



Eating Disorders on Campus Toolkit



CENTRE FOR INNOVATION IN
CAMPUS MENTAL HEALTH



Canadian Mental
Health Association
Ontario

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Introduction

Purpose Statement

Staff, administration and faculty on post-secondary campuses across Ontario are seeing an increase in eating disorders on campus and don't feel like they have sufficient tools or knowledge to support students. The purpose of this toolkit is to increase staff and faculty's awareness, knowledge, and confidence in supporting students with concerns around eating disorders. This toolkit does not hope to create experts in this complex set of disorders and challenges but instead offers a starting point for readers to begin familiarizing themselves with and reflecting upon eating disorders, disordered eating, and the unique risk factors students face in post-secondary environments.

Please note, as with all of our toolkits, this is a living document. As we continue to learn about this subject, more will be added to reflect emerging and promising practices as they relate to eating disorders.

How Should I Use This Toolkit?

This toolkit is intended for campus staff, faculty, and administrators who would like to know more about eating disorders in a post-secondary environment. We recommend using this toolkit in a way that makes sense for the reader's needs. We have designed this document in such a way that you can jump between sections, skip sections, or read the entire document from start to finish. Each section will include recommendations on actions to take related to supporting students. There is a complete list of all the recommendations at the end of this toolkit as well. You're welcome to print and/or download the full toolkit or any section you need.

If you are interested in campus spotlights, you will find them at the end of the toolkit. If you have any questions or notice that we are missing a program from your post-secondary institution that could be featured in one of the spotlights, you can email the project lead Ella Wiseman at ewiseman@campusmenathealth.ca or info@campusmentalhealth.ca.

Positionality Statement

This toolkit was created in collaboration with individuals from community organizations, post-secondary institutions, subject matter experts, and those with lived experience. The lead on this project, Ella Wiseman, is a trained social worker who works in a critical anti-oppressive framework and brings those perspectives to this toolkit. Every available effort was made to include information that speaks to the diverse range of eating disorders and disordered eating.

Eating Disorders and Mental Health

Eating disorders are a range of mental health conditions that affect diverse populations. According to the National Institute of Mental Health (NIMH) (2024), individuals struggling with eating disorders (ED's) are “at risk for co-occurring mental illnesses, which most often include depression, anxiety, and substance use disorders” (p. 6). Further, NIMH highlights the importance of recognizing and treating co-occurring conditions in any eating disorder treatment plan (National Institute of Mental Health [NIMH], 2024).

Moreover, studies show that eating disorders typically emerge during adolescence, which is similar to when other mental health conditions typically arise (Centre for Addictions and Mental Health [CAMH], n.d.). We will discuss age and stage of life as risk factors for eating disorders and disordered eating later in the toolkit.

As mental illnesses with physical manifestations, eating disorders need to be treated with consideration of both the mental and physical health impacts. Best practices include conducting a holistic assessment of the mental and physical health concerns that an affected individual is experiencing. Treatment of the mental health aspects may include psychoeducation, cognitive behavioural therapy, and pharmacotherapy (CAMH, n.d.). Treating one side without the other will yield less successful results (NIMH, 2024).

Recommendation:

- ✓ Understand the connection eating disorders and disordered eating have to a variety of mental and physical health concerns.

Acknowledgements

This toolkit would not have been possible without the knowledge and contributions from our collaborators.

Authors and Contributors:

- Joshua Bell
- Charlotte Booth
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- Shaleen Jones
- Crystal Morris
- Holly Stacey
- Emily Tam

We are also grateful to the many campus and community members that informed this toolkit via the toolkit needs survey and interviews.



What are the Basics?

What are Eating Disorders?

According to the American Psychiatric Association (APA) (2023), eating disorders are mental health conditions marked by severe and persistent disturbances in eating behaviours, associated thoughts, and emotions. Eating disorders can have detrimental impacts on physical, mental, emotional, and social wellbeing.

Eating disorders are often associated with intense food and weight preoccupations, restrictive eating, binge eating, purging behaviours such as self-induced vomiting, laxative and diuretic use, and/or compulsive exercise. These symptoms can vary in occurrence and severity, as eating disorders can present differently for everyone (American Psychiatric Association [APA], 2013). Additionally, because eating disorders are still largely stigmatized, some people may feel ashamed and go to great lengths to hide their symptoms, making it challenging to recognize warning signs (Rose et al., 2022). Understanding the clusters of symptoms that characterize an eating disorder can make identifying them easier.

The causes of an eating disorder are complex and multifaceted. There is no single cause; rather, eating disorders result from a combination of biological, psychological, and sociocultural factors. For individuals with a genetic predisposition, exposure to certain social pressures such as appearance standards, family influences, discrimination, or concurrent mental health challenges can trigger symptoms (Galmiche et al., 2019; Tagay et al., 2014).

