The Language of Seeking Help
Eating Disorders

A Resource for Caregivers

A compendium of definitions, warning signs, and practical advice on recognising and responding to eating disorders in children and teenagers.

Compiled by Jaimee Krawitz
Registered Counsellor
Australia

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Disclaimer

This e-book details opinions regarding mental health issues, specifically eating disorders. Eating disorders and behaviours of disordered eating carry significant health and medical risks. If you struggle with disordered eating behaviours and/or think you may be developing an eating disorder, it is important to seek medical help and professional assessment as soon as possible. This e-book and the opinions/information contained herein are not intended to be a substitute for professional medical advice.

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Testimonials

"This is a wonderful, pragmatic e-book that pulls together key resources for people with eating disorders, their families and supporters. It makes sense of the sometimes confusing terms in eating disorders, gives practical guidance on how to approach and support someone who may have an eating disorder, and importantly, talks about how carers can take care of themselves. A must for anyone caring for a young person with an eating disorder."

- Professor Harriet Hiscock, Paediatrician
(The Royal Children's Hospital)

"Jaimee has worked tirelessly on developing this excellent resource for caregivers embarking on what can be a daunting and challenging journey. Many are overwhelmed in the early stages and unsure of where to find the information they need for navigating eating disorder diagnosis and recovery. Most people have also grown up in cultures which promote unhelpful messaging around food, weight and bodies, which means they also need to learn and adapt while they support their loved one – this e-book provides the perfect tool to start this learning."

– Dr Toni Pikoos
(Clinical Psychologist and Postdoctoral Researcher).

"An excellent resource for any family/carer/friend who is walking the difficult road of an eating disorder with their loved one. Knowledge is powerful; and this concise e-book allows for understanding and compassion to be fostered for the young person and those supporting them. I commend you Jaimee on this excellent achievement."

– Caroline Weinstein
(Clinical Psychologist)

Testimonials

"As a healthcare practitioner who works in the nutrition and body image space, where many individuals face challenges in these areas and are unsure where to turn for help, this book is a wonderful guide to help them begin to navigate a potentially difficult and unknown road. I have witnessed Jaimee put her heart and soul into the development of this book and I hope it helps others on their journey."

– Romy Bursztyn
(Qualified Nutritionist, Accredited Health Coach
and Body Image Coach)

"It has been an honour to contribute to the development of this much needed resource. I hope this book can help carers, families, and friends to better understand eating disorders, how to best support their loved one, and to access the right treatment sooner."

– Olivia Soha
(Certified Eating Disorder Coach)

"I hope patients and their families will find some comfort in this e-book; learning about eating disorders, about their presentation, about the right language.
I hope that the knowledge learned from this e-book will increase the feeling of hope and understanding. It was not an easy process to create this e-book, each patient is different and each family has its unique needs but learning the language will help us all."

– DR Shelly Ben Harush Negari
(MD, Head of Adolescent Medicine-Shaare Zedek Medical Center-Jerusalem, Israel)

The Language of Seeking Help - Eating Disorders

Dedication

What inspired me to compile this e-book?

When I was twelve years old, I was diagnosed with an eating disorder (ED). At the time, I was young and confused, struggling to communicate my experiences with those around me.

I remember conversations I had with myself, thinking over what I would say to people if they asked or commented on what I was experiencing with my eating disorder. However, as I look back and reflect on this time in my life, I have now begun to understand what I was going through.

In the last two years, I have found myself wanting to speak out about my personal experience as a way of processing a significant life event that has shaped who I am today. I want to help others navigate their own journey. I was fortunate to have a supportive team around me, all of whom accelerated my recovery. Most importantly, I would like to help others find the courage to ask for help – a critical step in the road to recovery.

I am now fully recovered and a registered Counsellor. My vision is to break the stigma around eating disorders, starting with increasing awareness through conversation. I am passionate about dismantling the fear and stigma surrounding checking in on those around you. I want to change the language around eating disorders so more people feel comfortable to open up and get the support they deserve.

Each person has their own way of showing care. My experience has taught me the beauty of communication and the power of language.

Many people who have a relationship with an individual experiencing an eating disorder find it difficult to use the right language. They are unsure of what questions to ask, how to respond and how to support the person suffering.

My inspiration and dedication in compiling this e-book is to help individuals, parents and caregivers supporting a child or young person with an eating disorder learn how best to communicate with their loved ones and find the best ways to support them.

My hope is that through my own lived experiences, this e-book can improve and change the condition of even one person or family's life. Then it will all have been worth it.

My goal has been to establish a not for profit organisation. I am very proud to announce that I have built a newly established not for profit organisation called Hide N Seek. The organisation aims to create open language in conversations, foster awareness and provide support and resources to caregivers of individuals experiencing an eating disorder.

A special thank you to my mentors Michael Carp, Sam Herszberg, Kate Beaconsfield and Pip Forbes.

I would also like to thank Miriam Pacanowski, Dr Michele Yeo, Professor Harriet Hiscock, Michaela Muscat, Caroline Weinstein , Olivia Soha, Christine Naismith from Eating Disorders Family Australia, Romy Bursztyn, Dr Shelly Ben Harush Negari and The Australian Friends Share Zedek, Eating Disorders Victoria, F.E.A.S.T organisation, National Eating Disorders Collaboration and Victoria Center of Eating Disorders Victoria for your wonderful support and guidance.

Best wishes,
Jaimee Krawitz
Registered Counsellor

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INTRODUCTION

The ripple effect of the Covid-19 pandemic is incalculable and the effects are ongoing. In its wake, there was a sharp increase in the incidence and severity of eating disorders worldwide, particularly in adolescents. Social isolation, social media and disconnect, lack of routine, and reduction in extracurricular activities all contributed to a dramatic increase in cases of bulimia nervosa, anorexia nervosa and other eating disorders.

Eating disorders can affect all types of people. According to the Butterfly Foundation, approximately 9% of Australians will experience an eating disorder in their lifetime, and in contrast to the common belief, more than 37% of these individuals will be male (2021).

This highlights the importance of breaking the stigma around eating disorders (EDs).

