

Rebecca Quinlan – Written evidence (NPS0023)

Biography

As an adolescent I was a competitive athlete, being ranked in the top 30 in the UK as a teenager for the 400 metre hurdles, and I hoped to pursue it as a career. However, from the age of 14 I was trying to lose weight in order to become a better runner. It was when I started at Loughborough University and was training with athletes competing in the Olympics, Commonwealth Games and world championships, that anorexia truly started to take over my life. My dreams of becoming an Olympian slipped away as I fell into the grips of anorexia. I was admitted to an eating disorder hospital on the brink of death. For several years later, I was a revolving door patient and, on each admission into hospital, I was told it was touch and go if I survived. I am now in recovery and achieved a distinction in my Masters in Sport and exercise Physiology, after graduating from Loughborough University in 2015 with First Class Honours in Sport and Exercise Science. I am now a public speaker and deliver talks on eating disorders to universities, sports clubs, businesses and schools.

The following evidence addresses questions 4, 7, and 8:

Prioritising mental health, what can be done to improve duty of care, and how can national governing bodies be more accountable.

What is the issue?

1. Level 1 Coaching qualifications in sport do not provide education on eating disorders.
2. Many coaches do not know how to spot the signs and symptoms of eating disorders or what to do if they are worried about someone.

Why is this a problem?

1. Athletes are at greater risk of developing eating disorders or disordered eating than the general population
2. Because all athletes (both elite & amateur) are at risk of eating disorders, coaches need the knowledge of how to help prevent eating disorders, to spot the signs/symptoms and know how to intervene/help.
3. Offering optional mental health/eating disorder CPD courses further along the coaching pathway is not adequate to ensure that all coaches of all levels are equipped with the necessary knowledge and awareness of eating disorders.

How do you know this is an issue – The Evidence

Athlete ED statistics

- Prevalence of eating disorders is higher in athletes than the general population (13.5% vs 4.6%) (UK Sport - Sundgot-Borgen 2004)
- Prevalence in female athletes is 20%, male athletes is 7.7% (UK Sport - Sundgot-Borgen 2004)
- When disordered eating is included, the prevalence in athletes is estimated between 6-45% (Australian Institute of Sport 2020; Karrer 2020)
- 16% of 181 UK ranked middle/long distance female runners had an eating disorder (Hulley & Hill 2001)

FOI from UK sport

- A Freedom of Information request from UK Sport outlined that eating disorders are not covered on any level 1 coaching qualifications as a standard practice (UK Sport 2020)
- UK Sport indicated that National governing bodies can choose to add it or offer it as a standalone CPD opportunity (UK Sport 2020).
- However, across all sports there is no evidence that any governing bodies have chosen to do this within the level 1 Coaching qualification. If any eating disorder training is offered, the majority of sports provide this as extra CPD once coaches have become more highly qualified. (UK Sport)
- For example, British Athletics offer a course on Mental wellbeing in sport and physical activity however, this is an optional course and not included in any level of their coaching qualifications (British Athletics)

Research demonstrating coaches lack of knowledge of EDs

- Two thirds of elite coaches did not consider eating disorders an issue in their sport despite the majority of them having coached athletes with eating disorders (Nowicka 13).
- Coaches lacked the capacity to identify eating disorders, & know where/how to find & access support services for eating disorders, regardless of coaching level & whether training elite or club level athletes (Nowicka 2013; Plateau 2015).
- Coaches do not have the knowledge to recognise the signs & symptoms of eating disorders & do not know how to approach athletes with a suspected problem (Sherman 2005)
- In an American study, only 1 in 4 coaches felt confident in identifying an athlete with an eating disorder (Vaughan 2004)
- US study of head coaches from NCAA found that coaches were not effective in identifying athletes with eating disorders/disordered eating (check nowicka)
- "Coaches are insufficiently prepared for early intervention in cases of eating disorders in athletes." (Nowicka 2013).

