

# Increasing capacity to support students with an eating disorder

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National Eating Disorder Information Centre



**WE WILL NOT GO BACK TO NORMAL.  
NORMAL NEVER WAS. OUR PRE-CORONA  
EXISTENCE WAS NOT NORMAL OTHER THAN  
WE NORMALIZED GREED, INEQUITY, EXHAUSTION,  
DEPLETION, EXTRACTION...  
WE SHOULD NOT LONG TO RETURN, MY FRIENDS.  
WE ARE BEING GIVEN THE OPPORTUNITY  
TO STITCH A NEW GARMENT.  
ONE THAT FITS ALL OF HUMANITY  
AND NATURE.**

**- SONYA RENEE  
TAYLOR**

imq

# Agenda

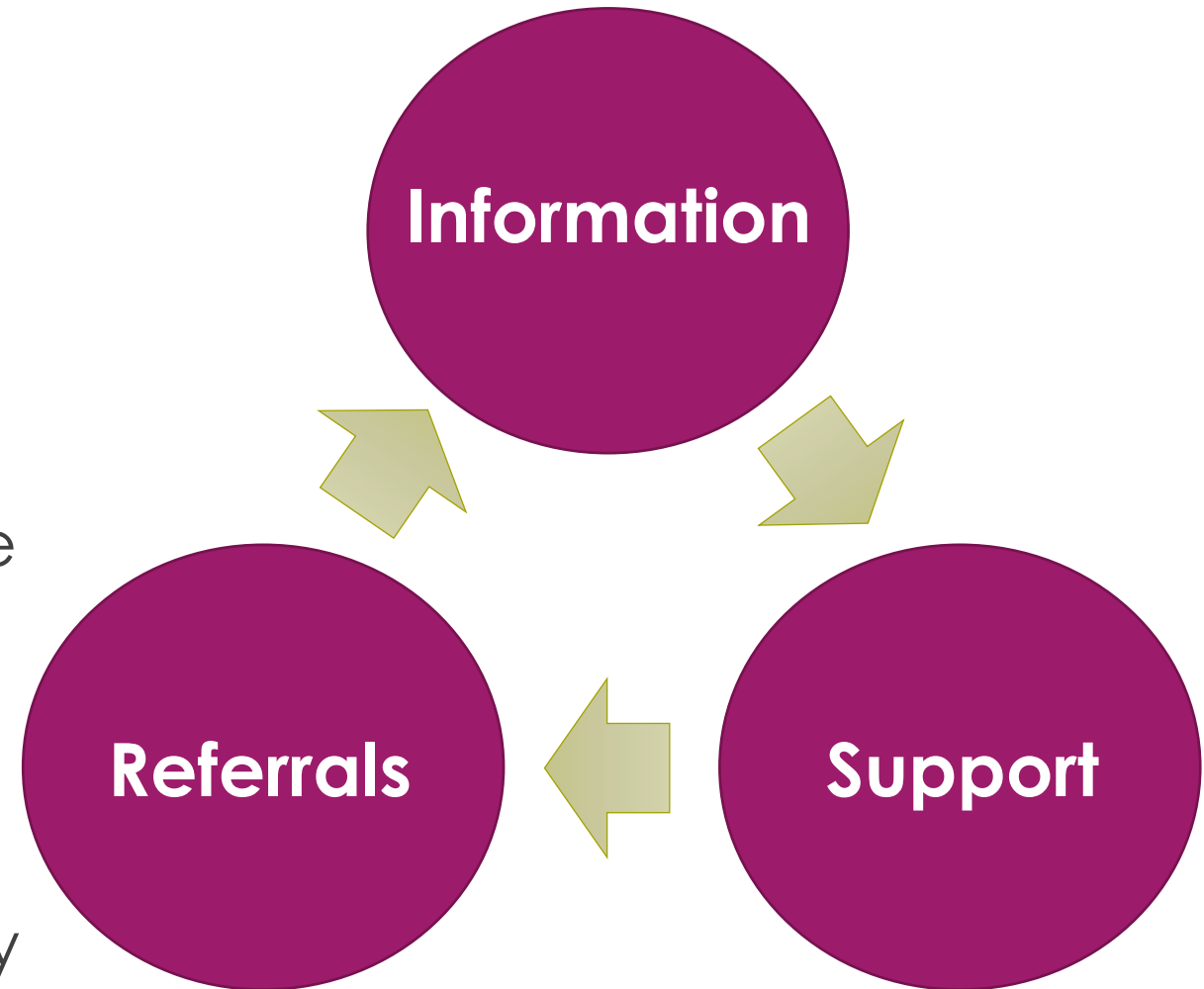
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- Setting the scene
- **Recognize**
  - Identifying disordered eating
  - Eating disorder diagnoses
  - What causes eating disorders?
  - Populations affected by eating disorders
  - Common co-occurring concerns
- **Respond**
- **Refer**
  - Pathways to treatment and support
- **Reflect**
  - Resources

# The National Eating Disorder Information Center (NEDIC)

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- Non-profit founded in 1985
- Provide information and develop resources on eating disorders, disordered eating, and food and weight preoccupation
- Staff a toll-free helpline and operate a national treatment and support database with over 700 service providers
- Run prevention and awareness campaigns—EDAW, Int'l No Diet Day



