



# **Australian Sailing Disordered Eating Guidelines**

**Version 1.0**

***1 April 2023***

# Contents

## Preface

## Review history

## PART A – Australian Sailing’s Disordered Eating Guidelines

1. Introduction
2. Purpose of this guideline
3. Who does this guideline refer to?
4. Organisational responsibilities
5. Individual responsibilities
6. Healthy sport system
7. Management of disordered eating
  - 7.1 Early identification
  - 7.2 The Core Multidisciplinary Team (CMT)
  - 7.3 Screening and diagnosis
  - 7.4 Menstrual function in female athletes
  - 7.5 Low energy availability and other signs of RED-S
8. Prevention of disordered eating
  - 8.1 Education
  - 8.2 Optimised nutrition
  - 8.3 Role of body composition
  - 8.4 Body image
  - 8.5 Use of language
  - 8.6 Transition periods
9. Other considerations
  - 9.1 Eating Disorder treatment
  - 9.2 Return to Sport
  - 9.3 Working with minors
  - 9.4 Para athletes
  - 9.5 Making weight
  - 9.6 Travel

## PART B – APPENDIX

1. Definitions
2. The AIS-NEDC Position Statement on Disordered Eating in High Performance Sport
3. Australian Sailing Athlete Development Framework
4. Australian Sailing National Training and Testing Guidelines
5. AIS Body Composition Assessment | Considerations Relating to Disordered Eating
6. RED-S Return to Play Clinical Assessment Tool
7. Australian Sailing’s Child Safeguarding Policy

# Preface

Australian Sailing has a clear commitment at the highest level to providing a safe sporting environment that works proactively for the prevention and early identification of disordered eating in athletes. Australian Sailing seeks to provide a safe sporting environment that promotes early identification of disordered eating to prevent eating disorders and is committed to training and upskilling all role holders with relevant skills in this area. All role holders within the organisation, including athletes, family members, coaches, performance support team members and Australian Sailing staff have a responsibility to support a safe sporting environment. In addition, all role holders have the right to expect that the sporting environment in which they work is safe and supportive. These guidelines set out the actions that are implemented by Australian Sailing to assist in providing this safe sporting environment as it relates to Disordered Eating and Eating Disorders.



Australian Sailing

3 May 2023

## Review history of Australian Sailing Disordered Eating Early Identification and Prevention Guidelines

Version	Date reviewed	Date endorsed	Content reviewed/purpose
One	April 2023		Created guidelines
Two			
Three			

## **PART A: Australian Sailing's Disordered Eating Guidelines**

### **1. Introduction**

Disordered eating (DE) and eating disorders (EDs) are serious and complicated issues that can affect the health, wellbeing, and performance of ALL athletes across the high performance pathway, from junior to senior levels (see [Appendix 1](#)). Australian Sailing endorses the Australian Institute of Sport (AIS) and the National Eating Disorders Collaboration (NEDC) Position Statement on Disordered Eating in High Performance Sport (see [Appendix 2](#)). These guidelines apply to all Australian Sailing Programs including the Australian Sailing Team (AST), Australian Sailing Pathway Team (ASPT) and State Sailing Performance Programs (SSPP). This guideline is to be read in conjunction with the Position Statement.

### **2. Purpose of this guidelines**

The Australian Sailing Disordered Eating Guidelines aim is to assist our organisation to implement the practices required to provide a healthy sport system. The appropriate management, early identification and prevention of DE in our athletes is important in view of the significant ramifications on an athlete's health (both mental and physical) and performance. We prioritise the health and wellbeing of our athletes and believe all role holders in our sporting system have a part to play.

These guidelines have been endorsed by Australian Sailing's High Performance Management Team and will be promoted and posted on the AST website ([australiansailingteam.com.au](https://australiansailingteam.com.au)) in April 2023 and will operate until updated or replaced.

### **3. Who do these guidelines apply to?**

These guidelines apply to all role holders within Australian Sailing, including, but not limited to:

- Athletes
- Family and athlete support system
- CEO and Board members
- Executive and corporate support staff (for example marketing and sponsorship, communications, administration, reception/front of house, human resources)
- High Performance Director
- Technical Director
- Coaches
- Performance Support Manager
- Performance Pathways Manager
- Chief Medical Officer
- The DE Core Multidisciplinary Team (CMT) of psychologist, doctor and sports dietitian
- Performance Support Team members (for example sports dietitians, psychologists, performance analysts, skill acquisition staff, soft tissue therapists, physiotherapists, strength and conditioning coaches, physiologists, AWE advisors)
- Other HP staff including operations, administration and tech team.

