Klassen (2017) Russell-Mayhew et al. (2008)
Impacts	Informative and educational	Adametz et al. (2017) Gonzalez et al. (2015) Haines et al. (2008) Klassen (2017) Moriarty et al. (1990) Nitsch et al. (2019) Rosenvinge & Westjordet (2004) Russell-Mayhew et al. (2008)
	Increased student self-acceptance	Adametz et al. (2017) Gonzalez et al. (2015) Haines et al. (2008) Klassen (2017) Russell-Mayhew et al. (2008)
	Increased empathy towards others	Haines et al. (2008) Klassen (2017) Rosenvinge & Westjordet (2004)
	Overcoming stigma and taboo	Adametz et al. (2017) Cliff & Wright (2010) Gonzalez et al. (2013) Haines et al. (2008) Klassen (2017)

	Benefits for the wider school system	Adametz et al. (2017) Haines et al. (2008) Klassen (2017) Russell-Mayhew et al. (2008)
Facilitating factors	Interactivity	Adametz et al. (2017) Gonzalez et al. (2015) Haines et al. (2008) Klassen (2017) Nitsch et al. (2019) Rosenvinge & Westjordet (2004) Russell-Mayhew et al. (2008)
	Personal salience	Haines et al. (2008) Nitsch et al. (2019) Rosenvinge & Westjordet (2004) Russell-Mayhew et al. (2008)
	Exploration of wider societal influences	Adametz et al. (2017) Gonzalez et al. (2015) Klassen (2017) Russell-Mayhew et al. (2008)
Barriers	Apprehension of causing unintended harm	Cliff & Weight (2010) Klassen (2017) Rosenvinge & Westjordet (2004) Russell-Mayhew et al. (2008)
	Teacher resistance	Adametz et al. (2017) Russell-Mayhew et al. (2008)
	Lack of long-lasting impact	Adametz et al. (2017) Gonzalez et al. (2013) Nitsch et al. (2019) Rosenvinge & Westjordet (2004) Russell-Mayhew et al. (2008)

Perceived Need

Student Vulnerability for EDs. Across papers, it was evidenced that young people held negative views of themselves and their bodies prior to engagement with EDPPs, with adolescence being a particularly challenging time due to body changes

and a social desire to fit in. For example, Klassen (2017) noted that most participants held negative or mixed and conflicting perspectives regarding their bodies, reporting comments such as “right now, if I think about my body, I think FAT”, and one young girl expressing that she “didn’t really like her body” but “feels bad when I talk about myself in a negative way” (Klassen, 2017; page 56).

Finally, the influence of puberty within this age group was considered important. One teacher highlighted the value of EDPPs during such a challenging period of body image changes. *“I think girls at puberty will always be challenged with the task of getting along with their body. For this reason this prevention of eating related issues is nothing you can abandon easily”* (Adametz et al., 2017, page 10).

Target Age Group. A theme of apprehension surrounding the most appropriate age to deliver EDPPs was noted amongst adult participants in several studies. One teacher expressed a strong belief that the younger the students the better, stating *“it should address the k-3 level [8-9 years old], and the younger grades because...it’s there just as well as it is in grade 8 or 9 [13-15 years old], but we don’t usually address it because we think, oh, they’re only little kids”* (Russell-Mayhew et al., 2008, page 236).

Similarly, it was stated by another teacher that adolescence is the age *“when the attitude develops...where it begins and...where it fosters and grows”* (Russell-Mayhew et al., 2008, page 236). This perspective was also held by a student who felt introducing EDPPs to younger students would help them to *“think better things about themselves and their body”* (Klassen, 2017; page 76).

However, another teacher felt EDPPs were not required until later in school, stating *“there are some kids that struggle with weight and issues and that’s in grade*

7 [12-13 years old] but I don't think you see it as much...it's more when you get to grade 9 and 10 [14-16 years old] that you hear the comments that "I didn't eat today" (Russell-Mayhew et al., 2008, page 236).

Influence of Media and Cultural Norms. Russell-Mayhew et al. (2008) acknowledged that schools and EDPPs do not exist within a vacuum and society and cultures have great influence on individuals and groups. Some parents and teachers acknowledged their own difficulties with body image and the societal norm in which adults interact with a focus on weight, including comments such as *"wow, you look great; have you lost weight?"* (Russell-Mayhew et al., 2008; page 237). They reflected on the influence and impact of this on young people, with a junior high parent stating *"how we mirror our attitudes, as subtle as they are, we pass them on to our children, and I think that they really pick up on that"* (Russell-Mayhew et al., 2008; page 234). Additionally, students commented upon this influence of cultural norms and media, with the majority of students in Gonzalez et al.'s (2015) study agreeing that exposure to the media and 'ideal' bodies had significant impacts on their view of themselves.

Impacts

Informative and Educational. A key theme identified across papers, and across stakeholder groups, was the positive and educational impact of EDPPs in schools. Several students across studies described the EDPPs to be of value and students in Nitsch et al.'s (2019) study described the programme to be *"helpful"*, *"informative"* and *"meaningful"* (page 8). This positive experience of students was

shared by teachers with one stating *“it should be mandatory”* (Russell-Mayhew et al., 2008), and felt it was of great benefit for young people.

EDPPs were also reported to offer theoretical education (Klassen, 2017), as well as more emotionally and socially focused education, such as learning how to support peers who may be facing difficulties related to food and body image (Rosenvinge & Westjordet, 2004). One student stated *“I learned a lot of things because of the play. I already knew these things but it made more meaning to it”* (Haines et al., 2008; page 247), with another describing the positive changes observed, reflecting that *“everyone in my class seems like they changed a little bit”* (Klassen, 2017; page 72).

Teachers and parents also valued the informative nature of the EDPPs they attended. They referred to their increased knowledge of ED signs and symptoms, the development of skills to support young people who may be presenting with these early signs, and information regarding professional services if required. One parent illustrated this perceived benefit, stating *“I think that would be really good for teachers, administration, and parents to know what kind of tools are available for us to deal with those types of emotions of how they see themselves. Tools for parents and teachers and then the kids as well”* (Russell-Mayhew et al., 2008, page 238).

One challenge noted was adults' difficulty in integrating new information with existing knowledge and beliefs. This was mainly explored within Russell-Mayhew et al.'s (2008) paper in which teachers and parents grappled with concepts which contradicted their existing understanding. Excessive exercise was used to illustrate this challenge, highlighting how the common promotion of exercise can make it difficult to comprehend when this can become an unhealthy behaviour.

Increased Student Self-acceptance. Self-acceptance and body satisfaction can be protective factors of EDs and several participants described improvements in these areas following the EDPPs, as well as increased resilience to comments from others. One teacher expressed the value of this as *“getting them to understand themselves, to improve their self-esteem, to feel good about themselves... trying to rise above the stereotyping”* (Cliff and Wright, 2010; page 226).

Klassen (2017) offered a unique perspective on change over time as participants kept a written journal throughout the programme and therefore qualitative changes could be seen in participants' view of themselves and their body, over the course of five weeks. For example, one participant's perception of herself started as *“a big girl who has big fat legs and a big stomach”* however at the end of the programme wrote *“I don't care what other people say about my body”* and *“we should all respect each of ourselves and our bodies”* (Klassen, 2017, page 65). This change in language, and shift in internalization of others' perceptions, was a positive impact noted across multiple EDPPs (Haines et al., 2008; Russell-Mayhew et al., 2008; Adametz et al., 2017).

Students also reflected on the negative influence of social comparisons with peers and others online on their self-image and mood (Gonzalez et al., 2015; Klassen, 2017; Russell-Mayhew et al., 2008). One student reflected *“I know a lot of girls who are so skinny, and then I look at me. Why can't I be skinny?”* (Klassen, 2017; page 62). However, it was noted that exploration of these negative influences within EDPPs increased awareness of the possible societal influences and reduced their effects (Gonzalez et al., 2015; Haines et al., 2008; Klassen, 2017). One student's perspective changed following Klassen's (2017) EDPP and she reflected

that *“some people expect you to look a certain way, but you don’t have to. You just have to look confident and be who you are”* (Klassen, 2017; page 64).

In addition to young people noting changes in themselves, those around them, such as parents, also noted an improvement in their child’s self-image. *“I think the whole thing was a wonderful experience for my daughter. She’s overweight and she’s been struggling for several years on her weight... and she’s just come out of her shell...She’s trying to eat healthier, she’s getting a different perspective on it and it’s just totally wonderful.”* (Russell-Mayhew et al., 2008, page 235).

Increased Empathy Towards Others. In addition to increased self-acceptance amongst students, EDPPs were also noted to increase young people’s empathy towards others. This positively impacts the wider system surrounding young people, creating a kinder, more supportive environment, and thus reducing the risk of internalized self-criticism and possible future EDs. Appearance-based teasing amongst peers was discussed and students reflected on the impacts of this on self-image. Within Haines et al.’s (2008) study, one student reflected *“when you guys talked about it more...I was just thinking like it really does make people feel bad”* (page 247) and another described how she had *“stood up for a couple of people. Because some people, they tease innocent people”* (page 248)

Overcoming Stigma and Taboo. Another strong theme within multiple papers was the sense that EDPPs reduce the stigma around eating and body image difficulties and made conversations surrounding this feel less of a taboo topic. This appeared to be particularly felt by young people, who described it to be easier to speak about their challenges, and increased confidence to speak to peers who may

be struggling. One student stated, *“just talking about it the whole time made it a little easier to bring it up.”* (Klassen, 2017, page 70).

Furthermore, teachers and parents spoke of the “minefields” of addressing eating difficulties with young people and valued the structured space to raise these common difficulties and gain suggestions of how to approach these conversations outside of the programme. One teacher said *“Girls get eating disorders regardless if I’m talking about this or not. It’s only good if I can make them aware of it and that they can communicate about this taboo subject.”* (Adametz et al., 2017, page 9).

Benefits for the Wider School System. Although EDPPs are predominantly focused on young people, programmes involving parents and teachers appear to have benefits for adults themselves, as well as young people. One parent *reflected “I thought it was more or less like how we could get information to help our children but what I took away from it was that this was information that was helping me”* (Russell-Mayhew et al., 2008; page 234). Similarly, another parent identified being *“much more conscious about society’s messages of weight and...what we look like and things that I see on TV or in print magazines or whatever, it infuriates me even more”* (Russell-Mayhew et al., 2008; page 234). Russell-Mayhew et al. (2008) delivered tailored programmes to young people, parents and teachers and found this community approach helped develop a shared responsibility for young people’s wellbeing and stated *“working as a community involves partnership among the stakeholders in the child’s life”* (Russell-Mayhew et al., 2008, page 238).

Furthermore, EDPPs were noted to benefit individuals outside of those attending the programme, encouraging a supportive and caring school environment. For example, teachers felt more confident and capable engaging young people in

conversations surrounding self-image and eating behaviours, thus supporting other pupils in the school outside of the class receiving the programme. Similarly, a young person who participated in Haines et al.'s (2008) programme reflected that *"performing in the play allowed their peers to know that they are someone to turn to"* (Haines et al., 2008; page 247) if experiencing any of the challenges referenced in the play.

Facilitating Factors

Interactivity. Interactivity was noted by young people as a key characteristic for successful EDPPs. Engaging and interactive sessions which used a variety of media outlets and were not text-heavy, were deemed most interesting, enjoyable and beneficial to students (Nitsch et al., 2019; Haines et al., 2008; Klassen, 2011). Students felt engagement in discussion as a class was more helpful than passively listening to lecture-style sessions, and active approaches to EDPPs, such as using theatre (Haines et al., 2008), or practicing mindfulness (Klassen, 2011), appeared to receive high approval from young people. A student from Klassen's (2011) study stated *"It was fun. Answering the questions and doing the journal entries, [and having the opportunity to] get up and move and try new things"* (Klassen, 2011, page 69).

Personal Salience. It was noted across multiple papers that EDPPs seem more effective and impactful when the content was deemed relevant to those attending and drew upon emotions and experiential learning. Russell-Mayhew et al. (2008) highlighted the role of emotions in facilitating learning experiences and recommended EDPPs to include an affective component and experiential learning to

support the largest impacts. Haines et al.'s (2008) programme was highly experiential, drawing upon participants' personal experiences to develop a play and students expressed that the increased salience of the material was more effective in changing their behaviours.

Exploration of Wider Societal Influences. It appears that, within the EDPPs evaluated, a direct focus on EDs alone was rare. Many programmes explored wider societal and media influences on body image and eating behaviours, and consideration of the significant impact of such issues was deemed an important component of EDPPs. This approach was well received and valued by participants and was effective in achieving the overarching goal of reducing the risk of future ED development in young people.

Barriers

Apprehension of Causing Unintended Harm. Cliff and Wright (2010) explored the contradicting discourses between ED prevention and obesity prevention which are both encouraged within school environments and this was also referred to in other papers (Russell-Mayhew et al., 2008; Klassen, 2011). Adults appear to be apprehensive of causing unintended harm when speaking to young people about their body and weight, resulting in avoidance of such conversations. This was highlighted by one teacher who noted, "*as an adult...there's a bit of a conflict there in my mind...how do you push the active living thing and at the same time do the body image thing...How do you get around that?*" (Russell-Mayhew et al., 2008; page 233).

Furthermore, there is concern of teaching young people unhelpful behaviours through discussing common characteristics and symptoms of EDs. Although this seems to be rejected as a risk by some young people (Rosenvinge & Westjordet, 2004), a quote from Klassen (2017) states *“I started looking at like, the calories and all that stuff”* (page 74) following discussion surrounding healthy eating. Though this could be harmless and related to establishing a healthy diet, it may also indicate problematic fixations around food and calories. This therefore may be a consideration in the delivery of EDPPs and some have suggested the integration of EDPPs into existing lessons may reduce risks of fascination and potential harmful consequences (Rosenvinge & Westjordet, 2004).

Teacher Resistance. Despite positive responses to EDPPs across stakeholders, a lack of enthusiasm and support from teachers within the wider school was reported to be a common difficulty. One teacher reported that *“the biggest challenge was getting the colleagues appreciation, because we needed someone to take care of the boys during that time”* (PRiMa EDPP was only delivered to girls; Adametz et al., 2017, page 9), and another expressed that *“balancing the desire to make a difference with the existing pressures and duties is a difficult task for teachers”* (Russell-Mayhew et al., 2008; page 234).

Additionally, the typical reactive response to existing crises, rather prevention of future problems was noted, with one teacher sharing that *“the appreciation of some colleagues was not really there because they had prejudices and doubted if little girls really need the prevention and that lessons would be cancelled again.”* (Adametz et al., 2017; page 9).

Lack of long-lasting impact. It was noted by studies that conducted follow ups, that although EDPPs were typically well received, their impacts were not always

long-lasting. Adametz et al. (2017) illustrated that eight years after initial implementation, five of the eleven original schools had stopped delivering the programme, and the remaining schools had adapted the programme, such as reducing the number of sessions, to fit within their practical needs.

Additionally, it was indicated that learnings did not always stay with young people following the EDPPs. One student said, *“my friends and I thought about it, we talked about it, it was really cool, but it doesn’t always stay in your mind”* (Gonzalez et al., 2013; page 595). Therefore, it may be beneficial to integrate EDPPs into schools’ existing curriculum and spread over time, so that the messages can be regularly reiterated, without compromises needing to be made to the wider school structure and timetable.

Discussion

This systematic review explored qualitative and mixed methods design literature with the aim of identifying and synthesizing the existing qualitative data surrounding stakeholders’ experiences of EDPPs in schools. This aimed to gain deeper insight into the perceived benefits and contributing factors that facilitate the positive quantitative outcomes observed.

Key findings of this review, in relation to existing literature, are discussed below. Practical and research implications of this will then be discussed, followed by the consideration of the review’s strengths and limitations.

Review Findings

A thematic synthesis of ten papers, identified through a systematic literature search, found four main themes, and fourteen subthemes. The main themes were perceived need, impacts, facilitating factors and barriers.

Perceived Need

The first theme related to the perceived need for EDPPs amongst students, teachers, and parents. The negative views young people typically hold about themselves and their bodies were noted with the studies and, with this being a known risk factor for EDs (Midlarskey & Nitzburg, 2008; Colmsee, Hank & Bosnjak, 2021), EDPPs addressing this were considered needed and important.

Erikson's stages of development model (Erikson, 1963) identifies eight stages whereby stage 5, occurring between the ages of 12-18 years, involves young people grappling with identity versus confusion, and facing a primary question surrounding who they are and how to navigate their social relationships. Erikson stated that success within this stage results in fidelity, described as an individual's ability to adhere to social expectations with a strong sense of self. Comparatively, difficulties at this stage can result in confusion around one's identity, leaving them vulnerable to insecurities. As adolescents navigate this life stage, their sense of self can fluctuate, and insecurities can arise. The value and need placed on EDPPs which focus on building individual self-acceptance and resilience, alongside reducing self-criticism, can therefore be beneficial within this age group.

Impacts

The second theme related to the impacts of EDPPs in schools. The programmes were deemed valuable and impactful across student, teacher, and

parent groups, with positive impacts including increased self-acceptance, and increased empathy towards others being noted. It is observed that students appear to value changes in how they feel whereas adults appear to place more value on information gained. However, the overall perceived value and benefits supports the existing quantitative literature which has evidenced positive outcomes of EDPPs (Yager et al., 2013; Piran, 2005).