Factors that may contribute to the development of an ED are broken down in the table below (National Eating Disorder Information Centre [NEDIC], 2021a):

FACTOR	DESCRIPTION
Biological	Genetics and physiology
Psychological	Personality traits, emotional regulation, and other existing mental health conditions
Social and cultural	Family and peer influences, appearance standards, and discrimination

For more information on Emotional Regulation see our [infosheet Emotional Regulation](#) - Centre for Innovation in Campus Mental Health

The following table provides a broad overview of the different types of eating disorders but is not intended to be comprehensive or used as a diagnostic tool (NEDIC, 2021b).

TYPE	DESCRIPTION
Anorexia Nervosa (AN)	Restrictive eating behaviours driven by an intense fear of gaining weight or being fat that interfere with maintaining one’s biologically-appropriate body weight. People with AN may experience disturbances in how they experience their weight and shape, or difficulties recognizing the seriousness of their condition.
Bulimia Nervosa (BN)	Characterized by recurring episodes of binge-eating (consumption of an unusually large quantity of food in a relatively short period of time, in a way that feels out of control) followed by behaviours intended to get rid of the food consumed or compensate for food eaten to prevent weight gain. Common compensatory behaviours include self-induced vomiting, laxative use, intense exercise, and/or food restriction. Note that people with BN are often not significantly underweight.
Binge Eating Disorder (BED)	Recurrent episodes of binge eating accompanied by marked distress and not associated with the use of compensatory behaviours.
Avoidant Restrictive Food Intake Disorder (ARFID)	Presentations include avoidance of foods with certain characteristics (flavours, textures, or colours), and fear of eating following a highly distressing experience involving food (such as becoming physically ill after eating). A key distinction between AN and ARFID is that individuals with ARFID do not overvalue body weight or shape or experience significant body image disturbances.
Otherwise Specified Feeding or Eating Disorder (OSFED - previously called EDNOS)	EDs in this category are characterized by behavioural patterns that do not fit the criteria for AN, BN, or BED, but still compromise health and functioning (i.e., atypical anorexia, purging disorder, night eating syndrome, etc.).

For more information on Biologically-Appropriate Body Weight see [What Is a Biologically Appropriate Weight? | Psychology Today Canada](#)

Other informal terms you may come across that are not formally recognized as EDs by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), however, still present severe health risks are (NEDIC, 2021b):

Orthorexia

“A pathological obsession with proper nutrition that is characterized by a restrictive diet, ritualized patterns of eating, and rigid avoidance of foods believed to be unhealthy or impure. Although prompted by a desire to achieve optimum health, orthorexia may lead to nutritional deficiencies, medical complications, and poor quality of life.”
(Koven & Abry, 2015, p. 385)

Diabulimia

A disordered pattern of behaviour in an individual with diabetes, typically type I diabetes, wherein they purposefully restrict the insulin that they need to keep their blood sugar levels within a healthy range in order to lose weight.

Recommendations:

- ✓ Get a baseline understanding of common eating disorder diagnoses and their components.
- ✓ Understand the seriousness and risks to one’s health and wellbeing eating disorders pose.

What is Disordered Eating?

Disordered eating refers to a range of distressing thoughts, attitudes, and behaviours related to food, eating, body image, and physical activity. This can include preoccupation with food, body weight or shape, dieting, eliminating certain foods or food groups, mealtime anxiety, and rigid eating attitudes or behaviours (Pereira & Alvarenga, 2007). It is not uncommon for a person to experience periods of disordered eating throughout their lives, especially during key stressful life events such as entering the first year of post-secondary education, prepping for exam season, the loss of a loved one, or global events such as the COVID-19 pandemic (Simone et al., 2021). It is important to remember that individuals with an eating disorder may engage in disordered eating, but not everyone that experiences disordered eating has an eating disorder.

Although eating disorders and disordered eating both involve food and body-related distress, they are distinct. While disordered eating can vary in severity and does not meet the criteria for a clinical eating disorder as outlined in the DSM-5, it can still pose a significant risk to an individual’s health and wellbeing and should be taken seriously. Moreover, disordered eating and dieting are significant risk factors for future development of an eating disorder. Early intervention and support at this stage are crucial for prevention of eating disorders (National Eating Disorders Collaboration [NEDC], 2021).

Recommendation:

- ✓ Gain clarity on the differences between eating disorders and disordered eating as well as the spectrum in which they both exist.

Who is Impacted by Eating Disorders?

Alarmingly, the prevalence of eating disorders among post-secondary students is significantly greater than the current national prevalence estimate, with peer-reviewed research studies reporting rates between 8-17% (Eisenberg et al., 2011). International research suggests a 4-5% prevalence rate in North America, and it is estimated that between 840,000 and 1.75 million people in Canada have symptoms sufficient for an eating disorder diagnosis (Deloitte, 2024). Moreover, a recent report from Mental Health Research Canada (2024) reported that 45% of Canadians under 35 years of age exhibit behaviours consistent that make them at high risk for an eating disorder.

Although eating disorders are most prevalent in adolescents and young adults, people of all ages, genders, racial identities, ethnic backgrounds, sexual orientations, abilities, socio-economic backgrounds, body sizes, or weights can have an eating disorder. Eating disorders do not discriminate. You cannot tell whether someone has an eating disorder simply by looking at them, nor can you determine what type of eating disorder a person has based on their body size or weight (National Association of Anorexia Nervosa and Associated Disorders [ANAD], 2021).