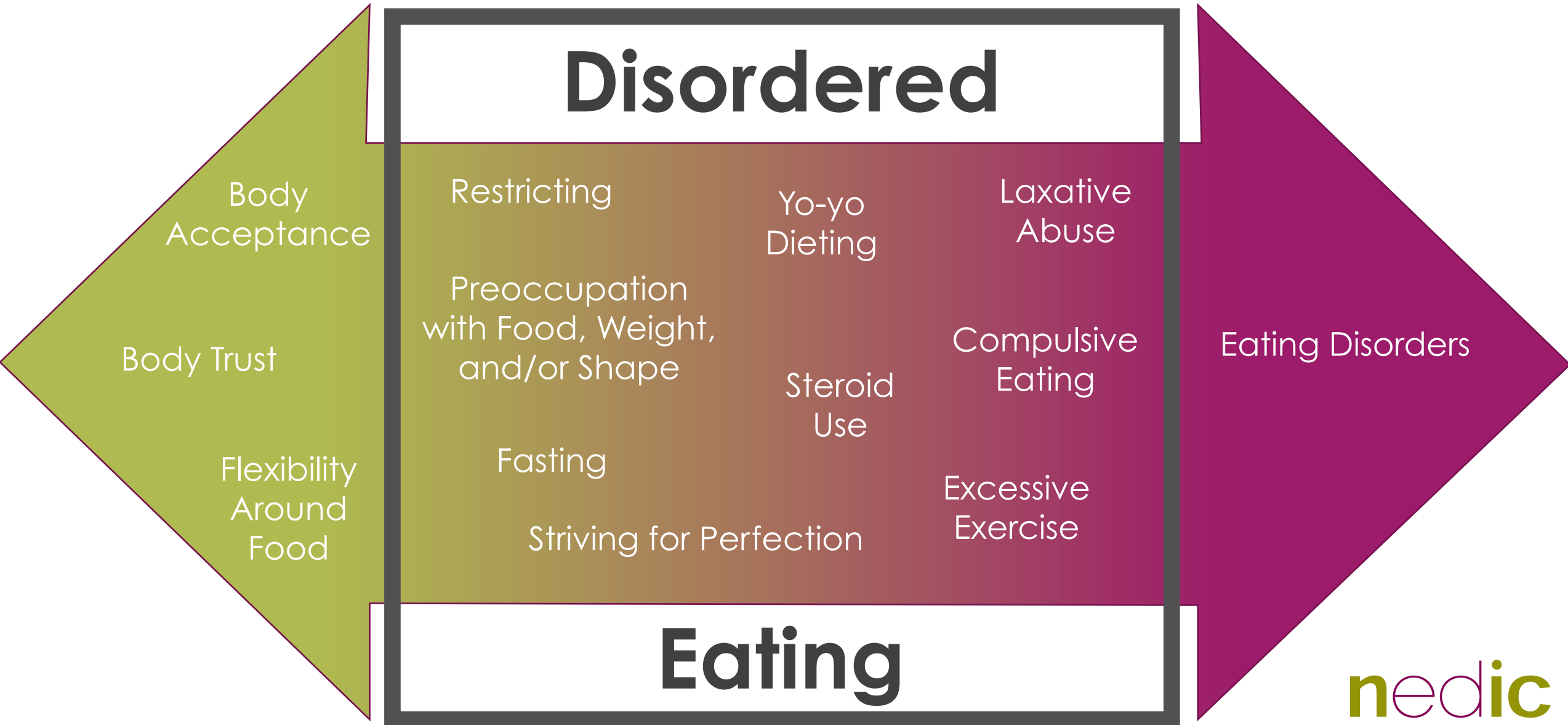


# Recognize: Learning from lived experience

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YouTube link: <https://www.youtube.com/watch?v=oUMIYtN0gNg>

# Recognize: Eating & Weight Concerns Continuum



# Eating & Weight Concerns

THOUGHTS

“I don’t **think** my body is thin enough or muscular enough”

FEELINGS

“I **feel** ashamed about how much I eat”

PERCEPTIONS

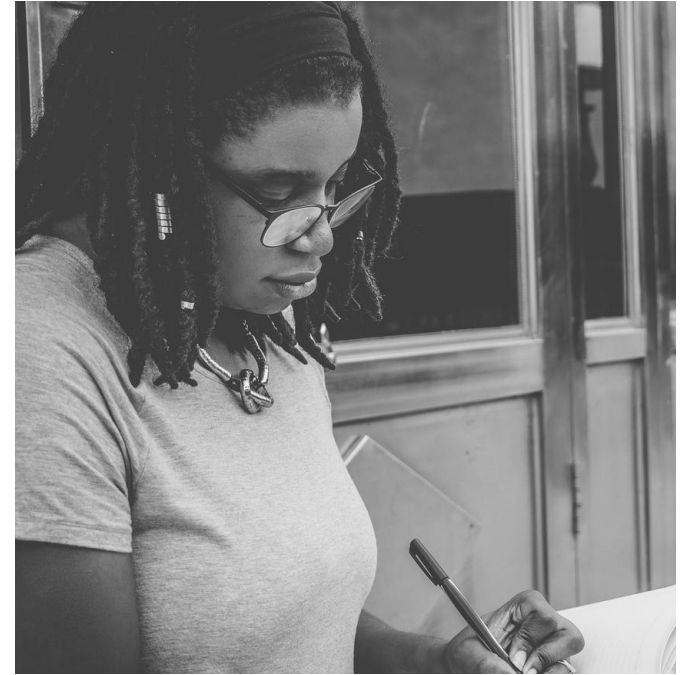
“I don’t like **what I see** in the mirror”

BEHAVIOURS

“I will **weigh** myself, **exercise** more, or **eat** less”

# Recognize: Identifying Disordered Eating

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# Recognize: Common Behavioural Warning Signs

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- Restricting foods from one's diet
- Eating smaller portions at meal times
- Avoiding eating with others
- **Following strict food rules**
- Eating diet foods often
- Substance use – diet pills, laxatives, diuretics, steroids
- **Talking negatively about one's weight, shape, or size**
- Spending undue amounts of time on tasks to ensure they are done perfectly
- **Weight/food control determines how the person feels about themselves**