Additionally, it was noted in this review that EDPPs can result in benefits for the wider school system as well as individuals. Considering this within Bronfenbrenner's (2000) ecological systems theory, the interactive influences of individuals and groups within systems can support EDPPs to have wide impacts across a school. The inclusion of parents and teachers, as well as young people, further supports change within the microsystem and mesosystem, hence helping students involved in the programme, as well as other students in the school due to wider cultural changes. Considering these relational influences between people and encouraging the same message and language used within school and home, can reduce the risk of eating- and image-related difficulties. Therefore, supporting adults to model positive behaviours and attitudes to their young people is an impactful aspect of EDPPs.

Facilitating Factors

Thirdly, keeping EDPPs broad and thinking about wider societal issues and influences, not just EDs, appears to be a beneficial approach within universal EDPPs. Although it is likely that some students within a class will experience disordered eating, many will not present with any symptoms. Therefore, the broad social topics of increasing body satisfaction and media literacy can benefit all participants and ensures the material covered remains personally relevant to all

attendees, as personal salience was noted as an important feature of effective EDPPs. Furthermore, EDPPs must be interactive and engaging for young people to gain the most benefits.

Barriers

The final theme pertained to the identified barriers to successful implementation and effect of EDPPs. Practicalities of identifying time and space for EDPPs was a significant barrier. Existing literature surrounding broader school-based mental health programmes have highlighted similar issues such as timetabling, and group spaces being limited and inflexible (Gee et al., 2021) and therefore this is not considered specific to EDPPs.

Similarly, the reactive nature of school responses was indicated within studies, highlighting a common cultural narrative of reacting to crises, rather than implementing preventative measures for possible future issues. This has been observed in many areas within education, such as schools inviting organisations into school following an incident within their community, rather than raising awareness of these organisations and services prior to an incident.

Furthermore, resistance from teachers was noted as an additional barrier. This was reported to involve lack of enthusiasm or interest for EDPPs and may also be associated with apprehension of causing unintended harm. Due to stigma and taboo around topics of mental health or EDs specifically, teachers and parents find this difficult to raise this with young people. Therefore, some may wish to avoid EDPPs in which EDs is the focus of discussions, incidentally resulting in a barrier to successful implementation and the long term impacts this could have.

Clinical / Practical Implications

This literature review illustrates an overall positive response to EDPPs within schools. This aligns with existing quantitative research in the area and offers encouraging evidence in favour of EDPPs in school settings.

Despite positive experiences noted overall, it is also important to remain mindful of the possible apprehensions that may be held by those involved in EDPPs, such as causing unintended harm, or navigating contradicting narratives around ED and obesity prevention. Similarly, the challenges observed within this literature review, including the many demands on teachers and resistance from colleagues may make future implementation of EDPPs more challenging. Incorporating this awareness into future EDPP developments would support more effective and longer-lasting implementation of programmes in school settings.

Research Implications

The evaluation of both quantitative and qualitative data is important in developing a full understanding of a programme and its effectiveness for stakeholders. However, within the field of EDPPs the typical focus has been on just one individual stakeholder group. Furthermore, within the UK context, there is very limited quantitative research into EDPPs in schools, with no qualitative research that the researcher is aware of. Therefore, research is required to explore stakeholders' experiences of EDPPs within the UK's educational and societal context.

It was noted within this literature review that there was no qualitative research found since the COVID-19 pandemic, and when investigated, there was very little quantitative research since this time either. Schools were closed during this time and

COVID-19 had a significant impact on young people's wellbeing with prevalence of eating problems in 11–16-year-olds reported to have risen from 6.7% in 2017, pre-pandemic, to 12.3% in 2023 (NHS England, 2023). Therefore, research exploring EDPPs in schools within this new context post-pandemic would also be of great benefit since the papers identified in this literature review may not still be relevant to the current climate. In addition, there were no studies which explored stakeholders' views of an EDPP developed for the UK and therefore qualitative exploration of an UK-based EDPP post-pandemic is needed.

Limitations and Strengths

A strength of this literature review is the drawing together of qualitative data gathered within the field, which to the researcher's knowledge has not been done before. This enriches the understanding of EDPPs in schools, their value, and effects, which can be used in the development of future EDPPs.

The review followed a rigorous methodology, in which broad search terms were used to reduce the risk of relevant research being omitted and thorough analysis of the identified papers was conducted. However, a limitation of this search process was that grey literature that has not been published or in the public domain such as dissertations, local policies and studies that found no significant findings and were consequently not published, were not included. This may result in a publication bias within the review whereby only studies indicating positive outcomes of EDPPs are presented.

Additionally, it must be considered that there may be bias within the qualitative research whereby those who did not find the EDPPs beneficial may be less likely to

participate in research surrounding this. Therefore, although participants spoke of peers who held less positive views about EDPPs, these views were largely not directly captured. This indicates that across the studies there may be a positivity bias regarding the need for EDPPs, perhaps due to the roles and interests of the teachers interviewed. This information regarding job roles was not reported across papers, except by Cliff and Wright (2010), and therefore it is not possible to consider the possible impact of this.

Furthermore, researchers of each study may also have held agendas that influenced their interpretations of the data gathered. There was minimal reflection of reflexivity within the studies and therefore it is not possible to know how much this was considered. Finally, despite the researcher of this literature review engaging with reflexivity throughout, it is possible that their own beliefs and experiences may have further influenced the interpretation of the findings and consequent themes. Therefore, caution must be applied to the true representation of findings, as it is possible that those who felt the EDPPs were less impactful, or potentially unhelpful, may have disengaged or not opted to engage with the research evaluation surrounding the programmes and therefore their voices are not heard within this review.

Conclusion

The findings of this systematic literature review are in line with the quantitative based research which has indicated overall positive effects of school based EDPPs for young people, teachers, and parents. The inclusion of stakeholders' voices enriches that understanding supports the observed changes in pre- and post-

programme outcome measures. This review offers implications for further development and implementation of EDPPs in schools, highlighting the value in capturing qualitative evidence, as well as quantitative evidence, when evaluating such programmes.

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Section B: Eating disorder prevention in schools: an exploration of an eating disorder prevention programme in UK secondary schools. Exploring the perspectives of parents and carers, teachers and young people.

Word Count: 8000

Abstract

Objective: Eating disorder prevention programmes (EDPPs) in schools have been shown to be beneficial and effective in reducing risk factors of eating disorders and promoting protective factors in young people. This study aimed to evaluate the acceptability of a new EDPP, “Body and Mind”, being piloted within UK secondary schools.

Method: Qualitative data was collected from eight students and seven teachers who engaged with the “Body and Mind” programme through focus groups and individual interviews. Thematic analysis was conducted to identify themes within their perspectives. No parents opted to participate in this study.

Results: Eight themes, with twelve subthemes, were identified. The main themes were information, resources, appropriateness to students’ age and ability, emotional impacts, experience of the programme, student safety, finding time, and community buy-in.

Conclusions: Overall, the Body and Mind programme was deemed acceptable by students and teachers and met the acceptability progression criteria to be further developed across the UK. However, some areas of consideration and recommendation include the advanced organisation with schools, addition of more depth to the information delivered, and ensuring commitment and investment from the schools’ senior leadership team. Further research is also required surrounding parental engagement in the programme.

Keywords: eating disorders, prevention, school, qualitative research

Introduction

Eating Disorders

Eating disorders (EDs) is an umbrella term used for serious mental health difficulties whereby individuals use eating behaviours to manage challenging situations or feelings (BEAT, 2024). In 2019, the National Institute for Health and Care Excellence (NICE) estimated that around 700,000 people in the UK were living with an ED (NICE, 2019) and this prevalence has been further exacerbated during and since the COVID-19 pandemic (Hudson, 2022; Brown et al., 2021).

Specialist ED services are consequently in high demand across the UK, leading to consistently long waiting times to access support (The Royal College of Psychiatry, 2019) and an average of 6 months between individuals approaching their GP and accessing specialist ED service support (BEAT, 2018). Furthermore, including an initial period in which individuals may be experiencing symptoms but not yet ready to seek professional support, many individuals wait 25-41 months from the ED's onset to accessing treatment (Neubauer et al., 2014; Gumz et al., 2018). This prolonged delay before treatment, reduces positive outcomes associated with early intervention and risks the development of more severe and entrenched difficulties (Keski-Rahkonen & Mustelin, 2016; Ambwani et al., 2020).

Eating Disorder Prevention Programmes (EDPPs) for Adolescents

EDs can cause significant impacts to both the mind and body, and have the highest mortality rate of mental health difficulties (Arcelus et al., 2011). They significantly impact whole families (McCormack & McCann, 2015; Whitney et al.,

2005) and can result in long-term physical health difficulties (Westmoreland, Krantz & Mehler, 2016).

Young people are at increased risk of developing an ED (Royal College of Psychiatrists, 2019), with an average age of onset reported to be 10-29 years old (Micali et al., 2013), and 12.3% of 11–16-year-olds estimated to have “possible eating problems” (NHS England, 2023). During adolescence individuals navigate their identity development, with Erikson (1963) naming this life stage as “identity versus confusion”. Multiple biopsychosocial changes occur during this life stage, related to factors such as body image changes, academic stress, and friendship difficulties leaving young people vulnerable to lowered self-esteem (Mlawer et al., 2021; Hirsch & Dubois, 1991).

In line with the stage model of illness applied to EDs (McGorry et al., 2006; Treasure, Stein & McGuire, 2015), focus has turned to the engagement of young people with EDPPs to reduce the risk of future development of EDs or identify emerging symptoms early within this high-risk or prodromal population.

Torres-Castaño et al. (2022) conducted a scoping review of the literature around universal EDPPs in schools introduced worldwide. They concluded that teachers are well placed to offer EDPPs and, EDPPs that were interactive and relevant to the participants were most accepted. Additionally, Wang et al. (2018) identified universal EDPPs to be an efficient method of prevention and promoted this as a strategy for ensuring young people access accurate information, rather than internet sources that are not always validated.

Positive quantitative outcome evidence was supported and further extended by Part A of this paper, which explored the qualitative findings surrounding school

based EDPPs (Philps, 2024; Section A). EDPPs were positively received by stakeholders including students, teachers and parents, with specific impacts such as increased knowledge and increased self-acceptance and body satisfaction highlighted. However, despite this broadly promising evidence in support of EDPPs in schools, there is currently minimal evidence for this within the UK context.

The UK Context

In 2016-2017, the Department for Education introduced Mental Health Support Teams (MHSTs) to schools across the UK, aiming to promote student wellbeing and minimize the risks and severity of young peoples' mental health difficulties (Department for Education, 2016; Department for Education, 2017). "Neutral to small" effects have been found from this (Mackenzie & Williams, 2018) and although only small effects, this indicates a promising direction for further research into mental health support within UK schools. It is of note that this support does not currently include EDs and therefore this is a gap which would benefit from further exploration and research.

School-based EDPPs evaluated in other countries indicate possible benefits, however they do not necessarily generalise to the UK's social, cultural and organisational factors which may influence feasibility and acceptability of such interventions. For example, not all children within the UK are provided with free school meals and this societal and economic difference may influence the eating behaviours of young people and consequently the experiences of eating difficulties within schools. Furthermore, the training of teachers differs across countries and

Knightsmith et al. (2014) found that UK-based teachers had a lack of knowledge and confidence in supporting young people with EDs.

Initial evidence from other countries must be built upon within the UK context, with tailored development and implementation of an EDPP to explore the acceptability and feasibility of this within the UK's cultural and societal context. To this end, the "Body and Mind" EDPP was developed.

The "Body and Mind" EDPP

The "Body and Mind" EDPP is a new UK-based programme within secondary schools, designed and created by a national mental health education and training provider, with consultation from outer London NHS trusts' MHSTs. The programme aims to educate teachers, students, and parents and carers about EDs, their detection and their prevention, targeting the whole school community to facilitate systemic impacts. This programme includes three strands of delivery, each tailored to individual stakeholder groups. Table 1 offers an outline of the delivery process of this Body and Mind EDPP.

Table 1:

Overview of the “Body and Mind” EDPP delivery approach.

Stage	Teachers	Students	Parents and Carers
1	1-2 representative teachers from each participant school attended “train the trainers” training delivered by programme creators.	1-2 representative teachers from each participant school attended “train the trainers” training delivered by programme creators.	Programme creators delivered training to local Mental Health Support Teams.
2	Representative teachers delivered training to teachers within their school (1x 1-hour training).	Representative teachers shared teaching resources with teachers that would be delivering lessons to students.	Mental Health Support Teams delivered workshops to parents and carers of participant schools (2x 1-hour workshops).
3		Teachers delivered lessons to students (4x 1-hour lessons).	

Context and Value of this Research

The Body and Mind EDPP at the centre of this research project started with an intervention development phase by its creators. However, frameworks such as that commissioned and outlined by the National Institute of Health Research (NIHR) and the UK Medical Research Council (MRC) (Skivington et al., 2021) have detailed

the need for a phased approach to research, with intervention development to be followed by feasibility, evaluation, and implementation (figure 1).

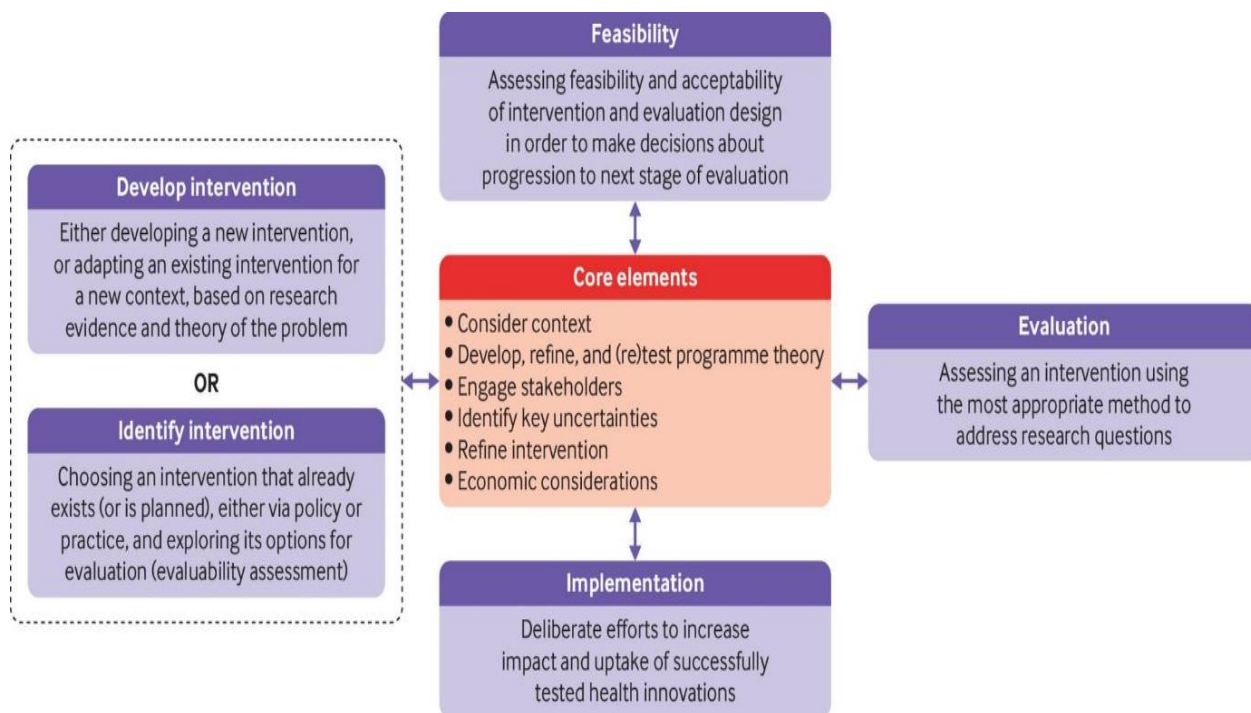


Figure 1:

“Framework for developing and evaluating complex interventions”. Figure by Skivington et al. (2021; page 4).

The Body and Mind EDPP was therefore subject to a feasibility trial, with exploration of programme feasibility, including progression criteria around acceptability, retention, outcomes, and organizational capacity (Skivington et al., 2021). Considering whether the EDPP is satisfactory and appropriate from the perspective of various stakeholders, is crucial in assessing the EDPP’s acceptability and long-term sustainability.

Study Aims

Research on EDPP acceptability and feasibility is promising, but data are lacking and largely quantitative in focus. This misses important factors regarding the experience of the EDPP or which aspects of the programme facilitated change. Furthermore, existing qualitative research typically focuses on one individual stakeholder group, particularly students or teachers, (Philps, 2024; Section A) and the acceptability of such EDPPs in the UK and post-covid is unknown.

This study aims to evaluate the acceptability of an EDPP in UK secondary schools – “Body and Mind” - gathering qualitative perspectives of students, teachers, and parents and carers on the programme, its implementation and impact. It seeks to offer useful data to refine the programme and indicate whether future larger scale research is recommended. This study sits within a wider feasibility study evaluating the programme, in keeping with recommended best practice (Skivington et al., 2021). Other areas of the feasibility progression criteria will be met within the wider feasibility research programme and are beyond this project's scope.