Popular media depictions of eating disorders often perpetuate the myth that only young, thin, affluent, white, cisgender women experience eating disorders and disordered eating. However, eating disorders affect around 5–10% of adolescent boys and 2% of adult men (Trompeter et al., 2021). Alarmingly, up to 30% of men frequently engage in extreme weight-controlling behaviours (Trompeter et al., 2021). While dieting and purging are seen less often, binge eating and excessive exercise are more common among men (Trompeter et al., 2021). Rates of eating disorders are similar in boys and men across socio-economic status and ethnicity, however, transmasculine folks are six times more likely to have an eating disorder compared to their cisgender male peers (Trompeter et al., 2021). Moreover, men and boys are less likely to access treatment and support. Barriers to seeking help include stigma, gender roles/toxic masculinity, and lower mental health literacy (Trompeter et al., 2021).

Scholars argue that colonialism and white supremacy intersect and inform eating disorders and eating disorder treatment. For more information on these complex processes see the following resources:

- ***Stepping away from the Campfire: Decolonizing the Concept of Eating Disorders through an Indigenous Focusing Oriented Therapy Lens***

- *The Impacts of Colonialism and Structural Racism on Body Image of Women of Color Living with Disordered Eating*

- *First Nations Elders in Northwestern Ontario's perspectives of health, body image and eating disorders*

Further, certain identity groups may be more likely to have eating disorders. For example, transgender and gender diverse post-secondary students may be 15 times more likely to experience eating disorder symptoms than their cisgender peers (Duffy et al., 2018).

Eating disorders not only affect the individual but can also have a profound impact on those around them. Those in a support role such as family, friends, romantic partners, and roommates may experience confusion, guilt, helplessness, or fear, which can take a toll on their mental health. It is crucial that those in a support role also have access to support while they are helping someone else (Beat Eating Disorders, 2020).

Recommendation:

- ✓ Recognize that eating disorders do not discriminate and that students have specific risk factors for developing eating disorders or disordered eating.

What are the Unique Risk Factors for Students?

Similar to the biological, psychological, cultural, and social risk factors mentioned above, students in post-secondary face unique risk factors for developing eating disorders or disordered eating. It is important to remember while reading the following section that while a student may possess or interact with one or many of the risk factors listed, this does not mean an eating disorder or disordered eating is sure to develop. Every student brings their own unique experiences, history, and coping strategies with them to campus. The following is intended to provide readers with *potential* risk factors that have been uncovered through research and consultation with subject matter experts and those with lived experience.

Transition to Post-Secondary and First Year

Starting at a brand-new school, sometimes away from their hometown and community, can be a challenging time for some students as they adjust. Changes in appetite and the type of food available to first-year students may differ from what they were accustomed to at home. This is also a time when general habits and food choice habits start to change (Vila-Martí et al., 2021).

The transition to a new environment has also shown to be a time of high anxiety, stress and an increased risk of depression and other mood disorders for youth - often not fully improving at all until the end of first year (Howard et al., 2022). Increased stress and mood changes can lead to shifts in eating patterns, including changes in appetite or frequency of meals.

The introduction of alcohol, smoking, and cannabis use, combined with responsibility of potentially preparing their own meals for the first time, can increase the risk of developing disordered eating patterns, such as skipping meals and overeating or undereating. If not corrected, these factors may lead to an eating disorder or assist in setting the stage for the development of one in the future (Vila-Martí et al., 2021).

Student Athletes

There are approximately 15,000 student athletes across Canada (U SPORTS, n.d.). Student athletes face unique stressors while managing both their participation in athletics and the academic demands of post-secondary. It is important for wellness programming and health promotion campaigns to focus on their needs as both high performing athletes and students facing the rigors of post-secondary education.

In a meta-analysis of athletes and their self-reported disordered eating behaviours, it was demonstrated that one in five athletes are at risk of developing an eating disorder (Ghazzawi et al., 2024).

There is a particular risk of disordered eating for student athletes who engage in exercise dependence - a compulsive preoccupation with exercise that becomes detrimental to their wellbeing (Uriegas et al., 2023). Additionally, there is a higher risk for student athletes who participate in sports with weight-based categories, or where “leanness” is considered to be beneficial for performance or aesthetic purposes (i.e. gymnastics, diving, figure skating, rowing) (Chapa et al., 2022).

Despite some research showing that there is a relationship between participating in athletics and the development of disordered eating, there are also protective factors for student athletes. For example, student athletes report lower levels of body dissatisfaction compared to non-athletes, and participation in “non-lean” sports (such as team-based field sports) can be protective against developing negative body image (Chapa et al., 2022).

Recommendation:

- ✓ Ensure policies and practices around student athletes do not encourage, perpetuate, or entrench disordered eating behaviours.