Australian Sailing recommends that all State Institutes/Academies of Sport and Clubs adopt this guideline.

## 4. Organisational responsibilities

Australian Sailing will:

- Adopt, implement and comply with these guidelines.
- Publish, distribute and promote these guidelines.
- Promote and model appropriate standards of behaviour at all times.
- Receive and acknowledge any complaints or concerns made under these guidelines in a timely manner.
- Investigate any breaches of these guidelines in an appropriate manner.
- Monitor and review the guidelines regularly.

## 5. Individual responsibilities

Individuals bound by these guidelines must:

- Make themselves aware of the contents of these guidelines.
- Comply with all relevant provisions of the guidelines.
- Place the health and wellbeing of athletes above other considerations.
- Be accountable for their behaviour.
- Seek to engage in upskilling opportunities when available and as required.

## 6. Healthy sport system

A healthy sport system is needed to support and nurture our athletes. At Australian Sailing we support the values and actions within this document. Australian Sailing actively works to facilitate a welcoming environment and culture that embraces the 'Win Well' pledge of balancing ambitious sporting goals with cultures that are safe, fair, and supportive, and instil the critical foundation of a healthy sport system. We recognise that how we treat all members of our organisation is important, most importantly our athletes. The appropriate management, early identification and prevention of DE are the outcomes of a healthy sport system and will be discussed individually in more detail below.

## 7. Management of disordered eating

### 7.1 Early identification

Australian Sailing recognises that early identification of changes in an athlete's thoughts around their body image and/or eating behaviours (along the spectrum of eating behaviour) is important in allowing a greater opportunity for reversal and recovery (see [Appendix 1](#)). Timely identification and intervention are ideal.

Australian Sailing acknowledges that all role holders within Australian Sailing have a role to play in the early identification and prevention of disordered eating and recommends that anyone bound by these guidelines should refer suspected cases of DE to the Core Multidisciplinary Team (see below).

### 7.2 The Core Multidisciplinary Team (CMT)

Australian Sailing recognises that the profession of the CMT provides a vital function in the early identification, assessment, diagnosis, treatment (where appropriate) and referral (as required) of DE and EDs. For the high performance program, Australian Sailing will:

- Establish a CMT of AS Chief Medical Officer (CMO), AS Nutrition Lead (sports dietitian) and AS Lead Psychologist. Where necessary/appropriate, program partners and/or external providers may be providing clinical treatment, for

example, NIN practitioners and/or the AIS Mental Health Referral Network. Within reason, and as appropriate, the AS CMT should be kept informed of this.

- Develop communication channels within the CMT and from the CMT to the broader support team.

### 7.3 Screening and diagnosis

Australian Sailing recognises that the most useful tool in assessing the presence of DE or an ED in an individual athlete is a clinical interview with one or all members of the CMT. Should a role holder at Australian Sailing be concerned about the wellbeing of the athlete, as it relates to eating behaviours, a prompt referral to the CMT should be made.

Concerning behaviours/scenarios may include, but are not limited to:

- Difficulties shifting disordered eating behaviours back towards optimised nutrition (See [Appendix 1](#))
- Restrictive eating habits
- Poor energy levels or ability to complete training
- Recurrent injury or illness
- History of an eating disorder and showing a resurgence of symptoms

### 7.4 Menstrual function in female athletes

Australian Sailing recognises the importance of normal menstrual function in our female athletes. Australian Sailing encourages athletes to monitor their menstrual function from a health perspective. Any menstrual irregularities should be investigated with a doctor.

### 7.5 Low energy availability and other signs of Relative Energy Deficiency in Sport (RED-S)

Australian Sailing recognises that DE can occur in isolation or in combination with low energy availability (LEA), and their interaction and associated forms of presentation should be properly identified to reduce the risk of poor health and wellbeing outcomes. Athletes should be referred for appropriate professional assessment and support in the circumstances below:

- Any athlete with known or suspected DE
- Any athlete with known or suspected LEA
- Any athlete who is diagnosed with a bone stress injury and/or identified with menstrual dysfunction
- Any athlete with recurrent injuries and/or illnesses

Athletes who are identified in these categories should be provided with ongoing monitoring, support and regular review.

## 8. Prevention of disordered eating

Australian Sailing recognises the ideal of preventing DE and EDs within the high performance sporting environment via education, support for optimised nutrition and positive body image in athletes, and appropriate assessment of body composition.

### 8.1 Education

At Australian Sailing we support the ongoing education of our coaches, performance support staff, athletes, and athlete support system to assist in early identification and prevention of disordered eating.

