



DEPARTMENT OF THE NAVY
UNITED STATES NAVAL ACADEMY
COMMANDANT OF MIDSHIPMEN
ANNAPOLIS MARYLAND 21402-1300

COMDTMIDNINST 6100.1B
MDC
APR 05 2018

COMMANDANT OF MIDSHIPMEN INSTRUCTION 6100.1B

From: Commandant of Midshipmen, U.S. Naval Academy

Subj: PREVENTION AND MANAGEMENT OF EATING DISORDERS

Ref: (a) Position Statement on Over-The-Counter Dietary Supplements
(b) DoDI 6490.04, Mental Health Evaluations of Members of the Military Services

1. Purpose. To provide guidance for the prevention and management of eating disorders in the Brigade of Midshipmen, and to implement the Eating Disorders Program.

2. Cancellation. COMDTMIDNINST 6100.1A.

3. Scope and Applicability. All personnel assigned to the U.S. Naval Academy (USNA) shall familiarize themselves with the Prevention and Management of Eating Disorders' regulations and policies listed in references (a) and (b).

4. Background

a. Disordered Eating and Eating Disorders

(1) Diagnosable eating disorders are prevalent among college students and are typically preceded by a pattern of unhealthy eating, unhealthy exercise habits, and/or poor coping/stress management strategies. These unhealthy patterns of disordered eating and poor coping must be addressed to prevent eating disorders.

(2) USNA survey results reveal that the eating behaviors and attitudes of plebes during Plebe Summer are not substantially different than those of other college students; however, these results also consistently reveal that the number of midshipmen reporting disordered eating symptoms at least doubles during the course of their plebe year. Midshipmen may be particularly at risk for disordered eating because of the nature of the students that the USNA attracts and selects (i.e., perfectionistic, ambitious, and high achieving students and athletes) and because of the nature of the USNA experience (i.e., pressure of weight standards; increased stress; perceived lack of control; emphasis on competition, perfection, and appearance).

(3) Eating disorders are traditionally more likely to be a problem for females; however, given the greater number of males at the USNA combined with recent trends in the larger culture

toward an increasing number of men with eating disorders, recent USNA surveys suggest that as many male midshipmen struggle with disordered eating problems as female midshipmen. Furthermore, athletes of both genders involved in sports that emphasize appearance, have weight requirements, and/or require lean body mass and endurance are at higher risk for developing an eating disorder.

(4) Individuals who struggle with disordered eating can be among the most ambitious, successful and productive young adults, whose performance often indicates great potential for successful military service. Conscientious and effective prevention and intervention programs that address disordered eating and eating disorders, as well as healthy approaches to stress management, are in the best interest of the Navy and Marine Corps and the individuals affected.

b. Over-the-Counter Dietary Supplements. Closely related to the issue of disordered eating is the increasing use and abuse of food supplements to augment performance, physical appearance, or psychological functioning. Since the Food and Drug Administration deregulated the food supplement industry, manufacturers are not required to verify any claims about their products. Ingredients listed on labels are often inaccurate. Some substances in food supplements are banned by the National Collegiate Athletic Association (NCAA), the U.S. Olympic Committee (USOC), and the Controlled Substances Act (Section 102, 21 USC 802). Some supplements can be physically harmful, are monitored in the Navy and the USNA via random testing, and may result in separation. Despite this, survey results have suggested that a large number of midshipmen still take supplements to lose weight or gain muscle.

5. Policy

a. Prevention of Problems Associated with Disordered Eating and Eating Disorders: Our Policy is to encourage midshipmen experiencing disordered eating symptoms to use available services at USNA to minimize the progression of their symptoms and to fully prepare them for service in the Fleet and Fleet Marine Force. The medical diagnosis of an eating disorder (i.e., Bulimia, Anorexia, Binge Eating Disorder, and Other Specified Feeding and Eating Disorder) shall not, in and of itself, be cause for a recommendation for separation; however, these symptoms often require treatment, medical attention, and appropriate medical referral. Failure to accept or engage in medically recommended treatment may affect commissioning status.

b. Use of Over-the-Counter (OTC) Dietary Supplements: Per reference (a), midshipmen should not use OTC food supplements without first consulting with a physician at the Brigade Medical Unit (BMU), a registered dietician assigned to USNA, or an athletic trainer.

6. Mission Statement for the Eating Disorders Treatment and Prevention Program. Consistent with the above policy guidance, USNA mission, the mission of the Eating Disorders Treatment, and Prevention Program is to provide the best possible medical, psychological, and nutritional support services to the Brigade of Midshipmen for the prevention and treatment of potentially harmful disordered eating behaviors and attitudes, including the use of over-the-counter dietary supplements.

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7. Goals of the Eating Disorders Treatment and Prevention Program

- a. To promote healthy attitudes about food, dietary supplements, exercise, and body image;
- b. To decrease potentially harmful disordered eating behaviors and attitudes;
- c. To help faculty, staff, and midshipmen develop a greater awareness of disordered eating so they will recognize and assist midshipmen who are struggling with such problems;
- d. To educate midshipmen as future leaders to promote healthy lifestyles in their future Sailors and Marines, and to recognize signs and symptoms of disordered eating and eating disorders in order to identify and assist those in need;
- e. To identify and intervene effectively with midshipmen when risks or problems are identified.