The research questions within this study are as follows:

1. Does the EDPP meet the feasibility progression criteria pertaining to acceptability of programme content and delivery, when considered from the perspectives of different stakeholder groups including teachers, parents and carers, and young people?

The acceptability progression criteria being assessed in this project are:

- Is the content of the programme acceptable to all stakeholder groups?
- Is the delivery of the programme acceptable to all stakeholder groups?

- Is it acceptable to deliver the programme as planned – e.g. for teachers to deliver the programme in schools?
2. What factors contributed to the acceptability outcomes of this EDPP?

Methods

Design

A qualitative design was taken with this acceptability-focused study which sat within a wider feasibility study. Focus groups and interviews were held with students, teachers, and parents and thematic analysis was used to identify themes within their perspectives. A critical realist position was taken, enabling individual realities to be seen within their social context, whilst also acknowledging that multiple realities may be possible (Roberts, Dowell & Nie, 2019). Findings from this study will inform programme refinements prior to progression into the EDPP's evaluation and implementation phase.

Participants

Five secondary schools in the south of England participated in the Body and Mind EDPP feasibility study (three academy, one state, and one university technical college). One participating school was unable to implement the EDPP within the required timeframe and was excluded from this study. Participants were recruited through voluntary response to initial information about the research and Table 2 details the inclusion and exclusion criteria.

Table 2:

Participant exclusion and inclusion criteria.

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> • Student, teacher or parent/carer of a student with the five participating schools. • Students must be in Key Stage 3 (years 7-9). Teachers and parents/carers can be of any age. • Must have attended their relevant Mind and Body programme. • All genders. 	<ul style="list-style-type: none"> • Individuals actively undergoing treatment for an eating disorder.

Due to General Data Protection Regulation (GDPR) policies, schools were unable to share details of students, teachers or parents engaging with the EDPP. Therefore, recruitment was conducted via a single point of contact within each school, typically the teacher who attended the “train the trainers” workshops. Recruitment was reliant upon their active sharing of details of the research with potential participants, and their engagement with organisation of focus groups. This was a significant challenge for recruitment and Appendix 14 offers an overview of the recruitment attempts and multiple cancellations. The researcher tried several approaches to recruitment, including flexibility in focus groups or individual interviews, and the duration and timing of these.

Based on existing literature, the study planned to recruit two focus groups per stakeholder group, with five participants in each. However, this was not possible and the intended sample size was unfortunately not reached. Recruitment was eventually

terminated based on the assertion that everything possible had been tried within ethical and data protection frameworks, and the limited sample population.

Overall, 15 participants took part, including eight students, seven teachers, and zero parents or carers, from two of the five eligible secondary schools. Other schools did not take part due to availability restrictions, staff sickness, and difficulty obtaining parental consent for student participants. Only one of the five pilot schools had parents attend their parent and carer workshops, yet no parents or carers volunteered to engage with this research, through a focus group or individual interview. Further details and reflections of recruitment and participation are detailed in the discussion of this study's limitations.

Tables 3 and 4 provide an overview of the participants of this study. Individual teacher roles are not reported to maintain anonymity however roles included PSHE (personal, social, health and economic education) teachers, head of years and pastoral staff.

Table 3:

Pilot schools' engagement with research focus groups and interviews.

Participating school	Number of student focus groups	Number of teacher focus groups / interviews	Number of parent interviews
1	1 (N=8)	3 (N=6)	0 (N=0)
2	0 (N=0)	1 (N=1)	0 (N=0)
3	0 (N=0)	0 (N=0)	0 (N=0)
4	0 (N=0)	0 (N=0)	0 (N=0)
5	Programme was not implemented during research timeframe.		

Table 4:

Participants' demographic information.

School	Focus Group	ID	Participant Group	Age	Gender	Ethnicity
1	1	1	Student	14	Female	White British
1	1	2	Student	13	Female	White British
1	1	3	Student	13	Female	White British
1	1	4	Student	13	Female	White British
1	1	5	Student	13	Male	White British
1	1	6	Student	14	Female	White British
1	1	7	Student	13	Female	White British
1	1	8	Student	14	Female	White British
1	2	9	Teacher	38	Female	White British
1	2	10	Teacher	38	Male	White British
1	3	11	Teacher	28	Female	Mixed White and Black African
1	3	12	Teacher	53	Female	White British
1	4	13	Teacher	33	Female	White British
1	4	14	Teacher	54	Female	White British
2	5	15	Teacher	51	Female	White Irish

Although it was hoped to include more participants across all three stakeholder groups within this acceptability research, literature has suggested that smaller sample sizes within qualitative research can be of benefit. Morgan (1996) indicated that between 3-5 focus groups was sufficient within qualitative research to achieve saturation whilst more recent literature reviews of focus group methodologies have found a range of 2 to 40 focus groups to be reported or recommended (Guest et al., 2017; Twohig & Putnam, 2002). Additionally, Hennink,

Kaiser and Weber (2019) explored sample sizes in focus group research, considering what influences the sample size required to reach data saturation. They found that one group per stakeholder group would enable key issues and ideas to be identified, and two groups per stratum would facilitate a greater understanding of those issues. Additional focus groups per stakeholder group did not result in further benefits or understanding.

Procedure

Ethics and Consent

Ethical approval was granted by Canterbury Christ Church University (Appendix 4). Adult participants provided informed consent prior to participation and student participants required parental consent and their own assent.

Information sheets and consent or assent forms were provided to teachers and parents, through an online form on Qualtrics, or paper copies for students, prior to focus groups or interviews (Appendices 5-10). Time was allocated at the beginning of sessions to reiterate information and for questions or concerns to be raised.

All participants were entered into a prize draw for a £50 voucher with other students, parents or teachers respectively and the study's results were shared with the participants and ethics committee upon completion.

Data Collection

Qualitative Interviews. Semi-structured focus groups were conducted as an effective and efficient way to gather data (Krueger, 2014). However, where focus

groups were not possible, individual interviews were completed. The same semi-structured question guide (Appendix 11) was used in all focus groups and interviews for consistent data collection. This was informed by Elliot and Roger's (2008) Client Change Interview Schedule as well as published clinical intervention feasibility studies such as Simpson et al. (2020) and Waters et al. (2020).

Up to ninety minutes was allocated for focus groups and interviews, however, to facilitate recruitment and participation, this was flexible within school schedules. All focus groups and interviews were recorded and transcribed for detailed data analysis. Additionally, to support observations of interpersonal interactions within focus groups, two facilitators were present (Kitzinger, 1994). The primary researcher led the focus groups, with support from a member of the MHST.

Quantitative Questionnaire. An 11-item acceptability questionnaire (Appendix 12) was also completed by participants at the beginning of focus groups to avoid group biases following discussions. This included acceptability questions from Sekhon et al.'s (2022) theory-informed questionnaire of intervention acceptability and aimed to offer further insight into participants' experiences.

Confidentiality of Data

All digital data, including audio recordings and pseudonymised transcripts, were stored securely in password protected files on the researcher's personal password protected laptop. Audio recordings were deleted from the voice recording device immediately following their upload to the password protected laptop. Questionnaire responses and demographic information were stored within a password protected database and hard copies were destroyed. All data gathered

during this research will be destroyed and deleted following completion of the project.

Although safeguarding concerns were not expected to arise, and did not arise, within this research, participants were made aware that their confidentiality may be broken if wellbeing concerns required escalation.

Ethical Considerations

Although this study was not expected to cause distress, precautions were put in place. A member of the MHST, who had existing links with the school, supported the focus groups and was available for participants who may become distressed or wished to leave, enabling the focus group to continue whilst supporting the individual outside the room. This nature of support was not required at any time.

Additionally, to ensure participants had space to debrief on their participation, the researcher was available immediately after each group, and all participants were provided with a debriefing letter (Appendix 13) outlining the researcher's contact details and local ED support services.

Data Analysis

Qualitative data were analysed using thematic analysis due to the flexibility and ability to identify unexpected insights and themes from the data set (Alhojailan, 2012). Additionally, thematic analysis favours comparison between stakeholder groups, enabling mutual themes to be identified across groups whilst also identifying areas of difference (Alhojailan, 2012).

Braun and Clarke's (2006) six phase guidance for thematic analysis was followed throughout data analysis. Phase one involved familiarisation with the data, aided by listening to and transcribing all audio recordings. Transcripts were then re-read to further familiarise and initial thoughts were noted. Transcripts were then imported into the qualitative analysis computer software, NVivo, enabling phase two to be completed. Transcripts were read and coded with largely descriptive codes and Appendix 15 provides an example coded transcript.

Phase three involved developing initial themes, drawing together related codes into overarching themes, followed by reviewing and refining the identified themes in phase four. Data within each theme were reviewed for their relevance and themes were refined accordingly. Additionally, the themes and subthemes were considered, ensuring the focus groups' content and interviews were accurately reflected. Appendix 16 illustrates this process of theme development which was reviewed by a fellow trainee clinical psychologist. Once satisfied, phases five and six of defining and naming these themes, and communicating these through this report, commenced.

Data gathered from the acceptability questionnaire were analysed using descriptive statistics. This was completed after qualitative data analysis to reduce the risk of influence or bias on the thematic analysis. Findings from both questionnaires and focus group discussions were used together to gain a deeper understanding of stakeholders' perspectives.

A traffic light system, outlined in table 5, was applied to the study's progression criteria around acceptability (Avery et al., 2017) to determine the

suitability of continuation with this EDPP. This system indicates the level of modification required before further implementation.

Table 5:

Traffic light system of acceptability.

Acceptability rating	Description
Green	The majority of participants, across all stakeholder groups, report the programme to be acceptable to take forwards with no, or minor, concerns.
Amber	There are inconsistent reports from participants regarding the acceptability of the programme, or there are larger concerns which are able to be addressed prior to any further continuation of the programme.
Red	The majority of participants do not view the programme as acceptable or there are concerns which cannot be addressed and rectified.

Reflexivity

Researchers' engagement in reflexivity is of high importance within thematic analysis (Braun and Clark, 2019). This involves continuous consideration of individual experiences, beliefs and assumptions that may influence the collection, analysis and interpretation of data (Lincoln & Guba, 1985). The researcher was external to the EDPP's development and implementation team which facilitated distance from the programme and is believed to reduce bias (Petrosino & Soydan, 2005).

Furthermore, to support reflexivity, the researcher kept a research diary (Appendix 17). This encouraged reflections upon the role of self within the research, and to consider the influence of existing perceptions of EDPPs, and created distance to ensure the identified themes were true reflections of participants' experiences, and not the researchers' hopes (Cutcliffe & McKenna, 1999).

Results

Thematic Analysis

Through thematic analysis, eight themes, and twelve subthemes, were identified. These are outlined in table 6, and further detailed below.

Table 6

Summary of themes and subthemes.

	Themes	Subthemes	Contributing stakeholder groups
Content	Information	Information gained	All groups.
		Missing content	1 student group 3 teachers' groups.
	Resources	Practical resources	1 student group. 3 teachers' groups.
		Skills-based resources	2 teachers' groups.
		Appropriateness to students' age and ability	All groups.
		Emotional impacts	1 student group. 3 teachers' groups.

Delivery	Experience of the programme	Experience of lessons	All groups.
		Experience of whole staff-group training	4 teachers' groups.
		Experience of train the trainers framework	3 teachers' groups.
	Student safety		1 student group.
			3 teachers' groups.
Contributing factors	Finding time	Finding time within school schedules	4 teachers' groups.
		Frequency and repetition	All groups.
	Community buy-in	Support and buy in from senior leadership	4 teachers' groups.
Whole school approach		4 teachers' groups.	
Parents' engagement		2 teachers' groups.	

Information

Information Gained. All groups discussed the beneficial information gained through participation in the programme. Students expressed a lack knowledge about EDs beforehand, with one student commenting, "*before it got mentioned that there are many different types of eating disorders I thought there was only...one...I was quite surprised by that*".

The breadth of information in teachers' training and students' lessons, was considered highly beneficial by teachers. Content surrounding emotional regulation and vicious cycles of difficult emotions were noted as valuable.

"I think that was the nice thing...although it focused on disordered eating, it took into account...kind of exercise, but other ways in which we manage our stress"
(teacher).

Additionally, despite minimal engagement with parent-focused workshops, one teacher stated, *"what was put together for the parent training was really good and it was really informative and relevant"*.

Missing Content: Participants felt some content was missing or could be developed further to differentiate this training from other training received. Teachers desired more depth, such as more information about different EDs, how their presentations may differ, and the impacts EDs can have on whole families and systems.

"Maybe just a little bit more about the specific...varieties of eating disorders. Like a little bit more depth of information about them specifically" (teacher).

Additionally, they highlighted the interaction between EDs and neurodiversity as a missing area of interest.

"It was about the difficulties that neurodiverse people have with eating...but we didn't touch on that at all...a lot of the students that I work with, that's the kind of thing that I would see." (teacher)

Both students and teachers felt the inclusion of a *"real life"* example would be beneficial. Students suggested a speaker with lived experience because

“speakers...can give more information...because they’ve actually gone through it and actually lived it” (student). Similarly, teachers felt a celebrity case study or other relatable individual would help to *“see somebody else that they can identify that has gone through that and come out the other side” (teacher).*

Resources

Practical Resources. Overall, the lesson resources were considered beneficial by students and teachers. Lesson plans were described as *“robust and easy to follow” (teacher)* which enables all staff, including form tutors, to deliver them.

“Even if you were just given those, as long as you spent the time looking at it, I think you could be equipped to go into the lessons” (teacher).

It was also noted by teachers that *“the kids loved the booklet”*, offering a format in which information could be taken away and support lower ability students to follow the content.

“I liked the fact that some of the information was in the booklet and on the slide because if they didn’t necessarily want to ask, it was there, and they could take it away” (teacher).

In addition to the lesson resources, teachers felt the supporting materials, including signposting and the broader resource bank was useful. It was raised that the inclusion of guidance for policies and procedures surrounding EDs in schools, and tangible resources that could be provided outside the lesson, would be beneficial.

Skills-Based Resources. Teachers held anxiety around saying the wrong thing or making a situation worse when discussing EDs with young people, however felt the training offered space to consider how to approach these conversations.

“You might not think that you’re saying something that’s gonna trigger something else, but actually...it’s quite easy to do. So having those little prompts was really useful so you can sort of re-word what you’re trying to get across if you need to” (teacher).

Additionally, the reassurance of teachers’ existing skills in supporting young people, and applications to EDs, was deemed valuable across teachers.

“For me, it’s not so much of additional learning, it’s being reminded that actually the way we handle things matter...just being there, being present, and slowing down, and not charging in guns blazing so to speak with dealing with the situation.”
(teacher)

Appropriateness to Students’ Age and Ability

This theme held contrasting views between participants. Overall, teachers and students reported the lessons to be engaging and interactive. Students felt both the content and delivery were age appropriate, with one student stating, *“it felt perfect for our age group”*.

Additionally, most teachers felt exploring EDs was valuable for year 9 students as it is *“a real transition year” (teacher)* and the lessons had been *“received quite well” (teacher)* by this year group. Teachers spoke of the developmental stage of

year 9s, leaving them at increased vulnerability of body image difficulties and disordered eating.

“I do think...the students become a little bit more aware of their identity, how they are perceived by the outside world in year 9.” (teacher)

However, some teachers felt that the booklet *“wording was a bit too young for them”* and *“the pace of the lesson, with my experience, was quite slow”*. Teachers reflected on students accessing social media from younger ages and its influence on body image, making this an important topic to address with young people.

In contrast, other teachers felt students in years 7 and 8 *“may be too young to be starting to explore it too much” (teacher)* and this perspective was shared by students. One teacher who had delivered the lessons to year 8 students said, *“because they were only year 8s, were they too young to understand the actual kind of message that we were trying to get across...and to understand...the complexity of those eating disorders”*.

Student ability also appeared to influence the acceptability of the programme as higher ability students were notably less engaged than those of lower ability, and neurodiverse students struggled with the abstract thought required for some metaphors used.

It was acknowledged across teacher groups that age and ability appropriateness will likely vary across schools and within year groups. It was therefore indicated that teachers' discretion may be required in adapting the lessons. Whilst teachers involved in PSHE or welfare support felt confident in navigating this, concern was expressed for other colleagues.

“I just did it. I just adapted it to suit my kids. But I think my concern would be if I had given that out to just members of staff, they would literally have stuck to and just gone through it. And I don’t know how that would have looked for the kids” (teacher).

Emotional Impacts

Students and teachers noted the emotional impact of the EDPP, reflecting on the personal relevance for some participants and the beneficial space to explore this. One student reflected *“I feel like I can actually help someone”* and a teacher noted it *“brought everyone together”*.

Having space to discuss EDs and associated behaviours and beliefs was deemed valuable. One teacher stated, *“some of our girls were actually really good and open in front of the others saying...I’ve often felt really fat and...people make silly comments and you...laugh it off, but actually it really does hurt”* and this began an impactful discussion amongst students. Additionally, teachers reported several students approaching them for additional support or advice following the lessons indicating the potential personal impact.