### 8.2 Optimised nutrition

Australian Sailing recognises that athletes should be able to access nutrition support throughout the Australian Sailing Performance Pathway and within the ASPT/AST that meets the criteria for optimised nutrition; a harmony between health and performance underpinned by concepts that are safe, supported, purposeful and individualised. An appropriately

qualified and experienced sports dietitian should provide the nutritional education to athletes, and role holders within the organisation will be supported to identify when a referral to an appropriately qualified sports dietitian is warranted.

### 8.3 Role of body composition

Where body composition plays a role in sports performance, this role can be understood and integrated into an appropriate personalised plan for each athlete. Australian Sailing recognises that the assessment of body composition is a common part of athlete assessment and needs to be appropriately implemented to safeguard the athlete's health and well-being. Appropriate implementation includes a range of considerations including but not limited to the need for assessment, selection of assessment technique/s, informed consent, athlete history, implementation of protocols and dissemination of results. Athlete permission to share results within the relevant performance support team or with other high performance staff members should also be sought.

The CMT should be the primary people involved in body composition discussions with an athlete. In the case where another member of staff (including a coach or member of the performance support team), is required to be involved in body composition discussions with the athlete, consultation with the CMT is recommended.

Australian Sailing acknowledges the relevance of ideal body weight and composition for class in high performance sailing, and therefore a reason for testing body composition. The AS Athlete Development Framework ([Appendix 3](#)) and AS National Testing and Training Guidelines ([Appendix 4](#)) provide further detail and considerations for body composition assessment techniques. These AS guidelines are supportive of and in agreement with the Australian Institute of Sport's Body Composition Assessment Considerations (refer to [Appendix 5](#)).

### 8.4 Body image

Australian Sailing recognises that a positive body image is one of the protective factors that enable an athlete to be more resilient to developing DE or an ED. Appropriate support should be provided to athletes to encourage a positive body image, using activities targeted at groups and individuals. Positive body image in athletes is promoted through education and support for all role holders at Australian Sailing, not just for our athletes.

### 8.5 Use of language

Positive language should be used when speaking with and about athletes and their bodies. Athletes, coaches and performance support staff should receive education around such language. For example, the Eating Disorders in Sport Workshop should be completed by all staff as part of their employment with Australian Sailing.

Australian Sailing believes all bodies deserve to be treated with respect, no matter their size, shape, composition, colour or ability. The CMT should be consulted during the campaign planning and review process where body composition adjustment is identified as a performance priority, or at other times as identified below in section 8.6.

### 8.6 Transition periods

Australian Sailing recognises that there are several transition periods in an athlete's life that may place them at an increased risk of DE including, but not limited to:

- Early start of sport specific training
- Making a senior team at a young age
- Retirement (forced or voluntary)
- Non-selection or de-selection
- Injury, illness, surgery, time away from sport and training
- Changes in weight and/or body shape following injury or illness
- Major life transitions e.g. moving away from home, moving between schools, moving overseas
- Preparation for and competing in a benchmark event (e.g. in the selection process, the period prior to the event, during and after the event).

At Australian Sailing we should identify periods of elevated risk and provide appropriate support around the athlete at these times, with activities involving the coach, support staff or the CMT directly.

## 9. Other considerations

### 9.1 Eating Disorder treatment

In some cases, DE will progress to a diagnosable eating disorder (refer to [Appendix 1](#)). There are a number of diagnosable eating disorders, with an array of warning signs and symptomology. Where a role holder and/or the CMT are concerned about an ED, appropriate action should be taken to support the athlete.

Treatment of an athlete with a diagnosed eating disorder may be most appropriate through a clinical eating disorder treatment team, independent of the Australian Sailing sporting environment. Athletes may consent to an external treatment team sharing information with the Australian Sailing CMT in order to ensure consistent treatment and facilitate communication with other support staff, coaches and management if appropriate. There are times where the Australian Sailing CMT may be the only practitioners involved in an athlete's ED treatment. Australian Sailing should support and enable the AS CMT to undertake this role.

### 9.2 Return to sport

An athlete may need modification of or exclusion from training as part of the treatment of DE or ED. Any recommendations must be made with the CMT in partnership with any external treatment team. Australian Sailing CMT will work together with coaches and other performance team members to ensure an individual approach is taken to the athlete's training regime.

Whilst there are no specific DE or ED return to sport guidelines, for Australian Sailing athletes, the CMT should work together and with any external ED treatment team to ensure the return to sport of an athlete is appropriate for their individual case.

See [Appendix 6](#) for RED-S Clinical Assessment Tool (CAT) as an example of an exclusion and return to sport guideline.