PART 01

WHAT IS HAPPENING?

Eating Disorders: An Overview

Overview of the Types of Eating Disorders

Other Eating Disorders

Unspecified Feeding and Eating Disorders

The Language of Seeking Help - Eating Disorders

Eating Disorders: An Overview

An eating disorder is a serious mental illness characterised by a damaged relationship with food. It often results in inappropriate eating behaviours and these can lead to severe physical damage and medical crises[1]. It often includes disturbances in thoughts, behaviours and attitudes toward food, eating and body image[2]. When left untreated, eating disorders can be detrimental to a person's life, causing serious emotional, behavioural, and physical consequences[3].

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Early Warning Signs

Children/young people who experience eating disorders are not always aware that their behaviour is detrimental. They often make efforts to hide their problematic behaviour and/or rationalise the behaviour. This is known as 'anosognosia,' a lack of ability to perceive the realities of one's own condition[4].

That is why this disorder is so challenging to treat and why families can find it so hard to support their loved ones. It is one of the only mental illnesses where an ambivalence to recovery or a lack of awareness to the severity of the illness is part of the illness.

TIP: Be alert for the following signs and seek professional help for diagnosis and treatment.

Behavioural[5]

- Constant or repetitive dieting: Counting calories, skipping meals, fasting, avoidance of certain food groups, replacing meals with fluids
- Binge eating: Large amounts of food disappearing from cupboard or fridge, food hoarding
- Black and white mentality
- Exercise: Exercising when injured or in bad weather, refusal to interrupt exercise under any circumstance
- Food: Eliminating certain food groups completely, obsessing over food rituals, refusing to eat others' cooking
- Sudden food interest changes
  1. Claiming to dislike foods previously enjoyed
  2. Sudden interest in "healthy eating"
- Avoidance of social eating, social withdrawal or isolation from friends, school refusal
- Clothing style change (more baggy clothes)
- Slow eating, cutting food into micro pieces, pushing food around the plate, smearing food, feeding to pets, hiding food in clothes, making excuses to leave the table

Other behaviours you may see with young people:

- Going to the bathroom after meals (may indicate purging or body checking)
- Drinking excessive water throughout the day or at meal times with the aim to suppress appetite
- Taking control of cooking at home, eating different meals to rest of family, body checking or mirror avoidance

1. "Eating Disorders Explained," Eating Disorders Victoria, https://www.eatingdisorders.org.au/eating-disorders-a-z/eating-disorders-explained/.
2. Ibid., 3. Ibid., 4. Ibid., 5. Ibid.

Physical[6]

- Sudden or rapid weight loss
- Delay in puberty
- Constipation
- Sensitivity to cold
- Fine hair over body (lanugo)
- Loss or disturbance of menstrual periods
- Signs of frequent vomiting
- Sores on knuckles, tooth enamel damage, gastrointestinal issues (often associated with bulimia/purging)
- Bad breath or constant use of breath freshener
- Fainting: dizziness
- Fatigue and sleep problems

Psychological[7]

- Increased preoccupation/dissatisfaction with body shape, weight and appearance
- Fear of weight gain
- Obsession with calories or fat content of food or exercise
- Moodiness, irritability, depression
- Low self-esteem
- Anxiety around meal times
- Loss of interest in previously important/valued activities (or objects)
- Obsession with 'thinspiration' (e.g. Sites portraying thinness as a virtue)

Risk Factors (More Prone to Developing ED)[8]

Psychological[9]

- Difficulty expressing (negative) emotions and feelings
- Perfectionism
- Anxiety
- Competitiveness
- Impulsive or obsessive tendencies
- People-pleasing
- Fear of conflict
- Black-and-white thinking (rigid thinking)
- Harm avoidance

Social[10]

- Cultural values that equate slenderness with beauty
- Social media and popular culture
- Family influence (e.g. Pressure to succeed in all facets of life or teasing/bullying based on shape and size)
- Peer influences in a friendship circle
- Professions or activities that emphasise body shape and size (e.g. Dancing, modelling, athletics)

6. Ibid., 7. Ibid., 8. Ibid., 9. Ibid., 10.Ibid.

Familial/ Relationship[11]

- Personal or family history of obesity, depression, substance abuse or eating disorders (genetic vulnerability), addictions (drugs, gambling, alcohol, etc.)
- Constant weight cycling
- Family modelling around eating/weight/shape
- Troubled personal or family relationships
- Trauma including sexual or physical abuse

Biological[12]

- Chemical Imbalances
- Malnutrition (prior to the development of body image concerns) may lead to thoughts about body image and weight loss
- Genetics: Individuals who have relatives with eating disorders have a higher risk of developing EDs themselves

Protective Factors (Resiliency in Recovery)[13]

Individual[14]

- High self-esteem/positive body image
- Critical processing of media images (e.g. Media literacy)
- Strong social, problem-solving and coping skills

Family[15]

- Strong support system
- No emphasis at home on weight and physical attractiveness. e.g. Healthy modelling of body positive talk
- Healthy family eating/meal habits

11. Ibid., 12. Ibid., 13. Ibid., 14. Ibid, 15. Ibid.

Overview of the
Types of Eating Disorders

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) recognises the following eating disorders[16]:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- ARFID (Avoidant/Restrictive Food Intake Disorder)
- Binge-eating disorder (of low frequency and/or limited duration)
- Bulimia Nervosa (of low frequency and/or limited duration)
- Purging Disorder
- Night-eating Syndrome

Other Eating Disorders (Not on the DSM-5):

- Pica
- Rumination Disorder
- Weight Stigma
- Relative Energy Deficiency in Sport (RED-S)

Unspecified Feeding and Eating Disorders
This category applies to behaviours that cause clinically significant distress or impairment of function, but do not meet the full criteria of any of the feeding or eating disorders.

- Orthorexia
- Compulsive Exercise

Anorexia Nervosa (AN)[17]

What is Anorexia Nervosa?