8. Responsibility

a. Eating Disorders Program Coordinator. The Eating Disorders Program Coordinator is primarily responsible for all prevention and treatment efforts at USNA related to eating disorders and disordered eating, and reports to the Commandant of Midshipmen via the Director, Midshipmen Development Center (MDC). The Coordinator serves as chairperson of both the Eating Disorders Prevention Team and the Eating Disorders Treatment Team. The Coordinator is a psychologist assigned to MDC who has specialized training in eating disorders.

b. Eating Disorders Prevention Team. The interdepartmental Eating Disorders Prevention Team provides strategic oversight for the Eating Disorders Treatment and Prevention Program. Members provide a forum for policy review, monitor the incidence of disordered eating in the Brigade, develop and oversee the implementation of education and prevention programs, and advise the Commandant of Midshipmen on matters related to an eating disorder. Membership includes, but is not limited to the following personnel:

- (1) Eating Disorders Program Coordinator, Chairperson
- (2) Clinical Dietitian(s)
- (3) Medical Officer from BMU
- (4) Human Performance Lab Director or representative
- (5) Physical Education Liaison Officer (PELO)
- (6) Company Officer/Senior Enlisted Leader representative

(7) Coach Representative

(8) Athletic Trainer representative(s)

(9) Midshipmen representatives (to include Brigade Resilience Officer and at least one Peer Adviser)

c. Eating Disorders Treatment Team. The multi-disciplinary Eating Disorders Treatment Team provides medical, psychological, and nutritional services that include assessment and treatment of midshipmen with disordered eating and eating disorders as well as aftercare for midshipmen who have been hospitalized (inpatient, partial hospitalization, or intensive outpatient) for these concerns. The Eating Disorders Program Coordinator will ensure that all members have or receive appropriate training. Membership includes the following:

(1) Eating Disorders Program Coordinator, Chairperson

(2) Medical Officer from BMU

(3) Clinical Dietitian

(4) Additional mental health provider, coach, or athletic trainer as needed for individual midshipmen.

9. Eating Disorders Prevention Program. Outreach, prevention, and educational programs will be directed by the Eating Disorders Prevention Team and will be supported by the Physical Education Department and Company leadership in support of the athletic programs and the Brigade as a whole. Programs will focus on a wide range of issues including nutritional education for peak performance; the USNA position on the use of supplements; the signs, symptoms, and progression of eating disorders; USNA policy on eating disorders; healthy stress management; available resources; and peer intervention. Presentations will be ongoing and systematic, and they will be enhanced by the MDC's Peer Adviser Program.

a. Outreach, Prevention, and Education. Coordinate all outreach, prevention, and education programs for midshipmen, faculty, and staff.

b. Consultation. Assist the chain of command with referral and disposition decisions; provide information and resources to midshipmen, peers, staff, faculty, and family members.

c. Survey. Assess prevalence and severity of disordered eating in the Brigade.

10. Eating Disorders Treatment Program. Per reference (b), all midshipmen suspected of disordered eating behavior shall be offered a voluntary referral to either MDC, BMU, or command directed referral to BMU. An evaluation and intervention, as needed, will be provided by members of the Eating Disorders Treatment Team. The scope of services of the treatment team and policies regarding the treatment of disordered eating behavior are as follows:

a. Assessment. Provide comprehensive evaluation of individual midshipmen with disordered eating behaviors and attitudes. Provide a full range of assessment methodologies that may include medical, dietary, and psychological evaluations; DEXA bone density scans; other laboratory screening; and exercise evaluations.

b. Treatment. Provide multidisciplinary support and treatment for midshipmen identified with disordered eating behaviors to restore them to healthy eating attitudes and behaviors. This treatment should provide a full range of treatment methodologies including nutritional and psychological counseling, physical training, medications (as needed), and referral to medical facilities (as needed). Treatment will be followed by a period of aftercare to provide ongoing services and support to the midshipmen. The length of time in follow-up aftercare will be determined on a case-by-case basis.

c. Management. All midshipmen with identified disordered eating behaviors will be referred to and monitored by the Eating Disorders Treatment Team, which will meet on a regular basis to discuss all midshipman who are being treated by the Team. The Brigade Medical Officer is updated on the treatment progress of all such midshipmen.

d. Reporting Requirements and Confidentiality. Per reference (b), if midshipmen are command-referred, the Deputy Commandant of Midshipmen will be apprised of the conclusions of the assessment and will inform the appropriate levels of the chain-of-command. If midshipmen are self-referred, their case will be kept confidential according to the stipulations of reference (b). If the severity of the problem is beyond the scope of services the treatment team can and should provide, outside medical referrals shall be made, and the Deputy Commandant of Midshipmen will be notified via the Brigade Medical Officer.

e. Retention and Commissioning Issues. A diagnosis of an eating disorder, in and of itself, will not preclude commissioning as an Unrestricted Line Officer; however, special duty communities (e.g., aviation, nuclear power, diving) require further screening external to USNA and may have more restrictive policies regarding candidates for commissioning. A midshipman will be considered for separation only if an eating disorder is either: 1) sufficiently pervasive and persistent enough to cause medical problems that would preclude being commissioned; 2) so severe and unresponsive to available intervention as to have caused one's military and/or academic performance to be unsatisfactory without any reasonable expectation of resolution; or 3) likely to result in a poor prognosis to fulfill one's duties as a Naval Officer and/or to maintain one's health.