Interestingly, teachers also experienced personal benefits from the EDPP noting, *“since then, it’s really interesting...we’ve both become a lot more relaxed [around exercise]...I do think it will help staff in their own lives as well” (teacher).*

Experience of the Programme

Experience of Lessons. Students and teachers were generally positive about the students’ lessons. Both students and teachers felt the class size was appropriate,

and students found the combination of working through the booklets, watching videos, and having group discussions most helpful.

“It wasn’t just like loads of work in our books. We kind of stopped, talked about it, wrote some stuff down” (student).

In exploring the programme’s duration, one student described it as the *“perfect amount of time” (student)*. In contrast, teachers held different perspectives, some indicating that fewer lessons would increase the pace for students and increase engagement, while another felt that four ninety-minute lessons was *“very tight” (teacher)*.

The lessons were deemed relevant by both students and teachers, with the social media focused lesson particularly interesting.

“They really enjoyed that one [social media focused lesson] to the point when they were still, I was like you need to go...to lunch now. Like turned the board off and they were like but is it [social media filter] flipped?” (teacher).

For teachers, a large discussion area across groups related to the way in which lessons were delivered within the curriculum. One argument presented for delivering lessons within PSHE related to the skills of PSHE teachers in engaging with difficult conversations which non-PSHE colleagues often find uncomfortable.

“I think for some people, it doesn’t matter how much training you give them, they will not do it justice because if you don’t think it’s important or it makes you feel very uncomfortable, you won’t have those conversations and the students can tell if they can ask you those questions or not.” (teacher)

It was noted that schools deliver PSHE in different ways, potentially impacting the programme's acceptability. For example, some schools provide PSHE days rather than regular timetabled lessons, necessitating programme adaptations as students would not be able to engage with the between lesson tasks.

Experience of Whole Staff-Group Training. Teachers' experiences of their training was largely positive. They described feeling more confident after receiving additional information and reassurance of their existing skills.

The training was delivered through different methods, depending on the schools' capacity, including in-person training, or an online recording. The online recording enabled teachers to access the training flexibly around other demands but was largely viewed within departmental meetings which facilitated group discussions, perceived to be particularly beneficial in supporting teachers to feel *"more confident dealing with those situations"* (teacher). Training without a facilitator was raised as challenging, from knowing if interpretations were correct, to having somewhere to direct questions.

"We didn't know if we were on the right lines because we had no one to go back to and sort of say like what if this, or is this right?" (teacher).

Regarding group size, smaller training groups, such as departments, were deemed effective. It was felt whole staff team training would not be acceptable, whilst engaging in the training alone was also less helpful.

Finally, there were contrasting views regarding the suitability of the training in meeting participants' needs, however this appeared to be mediated by the diverse range of teachers' job roles, experience, and training background. It was largely felt the training served the intended purpose for broad, whole staff group training.

“I think when you're trying to deliver something to whole staff, it's trying to get that balance right with people that wouldn't necessarily have a lot of that within their job role and then people that do. So I think on a whole staff basis, it was pitched at the right level” (teacher).

Experience of Train the Trainers Framework. The initial training delivered to teachers by the programme creators was described as “*enjoyable*” and “*a good course*” and completing this in person, away from school, made this feel more important and engaging. Teachers felt supported by the framework and confident sharing the training and lessons, reporting the whole programme was well interlinked and supported.

“I didn't feel like I was left on my own to try and work out how to talk about them slides, like that was great” (teacher).

The optimal length of training was perceived differently within the two schools, considering the depth of information provided within the training, as well as their school's flexibility in allowing time away from school. One teacher said “*Do I think two days was enough? For what we had in those two days, yes. But maybe wanting more depth and some more things, I think it would obviously, it would need then more time*”.

However, it was acknowledged that schools vary in their flexibility for time off, and although one school felt additional time for training would be facilitated, another felt schools could not afford for staff to attend training for more than two days.

“It was a long time and schools just can't afford it...there is so much pressure on them” (Teacher).

Student Safety

An important theme that arose for students related to their sense of safety. Students valued advanced warning of the topic and felt a safe space had been created. Additionally, being able to choose where they sat, not forced to speak, and having the opportunity to leave the lesson if they felt uncomfortable, were valued.

“It can be pretty like upsetting so...giving us like a little heads up of what we might be learning about, and when...and how long the thing will be” (Student).

Teacher groups also reflected this conveying the high importance of knowing their students' individual circumstances when delivering sensitive topics and arguing the lessons should not be delivered by cover teachers.

“It might be useful to have that information before you start because it is awful when you say something when you don't have all the information because you can cause people real distress without meaning to” (teacher).

Finding Time

Finding Time Within School Schedules. Finding time for both student lessons and teacher training was a challenge faced across the schools. High teacher workload, and their lack of capacity for additional tasks and training outside of their typical daily work, was discussed.

“We can sit down to do something with all the best intentions and then we get pulled to go and do something else” (teacher).

The length of teacher training was deemed acceptable, however finding time to implement this was difficult. It was raised that integrating the training into departmental meetings or existing CPD frameworks would be beneficial however the practical challenges were illustrated by one school delivering the training through an online recording and another after hours.

For student lessons, the ability to find timetable time varied depending on the schools' timetable structure, and PSHE programme. The school with integrated PSHE found implementation easier, whereas the second school used maths lesson time for delivery.. Additional timing considerations were highlighted such as *“trying to make sure it happened before Christmas, but not wanting the last session before Christmas being about eating disorders” (teacher)*.

These time-related difficulties were compounded by the time limitations of the wider feasibility research. Schools described a pressure to deliver the programme within a shorter period than they otherwise would have, and this influenced the acceptability of the overall programme. For example, it was highlighted schools often plan diaries almost an academic year in advance, a consideration for similar future programmes.

“I just think...if there had been more time for us to implement that better in school with staff that maybe it would have been different” (teacher).

Frequency and Repetition. All groups felt repetition of both student lessons and teacher training would facilitate longer-lasting impacts. Students felt revisiting the topic at a later stage would be beneficial, *“to see what we remember maybe. So that we have it in our minds” (student)*, something echoed by teachers, who reflected

on the common educational approach of revisiting topics, building upon existing knowledge each time.

“You feel like you’re doing the same thing over and over again. But you know, you tweak it so for each year group...you are revisiting it” (teacher).

Similarly, teachers reported struggling to remember training content and the ability to access this regularly, rather than a one-off delivery was deemed most beneficial.

“A one-off training is, nice as it is to put it on people's radar, to really embed it...I think it needs to be something that's revisited” (teacher).

Community Buy-In

Support and Buy-In From Senior Leadership. The influence of senior leadership teams (SLTs) was highlighted as a key factor in delivery acceptability. One teacher said *“feasibility...I think that’s school dependent”*. It was noted their *“SLT are amazing in wellbeing” (teacher)* and consequently placed large emphasis on such programmes, allocating time and money to this. Comparatively, it was acknowledged this is less of a priority within other schools and therefore implementation may be more challenging. However, one teacher described *“such a drive on personal development...with Ofsted and everything, that most schools will have a really good programme”*, indicating more schools may be developing their PSHE curriculums, facilitating implementation this EDPP.

Whole School Approach. Across teachers, the need for a whole school approach to increase impact was discussed. It was noted the training equipped staff,

regardless of their role, to identify possible issues and be the first point of contact for young people.

“We’ve got people that are trained within school that we can pass on to as we need, but it still gave you the tools to deal with the initial end of it so it’s really useful I think” (teacher).

However, this whole school approach can be challenging due to teachers’ reluctance to engage in difficult conversations with young people. One teacher stated *“some teachers don’t really engage with things that are outside of their curriculum specialism”*, whilst another said *“our teachers are very much focused on teaching and therefore they don’t [believe they] need to be knowing these things because they don’t see the kids eating and stuff like that”*. Therefore, the programme implementation was described to require navigation of school politics and encouraging teachers to recognise that *“even if they don’t feel like it, for the kids they might be [the one they turn to for support]” (teacher).*

Parents’ Engagement. Parents’ engagement was limited across schools throughout the programme’s implementation and this research project. This was not believed to be specific to this EDPP, as parental engagement has been challenging across multiple areas, including workshops around autism, and GCSE options parents’ evening.

“Our parents are genuinely shocking...we had key stage three options evening last week, where 50% of parents turned up” (teacher).

It was felt amongst teachers that parents are extremely busy and stressed, and only attend things that are relevant and needed for their individual circumstances. One teacher did engage parents on a 1:1 basis to discuss concerns about young

people which perhaps illustrates a resistance to prevention however a want for early intervention.

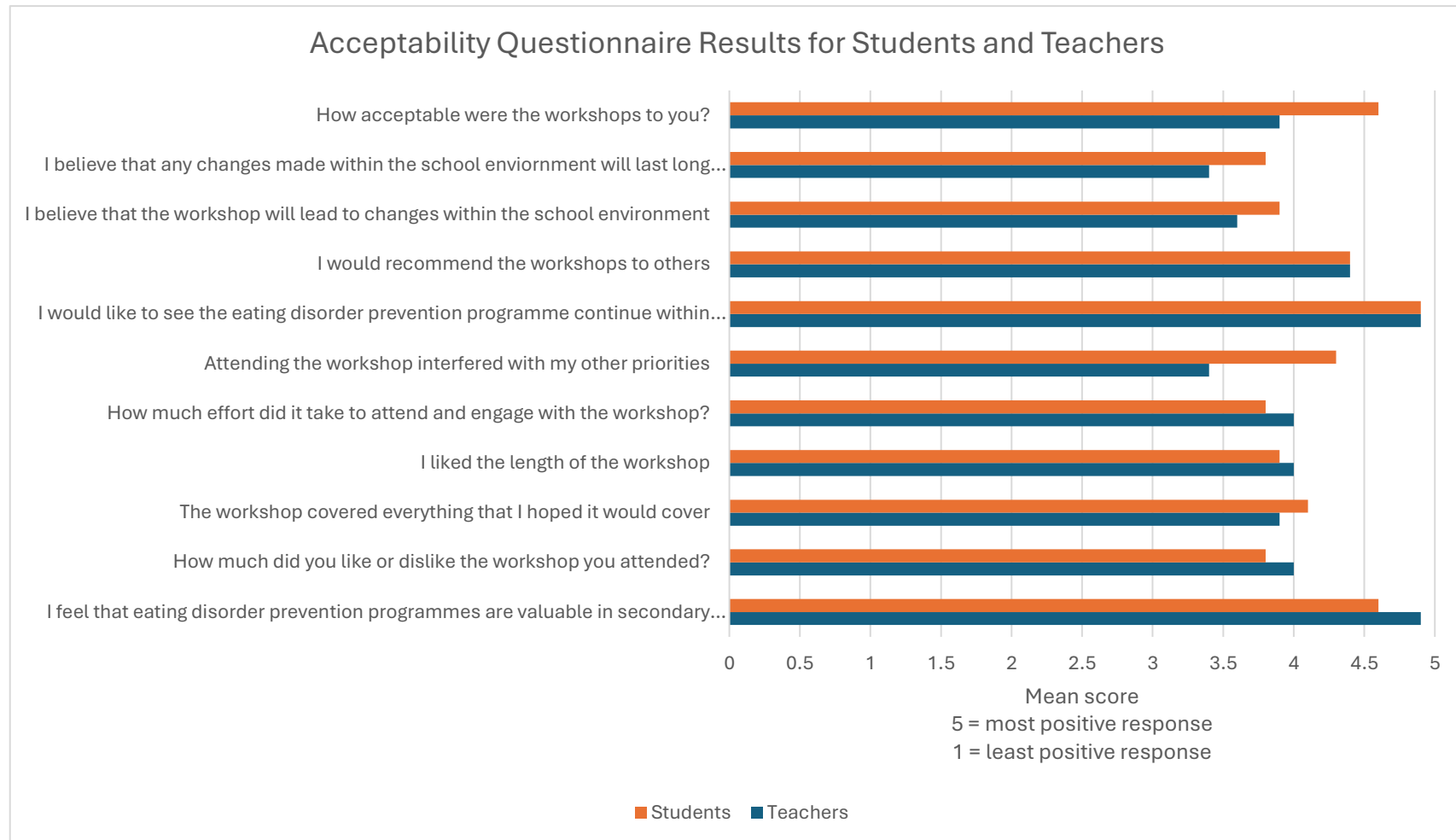
“The engagement from parents in that [autism workshop], considering there was a lot of children on the spectrum these days, was low...but parents that maybe were in a more drastic situation were there” (teacher).

Having said this, teachers reported that *“those who were there were really engaged in it” (teacher)*. It was noted *“if it’s online, they tend to engage more, but anything kind of in school, it really is like beating your head against a brick wall” (teacher)*.

Unfortunately, the direct experiences of parents were unable to be captured within this research.

Acceptability Questionnaire

Figure 2 displays the average rating of each item for both teachers and students with the acceptability questionnaire completed. Overall, the questionnaire’s results showed participants were largely positive about the programme and felt this was acceptable. It is noted students were slightly more positive than teachers and, triangulated with qualitative data above, this may reflect some of the practical challenges teachers experienced in finding time for the programme, something the students may not have been so aware of.

**Figure 2:**

Results of acceptability questionnaire completed by participants.

Discussion

This research explored the acceptability of a UK specific, school based EDPP, from the perspectives of students and teachers. Attempts to recruit parents and carers into this study were not successful and therefore this stakeholder group's perspectives were unable to be explored. Findings pertaining to research questions around acceptability of the EDPPs content and delivery are discussed and contextualised within existing literature. Practical and research implications are considered, as well as this study's strengths and limitations.

Content Acceptability

Overall, students and teachers reported the EDPP's content to be acceptable. Subthemes related to the information gained, practical resources and skills-based resources were identified as positives. The content increased participants' awareness of EDs and their confidence in supporting themselves and those around them if noticing early signs.

A subtheme related to missing content identified areas in which participants felt further information would be beneficial. This included additional information related to different ED types, and specific content including EDs and neurodiversity. Illustrations of lived experience through case studies or guest speakers were suggested, aligning with findings from literature reviewed within Section A of this project (Philps, 2024) indicating an experiential approach in EDPPs is valued. The Section A findings also noted personal salience of material provided the greatest impact on participants. Therefore, incorporation of a case study or expert by

experience speaker, may increase the emotional connection to the material and hence have greater impacts.

As noted within existing qualitative literature, reviewed in section A of this study (Philps, 2024), an area of contrasting opinions related to the age appropriateness of the content for students. The students felt the programme was appropriately pitched for their year group and believed younger age groups may not be mature enough to explore this. However, despite an overarching consensus that EDs are an important topic area for adolescents, there were varied perspectives amongst teachers regarding the Body and Mind programme and its target student audience. Literature has shown positive outcomes of EDPP for primary school students (Pursey et al., 2021), indicating that it is likely appropriate to deliver such programmes to older secondary school students. However, the large variability within year groups, and between schools, is noted and therefore it may not be possible or appropriate to define a specific target age. Instead, providing resources to schools, and encouraging staff to use professional judgement to adapt material as required may be most effective.

Delivery Acceptability

Students reported the lesson delivery to be acceptable and the use of booklets, inclusion of videos, and group discussions were particularly beneficial. Teachers also described the delivery to be largely acceptable however they highlighted concerns and challenges with this related to difficulty gaining whole staff group buy-in and finding time to implement the programme within the existing timetable and time-pressured roles of teachers. The students' higher perception of acceptability may be

attributable to their lack of involvement in the organisation of the programme, and purely related to the lesson's delivery.

The planned delivery approach, whereby teachers attended initial training with the programme creators before implementing the staff training and student lessons within school, was deemed acceptable. However, time pressure was noted and, having longer to implement the programme may have increased acceptability. Teachers in the UK are known to be under considerable pressure and show significantly higher levels of stress and depression compared to other industries (Health and Safety Executive, 2023). Therefore, exacerbation through introducing an additional programme for which time has not necessarily been allocated, results in lowered programme acceptability for teachers. Ensuring advanced warning, almost an academic year in advance, would support the necessary planning to reduce burden on teachers delivering the EDPP and facilitate full engagement from all stakeholders.

The challenges identified within this study align with common challenges highlighted across mental health and wellbeing support introduced within education settings. Gee et al. (2021) conducted a systematic literature review exploring barriers and facilitators to implementation of targeted school-based mental health interventions, concluding implementation of such interventions was challenging but manageable. Factors such as intervention characteristics, practicalities, organizational capacity, provider characteristics and community factors were influential. Therefore, the direct delivery factors linked with the Body and Mind EDPP, combined with existing literature surrounding engagement of schools, can support future delivery of this programme.

Factors Contributing to the Acceptability Outcome

Community buy-in was a large contributing theme to the acceptability outcome of this EDPP. Firstly, SLT support seems instrumental for implementation as, without this, time and resources necessary for integration into the existing curriculum will not be allocated.