# Recognize: Common Behavioural Warning Signs

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- Frequent visits to the washroom after eating
- Eating in secret
- Frequent overeating
- **Following a strict exercise regimen**
- Exercising for prolonged periods of time
- **Turning to 'health' supplements to increase bulk or decrease weight**
- Fidgeting or pacing excessively
- **Withdrawing from social activities**
- Sleeping too much or too little
- **Feeling 'fat' or 'scrawny' regardless of body size**



# Recognize: Common Physical Warning Signs

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- Abnormal weight loss or gain
- Growth in height without any weight gain
- Feeling cold constantly
- Dizziness or fainting
- Frequent stomach aches
- Constipation
- Loss of regular menstrual periods



# **Recognize:** What is an Eating Disorder?

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**Persistent disturbances in eating and eating-related behaviours that negatively affect one's physical health, mental health, and/or psychosocial functioning**



Anorexia  
Nervosa

Bulimia  
Nervosa

Previously Eating Disorder Not  
Otherwise Specified (EDNOS)

Disorder  
(AIED)

Rumination  
Disorder

Pica

Other  
Specified  
Feeding or  
Eating  
Disorder  
(OSFED)

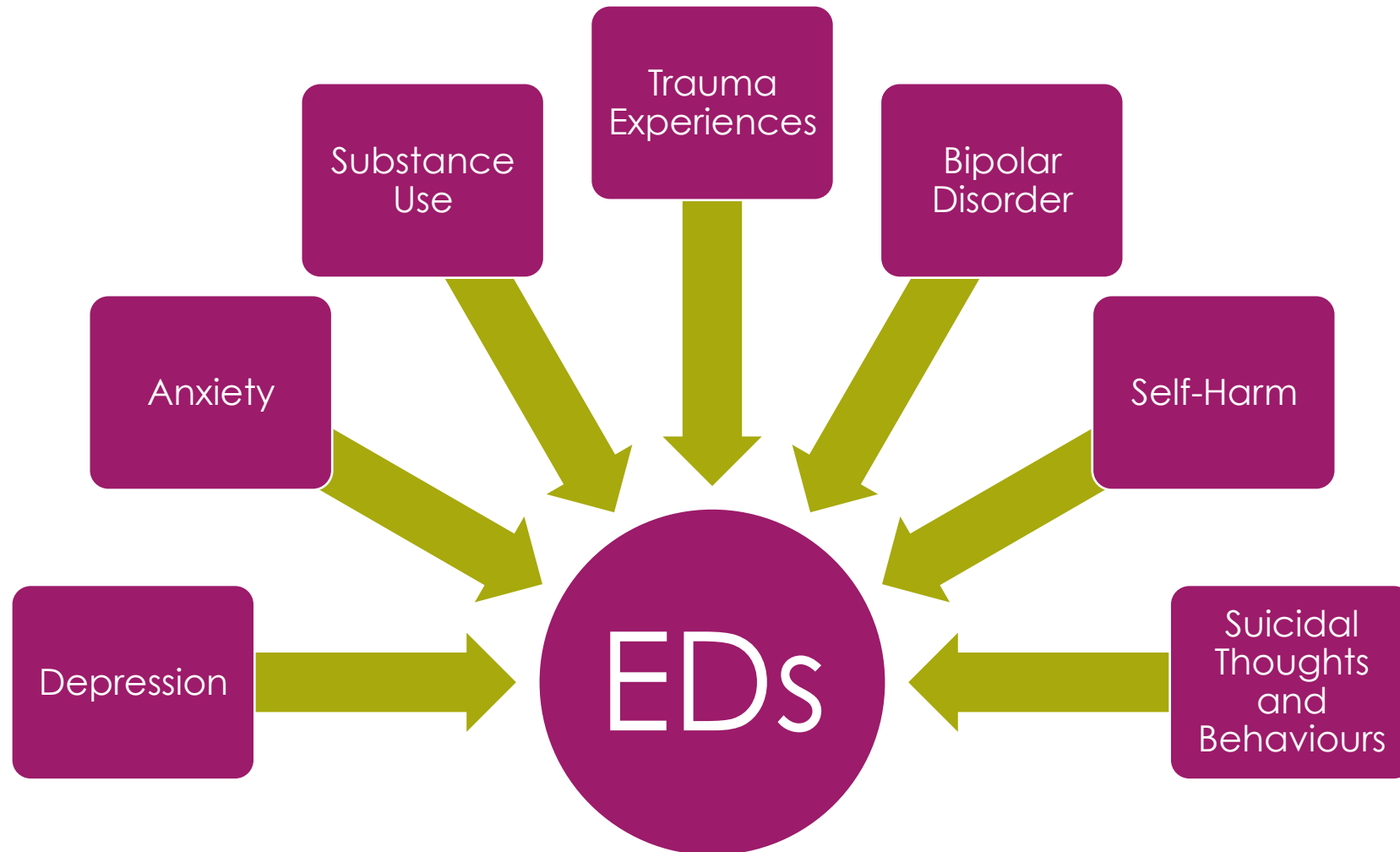
Unspecified  
Feeding or  
Eating  
Disorder  
(UFED)