Anorexia Nervosa is a psychological illness that can have devastating physical consequences. It is characterised by decreased food intake and body image distortion, accompanied by an obsessive fear of gaining weight which displays itself through depriving the body of food.[18]

There are two types of Anorexia Nervosa (AN):

Restricting type is characterised by a person severely restricting food intake. This may involve restricting calories, limiting food groups, eating one meal a day, or following obsessive and rigid food and/or exercise rules. [20]

Binge eating/purging type is less recognised. It is characterised by a restriction of food intake followed by indulgence in either binge eating or purging behaviour [21]. This could include self-induced vomiting, over-exercise, and misuse of laxatives or other medications.

Characteristics of Anorexia Nervosa:[22]

- Fear of gaining weight
- Preoccupation/obsession with food or food-related activities and rituals (e.g. Eating the same meals every day, calorie counting)
- Feeling out of control around food
- Black-and-white thinking ("good" and "bad" foods)
- Sensitivity to comments about body shape, weight, eating or exercise habits
- Low self-esteem/distorted body image
- Mood swings/anxiety/depression
- Suicidal thoughts or thoughts of self-harm
- Constant or repetitive dieting
- Functional/social impairment (decline in school/work performance, social withdrawal)

Mind/Body Effects of Anorexia Nervosa:[23]

- Brain: loss of concentration/attention
- Hair and skin: Dry skin, brittle nails, thin hair, bruising, yellow complexion, growth of thin white hair all over the body (lanugo) and intolerance to cold
- Digestion: constipation, diarrhoea, bloating, abdominal pain
- Bones and muscles: Loss of bone density (osteopenia), osteoporosis, muscle loss, weakness, fatigue
- Hormones (reproductive system): Irregular or absent periods, loss of libido, infertility
- Kidneys: Dehydration and kidney failure

17. "Anorexia Nervosa," Eating Disorders Victoria, https://www.eatingdisorders.org.au/eating-disorders-a-z/anorexia-nervosa/.
18. Ibid., 19. Ibid., 20. Ibid., 21. Ibid., 22. Ibid., 23. Ibid.

Bulimia Nervosa (BN)[24]

What is Bulimia Nervosa?

Bulimia Nervosa is a serious illness characterised by recurrent binge-eating episodes (the consumption of abnormally large amounts of food in a short period of time) immediately followed by purging/compensatory behaviour. This may include self-induced vomiting, fasting, over-exercising and/or the misuse of laxatives, enemas or diuretics. [25]

Bulimia Nervosa often begins with weight-loss dieting. The resulting food deprivation and inadequate nutrition can trigger a starvation reaction or an overriding urge to eat. [26] This typically leads to a substantial binge of whatever food is available (especially foods with high fat and sugar content), followed by compensatory behaviours. [27] Weight-loss dieting often follows, leading to a binge/purge/exercise cycle, which becomes increasingly compulsive and uncontrollable over time. [28]

It is important to note that if someone has **medically significant low body weight**, the diagnosis will **automatically be Anorexia Nervosa even if a person displays behaviours of Bulimia Nervosa.** [29]

Common Signs of Bulimia Nervosa: [30]

- Mood swings/anxiety/depression
- Binge-eating
- Frequent trips to the bathroom, especially after eating
- Evidence of vomiting (e.g. Toilet seat stains, blocked drains)
- Fear of disapproval if the illness becomes known
- Loneliness due to isolation and a reluctance to develop personal relationships
- Sores on knuckles, damaged tooth enamel, gastrointestinal issues

Binge Eating Disorder (BED)[31]

What is Binge Eating Disorder?

Binge Eating Disorder is an illness characterised by regular episodes of eating excessive amounts of food, which may take place rapidly or extend over time. [32] These episodes can feel chaotic, uncontrollable and highly distressing. Unlike BN, in BED, there are no compensatory behaviours. [33]

24. "Bulimia Nervosa," Eating Disorders Victoria, https://www.eatingdisorders.org.au/eating-disorders-a-z/bulimia-nervosa/. 25. Ibid., 26. Ibid., 27. Ibid., 28. Ibid., 29. Ibid., 30. Ibid
31. "Binge Eating Disorder," Eating Disorders Victoria, https://www.eatingdisorders.org.au/eating-disorders-a-z/binge-eating-disorder/. 32. Ibid., 33. Ibid.

Common Signs of Binge Eating Disorder:[34]

- Eating rapidly and/or in secret
- Periods of uncontrolled, impulsive or continuous eating, often to the point of feeling uncomfortably full
- Eating when not physically hungry
- Concern about weight gain following a binge-eating episode
- Excessive money spent on food
- Desperation to break the binge eating cycle
- Repetitive binge eating episodes leading to feelings of shame, guilt, or self-hate
- Avoidance of social situations, particularly those involving food
- Eating 'normal' quantities in social settings, and bingeing when alone
- Low self-esteem and embarrassment over physical appearance
- Fear of the disapproval of others
- Self-harm or suicide attempts
- Depression and/or anxiety
- Dizziness

Mind/Body Effects of Bulimia Nervosa and Binge Eating Disorder:[35]

- **Brain:** Preoccupation with food and weight, disrupted sleep
- **Mouth:** Erosion of dental enamel, swollen jaw, bad breath, gum disease, tooth decay
- **Throat/oesophagus:** Chronic sore throat, indigestion, heartburn, reflux, inflamed or rupture of oesophagus
- **Heart:** Irregular or slow heartbeat, cardiac arrest, heart failure, low blood pressure, fainting, dizziness
- **Stomach and intestines:** Ulcers, pain, stomach rupture, bowel problems, constipation, diarrhoea, cramps, bloating
- **Hormones:** Irregular or absent periods, loss of libido, infertility
- **Kidneys:** Dehydration
- **Skin:** Calluses on knuckles, dry skin
- **Muscles:** Fatigue, cramps caused by electrolyte imbalance, lethargy
- **Weight:** Fluctuating weight or weight gain

34. Ibid. 35. Ibid., 36. "ARFID," Eating Disorders Victoria, https://www.eatingdisorders.org.au/eating-disorders-a-z/ARFID/. 37. Ibid.

Avoidant/Restrictive Food Intake Disorder (ARFID)

What is ARFID?