Similarly, the wider staff culture and ethos around student wellbeing contributes to the acceptability of the programme's delivery and implementation. As described by teachers within this study and previously conducted studies (Russell-Mayhew et al., 2008; Adametz et al., 2017), some teachers are avoidant of having challenging conversations with students. This creates a barrier to the full benefits of such a systemic programme and presents a challenge of the EDPP being introduced within form time, potentially with staff that do not deem this important.

Finally, this EDPP was designed for parental engagement, alongside students and teachers, however engagement from this group was minimal. Engaging parents in schools is beneficial for students academically and emotionally (Boberiene, 2013) and Bronfenbrenner's (1979) ecological systems theory highlights the systemic influence of interactions between parents, schools, and wider societies in children's development. However, despite the evidence promoting this collaborative support of students, schools have described parents as "bystanders" rather than proactively engaged (Boberiene, 2013). Concerningly, schools struggling with parent engagement may be those which most require such EDPPs to support their young people. Although the lack of parental engagement with this EDPP indicates lower acceptability for this stakeholder group, this appears to not necessarily be specific to

this programme. However, aspects of this EDPP not deemed acceptable to parents cannot be fully understood due to no parent participants and this requires further consideration as the programme develops.

Practical Implications

This study's findings indicate a desire amongst students and teachers for this EDPP to be an ongoing feature of their curriculum. This paper is contributing to a wider feasibility research programme which will be presented to NHS England and the Integrated Care Board, to determine the suitability for wider implementation in UK secondary schools. Therefore, the study's highlighting of aspects of this EDPP that are considered acceptable and the areas that could be improved, has strong practical implications for the programme's future.

Recommended practical implications include developing additional versions for delivery to different year groups, allowing repeated messages as students move through the school. Additionally, inclusion of further detail and an expert by experience perspective would be beneficial and practical learnings regarding difficulties engaging schools and finding scheduled time must be considered in EDPP implementation and evaluation.

Research Implications

The challenges faced in completing this acceptability study indicate the difficulties introducing and evaluating programmes within the UK's educational system which have been researched and reported in multiple contexts (Gee et al., 2021). Further qualitative research into the facilitating factors for effective mental

health and wellbeing related programmes within UK schools would be beneficial for incorporation into EDPPs going forwards. Additionally, schools declined participation in the wider feasibility study of this EDPP and therefore exploring those initial barriers to engagement would be beneficial.

Furthermore, the perspectives of parents were not captured in this study. This would be an important avenue of exploration as the EDPP develops, to consider whether to continue this parent-focused aspect of the programme or focus on young people and teachers who have engaged and indicated overall acceptability. Continued evaluation, both quantitatively and qualitatively, would be important during any future rollout, as schools may have different experiences to those consulted within this initial study.

Strengths and Limitations

A key strength of this study is the researcher sitting outside the EDPP development and implementation team, thus reducing research bias and increasing the validity of findings. Previous qualitative research in this area (Section A) has been conducted by programme developers and therefore may be influenced by researchers' agendas to prove effectiveness.

Furthermore, group participation is noted as a strength for encouraging individuals who may not have otherwise participated in research to participate (Kitzinger, 1995). The observation of non-verbal interactions between participants can also offer additional insights not gained through individual interviews, and the impact of acquaintanceship within a group can facilitate additional contribution (Kitzinger, 1994).

However, the limited sample size of this study is a significant limitation that must be considered. The study intended to explore the perspectives of students, teachers, and parents and carers, however, due to a lack of engagement from parents in the programme more widely, it was not possible to recruit parents, leading to omission of their potentially valuable perspectives.

Furthermore, due to an initial small sample of five secondary schools, with one unable to deliver the EDPP within the required timeframe, only four schools could be recruited from, with all recruitment conducted through just four teachers. Unfortunately, due to several cancellations of focus groups, only two schools took part in this study and therefore it is unknown whether the complete diversity of perspectives across those engaging with the EDPP has been gathered. Also of note is the sample's lack of diversity, with most participants being White British females. The lack of representation from other cultures and male perspectives may have resulted in missing themes, or a sampling bias. However, it is felt that the themes identified within this study provide a useful initial illustration of the benefits and challenges which can be incorporated in the EDPP's developmental stages.

Conclusion

Overall, the content and delivery of this EDPP was deemed acceptable by both students and teachers. The topic was considered highly relevant and important for this adolescent age group and had great value for the school community. This positive experience of stakeholders aligns with existing literature showing beneficial impacts in other countries (Section A; Philips, 2024).

However, the programme may benefit from additions, such as more depth to the information provided and the inclusion of specific areas of interest, such as the relationship between neurodiversity and eating difficulties, and the insight of those with lived experience. Additionally, developing the programme in a manner that is flexible for teachers to tailor to their student group's needs would be beneficial.

Furthermore, a significant challenge faced in the implementation of the EDPP, and the conducting of this acceptability study, was school's engagement and limited time to incorporate this into their already extremely busy schedules. This, combined with SLT prioritisation of such programmes, appears influential in their success. Therefore, advanced planning and organisation, and a commitment and investment from seniors within the school is considered essential for effective implementation, whereby all stakeholders experience the optimal benefits.

Therefore, with consideration of the above recommendations, the EDPP "Body and Mind" is rated as amber using Avery et al.'s (2017) traffic light system for progression criteria. Although the programme appeared highly acceptable to the young people, and the programme shows promise for valuable implementation in secondary schools, several challenges and recommendations were raised by teachers which would benefit from further attention prior to wider implementation. Addressing these recommendations, and further exploring the involvement of parents and carers, would likely increase the acceptability of this programme and support future developments.

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Appendices

Appendix 1: Critical Appraisals Skills Programme (CASP) Checklist

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Appendix 2: Mixed Methods Appraisal Tool (MMAT) Checklist

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Appendix 3: Section A Theme and Subtheme Development

Theme	Subtheme	Example Codes	Example Quotes
Perceived need	Student vulnerability for EDs	<ul style="list-style-type: none"> - Gender differences around appearance - Gender differences in eating patterns - Female only experiences 	<p>“Besides, I think girls at puberty will always be challenged with the task of getting along with their body” (Adametz et al., 2017)</p> <p>“No boys mentioned skipping breakfast, but all the girls in the non-intervention-control group showed unbalanced, ego-syntonic diet” (Gonzalez et al., 2015)</p> <p>“Totoro described herself as being acutely aware that her body had not developed as much as her peers” (Klassen, 2011)</p>
	Influence of media and cultural norms	<ul style="list-style-type: none"> - Awareness of media influences - Awareness of media lies / deception - Narratives of healthy choices - Influences of peers 	<p>“Almost all participants (12/12 girls and 10/12 boys) said that fashion and fashionable ideals and goods come from the media, especially from TV” (Gonzalez et al., 2015)</p> <p>“The vast majority of participants (10/12 boys and 12/12 girls) indicated the negative effects of the constant exposure to the media of body image stereotypes making appearance-related self-discrepancies more salient” (Gonzalez et al., 2015)</p> <p>“Cultural influences are powerful and that countering such influences requires a comprehensive effort” (Russell-Mayhew et al., 2008)</p> <p>“A few participants discussed how comparing themselves to other girls their age led to feelings of</p>

			insecurity and frustration around puberty” (Klassen, 2011)
	Target age group	<ul style="list-style-type: none"> - Age group – KS3 - Body comparisons through puberty - Changes in children’s independence with age 	“Address the K-3, the younger grades because I think just as you had said, that basically it’s there just as well as it is in grade 8 or 9” (Russell-Mayhew et al., 2008)
Impacts	Enjoyable and informative	<ul style="list-style-type: none"> - Benefits of the programme - Exercise as possibly unhealthy - Integrating information into existing beliefs - Introducing new ideas or information - Reflecting on function of eating - Role of exercise - Enjoyable programme 	<p>“The majority of teachers and students involved in the pilot test indicated they benefited” (Moriarty et al., 1990)</p> <p>“I didn’t know much yet, for example the daily food requirement, how many snacks you should eat, what and how much food you should eat to be balanced, in school and at home” (Nitsch et al., 2019)</p> <p>“I learned a lot of things because of the play. I already knew these things but it made more meaning to it” (Haines et al., 2008)</p> <p>“For example, exercise in our Westernized cultures is seen as such a virtuous activity that is difficult for people to imagine that when taken to extremes it could be unhealthy” (Russell-Mayhew et al., 2008)</p>
	Increased student self-acceptance	<ul style="list-style-type: none"> - Benefits for overweight children - Challenges of body acceptance messages - Focus on attitude change not just information giving - Going against social norms - Increased attribution to personality not just appearance - Increased body confidence 	<p>“Everyone in my classroom seems like they changed a little bit, little by little” (Klassen, 2011)</p> <p>“Majority of girls experienced positive changes in their relationships with their bodies” (Klassen, 2011)</p> <p>“Comparison becomes less salient with images portrayed through the media after having participated in the prevention programme” (Gonzalez et al., 2015)</p>

	<ul style="list-style-type: none"> - Increased resilience around comments from others - Increased self-acceptance - Increased sense of body ownership - Providing hope in young people - Reflecting on impact of others' comments - Some residual insecurities 	<p>"The children discussed how their participation in the programme resulted in them caring less about what others thought about them" (Haines et al., 2008)</p> <p>"I learned that you shouldn't care what you look like, it's your personality and how you think that counts" (Haines et al., 2008)</p>
Increased empathy towards others	<ul style="list-style-type: none"> - Increased awareness of others' experiences - Reducing judgements of others 	<p>"I learned that like even if you're teasing and having fun, you could have fun in different ways other than making fun of somebody" (Haines et al., 2008)</p> <p>"Several participants discussed developing less judgemental attitudes towards other girls" (Klassen, 2011)</p> <p>"She also learned that some of her peers were significantly impacted by societal messages, even though she believes herself to be less susceptible to their influence" (Klassen, 2011)</p>
Overcoming stigma and taboo	<ul style="list-style-type: none"> - Benefits of being in a group - Openness of participants - Space to talk about things not usually talked about - Taboo topic 	<p>"It's only good if I can make them aware of it and that they can communicate about this taboo subject" (Adametz et al., 2017)</p> <p>"Totoro noted she enjoyed "talking about stuff that sometimes people don't talk about"" (Klassen, 2011)</p> <p>"Several participants discussed being able to be open in the group" (Klassen, 2011)</p>
Benefits for the wider school system	<ul style="list-style-type: none"> - Children sharing learning with adults - Adults' responsibility for young people 	<p>"Increasing competencies in dealing with eating related issues" (Adametz et al., 2017)</p>

		<ul style="list-style-type: none"> - Asking children to be different to adults around them - Equipping everyone in the system - Helping adults as well as children - Importance of relationship - Improving life skills - Improving relationships with peers - Increased teacher competence - Involving adults in school community - Sense of helping others - Working as a system and community 	<p>“One child talked about how performing in the play allowed their peers to know that they are someone to turn to when dealing with the issue of teasing” (Haines et al., 2008)</p> <p>“Involving adults in the school community has potential to influence the effectiveness of wellness-based interventions” (Russell-Mayhew et al., 2008)</p> <p>“Working as a community involves partnerships among the stakeholders in the child’s life” (Russell-Mayhew et al., 2008)</p>
<p>Facilitating factors</p>	<p>Interactivity</p>	<ul style="list-style-type: none"> - Accessible information - Benefits of mindfulness - Immersive experience - Experiential learning rather than didactic - Interactive and personal resources - Multi-media presentation - Need to be interactive and engaging - Preference for short and snappy information - Use of apps for delivery 	<p>“They were also motivated to complete the diary because they liked the visualisation of their improvement in healthy habits over time” (Nitsch et al., 2019)</p> <p>“Participants criticised the long text passages, very detailed information and suggested shorter texts and sentences” (Nitsch et al., 2019)</p> <p>“It was varied since you had the choice between worksheets, film sequences and posters” (Adametz et al., 2017)</p> <p>“Having the opportunity to “get up and move and try new things”” (Klassen, 2011)</p> <p>“Meaningful learning experiences are participatory and facilitative to create an atmosphere that is rich in dialogue, self-reflection, and critical enquiry” (Russell-Mayhew et al., 2008)</p>

	Personal salience	<ul style="list-style-type: none"> - Emotions helping learning - Adults reflecting on their own experiences - Drawing on personal experiences to aid learning - Emotions helping learning - Importance of personal relevance 	<p>“A prominent theme that emerged from the focus groups was how important it was to the children that the content of the play be personally relevant to them” (Haines et al., 2008)</p> <p>“An emotional response seems to precipitate significant learning experiences” (Russell-Mayhew et al., 2008)</p> <p>“It became evident that a personal connection of the material paved the way for deeper levels of understanding” (Russell-Mayhew et al., 2008)</p>
	Exploration of wider societal influences	<ul style="list-style-type: none"> - Difficulty managing societal influences - Increase awareness of society influence - Influence of school culture - Influence of social rules around food - Influence of peers - Insecurity in social comparison - Media literacy - Need for considering of context programme occurs 	<p>“It seems a difficult balance to be able to accept yourself despite external influences” (Russell-Mayhew et al., 2008)</p> <p>“I’ve been much more conscious about society’s messages of weight bias and sort of what we look like and things that I see on TV or in print magazines” (Russell-Mayhew et al., 2008)</p>
Barriers	Apprehension of causing unintended harm	<ul style="list-style-type: none"> - Conflicting ideas - Body acceptance vs healthy living - Fears of distressing or triggering younger children 	<p>“But as an adult I sort o thoughts, you know, there’s a bit of a conflict there in my mind, you know, then how do you push the active living things and at the same time do the body image thing” (Russell-Mayhew et al., 2008)</p> <p>“But we don’t usually address it because we think, oh they’re only little kids” (Russell-Mayhew et al., 2008)</p>

	<p>Teacher resistance</p>	<ul style="list-style-type: none"> - Different teacher roles and responsibilities - Teachers' buy in - Teachers seeing programmes as an extra - Teachers wanting to make a difference 	<p>“The appreciation of some colleagues was not really there because they had prejudices and doubted if little girls really need the prevention” (Adametz et al., 2017)</p> <p>“Well, I mean we’re like students, you know, I get something extra on my plate. I’m ashamed to say that. I feel bad but still I mean this is the truth” (Russell-Mayhew et al., 2008)</p> <p>“Teachers talked about the difficulties in feeling as if their work made a difference” (Russell-Mayhew et al., 2008)</p>
	<p>Lack of long-lasting impact</p>	<ul style="list-style-type: none"> - Difficulty with long term implementation - Feasibility of the time required for programme - Need for repetition 	<p>“The schools which are still implementing the intervention, modified the original delivery in terms of content and structure" (Adametz et al., 2017)</p> <p>“The majority of the participants indicated that over the course of 10 weeks, investing 20 to 30 minutes once a week seems to be feasible” (Nitsch et al., 2019)</p> <p>“After all, this plan, this rigid fixed plan [curriculum] inhibits” (Adametz et al., 2017)</p>

Appendix 4: Ethical Approval Letter From Canterbury Christ Church University

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Appendix 5: Information Sheet for Teachers



Salomons Institute for Applied Psychology

One Meadow Road, Tunbridge Wells, Kent TN1 2YG

www.canterbury.ac.uk/appliedpsychology

Information about the research (for teachers)

Project Title: Eating disorder prevention in schools: an exploration of an eating disorder prevention programme in UK secondary schools. Exploring the perspectives of parents and carers, teachers and young people.

Hello. My name is Isabelle Philps, and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, please read the following information as it is important that you understand why the research is being done and what it would involve for you. If you have any questions or you'd like more information, please ask me in person or via email (i.philps131@canterbury.ac.uk).

What is the purpose of the study?

The purpose of this study is to evaluate the eating disorder prevention programme being delivered within your school. Existing research in the field shows that the onset of eating disorders is most prevalent within the adolescent population, and that early detection of eating disorders has significantly positive impacts on the outcome for an individual. Therefore, increased attention is being focused upon building knowledge and confidence and equipping school staff and parents of young people with information and guidance on how to support a young person showing early indicators of disordered eating. The current study will explore the perspectives of teachers, students, and parents and carers on the experience of attending training about prevention and early intervention of eating disorders and gathering feedback to be incorporated into further development of the programme.

Why have I been invited to take part?

You have been invited to take part in this study because you are a teacher within a school taking part in this research programme. You have attended an eating disorder prevention training programme and this study is looking for feedback on your experience of that training programme. The study is focusing upon young people in key stage 3 (years 7-9) and the teachers and carers around them and we intend to recruit 30 participants for this aspect of the study.

Do I have to take part?

Participation is voluntary and it is up to you to decide whether to join the study. If you agree to take part, I will then ask you to sign a consent form. You are free to withdraw from the study at any time, without giving a reason.

What will happen if I take part?

If you choose to take part in this study, you will be asked to attend an eating disorder prevention training programme within the school, if you have not already attended this. Following attendance at the training, you will be asked to attend a focus group with up to 5 teachers to feedback your experience and views of the training and the overall programme. The group will be asked some guiding questions by the researcher, but you will have the opportunity to raise any other thoughts, ideas or concerns about the programme in this space. You will also be asked to complete a short questionnaire regarding your experience of the training.

The focus groups will take 90-120 minutes, including a 15-minute break, and these will take place online and in-person, depending on your preference. You will be informed of the date and time of the group in advance. The focus group will be recorded to facilitate later review of the feedback and themes to be drawn out, but this will be stored confidentially and will remain anonymous in any written-up work regarding the research.