Orthorexia

Anorexia  
Athletica

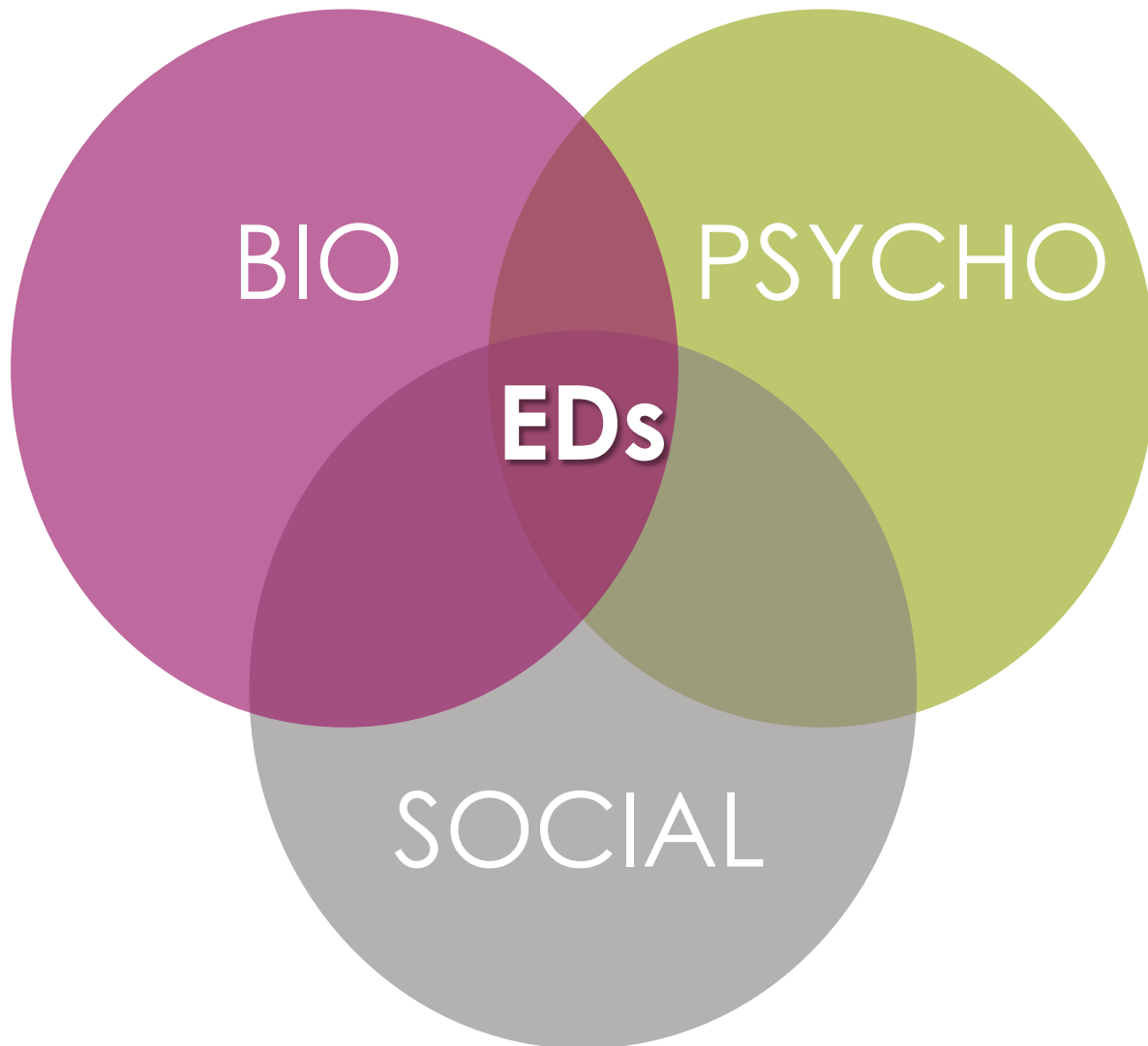
Diabulimia

# Recognize: Common Co-Occurring Concerns



# Recognize: What Causes an Eating Disorder?

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## Risk Factors

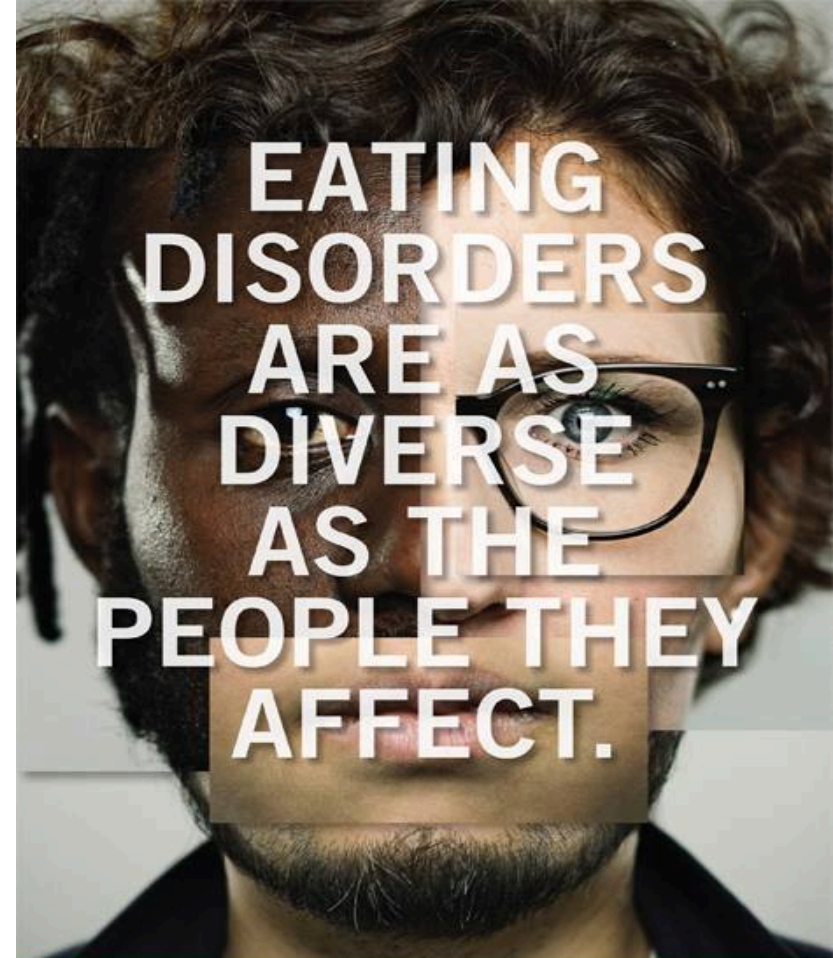
- genetic vulnerability/family history
- body dissatisfaction
- low self-esteem
- perfectionism
- predisposition to experiencing negative emotions
- dieting
- exposure to weight stigma