Avoidant/Restrictive Food Intake Disorder (ARFID), as defined by DSM-5, is an eating or feeding disorder characterised by a persistent, disturbed pattern of feeding or eating that leads to a failure to meet nutritional energy/needs [36]. ARFID is NOT a result of body image concern [37]. This is a new diagnosis (only in the DSM-V).

Diagnosis is associated with at least one of the following:[38]

- Significant weight loss or failure to achieve weight gain/physical growth in children
- Significant nutritional deficiency
- Dependence on tube feeding or oral nutritional supplements
- Marked interference with an individual's psychosocial functioning (impacts on daily activities)

Common Signs of ARFID:[39]

- Fear of consequences associated with eating/feeding (e.g. Choking or vomiting)
- Fears or phobias around particular foods
- Sensory sensitivity, such as avoiding fruits and vegetables, or crunchy foods
- Avoiding events where food is served or becoming distressed when "safe" foods are not available
- Focusing on taste, texture, smell, temperature or food groupings
- Feeling prematurely full
- Lack of interest in food or eating
- Not eating enough or skipping meals entirely
- Not liking foods touching one another on the plate
- Malnutrition
- Favouring 'beige foods' (e.g. White bread, fries, potato chips, chicken nuggets, etc.)

Mind/Body Effects of ARFID:[40]

- **Brain:** Headaches, fainting, dizziness, anxiety
- **Hair and skin:** Dry skin, brittle nails, hair loss and thin hair, bruises easily, yellow complexion, growth of thin hair all over body (lanugo), intolerance to cold
- **Heart and blood:** Poor circulation, irregular or slow heartbeat, low blood pressure, cardiac arrest, heart failure, low iron levels (anaemia)
- **Intestines:** Constipation, diarrhoea, bloating, abdominal pain
- **Hormones:** Irregular or absent periods, loss of libido, infertility
- **Kidneys:** Dehydration, kidney failure
- **Bones and muscles:** Loss of bone calcium (osteopenia), osteoporosis, muscle loss, weakness,

38. Ibid., 39. Ibid., 40. Ibid.

Other Eating Disorders

Pica:

According to the DSM-5, Pica is the diagnosis given to someone who regularly and persistently eats non-food substances, such as chalk, soap, or paper for more than one month.[41]

Rumination disorder:

According to the DSM-5, rumination disorder is the diagnosis given to someone who will repeatedly regurgitate their food effortlessly and painlessly for more than a month. The regurgitated food may be re-chewed, re-swallowed, or spat out.[42]

Weight Stigma:

"Weight stigma refers to the discriminatory acts and ideologies targeted towards individuals because of their weight and size. Weight stigma is a result of weight bias, which refers to the negative ideologies associated with obesity."[43]

The Consequence of Weight Stigma

Stigma can result in a variety of adverse emotional responses such as depression, low self-esteem, and anxiety.

Obesity itself is typically blamed for these potential consequences. However, it is weight stigma, rather than obesity, that has been proven to mediate the greater likelihood of depressive and anxiety disorders in individuals that have or have formally had obesity.[44]

Recovery focus tends to be placed on the emotional effects of stigma. However, in addition to emotional health, weight stigma can also have social and physical effects. [45]

Relative Energy Deficiency in Sport (RED-S):

"Relative Energy Deficiency in Sport (RED-S) describes a syndrome of poor health and declining athletic performance that happens when athletes do not get enough fuel through food to support the energy demands of their daily lives and training. RED-S can and does affect athletes of any gender and ability level" (Boston Children's Hospital, 2022). [46]

41. "Other Eating Disorders," Eating Disorders Victoria, https://www.eatingdisorders.org.au/eating-disorders-a-z/other-eating-disorders-osfed/. 42. Ibid.. 43. "Weight Stigma," World Obesity, https://www.worldobesity.org/what-we-do/our-policy-priorities/weight-stigma. 44. Ibid., 45. Ibid., 46. "Relative Energy Deficiency in Sport," Boston Children's Hospital, https://www.childrenshospital.org/conditions/red-s.

If left untreated, RED-S can impair systems throughout the body, including: [47]

- **Reproductive health:** Disrupted menstruation (missed or abnormal periods) in women and low libido in men and women
- **Bone health:** Increased risk of stress fractures and early onset osteoporosis
- **Immunity:** More infections and colds due to decreased immunity
- **Metabolism:** The body converts food into energy more slowly
- **Cardiovascular (heart) health:** Low heart rate causing dizziness and the potential for long-term heart damage
- **Psychological health:** Moodiness, depression, and anxiety

What are the symptoms of RED-S?

Physical/Medical Signs and Symptoms[48]

- Amenorrhea (loss of periods)
- Dehydration
- Gastrointestinal problems
- Hypothermia (cold intolerance)
- Cardiac abnormalities: bradycardia (low heart rate), orthostasis (abnormal changes in heart rate and/or blood pressure during positional changes)
- Stress fractures (and overuse injuries)
- Significant weight loss
- Muscle cramps, weakness, or fatigue
- Dental problems

Psychological/ Behavioural Signs and Symptoms[49]

- Anxiety or depression
- Exercising beyond what is expected/required
- Excessive use of the restroom
- Difficulties with concentration and focus
- Preoccupation with weight and eating
- Avoidance of eating and eating situations
- Use of laxatives, diet pills, etc.

Other specified feeding or eating disorder (OSFED):

According to the DSM-5, a person with OSFED presents with symptoms similar to other eating disorders, but **does NOT meet** the full criteria. [50]

A person with OSFED should seek help from a GP or psychologist as soon as possible.