Social Media and Diet/Fitness Culture

Many external factors can contribute to the development of an eating disorder. We know that body image dissatisfaction as well as the overvaluing of one's body image in relation to their self-worth increases the likelihood of someone developing an eating disorder (NEDC, n.d. a). Moreover, while editing and airbrushing has always been present in the media, social media has created a new culture of distorting the reality of one's lifestyle and their body image with the use of filters and editing software (NEDC, n.d. a).

A greater amount of time spent on social media is linked to the development of an ED through increased exposure to the thin ideal. Individuals may begin to negatively assess their bodies after comparing themselves to others online and/or may seek validation of positive self-assessment through likes, comments, and posts (Padín et al., 2021). Increased social media use is also associated with weight dissatisfaction, dieting, and purging behaviours (Padín et al., 2021).

"Thin ideal" refers to the narrow standard of beauty that media and general societal messages tell us is the correct and best/most desirable way to look.

Often, people who experience body image dissatisfaction will turn to extreme methods to change their body shape, weight, and size through excessive exercise or dieting (NEDC, 2021). Although there have always been methods of promoting these harmful practices in the media, it has become more accessible with the increased use of social media platforms such as Instagram and TikTok.

Numerous studies have found engaging with "thinspiration" or "fitspiration" content has adverse consequences on body image. Despite these tags implying health promotion, "thinspo" and "fitspo" tags often portray harmful messages encouraging disordered eating and weight loss (Sanzari et al., 2023). Health, wellness, and fitness tags on social media content often perpetuate dangerous messages about unrealistic body ideals, extreme diets, and exercise regimens have become incredibly common and popular. Studies have found that individuals who consume content under such hashtags have the highest rates of disordered eating, poor self-esteem, and compulsive exercising (Raiter et al., 2023). This finding is incredibly concerning when coupled with the fact that youth and adolescent screen time has increased from 0.75 to 6.5 h/days since before the pandemic, and that 84% of adolescents report using social media to obtain health information (Raiter et al., 2023).

*For more information on social media and cellphone addiction please see our infosheet **Social Media and Cellphone Addiction - Centre for Innovation in Campus Mental Health***

Recommendation:

- ✓ Educate students in critical media literacy, the potential harms of diet/fitness culture, and how to consume social media content safely.

Weight Stigma

Due to increased social media use and as a result, an increase in exposure to cultural messages about thinness, the morality of food, and what bodies are seen as valuable, weight stigma (sometimes referred to as weight bias) is a serious concern for post-secondary students.

According to the National Alliance of Eating Disorders, "Food morality is when we intentionally or unintentionally categorize food as 'good' or 'bad' which in essence assigns a moral value to food. It can also extend to considering foods as 'clean' or 'organic' and by contrast 'junk' or 'fatty'. This tells us that if we eat the foods that are 'good' then we are 'good' and our behaviours are also 'good'. But if we eat foods that are 'bad' then we are 'being bad' and our behaviours are 'bad'."

For more information about the morality of food and how it contributes to weight stigma and the upholding of cultural ideas that contribute to the prevalence of eating disorders see this article:

[Tips for Removing Morality from Food - National Alliance for Eating Disorders](#)



Sonneville et al. (2024) defines weight stigma as the “social devaluation and denigration of people perceived to carry excess weight” (p. 260) and can include more overtly violent forms of abuse, such as harassment and bullying, and less overt forms of mistreatment like social ostracism, structural/systemic discrimination such as inaccessible spaces (e.g., classroom seating), effective interventions not being researched on those in larger bodies (i.e., emergency contraception), or treatment being withheld (i.e. gender affirming care). Sonneville et al. (2024) also found that those with marginalized identities were disproportionately more likely to be affected by weight stigma.

For more information about weight stigma and building weight inclusive spaces on campus see [Representation in the Classroom - Body Liberation + Public Health Project](#)

“Weight stigma often targets individuals who are deemed to be in higher weight bodies, but it can affect people of all body sizes. Weight bias can increase body dissatisfaction, a leading risk factor in the development of eating disorders. In fact, the best-known environmental contributor to the development of eating disorders is the sociocultural idealization of thinness.”
(Edwards-Gayfield, 2024)

Weight stigma is found to be consistently associated with poorer mental health - particularly increased anxiety, depression, and disordered eating (Sonnevile et al., 2024). Cisgender female and queer students are identified as being particularly susceptible to mental health challenges related to weight stigma (Sonnevile et al., 2024).

Individuals of all body sizes may experience interpersonal weight-related mistreatment such as bullying, unwanted comments, assumptions about one’s health. However, individuals in larger bodies are substantially more likely to experience structural weight stigma. As experiences of weight stigma increase, so too does their risk for psychiatric symptoms such as anxiety and depression (Christian et al., 2023).

For more information on the complexity of how weight, health, and stigma intersect, check out this article
[Everything You Know About Obesity Is Wrong - The Huffington Post](#)



Recommendation:

- ✓ Learn about weight stigma, how it shows up in our daily lives, and how it can perpetuate risky eating behaviours in students.