# Recognize: Who is affected by an eating disorder?

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People of **ALL** ages,  
gender identities,  
socioeconomic classes,  
racial backgrounds,  
ethnicities, and abilities.



# Recognize: Did You Know...?

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- Approximately **20%** of people living with an ED are **boys and men** (Sweeting et al., 2015)
- **Rates** of EDs have been found to be **similar across levels of socioeconomic status** (Mitchison et al., 2014; Mulders-Jones et al., 2017)
- **Lifetime prevalence rates** of EDs among **Latino, Black, Asian, and non-Latino White populations** in North America are **comparable** (Marques et al., 2011)
- In a survey of **LBGTQ+ youth** in the US, **54%** of respondents indicated they had **already been diagnosed with an ED** (Trevor Project, 2018)

# Recognize: EDs in NCHA-II (Spring 2019)

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- Have you received information on the following topics from your college or university?
  - Eating disorders: “No” 78.7%
  - Depression/Anxiety: “No” 31.7%
  - Drug use: “No” 48.6%
  - Nutrition: “No” 59.7%
  - Physical activity: “No” 47.2%
- Are you interested in receiving information on the following topics from your college or university?
  - Eating disorders: “Yes” 53.9%
  - Depression/Anxiety: “Yes” 77.1%
  - Drug use: “Yes” 44.4%
  - Nutrition: “Yes” 74.4%
  - Physical activity: “Yes” 71.8%

# Recognize: EDs in NCHA-II (Spring 2019)

## 26. How would you describe your weight?

	Male		Female		Unknown		Total	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.
1 Very underweight	273	2	277	1	5	2	595	1.1
2 Slightly underweight	2426	15	2986	8	44	13	5,628	10.2
3 About the right weight	8055	50	19209	52	169	50	28,054	51.0
4 Slightly overweight	4798	30	12336	33	97	29	17,745	32.3
5 Very overweight	692	4	2152	6	22	7	2,999	5.5
Valid responses =	16244	30	36960	67	337	1	55,021	99.5

Invalid responses include no response or multiple responses.



## 27. Are you trying to do any of the following about your weight?

	Male		Female		Unknown		Total	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.
1 I am not trying to do anything	3140	19	6397	17	68	20	9,993	18.2
2 Stay the same weight	3793	23	7676	21	81	24	11,812	21.5
3 Lose weight	5783	36	20943	57	149	44	27,552	50.1
4 Gain weight	3528	22	1931	5	39	12	5,650	10.3
Valid responses =	16244	30	36947	67	337	1	55,007	99.5

Invalid responses include no response or multiple responses.





**38A. Within the last 30 days, did you do any of the following:****Exercise to lose weight?**

	Male		Female		Unknown		Total	Pct.	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.		
1 No	9559	59	17391	47	165	57	27,976	51.2	
2 Yes	6581	41	19378	53	123	43	26,688	48.8	
Valid responses =	16140	30	36769	67	288	1	54,664	98.9	



Invalid responses include no response or multiple responses.

**38B. Within the last 30 days, did you do any of the following:****Diet to lose weight?**

	Male		Female		Unknown		Total	Pct.	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.		
1 No	11241	70	21495	59	189	66	33,864	62.0	
2 Yes	4876	30	15264	42	97	34	20,765	38.0	
Valid responses =	16117	30	36759	67	286	1	54,629	98.8	



Invalid responses include no response or multiple responses.

**38C. Within the last 30 days, did you do any of the following:****Vomit or take laxatives to lose weight?**

	Male		Female		Unknown		Total	Pct.	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.		
1 No	15927	99	35069	96	277	97	52,643	96.5	
2 Yes	168	1	1638	5	10	4	1,918	3.5	
Valid responses =	16095	29	36707	67	287	1	54,561	98.7	

Invalid responses include no response or multiple responses.

**38D. Within the last 30 days, did you do any of the following:****Take diet pills to lose weight?**

	Male		Female		Unknown		Total	Pct.	
	Freq.	Pct.	Freq.	Pct.	Freq.	Pct.	Freq.		
1 No	15860	99	35693	97	282	98	53,240	97.6	
2 Yes	219	1	1000	3	6	2	1,287	2.4	
Valid responses =	16079	29	36693	67	288	1	54,527	98.6	

Invalid responses include no response or multiple responses.

# Respond: Poodle Science

Youtube link: <https://www.youtube.com/watch?v=H89QQfXtc-k>

# Respond: Misinformation around weight stigma

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- Many believe that high weight is largely the result of poor self control or weak willpower
  - It's largely genetic
  - EDs and obesity have many *shared* risk and protective factors (Neumark-Sztainer et al., 2007)
- Weight is a key driver of health outcomes
  - Metabolic syndrome is more important
  - Social Determinants of Health contribute far more to health outcomes than weight (Calagero & Tylka, 2019).
- People who are overweight need to go to the doctor
  - Believing that they were going to have a negative experience is a key reason why some avoid healthcare (Tylka et al., 2014)

# Respond: Things to think about

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- Respect, including respect for body diversity.
- Critical Awareness
  - Challenges scientific and cultural assumptions;
  - Values body knowledge and people's lived experiences
- Compassionate Self-care
  - Eating in a flexible and attuned manner that values pleasure and honors internal cues of hunger, satiety, and appetite;
  - Finding the joy in moving one's body and being physically active.