If you wish to participate but are unable or unwilling to attend a focus group, there is the opportunity to engage with a 1:1 interview with the researcher. This would include the same questions as those asked in the focus groups and would also be recorded for later review.

Expenses and payments.

Travel expenses of up to £5 cash will be offered to participants who would not otherwise be on the school premises. Additionally, all participants will be added into a prize draw in which they have the opportunity to win a £50 gift voucher.

What are the possible disadvantages and risks of taking part?

This research study will involve discussions about eating disorders and may consequently be distressing for some individuals. If you participate in the research and feel distressed at any time, you will be offered support by the research team and you are able to leave the study at any time if you wish to do so.

What are the possible benefits of taking part?

We hope that you find participation in the research study beneficial in increasing your knowledge and confidence in the area of young people's eating disorders. Although we cannot promise the study will help you directly, the information we get from this study will help to develop provisions of eating disorder support in UK secondary schools.

What will happen if I don't want to carry on with the study?

You have the right to withdraw from this research study at any time. If you do not wish to continue with the study, you can inform any of the research team and you are not required to provide any reason for withdrawal.

If you do withdraw from the current study prior to attending a focus group, the data you have provided to date will be deleted and not used.

If you withdraw from the current study after participating in a focus group, it would not be possible to extract and destroy your individual data and therefore all data up to the point of withdrawal will be retained, but you will not be contacted for any further data following this. If you wish to withdraw consent from the wider research project being conducted by Creative Education, outside of this focus group, you can do this by contacting the Creative Education research team, as outlined in their information sheets and consent forms.

What if there is a problem? Concerns and complaints.

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. If you have a concern about any aspect of this study, you should ask to speak to me (Isabelle Philps) and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me, Isabelle Philps, and I will get back to you as soon as possible. If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology = fergal.jones@canterbury.ac.uk

How will information from or about me be used and will this be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence and in compliance with GDPR. The information provided by you will be stored securely and confidentially throughout the research project and for the 10-year retention period following the research completion.

Your data will be collected through questionnaires and recorded focus groups. Focus groups will be pseudonymised, and data will be stored in a coded way in which you are not identifiable.

The data gathered will be used to analyse the results of this study and the findings will be incorporated into future development of the prevention programme. The data gathered within this research study will only be accessible to the main researcher, Isabelle Philps, and pseudonymised data may be shared with the research supervisors, Dr Anna Oldershaw and Dr Pooky Knightsmith, and consultant, Jessica Parker.

The only time when I would be obliged to pass on information from you to a third party would be if, as a result of something you told me, I were to become concerned about your safety or the safety of someone else.

What will happen to the results of the research study?

The results of the study will be written into a report which will aim to be published and available to the public. The results will also be made available to you if you wish to access the written-up report at the end of the research project which is intended to be complete in spring 2024.

You, as a participant, will not be identified in any report or publication and all data, including quotes from the focus groups, will be anonymised. As stated above, the results from this research study may be used in future research in which the prevention programme continues to be developed and incorporated into the UK curriculum.

Who is sponsoring and funding the research?

The research is being funded by Canterbury Christ Church University.

Who has reviewed the study?

This study has been reviewed and given favourable opinion by The Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

Further information and contact details.

For general information about research or specific questions about this research project and whether to participate, please contact:

Isabelle Philps (lead researcher)

Email: i.philps131@canterbury.ac.uk

Phone: You can leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me, Isabelle Philps, and leave a contact number so that I can get back to you.

If you wish to make a formal complaint, you can contact Dr Fergal Jones (Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology) via email on fergal.jones@canterbury.ac.uk

Who else is involved in this research study?

Dr Anna Oldershaw and Dr Pooky Knightsmith are supervising this research project. Jessica Parker is also offering consultation for this project. If you wish to speak to someone other than Isabelle about this research study, please contact:

Dr Anna Oldershaw – Clinical Psychologist and Reading in Clinical Psychology,
Salomons Institute for Applied Psychology – Anna.Oldershaw@canterbury.ac.uk

Dr Pooky Knightsmith – Co-Director, Creative Education -
pooky.knightsmith@creativeeducation.co.uk

Thank you for reading this information sheet and considering participation in this study. If you are interested in taking part, please sign and return the attached consent form to me via email (i.philps131@canterbury.ac.uk) or post (Isabelle Philps, Salomons Institute for Applied Psychology, Lucy Fildes Building, 1 Meadow Road, Tunbridge Wells, TN1 2YG).

Appendix 6: Information Sheet for Parents



Salomons Institute for Applied Psychology

One Meadow Road, Tunbridge Wells, Kent TN1 2YG

www.canterbury.ac.uk/appliedpsychology

Information about the research

(for parent participants and parents/carers of child of participants)

Project Title: Eating disorder prevention in schools: an exploration of an eating disorder prevention programme in UK secondary schools. Exploring the perspectives of parents and carers, teachers and young people.

Hello. My name is Isabelle Philps, and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you and your child to take part in a research study. Before you decide whether you and/or your child shall take part, please read the following information as it is important that you understand why the research is being done and what it would involve for you and/or your child. If you have any questions or you'd like more information, please ask me in person or via email (i.philps131@canterbury.ac.uk).

What is the purpose of the study?

The purpose of this study is to evaluate the eating disorder prevention programme being delivered within your child's school. Existing research in the field shows that the onset of eating disorders is most prevalent within the adolescent population, and that early detection of eating disorders has significantly positive impacts on the outcome for an individual. Therefore, increased attention is being focused upon building knowledge and confidence and equipping school staff and parents of young people with information and guidance on how to support a young person showing early indicators of disordered eating. The current study will explore the perspectives of teachers, students, and parents and carers on the experience of attending training about prevention and early intervention of eating disorders and gathering feedback to be incorporated into further development of the programme.

Why have me and my child been invited?

You and your child have been invited to take part in this study because your child is a student within a school taking part in this research programme. You have both attended an eating disorder prevention training programme and this study is looking for feedback on both of your experiences of that training. The study is focusing upon young people in key stage 3 (years 7-9) and the teachers and carers around them and we intend to recruit 30 participants for this aspect of the study.

Do me or my child have to take part?

Participation is voluntary and it is up to you and your child to decide whether to join the study. If you agree for you and/or your child to take part, I will then ask you to sign a consent

form and your child to sign an assent form. You and your child are free to withdraw from the study at any time, without giving a reason.

What will happen to me and my child if we take part?

If you and/or your child takes part in this study, you will both be asked to attend an eating disorder prevention training programme within the school if this has not already been attended. Following attendance at the training, you and/or your child will be asked to attend a focus group with up to 5 other people (parents or students accordingly) to feedback your experience and views of the training and overall programme. The group will be asked some guiding questions by the researcher, but participants will have the opportunity to raise any other thoughts, ideas or concerns about the programme in this space. You and/or your child will also be asked to complete a short questionnaire regarding your experiences of the training.

The focus groups are planned to take part in-person on school premises for students and online for parents/carers. The parent/carer focus groups will take 90-120 minutes, including a 15-minute break and student focus groups will take place within their timetable. You and your child will be informed of date and time of the groups in advance and parents have the option to express preference for dates when signing the consent form. The focus group will be recorded to facilitate later review of the feedback and themes to be drawn out but this will be stored confidentially and will remain anonymous in any written up work regarding the research.

If you wish for you or your child to participate but are unable or unwilling to attend a focus group, there is the opportunity to engage with a 1:1 interview with the researcher. This would include the same questions as those asked in the focus groups and would also be recorded for later review.

Expenses and payments

Travel expenses of up to £5 cash will be offered to participants who would not otherwise be on the school premises. Additionally, all participants will be entered into a prize draw in which they have the opportunity to win a gift voucher of up to £50.

What are the possible disadvantages and risks of taking part?

This research study will involve discussions about eating disorders and may consequently be distressing for some individuals. If you and/or your child participates in the research and feels distressed at any time, you will be offered support by the research team, and you and your child are able to leave the study at any time if you wish to do so.

What are the possible benefits of taking part?

We hope that you and your child find participation in the research study beneficial in increasing your/their knowledge and confidence in the area of young people's eating disorders. Although we cannot promise the study will help you and/or your child directly, the information we get from this study will help to develop provisions of eating disorder support in UK secondary schools.

What will happen if me and/or my child doesn't want to carry on with the study?

You and your child have the right to withdraw from this research study at any time. If you/they do not wish to continue with the study, you or your child can inform any of the research team and you are not required to provide any reason for withdrawal.

If you and/or your child does withdraw from the current study prior to attending a focus group, the data provided to date will be deleted and not used.

If you/they withdraw from the current study after participating in a focus groups, it would not be possible to extract and destroy individual data and therefore all data up to the point of withdrawal will be retained, but you and/or will not be contacted for any further data following this.

If you and/or your child wish to withdraw consent from the wider research project being conducted by Creative Education, outside of this focus group, you can do this by contacting the Creative Education research team, as outlined in their information sheets and consent forms.

What if there is a problem? Concerns and complaints.

Any complaint about the way you or your child have been dealt with during the study or any possible harm you or your child might suffer will be addressed. If you or your child have a concern about any aspect of this study, you should ask to speak to me (Isabelle Philps) and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me, Isabelle Philps, and I will get back to you as soon as possible. If you remain dissatisfied and wish to complain formally, you can do this by contacting Dr Fergal Jones, Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology – fergal.jones@canterbury.ac.uk

How will information from or about me and/or my child be used and will this be kept confidential?

Yes. We will follow ethical and legal practice and all information about you and/or your child will be handled in confidence and in compliance with GDPR. The information provided by you and/or your child will be stored securely and confidentially throughout the research project and for the 10-year retention period following the research completion.

The data will be collected through questionnaires and recorded focus groups. Focus groups will be pseudonymised, and data will be stored in a coded way in which you and your child are not identifiable.

The data gathered will be used to analyse the results of this study and the findings will be incorporated into future development of the prevention programme. The data gathered within this research study will only be accessible to the main researcher, Isabelle Philps, and pseudonymised data may be shared with the research supervisors, Dr Anna Oldershaw and Dr Pooky Knightsmith, and consultant, Jessica Parker.

The only time when I would be obliged to pass on information from you or your child to a third party would be if, as a result of something you or your child told me, I were to become concerned about you or your child's safety, or the safety of someone else.

What will happen to the results of the research study?

The results of the study will be written into a report which will aim to be published and available to the public. The results will also be made available to you if you wish to access the written-up report at the end of the research project which is intended to be complete in spring 2024.

You and your child, as participants, will not be identified in any report or publication and all data, including quotes from the focus groups, will be anonymised. As stated above, the results from this research study may be used in future research in which the prevention programme continues to be developed and incorporated into the UK curriculum.

Who is sponsoring and funding the research?

The research is being funded by Canterbury Christ Church University.

Who has reviewed the study?

This study has been reviewed and given favourable opinion by The Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

Further information and contact details.

For general information about research or specific questions about this research project and whether to participate, please contact:

Isabelle Philps (lead researcher)

Email: i.philps131@canterbury.ac.uk

Phone: You can leave a message for me on a 24-hour voicemail phone line at 01227 927070. Please say that the message is for me, Isabelle Philps, and leave a contact number so that I can get back to you.

If you wish to make a formal complaint, you can contact Dr Fergal Jones (Clinical Psychology Programme Research Director, Salomons Institute for Applied Psychology) via email on fergal.jones@canterbury.ac.uk

Who else is involved in this research study?

Dr Anna Oldershaw and Dr Pooky Knightsmith are supervising this research project. Jessica Parker is also offering consultation for this project. If you wish to speak to someone other than Isabelle about this research study, please contact:

Dr Anna Oldershaw – Clinical Psychologist and Reading in Clinical Psychology, Salomons Institute for Applied Psychology – Anna.Oldershaw@canterbury.ac.uk

Dr Pooky Knightsmith – Co-Director, Creative Education - pooky.knightsmith@creativeeducation.co.uk

Thank you for reading this information sheet and considering the participation of yourself and/or your child in this study. If you are interested in taking part, please sign and return the attached consent form to me via email (i.philps131@canterbury.ac.uk) or post (Isabelle Philps, Salomons Institute for Applied Psychology, Lucy Fildes Building, 1 Meadow Road, Tunbridge Wells, TN1 2YG). Parents must provide consent for the participation of young people in this study.

Appendix 7: Information Sheet for Students



Salomons Institute for Applied Psychology

One Meadow Road, Tunbridge Wells, Kent TN1 2YG

www.canterbury.ac.uk/appliedpsychology

Information about the research (for students)

Project Title: Eating disorder prevention in schools: an exploration of an eating disorder prevention programme in UK secondary schools. Exploring the perspectives of parents and carers, teachers and young people.

Hello. My name is Isabelle Philps and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, please read the following information as it is important that you understand why the research is being done and what it would involve for you.

Why is this study being done?

To get feedback on the eating disorder prevention programme you attended at school. This will help make decisions about whether this programme should be introduced to other schools across the country and what changes you would recommend for the programme. Research has shown that spotting and treating eating disorders early leads to a more positive outcome for individuals. We therefore aim to help teachers and parents notice the signs of eating disorders early so that they can help young people as soon as possible with their eating difficulties.

Why have I been invited?

You have been invited to take part in this study because you have attended an eating disorder prevention workshop at school and we'd like your feedback and to hear how you found this.

Do I have to take part?

No. It is up to you to decide whether to join the study. However, if you do want to take part, your parent or carer will need to sign a consent form. You can change your mind about taking part at any time, without giving a reason.

What will happen if I take part?

1. You'll attend an eating disorder prevention programme if you haven't already.
2. You'll attend a meeting (around 1 hour with a 15-minute break in the middle) with up to 5 other students to feedback your experience and views of the workshop. You will be asked some questions and given the opportunity to raise any other thoughts, ideas or

concerns you have about the programme. This meeting will be recorded for the researcher to listen back to and write out, but this will be kept secure, and you will remain anonymous throughout.

3. You'll also be asked to fill out a short questionnaire about the workshop.

Will I be paid?

If you take part, you will be added into a prize draw and have the opportunity to win a gift voucher of up to £50.

What are the possible disadvantages of taking part?

This research study will involve discussions about eating disorders and may be distressing for some students. If you participate in the research and feel upset or uncomfortable at any time, you will be offered support by the research team and you are able to leave at any time if you wish to do so.

What are the possible benefits of taking part?

We hope that you will benefit from increasing your knowledge and confidence around eating disorders. Although we can't promise the study will help you directly, the information we get from this study will help to develop support for eating disorders in UK secondary schools in the future.

What will happen if I don't want to carry on with the study?

You are able to stop engaging with this research study at any time and you don't need to give a reason. If you don't wish to continue with the study, please tell any of the research team, or ask your parent(s) or carer to let us know, and you won't be asked to do anything else.

If you have already taken part in a group meeting, it wouldn't be possible to remove your contributions to the discussion and therefore all information you provided to the point of stopping would be used in the research. However, if you have not yet taken part in a group, all information provided by you up until that point will be destroyed.

What if there is a problem or I have a complaint?

Any problems or complaints raised during the study will be addressed. If you have a concern about any aspect of this study, you should ask to speak to me (Isabelle Philips) and I will do my best to address your concerns. You can also speak with your parent(s) or carers who can contact me and I will get back to you as soon as possible.

How will you use information from or about me and will it be kept confidential?

Yes, all information from and about you will be kept safe and secure throughout the research project and it will be coded so that you can't be identified. The information gathered within this research study will only be accessible to the main researcher, Isabelle Philips, and anonymised data may be shared with the research supervisors, Dr Anna Oldershaw and Dr Pooky Knightsmith and consultant, Jessica Parker. The information gathered will then be used to analyse the results and the findings will be used for future development of the prevention programme.

The only time when I would need to pass on information from you to someone else would be if, as a result of something you told me, I was worried about your safety or the safety of someone else.

What will happen to the results of the research study?

The results of this study will be written into a report which will be published and available to the public and can be requested by your parent(s) or carers. You will not be identified as a participant in any report of this study and all quotes will be anonymous.

Thank you for reading this information sheet and considering participation in this study. If you are interested in taking part, please ask your parents or carers to read their information sheet and sign and return the attached consent form to me via email (i.philps131@canterbury.ac.uk) or post (Isabelle Philps, Salomons Institute for Applied Psychology, Lucy Fildes Building, 1 Meadow Road, Tunbridge Wells, TN1 2YG).

Appendix 8: Consent Form for Adult Participants (teachers and parents)

Salomons Institute for Applied Psychology

One Meadow Road, Tunbridge Wells, Kent TN1 2YG

CONSENT FORM

(For teachers and parent participants)

Ethics approval number: ETH2223-0139

Version number: V1

Participant Identification number for this study: _____

Project Title: Eating disorder prevention in schools: an exploration of the feasibility and acceptability of an eating disorder prevention programme in UK secondary schools. Exploring the perspectives of parents and carers, teachers, and young people.