### 9.3 Working with minors

Australian Sailing recognises working with minors requires appropriate care and consideration for this population. See Australian Sailing's Child Safeguarding Policy for more details ([Appendix 7](#)).

Whilst DE can occur at any age, we understand that adolescence is a formative time in the development of an athlete's body image and eating behaviour. Australian Sailing athletes and coaches of this age group should be provided with appropriate education and support to assist in the development of optimal body image and eating behaviours.

A registered medical professional is responsible for determining if and when an under-age athlete's family will be informed of DE or an ED. Whilst patient confidentiality is important, there are times when the athlete's family will need to be informed.

### 9.4 Making weight

Australian Sailing recognises that perceptions around "making weight" for weight categories/targets increases the risk of body image dissatisfaction, DE and EDs in athletes. Athletes and coaches should be provided with appropriate support including regular and ongoing access to the CMT.

### 9.5 Travel

Australian Sailing recognises its role in creating a safe environment during travel just as it does in our athlete's daily training environment (DTE).

- An athlete known to have an ED should have travel clearance from the CMT within their relevant treatment team



- If an athlete is identified as having a potential ED while travelling, the Australian Sailing CMO (whether they are travelling with the team or not) may recommend modification of training, competition, and travelling schedules, including returning the athlete home if it is in their best interests, physically and/or mentally
- Where an athlete's DTE is overseas, the CMT of Australian Sailing and the CMT in the athlete's DTE should work together to ensure due care and arrange appropriate access to the required medical, nutritional and psychological support.

# Appendix 1: Definitions

**Body image** – the perception that an athlete has about their physical self and the thoughts and feelings that result from that perception.

**Positive body image** – occurs when an athlete is able to accept, appreciate and respect their body. A positive body image is one of the protective factors that can make an athlete more resilient to developing an eating disorder.

**Body image dissatisfaction** – occurs when an athlete has negative thoughts and feelings about their body, and can result in a fixation on trying to change their body. This can lead to unhealthy food and exercise practices and increase the risk of developing an eating disorder.

**Core-Multidisciplinary Team (CMT)** – A team of professional practitioners (doctors, sports dietitians, psychologists) who collaborate in the management of disordered eating cases. In the Australian case this would be a Sports Doctor or General Practitioner, an Accredited Sports Dietitian and a Registered Psychologist, Clinical Psychologist or Sport Psychologist.

**Energy availability (EA)** – the amount of energy that is available to support the body's activities for health and function once the energy commitment to exercise has been subtracted from dietary energy intake. Energy availability = (Energy intake – Energy cost of exercise)/kg fat free mass.

**Low energy availability (LEA)** - occurs when there is a mismatch between energy intake and exercise load, leaving insufficient energy to cover the body's other needs. It may arise from inadequate energy intake, increased expenditure from exercise, or a combination of both, and is either advertent or inadvertent.

**Relative energy deficiency in sport (RED-S)** – the syndrome of impaired physiological function including, but not limited to, metabolic rate, menstrual function, bone health, immunity, protein synthesis and cardiovascular health that arises from low energy availability.

**Spectrum of eating behaviour** – in the high performance athlete, from optimised nutrition to disordered eating to an eating disorder. All athletes sit on this spectrum and individuals move back and forth along the spectrum at different stages of their career, including within different phases of a training cycle.



**Optimised nutrition** – involves a safe, supported, purposeful and individualised approach. It promotes healthy body image and thoughts about food, and is adaptable to the specific and changing demands of an athlete's sport.

**Disordered eating (DE)** – may range from what is commonly perceived as normal dieting to reflecting some of the same behaviour as those with eating disorders, but at a lesser frequency or lower level of severity. DE can occur in any athlete, in any sport, at any time, crossing boundaries of gender, culture, age, body size, culture, socio-economic background, athletic calibre and ability.

**Eating disorder (ED)** – A serious but treatable mental illness with physical effects that can affect any athlete. Feeding and eating-related disorders are defined by specific criteria published in the diagnostic and statistical manual of mental disorders (DSM-5) which include problematic eating behaviours, distorted beliefs, preoccupation with food, eating and body image, and result in significant distress and impairment to daily functioning (e.g. sport, school/work, social relationships).

**Appendix 2: [The AIS-NEDC position statement on disordered eating in high performance sport](#)**

**Appendix 3: [Australian Sailing Athlete Development Framework](#)**

**Appendix 4: Australian Sailing National Training and Testing Guidelines**

**Appendix 5: [Body Composition Assessment: Considerations related to Disordered Eating](#)**

**Appendix 6: [RED-S Return to Play Clinical Assessment Tool](#)**

**Appendix 7: [Australian Sailing's Child Safeguarding Policy](#)**