New York Post   
@nypost



Men less likely to wear face masks because they're 'not cool' and 'a sign of weakness' [trib.al/I9LOyGf](https://trib.al/I9LOyGf)



10:27 AM · May 14, 2020 · [SocialFlow](#)

# Respond: What can you do to support people?

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- In our look at the research on this topic, many noted that health promotion campaigns should target:
  - **Students experiencing disordered eating**
  - **Students who may be a part of a support system for those experiencing concerns**
  - **On-campus service providers**
- There's a need to focus on help-seeking pathways by promoting mental health conversations in areas other than service provider locations, such as through student groups, athletic facilities, and residence

# Respond: What can you do to support people?

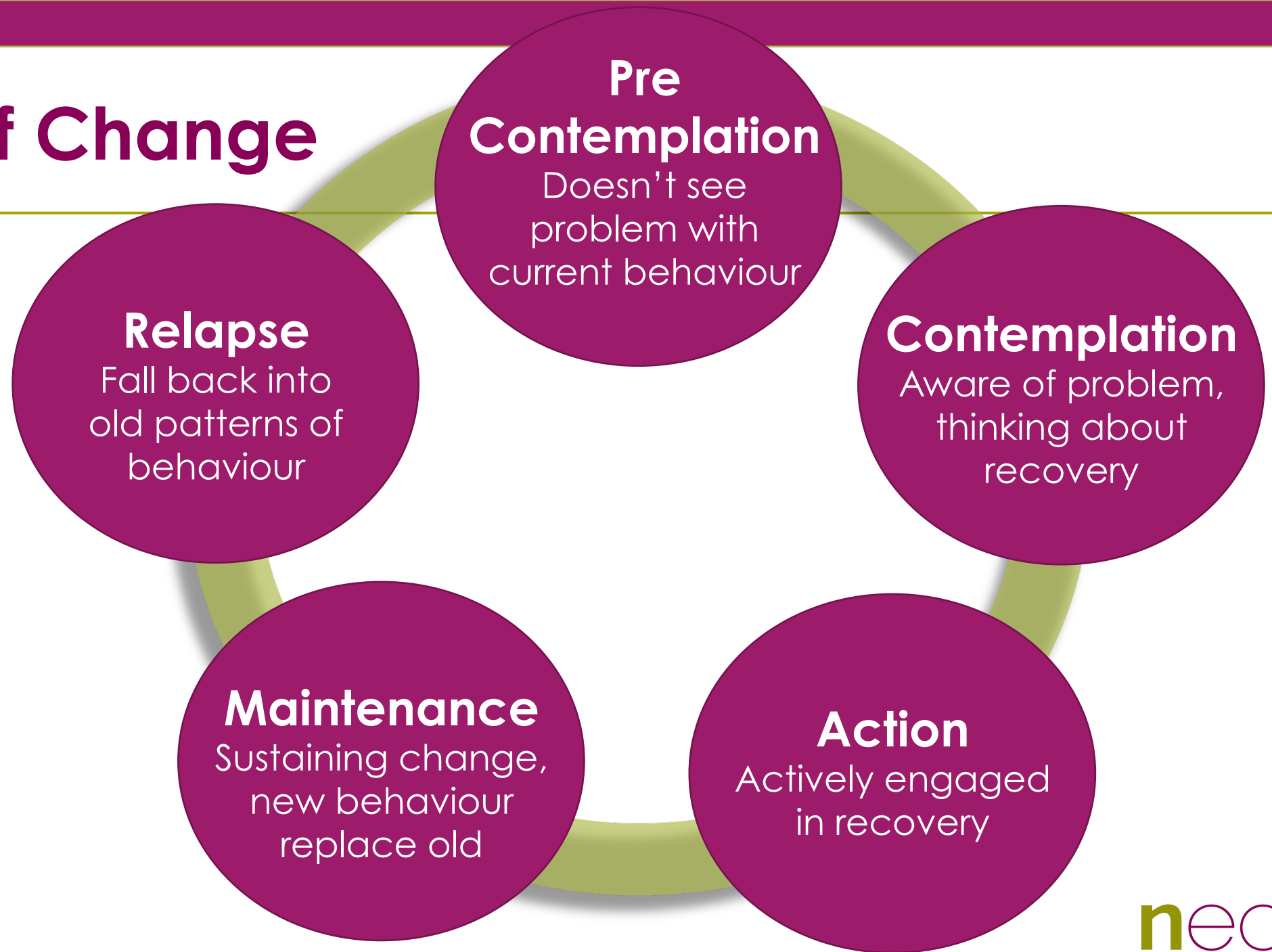
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- Ask open-ended questions and keep the focus on what has them **concerned**
  - “What purpose does the ED serve?”
  - “What is it helping you cope with?”
- Help to find **motivating reasons** for the person to get help and make positive health related changes
  - Praise their strengths! These folks are already so self-critical
- Affirm their qualities and abilities that are **unrelated to food or physical appearance**



# Stages of Change

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## Respond: If appropriate, provide education!