47. Ibid., 48. Ibid., 49. Ibid., 50. Ibid

The following are examples of OSFED:[51]

- **Atypical Anorexia Nervosa:** All criteria are met for anorexia, except for the individual's weight, which might be within or above normal range
- **Binge-Eating Disorder (of low frequency and/or limited duration):** All of the criteria for BED are met, but binges happen less frequently than expected or have been occurring for less than three months
- **Bulimia Nervosa (of low frequency and/or limited duration):** A person has all the symptoms of bulimia but binge eating, and subsequent purging occurs at a lower frequency and/or for less than three months
- **Purging Disorder:** A person eats what is considered a 'normal' amount of food (e.g. Does not engage in binges or food restrictions), but uses laxatives or self-induced vomiting to influence shape or weight
- **Night-Eating Syndrome:** When someone either wakes up during the night to eat or consumes an excessive amount of food just before going to bed. Night-Eating Syndrome is diagnosed when the behaviour cannot be better explained by environmental influences, social norms, or another mental health disorder

Unspecified Feeding and Eating Disorders

This category applies to behaviours that cause clinically significant distress or impairment of function, but do not meet the full criteria of any of the feeding or eating disorders.

Orthorexia

"Orthorexia is an eating disorder characterised by having an unsafe obsession with healthy food. An obsession with healthy dieting (aka "clean eating") and consumption of only "pure foods" becomes deeply rooted in the individual's way of thinking to the point that it interferes with their daily life." [52]

Signs of Orthorexia

Behaviour signs[53]

- Obsession with a "healthy" diet
- Cutting out specific foods and food groups from their diet in an attempt to make their diet healthier. An increasing number of food/ food groups may be cut out over time
- Poor concentration due to lack of sufficient nourishment
- Judgment on others' eating habits
- Increased focus on their eating habits interferes with other areas of the person's life, such as their relationships or work

51. Ibid., 52. "Orthorexia Nervosa Signs & Symptoms," Center for Discovery, 2https://centerfordiscovery.com/conditions/orthorexia/. 53. "Orthorexia," Beat Eating Disorders, https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/other-eating-feeding-problems/orthorexia/.

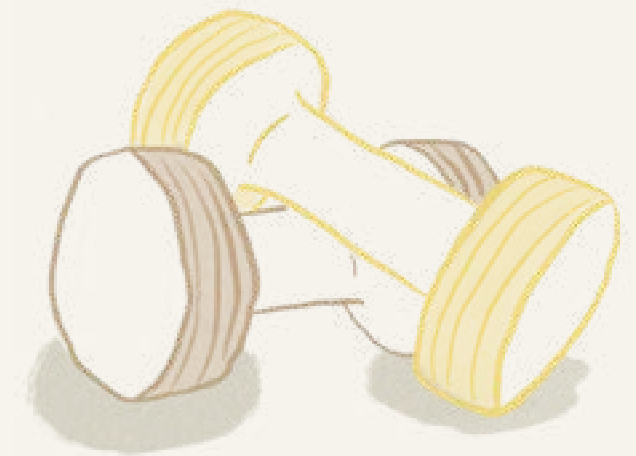
Psychological Signs[54]

- Being unable to put aside personal rules about what they can/ cannot eat, even if they want to
- Feelings of anxiety or guilt over consuming food they regard as unhealthy
- Emotional wellbeing is overly dependent on eating the "right" food
- Low mood or depression

Physical Signs[55]

If someone with orthorexia is following a diet that cuts out important food groups or nutrients, this could lead to **malnutrition**, with signs such as:

- Weight loss
- Physical weakness
- Tiredness
- Long illness recovery times
- Intolerance to cold
- Low energy levels



Compulsive Exercise

Compulsive Exercise (sometimes called **Exercise Addiction**) is when a person is driven to exercise excessively. The following list is taken from the Nemours Teen Health Website.[56]

What Are the Signs & Symptoms of Compulsive Exercise? [57]

Compulsive exercisers often:

- Will not skip a workout, even if they are tired, sick, or injured
- Cannot take time off, and seem anxious or guilty when missing even one workout
- Are constantly preoccupied with their weight and exercise routine
- Lose a significant amount of weight
- Exercise more after eating a lot or missing a workout
- Eat much less if they cannot exercise
- Skip seeing friends, give up other activities, and abandon responsibilities to make more time for exercise
- Seem to base their self-worth on the number of workouts completed, and the effort put into training
- Are never satisfied with their own physical achievements
- Have irregular/absent periods, or stress fractures

54. Ibid., 55. Ibid., 56. "Compulsive Exercise," Nemours TeensHealth, https://kidshealth.org/en/teens/compulsive-exercise.html. 57. Ibid.

PART 02

WHAT CAN I DO?

The Role of the Family Carer

How to Help the Individual

How to Help Yourself

Supporting Siblings of Eating Disorder Patients

"How can friends help?"

The Role of the Family Carer

Family carers play pivotal roles in the supervision, support, and recovery of a child/young person living with an eating disorder. Being empowered with information and language is critically important.[58]

How to Help the Individual[59]

Help the child/young person seek treatment[60]

- A child/young person suffering from an eating disorder may be hesitant to seek help. A carer needs to step in to encourage and arrange medical intervention and treatment. The thought that the illness will resolve itself as long as it is not spoken about is a dangerous misperception. Delaying treatment simply delays recovery and decreases the chances of complete recovery
- If you think something is not quite right with your child/young person's weight, body image or you have seen a change in their behaviours around food, fill out this early eating disorder detection questionnaire, print out the results and the list of tests for GP to follow up on: www.feedyourinstinct.com.au
- For those with eating disorders over 18: www.reachoutandrecover.com.au

Be part of the care team[61]

- You are someone that the child/younger person likely trusts. As their carer/parent, you are in the best position to help your child/young person adopt behavioural changes once they start treatment. Once treatment begins, you (as a carer) must help the child/young person adopt behavioural changes. This can be done in a variety of ways from being with the child/young person at mealtimes to helping them cope with distressing thoughts

Support the child/younger person's recovery journey[62]

- Recovery takes time. Carers need to be patient and encouraging. Try to make the recovery process a family affair. A strong support system and network will improve recovery. The effects of an eating disorder go beyond the patient and affect their surrounding family and friends as well

58. "Families and Supports," National Eating Disorder Collaboration, https://nedc.com.au/support-and-services/families-supports/. 59. Ibid., 60. Ibid., 61. Ibid., 62. Ibid

How to Help Yourself[63]

Caring for a child/young person with an eating disorder can often be challenging for carers. Be aware of the following signs and remember that, in order for healing to take place, you must be good to yourself.