Name of Researcher: Isabelle Philps

Please read and sign this consent form if you wish to take part in this research study. Please initial all boxes below which you consent to. If you wish to opt out of any aspect of the research study, then do not initial that box. If you have any questions about any aspect of the study or this consent form, please contact the primary researcher, Isabelle, via email (i.philps131@canterbury.ac.uk).

1. I confirm that I have read and understood the attached information sheet (dated: _____ ; version: _____) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.	
3. I understand that once I have attended a focus group or interview, it is not possible to extract my data and therefore this will be retained for analysis. If I withdraw from the study prior to attending a focus group or interview, all my data will be destroyed and will not be used.	
4. I understand that all interviews and focus groups will be recorded and transcribed, and pseudonymised data collected during the study may be looked at by the research supervisors, Dr Anna Oldershaw and Dr Pooky Knightsmith. I give	

permission for these individuals to have access to the pseudonymised data gathered.	
5. I agree that anonymous quotes from my interview and other anonymous data may be used in the write up of this project.	
6. I agree for my anonymous data to be used in further research studies.	
7. I know how to contact the research team if I need to.	
8. I would like to be entered into the prize draw for the opportunity to win a £50 gift voucher. Please provide an email address for this gift voucher to be sent to if successful. Email:	
9. I agree to take part in the above study.	

Name of Participant _____

Date _____

Signature _____

Name of Person taking consent _____

Date _____

Signature _____

Appendix 9: Consent Form For Parents of Child Participants

Salomons Institute for Applied Psychology

One Meadow Road, Tunbridge Wells, Kent TN1 2YG

CONSENT FORM
(For parents of child participants)

Ethics approval number: ETH2223-0139

Version number: V1

Participant Identification number for this study: _____

Project Title: Eating disorder prevention in schools: an exploration of the feasibility and acceptability of an eating disorder prevention programme in UK secondary schools. Exploring the perspectives of parents and carers, teachers, and young people.

Name of Researcher: Isabelle Philps

Please read and sign this consent form if you wish for your child to take part in this research study. Please initial all boxes below which you consent to. If you wish to opt out of any aspect of the research study, then do not initial that box. If you have any questions about any aspect of the study or this consent form, please contact the primary researcher, Isabelle, via email (i.philps131@canterbury.ac.uk).

1. I confirm that I have read and understood the attached information sheet (dated: _____; version: _____) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2. I understand that my child's participation is voluntary and that I am free to withdraw their participation at any time without giving a reason.	
3. I understand that once my child has attended a focus group or interview, it is not possible to extract their data and therefore this will be retained for analysis. If I withdraw my child from the study prior to them attending a focus group or interview, all their data will be destroyed and will not be used.	
4. I understand that all interviews and focus groups will be recorded and transcribed, and pseudonymised data collected during the study may be looked at by the research supervisors, Dr Anna Oldershaw and Dr Pooky Knightsmith. I give	

permission for these individuals to have access to the pseudonymised data gathered.	
5. I agree that anonymous quotes from my child's focus group or interview, and other anonymous data, may be used in the write up of this project.	
6. I agree for my child's anonymous data to be used in further research studies.	
7. I know how to contact the research team if I need to.	
8. I would like my child to be entered into the prize draw for the opportunity to win a £50 gift voucher. Please provide an email address for this gift voucher to be sent to if successful. Email:	
9. I agree for my child to take part in the above study.	

Name of Child _____

Name of person providing consent and relation to child _____

Date _____

Signature _____

Name of Person taking consent _____

Date _____

Signature _____

Appendix 10: Assent Form For Students

Salomons Institute for Applied Psychology

One Meadow Road, Tunbridge Wells, Kent TN1 2YG

ASSENT FORM
(For child participants)

Ethics approval number: ETH2223-0139

Version number: V1

Participant Identification number for this study: _____

Project Title: Eating disorder prevention in schools: an exploration of the feasibility and acceptability of an eating disorder prevention programme in UK secondary schools. Exploring the perspectives of parents and carers, teachers, and young people.

Name of Researcher: Isabelle Philps

This form allows you to say whether you wish to take part in this research study or not. Please read the below points and tick all the boxes which you agree with. If you do not agree with any point, then please leave that box blank. If you have any questions about any aspect of the study or this form, please ask Isabelle in person or via email (i.philps131@canterbury.ac.uk).

All participants also require the consent of their parent prior to engaging with the study.

10. I confirm that I have read and understood the attached information sheet (dated:_____; version:_____) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
11. I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.	
12. I understand that once I have attended a focus group or interview, it is not possible to extract my data and therefore this will be retained for analysis. If I withdraw from the study prior to attending a focus group or interview, all my data will be destroyed and will not be used.	
13. I understand that all interviews and focus groups will be recorded and written up. Different names will be used in this write up so that individuals cannot be identified. I give	

permission for the research supervisors, Dr Anna Oldershaw and Dr Pooky Knightsmith to have access to the written data gathered.	
14. I agree that anonymous quotes from my focus group or interview, and other anonymous data, may be used in the write up of this project.	
15. I agree for my anonymous data to be used in further research studies.	
16. I know how to contact the research team if I need to.	
17. I would like to be entered into the prize draw for the opportunity to win a £50 gift voucher.	
18. I agree to take part in the above study.	

Name of participant _____

Date _____

Name of Person taking consent _____

Date _____

Signature _____

Appendix 11: Topic Guide For Focus Groups

Focus Group Question Guide

Questions highlighted in blue pertain to the research study being completed by the co-facilitator of the focus groups, Jessica Parker, who is leading on the wider research project around this eating disorder prevention programme and exploring effectiveness of the programme. The data obtained from these questions will not be analysed in this research study.

1. Introduction

- Group facilitators introduce themselves
- Group purpose and group rules
- Group members introduce themselves if they feel comfortable to

2. General feedback – How was the eating disorder prevention programme training for you?

- What has been helpful or positive about the programme?
- What has been less helpful or negative about the programme?
- Was the programme training what you were expecting or where you surprised by it?

3. Content of the programme – Do you feel that the information provided within the programme was useful and pitched at the correct level?

- Was there anything you were hoping for which wasn't covered in the programme?
- Were there any aspects of the programme content which you found difficult or painful to engage with? What support would you have liked with this?

4. Delivery of the programme - Were there any aspects of the programme delivery that you did or did not like? Why?

- How did you feel about the length of the programme session?
- How did you feel about the size of the group within the training session?
- How did you feel about the venue of the programme? Was this suitable and convenient?
- How did you find delivering the workshop? [*teachers only*]

[15-minute break]

5. Value of the programme – Do you think this programme is important and valuable? What are the benefits or challenges for the different stakeholder groups?

- What is the main thing you have taken away from participating in the prevention programme?
- How might this training inform your future practice?
- Has this training enhanced your confidence in talking to students about eating disorders?
- What would you now do if you were concerned a student might be experiencing the signs of an eating disorder?
- How likely do you think it is that you will continue to implement the ideas discussed within the prevention programme? What may be the barriers to this?

6. Changes or improvements – How do you think we can improve the training you receive before wider roll out?

- Was there anything missing from the training you received?
- What further training needs do you have with regards to eating disorders?

7. Any other feedback

- Do you have anything else that you would like to mention or feedback about the programme?
- What has it been like to be involved in this research?
- What are your next priorities as a school to enhance how you educate about wellbeing?

8. Ending

- Facilitators bring the discussion to a close and inform participants that they will be available for some time after the focus group if they wish to talk with us individually.
- Facilitators to inform participants that they can request to be provided with the outcome of the research and provide details of this accordingly.

Appendix 12: Acceptability Questionnaire

Focus Group Questionnaire

Please rate the below statements for how much you agree or disagree, circling the response which best matches your view.

I feel that eating disorder prevention programmes are valuable in secondary schools.

Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
------------------------	----------	-------------------------------	-------	---------------------

How much did you like or dislike the workshop you attended?

Strongly disliked	Disliked	No opinion	Liked	Strongly liked
-------------------	----------	------------	-------	-------------------

The workshop covered everything that I hoped it would cover.

Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
------------------------	----------	-------------------------------	-------	---------------------

I liked the length of the workshop.

Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
------------------------	----------	-------------------------------	-------	---------------------

How much effort did it take to attend and engage with the workshop?

No effort at all	A little effort	No opinion	A lot of effort	Huge effort
------------------	-----------------	------------	-----------------	-------------

Attending the workshop interfered with my other priorities.

Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
---------------------	----------	----------------------------	-------	------------------

I would like to see the eating disorder prevention programme continue within the school.

Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
---------------------	----------	----------------------------	-------	------------------

I would recommend the workshop to others.

Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
---------------------	----------	----------------------------	-------	------------------

I believe that the workshop will lead to changes within the school environment.

Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
---------------------	----------	----------------------------	-------	------------------

I believe that any changes made within the school environment will last long-term.

Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
---------------------	----------	----------------------------	-------	------------------

How acceptable was the workshop to you?

Completely unacceptable	Unacceptable	No opinion	Acceptable	Completely acceptable
-------------------------	--------------	------------	------------	-----------------------

I felt able to share my views of the workshop within my focus group.

Completely disagree	Disagree	Neither agree nor disagree	Agree	Completely agree
---------------------	----------	----------------------------	-------	------------------

Appendix 13: Debrief Letter and Signposting Provided to All Participants

Dear participant,

Thank you very much for taking part in this research project. It is hoped that the findings of this research will help to inform further development of eating disorder prevention programmes in schools, and offer support to young people as early as possible to maximise the chances of effective early intervention.

Now that the focus groups have been completed, the thoughts, reflections and ideas raised within these groups will be analysed and themes will be identified. If you wish to be sent the results of this analysis, then please email me on i.philps131@canterbury.ac.uk and I would be happy to send you a copy following the write up of the project.

If you have found any aspect of this research project distressing or have any concerns, please do not hesitate to get in contact with me at the above email address and we will arrange a debriefing space to explore this together. I am also enclosing information of support services which are available to you if you are experiencing distress.

If you have any other questions regarding the research that you have taken part in, please do not hesitate to get in contact.

Thank you again for your time and participation.

Kind regards,

Isabelle Philps
Trainee Clinical Psychologist
Canterbury Christ Church University

Support Services Available

Beat Eating Disorders (BEAT)

A UK charity offering information, support and guidance for anyone affected by eating disorders. They offer a free, confidential helpline, webchats, support groups and peer support.

Website: <https://www.beateatingdisorders.org.uk/>

Telephone: 0808 801 6770 (available 365 days a year from 9am-midnight on weekdays and 4pm-midnight on weekends and bank holidays)

Email: help@beateatingdisorders.org.uk



Talk ED

A UK peer-led eating disorders charity offering care, emotional support and practical guidance for anyone affected by eating disorders. They offer 1:1 support calls, peer support groups, befriending and e-courses.

Website: <https://www.talk-ed.org.uk/>

Telephone: You can book a 1:1 support call via their website - <https://talk-ed.bookafy.com/>



Eating Disorders Support

A UK charity offering support to anyone affected by eating difficulties. They offer a helpline, email support and self-help groups.

Website: <https://www.eatingdisorderssupport.co.uk/home>

Telephone: 01494 793223

Email: support@eatingdisorderssupport.co.uk



Mind

A charity offering support, information, and guidance for anyone affected by mental health difficulties.

Website: <https://www.mind.org.uk/>

Telephone: 0300 123 3393

Email: info@mind.org.uk



Rethink Mental Illness

A charity working to improve the lives of people affected by mental illness. They offer information and support groups and services and campaign to raise awareness of mental health.

Website: <https://www.rethink.org/>

Telephone: 0808 801 0525

Email: info@rethink.org



Shout

A free, anonymous and confidential text messaging support service for anyone in distress. This service is available 24/7 from anywhere in the UK.

Website: <https://giveusashout.org/>

Text: Text 'SHOUT' to 85258



Samaritans

A free, confidential support service offering support to anyone in emotional distress. They offer support through telephone calls and emails, and they also have a self-help app which can be accessed through their website.

Website: <https://www.samaritans.org/>

Telephone: 116 123

Email: jo@samaritans.org



Appendix 14: Overview of Recruitment Attempts

July 2023

- **School 2** and **school 3** rolled out the EDPP in their schools. Unable to collect data before summer holidays due to confusion of whether NHS ethics was required.

August 2023

- Unable to recruit or collect data due to summer holidays.

September 2023

- Emailed **school 2** and **school 3** to arrange focus groups during their first week back.
- **School 3** proposed 22nd or 28th September with students for 30 minutes. Longer duration required approval from the senior leadership team so agreed to wait for this to ensure all questions in the interview schedule could be asked. Approval was expected by the end of the week, however no response was received despite several email and phone call attempts for a couple of weeks. Eventually the 4th or 9th of October was proposed for student and teacher focus groups. 9th October was agreed by the researcher.
- **School 2** proposed 10th or 19th October for focus groups with students and teachers and 10th October was confirmed.
- The researcher attended train the trainers workshops for **school 1**, **school 4** and **school 5** to introduce herself, the research project being conducted, and their participation in this.

October 2023

- Focus groups at **school 2**, scheduled for 10th October are CANCELLED, due to no response from the school since the date was agreed, despite attempts to contact via email and phone by researcher and school contact in the Mental Health Support Team (MHST).
- Focus groups at **school 3**, scheduled for 9th October are CANCELLED, due to no response from the school since the date was agreed, despite attempts to contact via email and phone by researcher and school contact in the MHST. After this date, **school 3** got in contact again and proposed 17th November which was agreed by researcher.

November 2023

- During the first week of November, the researcher emailed **school 1**, **school 4** and **school 5** to check in on how the roll out of the EDPP is going in their schools and book in focus groups before Christmas holidays.
- **School 5** informed the researcher that they are not able to implement the EDPP at this time and will be rolling this out in the summer term. This school was therefore not eligible for recruitment for this study.

- **School 4** confirmed they had proceeded with the implementation of the programme and focus groups with students and teachers were scheduled for 18th December. Parent workshops were due to be delivered the following week, so recruitment of parents was planned to be completed here.
- **School 1** confirmed they had proceeded with the implementation of the programme and focus groups with students and teachers were scheduled for 14th December.
- Focus groups scheduled at **school 3** on 17th November were CANCELLED because the school did not send out consent forms to students' parents as requested. This was rescheduled to 22nd November, allowing time for consent forms to be sent and returned, however this was CANCELLED as no parents returned the consent forms. Attempted to continue with teachers' focus groups however no teachers available on the day.
- The researcher and MHST continued to attempt contact with **school 2** but did not get any response.

December 2023

- Focus groups at **school 1**, scheduled for 14th December, were CANCELLED at the last minute by the school due to timetabling issues and difficulty with staff cover. These were rescheduled to 26th January.
- Focus groups at **school 4**, scheduled for 18th December, were CANCELLED at the last minute by the school because the leading teacher was off sick and had not sent consent forms or handed over to another member of staff. Researcher spoke to the head teacher who confirmed focus groups could take place in the second week of January, and the 10th January was proposed.
- Attempted to make contact with **school 3** to reschedule the cancelled focus groups however did not get any response.
- **All schools** went on Christmas holidays and therefore recruitment was paused.

January 2024

- The researcher contacted **all schools** in the first week back to arrange focus groups.
- Focus groups at **school 1** were confirmed for 26th January and these were COMPLETED with 3 groups of teachers and one group of students.
- Whilst gathering parental consent for students' participation at school 1, provided an opportunity for parents to express interest in participating themselves by providing their email address for direct contact from the researcher. Three parents provided their email address and consented to being contacted and an email was sent to each parent with information about the study. No responses received.
- The researcher followed up with **school 4** in the first week in January to confirm focus groups on the 10th January however did not receive a response despite several attempts through email and phone. Focus groups on 10th

January were therefore CANCELLED due to lack of response from the school. Attempts to make contact continued throughout January.

- **School 2** proposed focus groups with students on 5th February which was agreed. It was felt that teachers would not be able to participate due to overwhelming demands and an upcoming Ofsted visit.

February 2024

- Student focus groups at **school 2**, scheduled for 5th February, were CANCELLED due to no returned consent forms from parents. Agreed to try and recruit again for rescheduled focus groups on 27th March.
- **School 4** responded, and 5th March was agreed as a new date for student and teacher focus groups.
- A follow up email was sent to the 3 parents who expressed interest in participating from school 1. No responses received.

March 2024

- Student and teacher focus groups scheduled at **school 4** on 5th March were CANCELLED due to the lead teacher being on long term sick again and no handover to other colleagues completed. Focus groups unable to be rescheduled prior to Easter holidays and the termination of recruitment.
- Student focus groups scheduled at **school 2** on 27th March were CANCELLED because only one student's parent provided consent and the student did not wish to participate alone. Whilst at the school, the researcher met with one teacher (the contact teacher) and COMPLETED an individual interview.