11. Action

a. Commandant of Midshipmen

(1) Encourage attitudes, policies, and practices conducive to the prevention, early identification, referral, and resolution of eating problems.

(2) Ensure that the Commandant's Staff and the Brigade are trained in the recognition of warning signs and the proper handling of potential eating problems.

(3) Provide adequate resources to the MDC to support an effective Eating Disorders Treatment and Prevention Program.

b. Director, Physical Education Department

(1) Encourage healthy attitudes toward exercise, eating and weight control; and make appropriate referrals for evaluation and intervention, as needed.

(2) Designate the Human Performance Lab Director (or representative), and PELO to serve on the Eating Disorders Prevention Team.

(3) Provide adequate resources for the eating disorders outreach, prevention, and education programs in the Physical Education Department, to include instruction on wellness, personal conditioning, healthy nutrition, disordered eating, and supplement use and abuse. Coordinate these efforts with the Eating Disorders Program Coordinator.

c. Brigade Medical Officer

(1) Ensure Medical Officer(s) from the BMU are assigned to serve on the Eating Disorders Treatment Team and the Eating Disorders Prevention Team.

(2) Ensure admission applicants are screened for pre-existing eating disorders.

(3) Ensure appropriate medical care and support are provided to midshipmen with identified problems with disordered eating.

(4) Monitor the medical care that is provided.

(5) Facilitate referrals or assign a medical officer to facilitate referrals to inpatient or intensive outpatient care when such services are needed for midshipmen.

(6) Consult with or assign a medical officer to consult with medical staff at hospital facilities that are providing intensive treatment to midshipmen.

(7) Evaluate midshipman fitness for commissioning on a case-by-case basis.

(8) Provide medical recommendations and consultation to the chain-of-command on issues related to eating disorders.

(9) Serve as liaison between supporting medical facilities and USNA.

(10) Act as a liaison with other commands on the issues of eating disorders, especially with respect to approval for commissioning in respective warfare communities.

d. Director, MDC

(1) Assign an MDC staff member as the Eating Disorders Program Coordinator.

(2) Provide necessary clinical and administrative support to the Eating Disorders Treatment and Prevention Program.

e. Eating Disorders Program Coordinator. Coordinate all prevention and treatment efforts at USNA related to eating disorders and disordered eating, specifically:

(1) Facilitate the coordination, collaboration, and information flow among all USNA staff, faculty, NAAA staff, and midshipmen who have a role in the prevention and treatment of eating disorders.

(2) Oversee the activities of the Eating Disorders Prevention Team to ensure adequate prevention and education programs are provided to USNA staff, faculty, and midshipmen about disordered eating and eating disorders.

(3) Conduct ongoing assessment of the prevalence of disordered eating behaviors and attitudes at the USNA as well as education, prevention, and treatment efforts to monitor the effects of interventions.

(4) Ensure that all members of the Eating Disorders Treatment Team are properly trained to carry out their duties.

(5) Serve as clinical consultant to the Eating Disorders Treatment Team to assist the team in the management and treatment of midshipmen with disordered eating behaviors and attitudes and those with diagnosed eating disorders.

(6) Assist the Commandant of Midshipmen in the formulation and implementation of policies that support the goals of the Eating Disorders Treatment and Prevention Program;

(7) Access internal and external resources (e.g., professional expertise, written and audio-visual materials, prevention programs, etc.) to assist in these efforts.

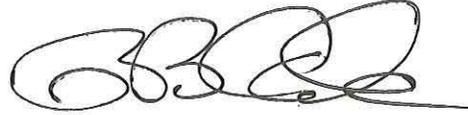
(8) Represent USNA in appropriate conferences and working groups related to disordered eating and eating disorders.

(9) Ensure that the chain-of-command is provided important information relevant to the execution of these responsibilities.

12. Records Management. Records created as a result of this notice, regardless of media or format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

13. Review and Effective Date. The Director, MDC will review this instruction annually on the anniversary of the effective date to ensure applicability, currency, and consistency with Federal, DoD, SECNAV, and Navy policy and statutory authority using OPNAV 5215/40 Review of

Instruction. This instruction will automatically expire five years after the effective date unless reissued or otherwise canceled prior to the five-year anniversary date, or an extension has been granted.

A handwritten signature in black ink, consisting of several large, overlapping loops and a long horizontal stroke at the end.

R. B. CHADWICK

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