You may feel...[64]

- Distress about what is happening to you and your family, as well as the person in treatment
- Burn-out from the demands of care
- Guilt about your role in the illness
- Self-doubt and confusion regarding your ability to provide the best support
- Anxiety and fear about the physical/psychological changes in the patient

Remind yourself...[65]

- Your care and support are the number one things you can provide as a carer. It means much more than you think to an individual going through the recovery process
- There is no such thing as being a perfect carer – you may not always have the right answer. However, effort and good intentions alone can go a long way
- It is important to find an outlet – whether it is a family member, friend, therapist, support group or other member of the community you can discuss and voice your concerns with
- It is important to give yourself some alone time and space doing things that fill up your cup e.g. hobbies, time in nature, journaling, mindfulness

Supporting Siblings of Eating Disorder Patients

In addition to this book, there are many websites and resources that can help you and your loved ones experiencing eating disorders. One such resource is the organisation, F.E.A.S.T., which stands for 'Families Empowered and Supporting Treatment for Eating Disorders.' [66]

63. "Caring for Someone with an Eating Disorder," National Eating Disorder Collaboration, https://nedc.com.au/assets/NEDC-Resources/NEDC-Resource-Carers.pdf. 64. Ibid., 65. Ibid., 66. "A Seat at the Table: Supporting Siblings of Eating Disorder Patients," F.E.A.S.T, https://www.feast-ed.org/a-seat-at-the-table-supporting-siblings-of-eating-disorder-patients/.

Eating Disorders often impact a whole family

When a child/young person starts to experience an eating disorder, it can really shift family life. It often places strain on family relationships (hence why a solid parenting relationship is important), puts a hold on family life (e.g. Treatment requirements, holidays and eating out together), and impacts children's development.

Issues that may come up include[67]

- What should I tell my other children about their sibling's eating disorder?
- What if the eating disorder impacts my other children?
- What if they too develop an eating disorder?

The Impact on Siblings

Eating disorders can impact siblings in various ways:

Parental attention	In a family setting, the child with an eating disorder often receives more attention from their parents due to their need for additional monitoring and care. [68] The parents may be traveling distances to treatment centres and attending many different appointments locally, leading to potential absence from the home for periods of time. [69]
Family life	Family meals with a child/young person experiencing an eating disorder can often be tense or explosive. The negativity may lead siblings to dread family meals or avoid them altogether. [70]
Social environment	Parents may have to sacrifice their time, struggling to balance transportation for their children's social activities alongside the medical travel for the child/young person with an eating disorder. [71] Furthermore, siblings may feel embarrassed to invite friends over when their sister or brother is acting in a challenging manner. Outside the home, they may have to face the criticism (often resulting from the stigma around eating disorders) from friends and neighbours regarding their sibling's eating disorder. They may feel conflicted about telling their friends about the family's situation. [72]

The importance of encouraging honesty and transparency in a home is one of the key drivers to recovery and family harmony. [73]

67. Ibid., 68. Ibid., 69. Ibid., 70. Ibid., 71. Ibid., 72. Ibid., 73. Ibid.

“How can friends help?”

The following are signs that friends can look out for in each other[74]

- Food restriction, elimination (such as sugar, carbs, fats), or experimenting with fad diets (such as Paleo, Keto, low carb, Whole 30, “clean eating”)
- Disappearing soon after a meal, often to the bathroom
- Sudden avoidance of situations where there is likely to be food present
- Excessive time spent at the gym working out, often in place of social activities
- Social isolation or lack of interest in activities once enjoyed
- Increased irritability, moodiness
- A notable change in weight, up or down (Note: not everyone with an eating concern experiences a change in weight)

Perhaps you notice one or a few of these symptoms, or even something not listed here. But something just does not seem right to you. In these situations, it is worth starting the conversation with your friend. Very often, people suffer in silence out of embarrassment or denial. Knowing that you care may help your friend take the first step towards healing.[77]

Tips

- Pick a time and place to talk where it is quiet and there are not too many distractions around
- Instead of commenting directly on your friend’s physical change in appearance or eating behaviours, focus your observations on their overall health, mood, and wellbeing
- Use “I” statements when discussing your concerns or observations

Examples may include:
- I am worried about you...
- I am here to help you....
- I am starting to notice...
- I can sense you are....
- I want to help you....
- I am just checking in.....

Eating with your friend who has an eating disorder

Eating with others is about connection and celebration. It is important to show your friend that eating is about connection, not just nutrition.

74. “Worried about a Friend,” Bwell Health Promotion, https://www.brown.edu/campus-life/health/services/promotion/nutrition-eating-concerns-how-help-friend/worried-about-friend., 75. Ibid

Some statements to use in conversation

- “I am here for you, and I am not going to leave”
- “I know it is difficult but I’m proud of you”
- “I believe in you”
- “We are in this together”
- “I might not understand but if you need someone to talk to, I will help you as much as I can”

PART 03

WHAT CAN I EXPECT?