Appendix 15: Example Coded Transcript for Section B

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Appendix 16: Section B Theme and Subtheme Development

Theme	Subtheme	Example Codes	Example Quotes
Information	Information gained	Awareness of how to spot EDs Awareness of how to support others Consideration of exercise's role Detailed lessons EDs are an illness Increased knowledge of EDs Information about wider mental health Learning new information Relevance of content Signposting	<p>“Yeah, I thought they were useful because like our teacher told us how we can like kind of spot if someone had a problem” (Student)</p> <p>“Like I didn’t know that much but now after those lessons I know more about it” (Student)</p> <p>“It was good to sort of get a better understanding of some of the disorders that we wouldn’t necessarily consider to be disorders, if that makes sense?” (Teacher)</p> <p>“Like there was one about the signs of what to look out for, so yeah I thought that was very beneficial” (Teacher)</p> <p>“I think, you know, what was put together for the parent training was really good and it was really relevant” (Teacher)</p> <p>“I do think the kids learned an awful lot” (Teacher)</p>
	Missing content	Cast study example Hearing from someone with experience Lack of info around policies and procedures More depth needed More info on different EDs wanted Neurodiversity and eating Psychological models or frameworks Statistics	<p>“maybe like people talking about like if they have it, like talking about how it affects them” (Student)</p> <p>“I wanted a few more like videos” (Student)</p> <p>“I think maybe a bit more depth I could have found useful” (Teacher)</p> <p>“They like to be able to discuss things around statistics” (Teacher)</p>

			<p>"I thought ooh I reckon there's going to be staff that feel like, feel like they want to know more and I haven't got it" (Teacher)</p> <p>"There were a lot of other questions that I was interested in that it didn't get covered at all" (Teacher)</p> <p>"It's not a criticism of what's already there, it's, I just want a little bit more" (Teacher)</p>
	Practical resources	<p>Slides and booklet together</p> <p>Easy to follow</p> <p>Good videos</p> <p>Lesson plans to follow</p> <p>Resource bank to refer back to</p> <p>Signposting</p> <p>Useful lesson resources</p>	<p>"The resources were really robust and really easy to follow" (Teacher)</p> <p>"If I was doing it as a form teacher, that would be really helpful" (Teacher)</p> <p>"I was pleasantly surprised though if I'm honest though. I did like the lessons" (Teacher)</p> <p>"I liked the fact that some of the information was in the booklet and on the slide because if they didn't want to ask, it was there and they could take it away" (Teacher)</p> <p>"The kids love the booklet" (Teacher)</p>
	Skills-based resources	<p>Equipping teachers to have initial conversations</p> <p>Fears of saying the wrong thing</p> <p>Provided tools</p> <p>Tips of changes to help students</p>	<p>"I think it's worrying that you're gonna say something that's gonna make it worse" (Teacher)</p> <p>"Having like some sentence starters, I think it's always a really good way to um just to give you a little bit more in your locker, when you're in those situations" (Teacher)</p> <p>"It gave you sort of the tools that to have those discussions and actually be able to deal with those situations" (Teacher)</p> <p>"Being encouraged that if you think there's an issue, sometimes not stepping forward into it but just being there, being present and slowing down" (Teacher)</p>

			<p>“So that for me, it’s not so much of additional learning, it’s being reminded that actually the way we handle things matter” (Teacher)</p>
Appropriateness to students’ age and ability		<p>Accessible content Age appropriate Better for younger years Difficulty with abstract links Influence of ability Not age appropriate for year 9 Pace of programme Patronizing Teacher discretion and adaptations Well received by year 9 Year 9 vs other age groups</p>	<p>“It didn’t feel too simple or too advanced” (Student)</p> <p>“If you’d have taught it to like year 7 or 8, they would have felt like limited. They are less mature and wouldn’t understand” (Student)</p> <p>“You find that the students become a little bit more aware of their identity, how they are perceived by the outside world in the year 9” (Teacher)</p> <p>“I think some of like the wording as well as was a bit too young for them” (Teacher)</p> <p>“It’s very accessible, yeah, for the lower ability students because they don’t have to write a lot of things down” (Teacher)</p> <p>“But again, that’s different, different places, different schools, that’s going to be very different” (Teacher)</p> <p>“Because they were only year 8s, were they too young to understand the actual kind of message that we were trying to get across” (Teacher)</p> <p>“Some of them really found that quite difficult to get their head around” (Teacher)</p>
Emotional impacts		<p>Brought people together Encouraged open discussions Encouraged personal reflections Reducing isolation</p>	<p>“I feel like I’m able to help someone” (Students)</p> <p>“They don’t want to talk about it because they think they’re the only one that’s experiencing whatever they’re experiencing</p>

		<p>Students feeling more able to help others</p> <p>Students seeking support</p>	<p>and 99.9% of the time, they're not going to be the only person" (Teacher)</p> <p>"I've had some really good conversations with some of the girls who came up to me afterwards and said, you know, that was really good, what else can I do to, to manage, you know?" (Teacher)</p> <p>"Since then, it's really interesting, I thought myself and [colleague] said we've both become a lot more relaxed and not as, you know, so it is actually like we did like as an individual, um and it was, it was really good"(Teacher)</p>
Experience of the programme	Experience of lessons	<p>Delivery to students in PSHE lessons</p> <p>Different teachers delivering material differently</p> <p>Discussion helps engagement</p> <p>Form time vs PSHE</p> <p>Good engagement</p> <p>Group size</p> <p>Lesson length</p> <p>Maintained students' attention</p> <p>Space to ask questions</p>	<p>"I feel like that was the perfect amount of time because we've got everything in as well" (Student)</p> <p>"I liked the fact that we had discussions about it as like a whole class" (Student)</p> <p>"I think it could work in form. But I think it would be more beneficial in PSHE lessons, where it's the same teachers that are delivering the content" (Teacher)</p> <p>"The kids were really engaged" (Teacher)</p> <p>"What was really good is there was enough time for kind of tasks and discussions" (Teacher)</p> <p>"It [PSHE] was taken away from form time and made into a completely independent subject because there were too many people who did not want to have those difficult conversations" (Teacher)</p>
	Experience of whole staff-group training	<p>A lot of people to train</p> <p>Departmental training</p> <p>Different experiences of delivery method</p>	<p>"I think the length of the training for me was the right kind of amount of time" (Teacher)</p>

		<p>Feeling more equipped Group size Impactful training Increased confidence Length of training Reassurance Room space within school Pitched appropriately for teachers</p>	<p>“I think having just a little bit more discussion about it, so that you feel a little bit more confident dealing with those situations, I found quite beneficial” (Teacher)</p> <p>“Members of teaching staff that are busy doing their primary job of teaching all the time probably feel a little less confident in it so I think that probably within a subject department would be really useful” (Teacher)</p> <p>“I think it had impact because I had staff come see me almost immediately” (Teacher)</p> <p>“Because she did the course, she actually figured out that some of the children who go up to her room actually do have disordered eating” (Teacher)</p> <p>“So for me it was excellent and well worth it” (Teacher)</p> <p>“Like there's loads of online training for things to do with sex education and there's lots of things to do with and drugs and alcohol abuse but there isn't that much available for eating disorders separate from other things” (Teacher)</p>
	<p>Experience of train the trainers framework</p>	<p>Engaging facilitators Enjoyable training In person not online Teachers feeling equipped to deliver training to school Too long out of school Want more training</p>	<p>“It is quite nice when it is filtered down because if you've got any questions, you can ask the person that's done the training” (Teacher)</p> <p>“I didn't feel like I was left on my own to try and work out how to talk about them slides like that was great” (Teacher)</p> <p>“Some more time with some more content would have been brilliant” (Teacher)</p> <p>“It as a long time and I, schools just can't afford it” (Teacher)</p>

			<p>"I think if you do it online, unless you insist people have their cameras on, people wont engage" (Teachers)</p>
Student safety		<p>Choosing who they sit with Creating a safe space Giving students warning Knowing the students Mutual respect No supply teachers Students opting out</p>	<p>"She told us like before the lesson that if we got upset we can like, we can always go to her and talk about it" (Student)</p> <p>"With our tables we got to pick where we sat so then we felt comfortable with who we were sitting with" (Student)</p> <p>"I think it's really important that you know the students that are in your classroom" (Teacher)</p> <p>"I don't think it's a lesson that can be done by, that should be done by a supply teacher" (Teacher)</p> <p>"We spend a long time building up that trust. So the kids do see it as a safe space" (Teacher)</p>
Finding time	Finding time within school schedules	<p>Blocked out time for training Calendar booked a year in advance Considering when to do the lessons Fitting it into the curriculum Limited timeframe for delivery Not having PSHE structure to build into Timetabling logistics</p>	<p>"And I think sometimes the reality, the harsh reality is in the business of your day and with everything else that we have with us at school" (Teacher)</p> <p>"I think trying to find time in school is the biggest issue" (Teacher)</p> <p>"The roll out of training to staff here, that was tough" (Teacher)</p> <p>"Simple things like logistically trying to make sure it happened before Christmas, but not wanting their last lesson before Christmas about eating disorders" (Teacher)</p> <p>"I think in terms of being an education environment like the secondary school, it needs more time" (Teacher)</p> <p>"I just don't have capacity at the moment to actually roll it out" (Teacher)</p>

			<p>“The training I did with staff, it was after school, hence why I only had a handful because it’s not directed time, so staff won’t come if they don’t have to” (Teacher)</p>
	Frequency and repetition	<p>Frequency of delivery Keeping conversations live between trainings Remembering the content Revisiting across year groups</p>	<p>“So say we did it in year 9, like start of year 9 and we could do it at the end of year 9 as well” (Student)</p> <p>“Trying to get that information to stick for me is repetition” (Teacher)</p> <p>“Like a one-off training is nice as it is, to put it on people’s radar, to really embed it in somebody’s way of working or understanding I think it needs to be something that’s revisited” (Teacher)</p> <p>“So definitely the idea of year seven and re-visiting in year nine I think would be very beneficial” (Teacher)</p> <p>“I think it would be really good even if there was almost like a kind of a younger version of the programme and then an older version” (Teacher)</p>
Community buy-in	Support and buy-in from senior leadership	<p>Buy in from senior leadership Flexibility of school to access training Existing curriculum and it’s flexibility Protected time for training</p>	<p>“For us, as I say, we did it in department time so it was already blocked out” (Teacher)</p> <p>“the SLT are amazing in wellbeing from a staff point of view so PSHE is a timetabled lesson, it’s not a tag on” (Teacher)</p> <p>“I think we’re quite lucky in this school that there is a lot of good training and a lot of priority and money is put into that sort of thing”</p> <p>“At a school like this, they would do that. Whereas for another school it would be a different matter” (Teacher)</p>
	Whole school approach	<p>Bigger impact with everyone on board Different roles within the school</p>	<p>“We’ve got people that are trained within school that we can pass on to as we need, but it still gave you the tools to deal with the initial end of it so its’ really useful I think” (Teacher)</p>

		<p>Different starting knowledge bases Navigating school politics Teachers discomfort and avoidance Working as a whole school team</p>	<p>“Some teachers don’t really engage with things that are outside of their curriculum specialism” (Teacher)</p> <p>“I just feel when the surface is only scratched, them staff that are avoiding them difficult conversations, I think they’re gonna remain in that bubble of not wanting to take on the difficult conversation” (Teacher)</p> <p>“I think if you have all staff invested then it would be, it will have bigger impact” (Teacher)</p> <p>“It’s just about trying to navigate the politics of the school” (Teacher)</p>
	<p>Parents’ engagement</p>	<p>Context and timing influences Difficult getting attendance Engaging for parents who attended Lack of parent engagement in other areas Online helps</p>	<p>“I wouldn’t say there’s like huge turnouts don’t get me wrong but probably more because there’s more time to put this on the calendar” (Teacher)</p> <p>“That was quite a big ask to get parents involved. You know, it’s winter, it’s dark at four and all of those things” (Teacher)</p> <p>“We tried at the end of July but we didn’t get anybody” (Teacher)</p> <p>“Those that were there were really engaged in it” (Teacher)</p> <p>“It it’s online, like online parents evening, they tend to engage more, but anything kind of in school, it really is like beating your head against a brick wall” (Teacher)</p> <p>“It is really hard to engage parents, you know, because they have their own lives and nobody knows what they went on, you know, in their lives”</p>

Appendix 17: Abridged Research Diary extracts

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Appendix 18: End of Study Report for Canterbury Christ Church University Ethics Committee

Dear Salomons Ethics Committee,

I am writing to you regarding my major research project which was granted ethical approval in April 2023 and is now complete. I include below a summary of this research project and the key findings from this for your information.

Major Research Project Title: Eating disorder prevention in schools: an exploration of an eating disorder prevention programme in UK secondary schools. Exploring the perspectives of parents and carers, teachers, and young people.

Background:

Young people are at increased risk of developing an eating disorder, a mental health difficulty which can have significant impacts on an individual's mind and body. With this in mind, eating disorder prevention programmes have been implemented in school settings, and research to date has shown benefits in reducing risk factors and promoting protective factors of eating disorders for young people. However, limited research around school-based eating disorder prevention programmes exists within the UK context and therefore this is an area that has required further exploration.

Rationale:

Due to the limited research of eating disorder prevention programmes within UK schools, a new eating disorder prevention programme, "Body and Mind" was created for implementation within UK secondary schools. This new programme is within its early development stages and is therefore being explored within an initial feasibility trial, prior to wider implementation in additional schools. This study sat within the wider feasibility trial, focusing on the acceptability of the programme.

Aims:

The aim of this study was to explore the acceptability of the eating disorder prevention programme in secondary schools, exploring the perspectives of key stakeholders including students, teachers and parents and carers. The questions explored were:

- 1) Does the eating disorder prevention programme meet the feasibility progression criteria pertaining to acceptability of programme content and delivery, when considered from the perspectives of different stakeholder groups?
- 2) What factors contributed to the acceptability outcomes of this eating disorder prevention programme?

Method:

This was a qualitative study whereby focus groups and individual interviews were conducted with eight students and seven teachers. Attempts were made to recruit parents however this was not successful and therefore no parents participated in this study. Thematic analysis was conducted on the data to identify themes within and between stakeholder groups.

Results:

Thematic analysis identified eight overarching themes and twelve subthemes. The main themes were information, resources, appropriateness to students' age and ability, emotional impacts, experience of the programme, student safety, finding time, and community buy-in.

Overall, the content and delivery of the eating disorder prevention programme was deemed acceptable by both students and teachers, with students indicating a greater sense of acceptability than teachers. The topic was considered highly relevant and important for this adolescent age group and had great value for the school community. However, the programme may benefit from additions including more depth to the information provided and the inclusion of the insight of individuals or families with lived experience of eating disorders. Additionally, flexibility in the age group to which the programme is delivered was recommended.

Furthermore, challenges were faced in relation to school's engagement and limited time to incorporate the programme into their already busy schedules. It appears that senior leadership teams' prioritisation of such programmes is influential in their success. Parents were also difficult to engage and therefore further exploration of barriers and facilitators to parents' engagement is required.

Considering these themes and recommendations, the “Body and Mind” eating disorder prevention programme shows promise for valuable implementation in secondary schools. Addressing the recommendations would increase the acceptability across stakeholder groups and should be considered and incorporated as the programme develops going forwards.

Dissemination:

A summary of the findings of this study have been shared with participants. Additionally, findings have been shared with the programme’s developers who will consider this as they take the programme forwards and explore wider implementation.

If you would like further information regarding this study and the findings, please do not hesitate to contact me on i.philps131@canterbury.ac.uk and I would be happy to discuss this.

Kind regards,

Isabelle Philps

Trainee Clinical Psychologist

Appendix 19: End of Study Report for Participants

Dear participant,

Firstly I would like to thank you for your participation in the research study about the eating disorder prevention programme rolled out in your school. It was of great value to hear about your experiences of this programme, including what you liked about it and your suggestions for how the programme could be improved. This study has now been completed and I am writing to you regarding the findings.

This study aimed to explore the perspectives of students, teachers and parents and carers, to consider the acceptability of the content and delivery approach of the programme, and factors which contributed to this. Unfortunately no parents opted to participate in this study and therefore their perspectives were not captured, and results are based only on the perspectives of students and teachers.

The data collected through focus groups and individual interviews were analysed and the findings are summarised below.

Overall, the content and delivery of the eating disorder prevention programme was acceptable to both students and teachers, with students indicating a greater sense of acceptability than teachers. The topic was considered highly relevant and important for this adolescent age group and had great value for the school community. However, the programme may benefit from additions including more depth to the information provided and the inclusion of the insight of individuals or families with lived experience of eating disorders. Additionally, flexibility in the age group to which the programme is delivered was recommended.

Furthermore, challenges were faced in relation to school's engagement and limited time to incorporate the programme into their already busy schedules. It appears that senior leadership teams' prioritisation of such programmes is influential in their success. Parents were also difficult to engage and therefore further exploration of barriers and facilitators to parents' engagement is required.

Considering these themes and recommendations, the "Body and Mind" eating disorder prevention programme shows promise for valuable implementation in secondary schools. It is believed that addressing the recommendations identified

within this study will increase the acceptability of the programme to students, teachers, and parents and carers. This has been fed back to the programme's creators and this will facilitate further development of the programme going forwards.

If you are interested and would like further information about this study and its findings, please do not hesitate to contact me at i.philps131@canterbury.ac.uk and I would be happy to discuss this further with you.

Thank you again for your participation. This has been of great value in the development of eating disorders focused education and support in schools.

Kind regards,

Isabelle Philps

Trainee Clinical Psychologist

Appendix 20: European Eating Disorders Review Author Guidelines

This has been removed from the electronic copy.