Food/Financial Insecurity

Many Canadian post-secondary students struggle with food security, which has only increased since the COVID-19 pandemic (Meal Exchange, 2021). In a survey distributed to post-secondary students in Canada, an estimated 56.8% of students face at least some food insecurity (Meal Exchange, 2021).

Research has shown that in the post-secondary student population, there is a significant relationship between food insecurity and the risk of developing an eating disorder that is independent of anxiety and depression diagnoses (Zickgraf et al., 2022). This relationship is significant across all genders, including cisgender men and women, as well as transgender and gender-diverse individuals, although more research is required to examine this relationship more closely (Zickgraf et al., 2022).

One research study reflecting on the impact of the COVID-19 pandemic on post-secondary students showed a significant correlation between food and financial insecurity and the presence of both AN and BED (Tavolacci et al., 2021). This was attributed to financial insecurity and irregular food availability, increasing cycles of restriction and bingeing (Tavolacci et al., 2021). It was also hypothesized that disordered eating behaviours may have assisted with managing stress related to the pandemic (Tavolacci et al., 2021).

Due to the significant ongoing socioeconomic pressures on students, including the increasingly high cost of living, this should be an area of significant concern for campuses across Canada and be addressed through on and off-campus programming to decrease stress, address mental health, and increase access to food supports.

Recommendations:

- ✓ Recognize the impact of precarious food supply and financial insecurity for students.
- ✓ Create spaces and programs on campus that give students access to regular and nourishing meals/groceries.

What can Campuses do?

Combatting Stigma

Stigma is the “experience of shame, discrimination, or social isolation of a person due to a particular characteristic, condition or attribute” (NEDC, n.d. b, para. 4). Studies have shown that stigma is a major contributor to individuals delaying seeking treatment and sometimes not seeking treatment at all (NEDC, n.d. b). Not everyone on campus is in a role that directly supports students with health concerns but everyone on campus has the opportunity and responsibility to combat stigma both at an individual and organizational level.

Staff and faculty on campuses can:

- Increase their own self-awareness and engage in education to learn more about mental health, eating disorders, and disordered eating. Refer to the end of this toolkit for additional reading.
- Work to unpack and challenge their own biases and closely held beliefs about mental health and eating disorders (refer to the section on weight stigma).
- Recognize and learn about the harmful misconceptions about eating disorders that contribute to stigma and prevent individuals from seeking support.
- Be thoughtful of the language used both with colleagues and students. Use inclusive terms that avoid perpetuating feelings of guilt or shame about eating, shape, and weight (learn more about this topic below).
- Work to educate themselves and others on campus about the resources that are offered by their institution to support mental health for students, staff, and faculty.

Harmful misconceptions that contribute to stigma include (NEDC, n.d. b):

- Eating disorders are a lifestyle choice
- Dieting is just a normal part of life
- Eating disorders only affect white, middle-class cisgender women, particularly adolescent girls


- Eating disorders are easy to overcome and can be treated by simply ‘eating better’
- You must look a certain way or be a certain size to have an eating disorder
- Eating disorders are about vanity or attention seeking
- Eating disorders are just a phase

Learn more about these misconceptions and the truth from the [National Eating Disorders Collaboration](#).

Dismantling structural stigma can look like:

- Education and training for front-line staff about eating disorders and stigma
- Creating and maintaining safe and inclusive environments for students accessing mental health services
- Intentionally improve equity of access to health and mental health services on campus and ensure equitable provision of services
- Centre practices of cultural safety in screening for, responding to, and treating eating disorders on campus


*To learn more about how we talk about our bodies check out this article on **“Body Neutrality”**.*




*To learn more about how to create more accessible treatment, read this article entitled, **"Reimagining eating disorder spaces: a qualitative study exploring Māori experiences of accessing treatment for eating disorders in Aotearoa New Zealand"***



*For more information on cultural safety and mental health in campus settings see this article entitled, **"Shifting Paradigms: Taking a whole campus approach to move from cultural competency to cultural safety in supporting international student mental health and wellbeing"***





The following information is from the National Alliance of Eating Disorders (2023) and aims to outline how we can reflect on the way we talk about food and eating both in the context of supporting students and in our own lives:

LEARN TO LIVE IN THE GREY:

Instead of “all or nothing” or “black and white” thinking, learn to think in shades of gray. This means accepting that all foods in moderation can be part of a balanced diet.

CHALLENGE ONE FOOD LABEL AT A TIME:

For many of us, it’s hard to separate these labels from the food. To make the task more manageable, start by challenging one label at a time. The more you practice, the easier it will become.

FOCUS ON HOW FOOD MAKES YOU FEEL:

Give yourself permission to eat the foods you enjoy and make you feel good, without judgment. Eating and enjoying food can be pleasurable. Try to tap into intuitive eating practices.

REPLACE EMOTIONALLY LOADED WORDS:

When you find yourself passing judgment on food, replace morality terms with neutral language. For example, if you label pizza as “junk”, think of a neutral descriptive term that could be used instead, such as “cheesy” or “crispy.”