What can be done to improve duty care and to prioritise mental health?

1. Compulsory eating disorder education on all level 1 coaching qualifications.

2. Increased eating disorder education across the whole coaching pathway

Why is education needed?

Benefits of education

- Educational programmes are the optimal method to prevent disordered eating and eating disorders (AIS & NEDC 2020)
- Early identification of disordered eating and eating disorders results in better treatment outcomes (Australian Institute of Sport & NEDC 2020)
- Educational programmes delivered to coaches have been found to be successful in improving coach's knowledge about eating disorders in athletes and how to recognise an eating disorder. (number 3)
- A 1 year eating disorder education course resulted in coaches developing significantly higher eating disorder knowledge scores than controls, and none of their athletes developed an eating disorder compared to 13% of athletes with coaches in the control group (number 6)

Professional Recommendations for education

- International Olympic Committee recommends that coaches should be provided with specific eating disorder knowledge and skills to better detect, manage and prevent eating disorders (Number 6)
- Australian Institute of Sport recommend that there are mandatory structured educational and behavioural programmes for all coaches and athletes. (number 2)
- AIS recommend that all coaches complete an initial comprehensive education programme followed by regular refresher sessions (AIS & NEDC 2020).

The importance of education on Level 1 Qualifications

- Education will empower coaches to have confidence in their ability to identify and prevent eating disorders and provide appropriate advice (number 6)
- Difficulties experienced by coaches regarding eating disorders occur regardless of coaching level (Nowicka 2013). Therefore, starting education at Level 1 would be beneficial.
- Any coach at any level should have knowledge of eating disorders & how to seek support for their athletes (Plateau 2015).
- Club based coaches training sub elite athletes stated that finding and accessing support was a particular problem (Plateau 2015)
- Coaches lack of confidence and knowledge of eating disorders can prevent them taking appropriate action (Plateau 2015).

The role of the coach

- Coaches play a key role in identifying eating problems and helping athletes seek support (Plateau 2015)

- General signs of eating disorders may be harder to identify in sporting environments (AIS & NEDC 2020) & therefore increased training and awareness is needed. For example, excessive exercise can be masked by a desire to train.
- Because coaches have regular contact with their athletes, they are in a unique position to identify early signs and symptoms of eating disorders, help prevent the development of eating disorders, & to direct athletes to professional support (Number 6; Selby & Reel 2011; Nowicka 2013).
- Athletes with eating disorders/disordered eating are most likely to seek support if the coach has encouraged them to (Gulliver 2012)
- Athletes with eating issues stated that coach intervention and enforced training reductions were useful & necessary strategies to encourage seeking help & recovering (Arthur-Cameselle & Baltzell 2012).

Dangers of limited coaching knowledge of EDs

- Coaches assumed eating disorders would be prevented with appropriate nutritional information (Number 6)
- Education of nutrition is not adequate to prevent and detect eating disorders – knowledge of eating disorders and weight regulation is not related to nutritional knowledge (number 6)
- 33% of male adolescent athletes and 13% of female adolescent athletes indicated that they were trying to lose weight as directed by their coach (Number 6)
- Coaches attitudes and behaviours towards athlete weight have been identified as potential triggers of disordered eating (Plateau 2015)
- Research elite Swedish coaches found that coaches stated it was difficult & uncomfortable to talk to their athletes when they observed signs of eating disorders (Nowicka 2013)
- Coaches lack of confidence and knowledge of eating disorders can prevent them taking appropriate action (Plateau 2015).

The dangers of EDs

- Athletes are at greater risk of eating disorders and disordered eating than the general population
- Eating disorders can develop at any level in any sport (Plateau 2015).
- Eating disorders and disordered eating can result in REDS and low energy availability in athletes – effects include impairment to bone health, growth & development, cardiovascular systems, immune systems, and menstrual function (Australian Institute of Sport & NEDC 2020).

25 January 2021