The Six Stages of Change in the Eating Disorder Recovery Process

Stage One: Pre-contemplation

Stage Two: Contemplation

Stage Three: Preparation

Stage Four: Action

Stage Five: Maintenance

Stage Six: Termination

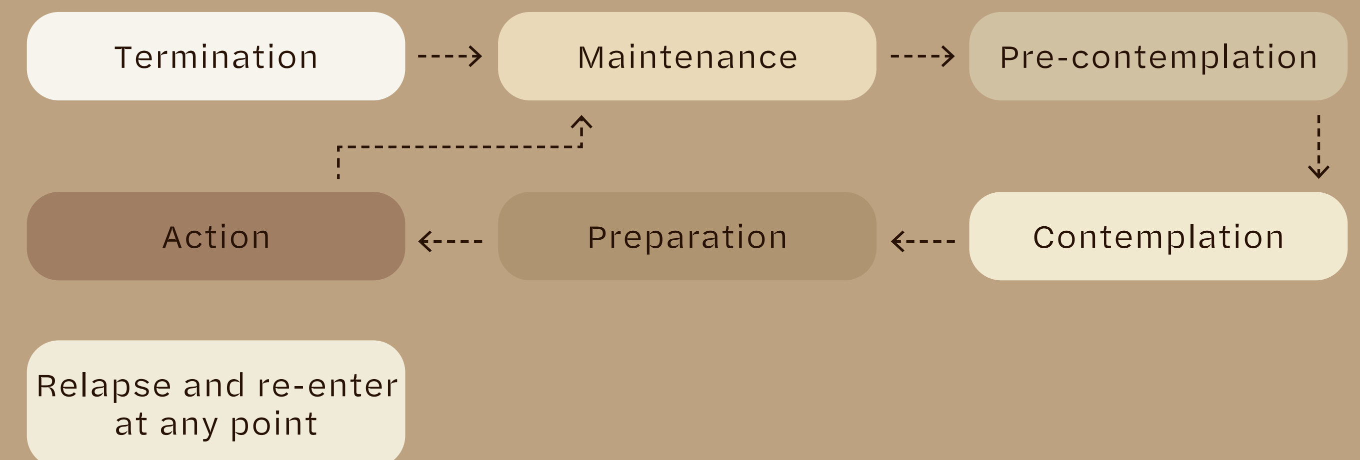
The Language of Seeking Help - Eating Disorders

The Six Stages of **Change in the Eating Disorder Recovery Process**[76]

Individuals experiencing eating disorders tend to move through different phases in their illness that influence their ability to recognise their illness and move towards and through recovery. These stages are summed up in the Stages of Change model where six stages of change have been identified. It is important to be aware that these stages are not linear, and a person may go through this cycle several times or may go back and forth between stages.

Note: every individual, family and disorder is different. There is no "normal" time frame for each stage. There is no guarantee of linear progress.

Figure 1.
Stages of Change Model[77]



76. "Stages of Change," National Eating Disorders Collaboration, https://nedc.com.au/eating-disorders/treatment-and-recovery/stages-of-change/., 77. (National Eating Disorders Collaboration, 2022)

A Resource for Care-Givers

Stage One: Pre-contemplation

The first stage **may be denial.** You may notice some of the warning signs and feel concern, but the person has little or no awareness that a problem exists. The individual may demonstrate aggressive and defensive behaviour, appearing angry or frustrated when confronted with this topic. [78]

What you can do[79]

- Stay calm and show compassion and understanding
- Create a safe space for the person to express their feelings
- Do not be afraid to address the change in behaviour and the effect it is having on their life
- Be supportive and encouraging – make it clear you are there for them

Stage Two: Contemplation

In this stage, the child/young person will be aware that something is wrong. They may consider behavioural change, but may be unsure how, or even if, to begin the process. They may be ambivalent about recovery. [80]

What you can do[81]

- Encourage the person to voice their thoughts, feelings and concerns
- Show them you respect their ideas, particularly the ones in favour of change
- Gently highlight the discrepancies in their thoughts/actions and amplify the potential for change
- Try to boost their self-esteem and confidence

Stage Three: Preparation

In Stage Three, the individual decides to change their behaviour and prepares to do so. This phase begins with small steps and may involve conversations about change. The person may need support and encouragement in order to take the next steps. A level of ambivalence about recovery may still be present. [82]

What you can do[83]

- Educate yourself on the steps to recovery. Links include: *www.nationaleatingdisorders.org/stages-recovery and https://edfa.org.au/education/recovery-from-eating-disorders/*
- Encourage the individual to access professional support and treatment
- Continue to encourage the individual to voice their thoughts, feelings and concerns

78. Ibid., 79. Ibid., 80. Ibid., 81. Ibid., 82. Ibid., 83. Ibid

Stage Four: Action

In Stage Four, the child/young person actively takes steps towards treatment and recovery. They engage in treatment and begin to change their behaviours, thoughts and environment. The person learns coping strategies and endeavours to make progress toward a return to normal eating behaviours. A level of ambivalence about recovery may still be present. [84]

It may be frustrating to learn that mental health recovery may be put on hold until a refeeding process commences and weight gain is achieved. This is critical to allow the individual's brain to recover sufficiently for the psychological recovery to begin. [85]

What you can do[86]

- Acknowledge the challenges of recovery and remind them of your support
- Continue to encourage the individual to share their thoughts and feelings
- Build their confidence

Stage Five: Maintenance

In the maintenance stage, the child will have changed their disordered behaviours and started engaging in new behaviours. Negative thoughts and feelings about their eating disorder may reduce in frequency and intensity as they work to sustain new behaviours on the path to recovery. [87]

Relapse may occur at this stage and negative thoughts and behaviours may return. While relapses can be stressful, they are common. When a child/young person relapses, the relapse has the power to help the person develop insight and adopt new strategies for recovery. [88]

What you can do[89]

- Work with the person to identify triggers that may impact their recovery
- Help them adopt systems and strategies to avoid relapse. For example, finding appropriate treatment for eating disorders, speaking to a therapist, integrating good examples at home
- Show care, patience, and compassion especially if they relapse
- Continue to encourage the individual to share their thoughts and feelings

84. Ibid., 85. Ibid., 86. Ibid., 87. Ibid., 88. Ibid., 89. Ibid

Stage Six: Termination

The last stage in the cycle describes a sustained period with no return to disordered eating behaviours. The child/young person is confident they will continue to cope in adaptive ways and will not fall back into disordered eating behaviours.[90]

Although full recovery is possible, for some individuals it is more likely that ongoing management of the eating disorder will be necessary.[91]

90. Ibid., 91. Ibid.

PART 04

WHAT SHOULD I SAY? WHAT SHOULD I NOT SAY?

Tips for Conversations During the Recovery Process

Helpful Things to Say and Do

Tips for Conversations During the Recovery Process

Suggested conversation starters/sentences[92]

- "You do not seem to be yourself. I just wanted to check in."
- "I have not heard much from you lately, so I just wanted to see how things are going."
- "How can I support you?"
- "We always used to have lunch together. I feel like I have not seen you recently."
- "I have noticed you seem more tired and stressed out than usual."