CHALLENGE YOUR FOOD MORALITY VIEWS:

Identify the foods that carry morality for you and ask yourself questions, such as: who or what is the source of this label? What happens if I eat “good” or “bad” food? How would letting go of these moral labels change my relationship with food? These might be hard to unpack, so consider bringing them up in therapy, or to a professional.

Recommendation:

- ✔ Work to combat stigma around eating disorders and disordered eating at the individual and organizational level.

Supporting Students

Developed by Ontario Health, [the Quality Standard for Eating Disorders: Care for People of All Ages](#) outlines what high-quality care for eating disorders looks like. The Quality Standard aims to help (2023, p. 1):

- Patients, families, and caregivers know what to ask for in their care
- Health care professionals know what care they should be offering based on evidence and expert consensus
- Help health care organizations measure, assess, and improve their performance in caring for patients

Not all the following quality statements may be applicable to your role on campus, but an understanding of this Standard may help you navigate conversations, care, and referrals for students struggling with eating disorders or disordered eating. The following nine statements have been taken directly from the Quality Standard for Eating Disorders: Care for People of All Ages (Ontario Health, 2023):

1. Comprehensive Assessment

People with signs and symptoms of an eating disorder have timely access to comprehensive mental and physical health assessments. The assessment is used to determine whether they have a specific eating disorder, the severity of their symptoms, the degree of impairment, and whether they have any comorbid conditions, and to establish a plan of care.

2. Level of Care

People with an eating disorder receive the most appropriate level of care, which takes into consideration their needs, goals, and experience with previous treatment.

3. Transition From Youth to Adult Health Care Services

Young people with an eating disorder who will transition out of youth-oriented services to adult-oriented services receive transitional care that focuses on continuity and helping the young person develop independence.

4. Psychotherapy

People with an eating disorder receive timely access to evidence-based psychotherapy that considers their individual needs and preferences.

5. Monitoring and Medical Stabilization

People with an eating disorder receive ongoing medical monitoring to prevent and address adverse events and complications. They are offered acute medical stabilization when indicated.

6. Support for Family and Caregivers

Families and caregivers of people with an eating disorder are offered resources, structured support, and education in a way that meets their needs.

7. Physical, Mental Health, and Addiction Comorbidities

People with an eating disorder who have physical, mental health, or addiction comorbidities are offered treatment for their eating disorder and other conditions as part of a comprehensive plan of care.

8. Promoting Equity

People with an eating disorder experience care from health care providers and a health care system that uses an anti-racist, anti-discrimination, anti-stigma, and anti-oppressive approach. Health care providers promote a culture that is compassionate, trauma informed, unbiased, and respectful of people's diversity. They build trust with people with an eating disorder and their families and caregivers, work to remove barriers to accessing care, and provide care equitably.

9. Care for People Who Are Not Receiving Active Treatment

People with an eating disorder who are not receiving active treatment are offered medical monitoring, support, and follow-up that meets their needs and preferences

Conversation Tips

The following table was adapted from content from the National Eating Disorders Association (2024) to outline how non-clinical staff and faculty can prepare for and have conversations with students about potential eating disorders or disordered eating:

Learn about eating disorders	Review this toolkit and further reading materials to get a baseline familiarity with eating disorders, treatments, and supports.
Find a private place to talk	Having a private space will help both you and the person you are sharing your concerns with feel safer to discuss these challenging topics.
Remove potential stigma	Remind the person you are speaking with that experiencing an eating disorder and seeking support is not shameful and they deserve care and attention.
Avoid overly simplistic solutions	Being told to “just stop” or “just eat” is not helpful and can leave the person feeling frustrated, defensive, and misunderstood.
Be prepared for negative reactions	Some may be glad that someone has noticed they are struggling, some may become angry and defensive, and others may brush off your concerns. All of these reactions are normal. Reiterate that you care and leave the conversation open.
Be aware of and ready to refer to professional resources	Look into the on-campus resources your institution offers and get a sense of the pathways to care. You can also refer to this toolkit for more information.
Take care of yourself	These conversations are often challenging and can leave supporters feeling depleted, hopeless, and upset. Make sure you set some time aside after the conversation to recenter yourself and reflect. For more information on how to care for yourself after difficult conversations please see our infosheet on empathic strain .

Recommendations:

- ✓ Include screening questions about eating disorders and disordered eating on intake forms to give students an opportunity to disclose their specific concerns. Ensure staff are trained to respond to these disclosures.
- ✓ Offer a variety of formats/modalities for students seeking support for their eating disorder or disordered eating behaviours.

Training for Staff and Students

[More Feet on the Ground](#)

More Feet on the Ground is a free 20 minute-online course aimed at campus staff (and students) to learn mental health literacy and increase their confidence in supporting campus members (staff, students, faculty, etc.) living with mental health concerns. Specifically, the course aims to teach learners how to RECOGNIZE indicators that someone may be experiencing mental health concerns; RESPOND appropriately to someone who needs support, based on the indicators present and your relationship with them; REFER someone to mental health supports and services in an appropriate way; and describe best practices for reflecting after interacting with someone who may be upset or distressed.