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- Normalize their experience by letting them know about what you've heard today (EDs are common among many; lots of reasons for them to be feeling ashamed or afraid)
- Acknowledge their ambivalence
  - "It sounds like something about this isn't sitting right with you"
  - "It sounds like it's almost like you're battling yourself"
- Listen to what they've shared about their experiences and reinforce that this is **not** their fault
- Do a safety check, as we know some clients need medical support if they're experiencing blackouts, dizziness, fainting, heart palpitations

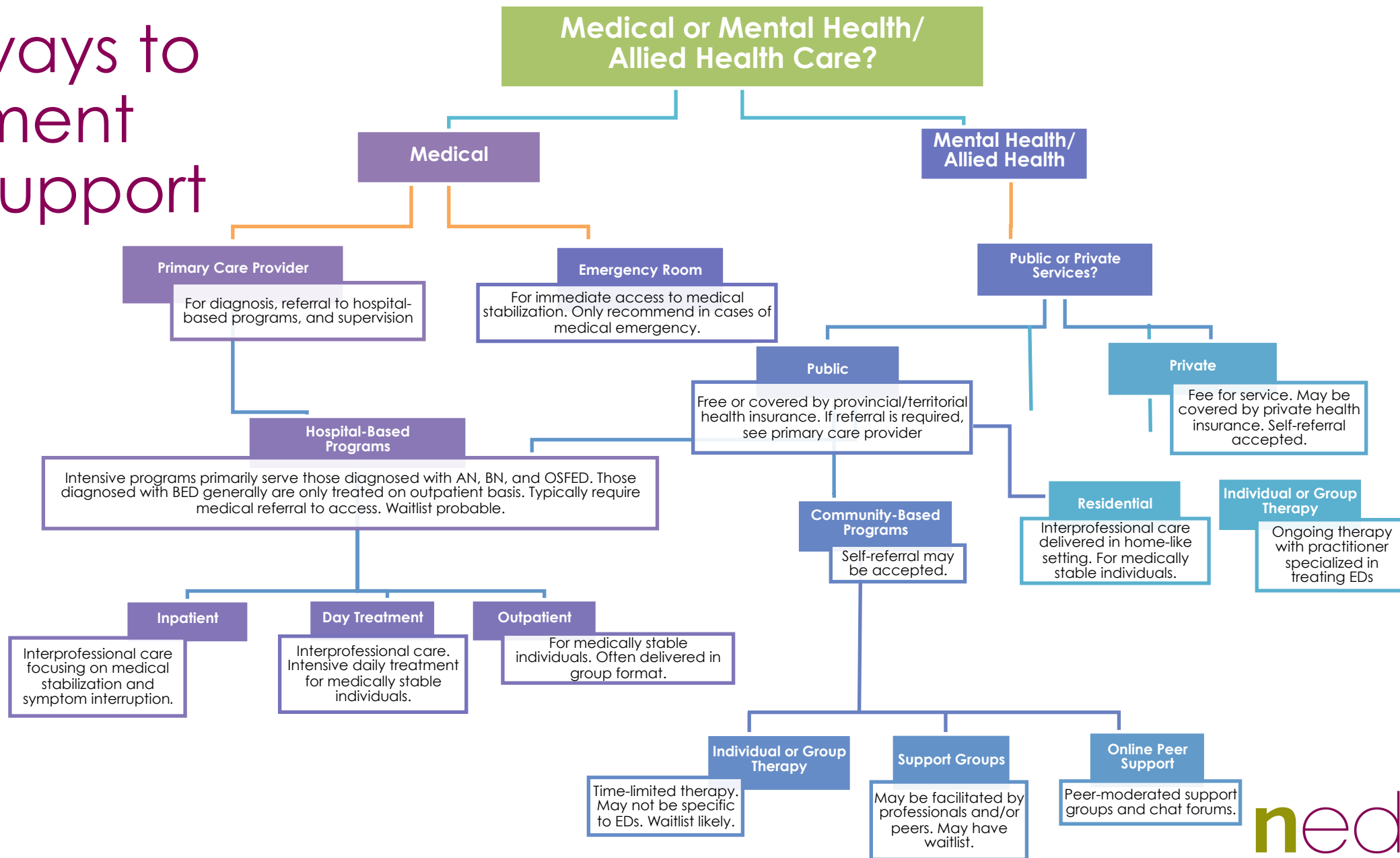
# Respond: Skills from Motivational Interviewing

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- Reflect back discrepancies: verbalize the discrepancy between the client's current state and what they are actually hoping for:
  - **Client:** "I'm not going to eat and you can't make me!"
  - **Support:** "You're so scared to eat and you have no energy. Neither is what you really want. It's hard to do this on your own... and there is help."
- Support change:
  - "How would you like things to change?"
  - "How might you go about making this change?"
  - "What have you done before to make things better?"
  - "What's standing in the way of you taking these steps?"

(ED Toolkit for PCPs in BC, 2018)

# Refer: Pathways to Treatment and Support



NEDIC Support ... — X

Hello! Thanks for contacting NEDIC.  
How can I help you today?

Hi, I'm losing control of what  
and how much I eat...I don't  
know what to do...

I'm glad that you reached out.  
Would you like to tell me a bit more  
about what's going on?

Concerned that food or exercise dominates your life  
or a loved one's life?

**Then we're concerned too.**

So let's chat.

Visit [www.nedic.ca](http://www.nedic.ca) to access our **anonymous** and  
**confidential** instant chat service.

**nedic**

National Eating Disorder  
Information Centre

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Information Centre

Asking for help isn't giving up.



It's refusing to give up!

Visit  
[www.nedic.ca/SPARK](http://www.nedic.ca/SPARK)  
for more posts like  
this for your campus!

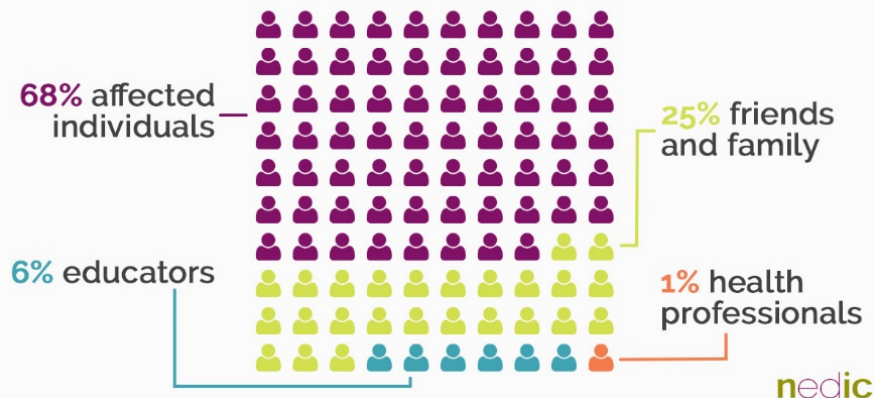
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# SPARK: Increasing eating disorder support with instant chat

## What NEDIC Provides:



## Those who contact NEDIC are:



Average  
wait time

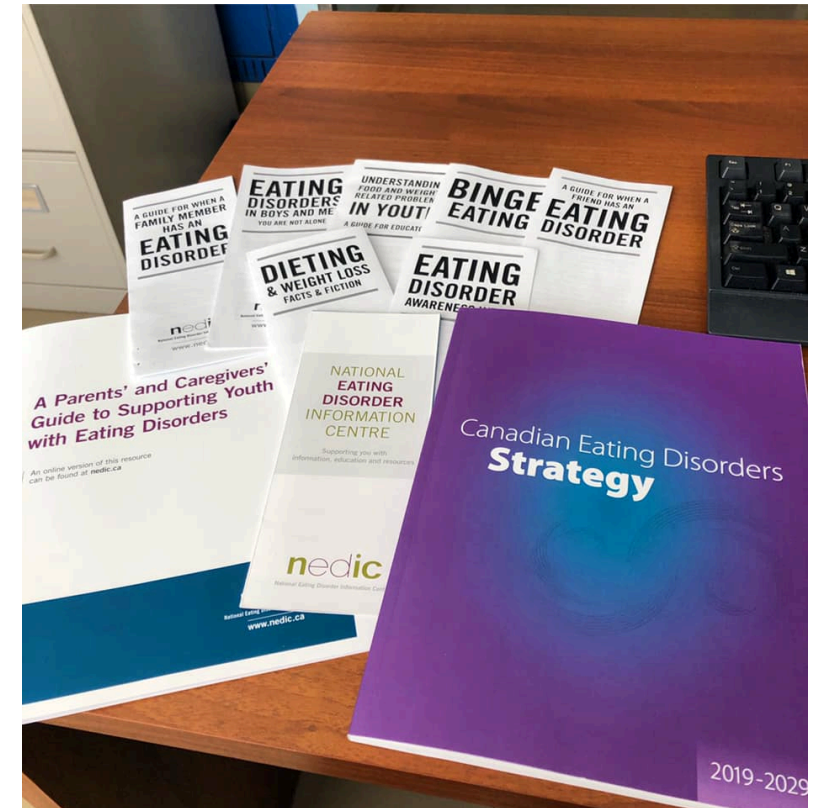
Average  
chat time



nedic

# Opportunities

- We've reached out to **four key stakeholders** on each campus via email: campus health/counselling services, athletics/recreation, residence, and student unions
- We offer free:
  - Downloadable messaging for social media; posters for offices/dorm rooms; and digital graphics for LCD screens
  - A ~30 minute webinar for student services and/or student leaders that we are happy to organize and perform remotely to equip you with resources to support your community
  - Pamphlets and physical resources we can mail to your campus





# Resources

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## Applications

Recovery Record (app)  
Rise Up & Recover (app)

## Training and understanding for mental health practitioners

Online training for Enhanced CBT (CBT-E) for eating disorders –  
<https://www.credo-oxford.com/#topic9>

Understanding Eating Disorders in Adolescence – [www.canped.ca](http://www.canped.ca)



# Resources

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System navigation via NEDIC service provider directory (referrals, supervision) – [www.nedic.ca/find-a-provider](http://www.nedic.ca/find-a-provider)

NEDIC patient checklist to help with primary care providers – <https://nedic.ca/resources/?resource=8&resource=14>

Sheena's Place (Toronto, ON) offering online support programming for people 17+ – <https://sheenasplace.org>

Body Brave (Hamilton, ON) offering online medical assessments and support programming – <https://bodybrave.ca/get-support/>



EATING  
DISORDERS  
ARE AS  
DIVERSE  
AS THE  
PEOPLE THEY  
AFFECT.

**nedic**

National Eating Disorder Information Centre

[www.nedic.ca](http://www.nedic.ca)

This devastating illness strikes all types of people in different ways, often secretly – sometimes fatally. But talking saves lives.

Call 1-866-NEDIC-20 or 416-340-4156 for support and information.

**nedic**

National Eating Disorder  
Information Centre

It's not our bodies  
that need changing.  
It's our attitudes.™

HELPLINE HOURS:  
9:00am to 9:00pm (M-Th)  
9:00am – 5:00pm (F)

Call anonymously:  
1-866-633-4220

Online chat:  
[www.nedic.ca](http://www.nedic.ca)



ONE OF THE  
MOST DEADLY  
SYMPTOMS  
OF EATING  
DISORDERS?

SILENCE.

TALKING SAVES LIVES.

**nedic**

National Eating Disorder Information Centre

[www.nedic.ca](http://www.nedic.ca)

If you or someone you know is struggling with an eating disorder, call  
1-866-633-4220 (416-340-4156 in Toronto)  
for support and understanding.