Recommendation:

- ✓ Engage in ongoing staff/faculty training on this topic to increase competency and confidence when confronting these challenging issues.

Prevention and Education Initiatives

Due to the seriousness of eating disorders and the high rate of prevalence in this population, the prevention and early screening of eating disorder symptoms is crucial for post-secondary students (Yager & O’Dea, 2008). Eating disorder prevention campaigns can be effective tools to combat the rise of eating disorders in post-secondary students (Harrer et al., 2019). The following examples discuss prevention strategies and initiatives as a good starting point for readers looking to develop prevention strategies on their campus.

[Eating Disorders Ontario Toolkit](#)

This toolkit titled *Decision Making and Implementation Support Toolkit* “provides an overview and step-by-step consideration to help with decision-making and implementation of prevention practices related to body image and disordered eating.” (Eating Disorders Ontario, n.d.).

[Eating Disorders Ontario Overview of Disordered Eating Prevention](#)

This short presentation discusses eating disorder prevention in the classroom. While some of the information provided here is more specific to younger students (elementary, middle and, secondary) much of the information is relevant to campuses and learning spaces in general.

Recommendation:

-  Develop robust prevention and education initiatives on eating disorders and disordered eating.

Ontario Campus Spotlights

Schools in Ontario are already doing lots of great work in this area. Below are some examples of initiatives and programs that post-secondary institutions are engaging in.

[University of Toronto](#)

The University of Toronto provides counselling services that include individual therapy, group therapy, and workshops that specifically address body image issues and disordered eating. They also offer consultations and referrals to specialized treatment programs if necessary.

[Queen’s University \(Kingston\)](#)

Queen’s offers a range of mental health services, including counselling for eating disorders. They collaborate with community organizations like the [Eating Disorders Program](#) at Kingston General Hospital for more intensive treatment when needed.

[York University \(Toronto\)](#)

York University provides one-on-one mental health counseling, workshops on nutrition and healthy eating behaviors, and personalized meal plans from a registered dietitian and certified nutritionist. They also offer various initiatives to address food insecurity, including a food bank and an open fridge program.

[McMaster University \(Hamilton\)](#)

McMaster provides individual therapy, support groups, and workshops aimed at students dealing with body image and eating-related issues. Their Health and Wellness Centre has resources for students struggling with mental health and disordered eating.

[George Brown College \(Toronto\)](#)

Offers counselling support for individuals with eating disorders which includes individual therapy and referrals to specialized care. They also provide workshops and resources around body image and eating disorders.

Campus-Community Partnerships

The demand for post-secondary student mental health services and supports is increasing. Campuses and community health organizations are struggling to meet this growing demand. Meanwhile, individual campuses and community agencies have unique skills, resources and/or approaches that would benefit other partners.

Developing and strengthening partnerships between community mental health agencies and public post-secondary institutions can enable all service providers to better support the needs of post-secondary students. Campuses may want to consider partnering with community organizations that have specialized services for those struggling with eating disorders or disordered eating. For more information on building these partnerships see our [Campus-Community Partnerships Toolkit](#) and see below for community organizations and resources.

Recommendation:

- ✔ Partner with community mental health organizations to fill in service gaps and set students up with support after they leave the campus community.

Where Can I Refer Students and Get More Information?

[National Eating Disorder Information Centre \(NEDIC\)](#)

NEDIC provides information, resources, and tools to support individuals affected by eating disorders. NEDIC also has a helpline and live chat services that can provide information, referrals, and support to people across Canada with concerns around eating disorders. NEDIC also provides population specific resources for equity-deserving groups such as [BIPOC](#) and [2SLGBTQ+ individuals](#).

Toll-free: 1-866-NEDIC-20

GTA: 416-340-4156

[Body Peace](#)

Body Peace is a free, online program for anyone in Canada aged 14+ who is living with an eating disorder, or concerned about their relationship with food, their body, and/or exercise. They offer one-on-one peer support and peer support groups.

[Body Brave](#)

Body Brave is a community-based organization providing treatment and support for people ages 17+ that is free of charge or covered by OHIP, with no diagnosis or referral required. After registering for their online platform, folks can access online educational workshops, recovery sessions co-led by people with lived experience, and guided self-help. If more intensive support is needed, they can book a clinical intake to potentially access 8–10-week group-based treatment and in some cases, brief psychotherapy.

[Bulimia Anorexia Nervosa Association \(BANA\)](#)

BANA is a Windsor, Ontario based organization dedicated to the provision of specialized treatments for Bulimia and Anorexia as well as education and other forms of support for those directly or indirectly affected by eating disorders. BANA has written resources, podcasts, and a magazine where they publish up-to-date information on these complex issues. BANA's programs are free for Ontario residents with a valid OHIP card.

[The Centre for Addictions and Mental Health \(CAMH\)](#)

CAMH is a centralized hub offering a wide range of services, programs, and resources aimed at treating and supporting those struggling with mental health and/or addiction. CAMH also offers education on a variety of topics including eating disorders. Their offices are located in Toronto, Ontario.

[Sheena's Place](#)

Sheena's place offers support groups for individuals aged 17+ on the topics of disordered eating and eating disorders. Their services are free and do not require a formal diagnosis or referral from a physician. However, to access their services users must be a resident of Ontario. Sheena's Place also publishes a variety of resources and information on eating disorders including information on emergency and crisis support and a list of eating disorder-sensitive dentists in Canada.

[Ontario Health](#)

Ontario Health is a government of Ontario agency that connects and coordinates the province's healthcare system. Their website houses a huge database of information including healthcare pathways, information on system navigation, and a variety of reports regarding current wait times and healthcare system performance. Ontario Health also has the [the Quality Standard for Eating Disorders: Care for People of All Ages Support](#) (outlined earlier in the toolkit) which outlines what quality care looks like in healthcare for individuals with anorexia, bulimia, or binge-eating disorders.

Recommendation:

- ✓ Review and familiarize yourself with the resources and programs offered on your campus, in your area, and online so you are ready to connect students in need.



CICMH Resources

[Mental Health on Campus Podcast - Episode 16: Unlearning Fatphobia](#)

In this episode we discuss fatphobia and how this affects students on post-secondary campuses. Listen to the episode to learn about what fatphobia is, how it affects students on campus, and where they can seek support.

[Webinar Series - Diet Culture Within Post-Secondary Settings](#)

Diet culture can play a significant role in eating disorders and disordered eating. In this webinar, special guests Emily Donahue from the National Eating Disorder Information Centre (NEDIC) and Steven Bowa from Sheena's Place explain what diet culture is, the harm it can cause, and how it may show up in the post-secondary environment. This webinar also explored strategies that can help combat diet culture and support student mental health. French closed captioning is available for this webinar.

[Webinar Series - Increasing capacity to support students with an eating disorder](#)

8-17% of post-secondary students are affected with an eating disorder, which can disrupt their life, on- and off-campus. This webinar aims to increase the confidence of the many student services professionals — from residence and student life to campus mental health providers — who feel uncertain about how to best support these students. Attendees will learn about the most common ways students with eating disorders present, suggested formal and informal support strategies, resources to learn more about becoming eating disorder informed, and a practical tool that can assist with triaging students to community care.

[Harm Reduction Toolkit](#)

CICMH recently published a toolkit that discusses harm reduction principles, how they can be implemented in the campus setting, and how they relate to range of concerns that goes beyond substance use. For more information on how harm reduction principles apply to eating disorders, see the “Self-Harm” chapter of the toolkit.

Conclusion

Summary

The purpose of this toolkit is to help readers gain a basic understanding of eating disorders, their corresponding harms, and the diverse range of factors that impact students who may be struggling. We hope that increasing your knowledge has and will continue to grow your confidence in responding to these concerns. We also hope that taking time to reflect on how we all have a role to play in both supporting students *and* dismantling the societal structures that entrench harmful messages and behaviours about the food we eat and the bodies we live in, will give us all the opportunity to live in a kinder and more caring world.

Recommendations

The following items are recommendations about responding to eating disorders and disordered eating on campus based on this toolkit.

- 1** Understand the connection eating disorders and disordered eating have to a variety of mental and physical health concerns.
- 2** Get a baseline understanding of common eating disorder diagnoses and their components.
- 3** Understand the seriousness and risks to one's health and wellbeing eating disorders pose.
- 4** Gain clarity on the differences between eating disorders and disordered eating as well as the spectrum in which they both exist.
- 5** Recognize that eating disorders do not discriminate and that students have specific risk factors for developing eating disorders or disordered eating.
- 6** Ensure policies and practices around student athletes do not encourage, perpetuate, or entrench disordered eating behaviours.
- 7** Educate students in critical media literacy, the potential harms of diet/fitness culture, and how to consume social media content safely.
- 8** Learn about weight stigma, how it shows up in our daily lives, and how it can perpetuate risky eating behaviours in students.

- 9 Recognize the impact of precarious food supply and financial insecurity for students.
- 10 Create spaces and programs on campus that give students access to regular and nourishing meals/groceries.
- 11 Work to combat stigma around eating disorders and disordered eating at the individual and organizational level.
- 12 Include screening questions about eating disorders and disordered eating on intake forms to give students an opportunity to disclose their specific concerns. Ensure staff are trained to respond to these disclosures.
- 13 Offer a variety of formats/modalities for students seeking support for their eating disorder or disordered eating behaviours.
- 14 Engage in ongoing staff/faculty training on this topic to increase competency and confidence when confronting these challenging issues.
- 15 Develop robust prevention and education initiatives on eating disorders and disordered eating.
- 16 Partner with community mental health organizations to fill in service gaps and set students up with support after they leave the campus community. For more information on creating campus-community partnerships see our [toolkit](#).
- 17 Review and familiarize yourself with the resources and programs offered on your campus, in your area, and online so you are ready to connect students in need.

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