REMEMBER: The child/young person may not always be receptive to conversation. Sometimes just being there is all the support they need.

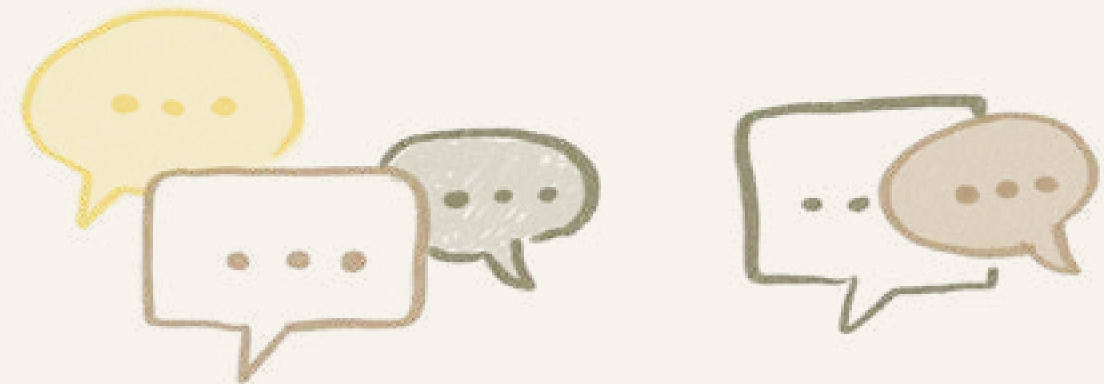
What not to do[93]

- Do not use language that suggests blame or wrongdoing
- Do not dominate the conversation
- Do not use manipulative or threatening statements that focus on you
- e.g. "Think about what you are doing to me", or "If you loved me, you would eat properly", or "It is easy. Just eat"

These can be extremely harmful to the person's emotions and behaviour and further exacerbate the problem.

For additional tips on how to have a supportive conversation, please see the following[94]

National Eating Disorders Collaboration. (n.d.). What to say and do. Australian Government Department of Health. *https://nedc.com.au/support-and-services/families-supports/what-to-say-and-do/.*



92. What to Say and Do," National Eating Disorders Collaboration, https://nedc.com.au/support-and-services/families-supports/what-to-say-and-do/., 93. "Helpful and Unhelpful Things to Say and Do," Inside Out, https://insideoutinstitute.org.au/assets/helpful%20and%20unhelpful%20things%20to%20say%20and%20do.pdf., 94. "What to Say and Do," National Eating Disorders Collaboration, https://nedc.com.au/support-and-services/families-supports/what-to-say-and-do/.

Helpful Things to Say and Do

The following are recommendations from InsideOut Institute

Tips for Supporting Children/Young People in Eating Disorder Recovery

1. Learn
Educate yourself! Sharpening your own skills and coping mechanisms can help you provide stronger support during this difficult but rewarding process. [95]

2. Remember who the person is
The person you are caring for is separate from the illness. It may help to see the illness as the problem and the person you are caring for as someone fighting the problem (or who needs your help to fight the problem as they do not have the strength to do so themselves yet). This is known as "externalisation" of the illness. [96]

3. Communicate
Practice open communication, without judgement or negativity, and allow the person to express how they are feeling. Avoid focusing on food and weight. Instead, try to talk about the feelings that may exist beneath the illness. For example, "I can see this is making you feel really scared right now."

Pay attention to the child/young person's non-verbal reactions and body language and encourage them to trust and speak openly with you. [97]

Practice statements or compliments that do not make reference to physical appearance, such as: [98]

- "It is great to see you", rather than, "you are looking well/better/great" (this may be interpreted in a derogatory way such as "I must be looking fat")
- "I love that colour on you/your outfit", rather than, "you look good in that outfit."

4. Stay positive
There is more to life than the eating disorder! Draw attention to the child/young person's positive attributes. Talk about the things they enjoy and are good at and the things you love about them. Reminding the person of their life outside of their illness can help them realise they are not defined by their eating disorder – they are more than their eating disorder. [99]

5. Be patient
Be patient with them and yourself. Recovery from eating disorders takes time and the journey will certainly include ups and downs. There will be good days and bad days. Be patient with the process and continue to support the individual in whatever way is natural for you. Stay as calm and patient as possible throughout recovery and remember that there is no quick fix. [100]

6. Make time for yourself
Prioritising 'time out' for yourself will help restore your energy and rejuvenate your mind. Make the time to see a friend, go for a walk, do some exercise or watch a movie. "Putting your own oxygen mask on before helping others" is a good analogy here. The better you care for yourself, the more you will be able to help the person you are caring for. This is not easy when the carer role is time-consuming and exhausting, but it is necessary to give you the resolve to continue. [101]

7. Seek support for yourself
Seeking support, whether from a medical professional or ED organisations and support groups, can reduce your stress and improve your capacity to care for someone living with an eating disorder. These resources can help you navigate the challenges of being a carer by providing guidance, strategies and resources. They can also connect you to others going through similar experiences which can be liberating, validating and reassuring. [102]

Eating Disorders: Helpful things to say and do[103]

Everyone experiencing an eating disorder will find different things helpful and unhelpful. It is important to talk to your loved one about what is most helpful in supporting them towards health.

Below is a list of some common helpful and unhelpful things to say and do. However, it is important to note this will not be relevant to everyone. The following are recommendations from InsideOut Institute.

Unhelpful: "Just eat!"
This reinforces that you have little understanding of the person's illness and how difficult it is to overcome. Always remember that eating a meal is their phobia.

Helpful: "Why don't you try and take a few more bites? I can see that this is a struggle for you, but we're trying to get you to a safe place."
This provides encouragement and support, but still allows the person to make their own decision.

Unhelpful: "Where is the loaf of bread I bought? Did you binge again?"
It can be frustrating when food disappears, but it is important to acknowledge the shame and guilt felt by people who binge. Try not to blame them for their behaviours and rather acknowledge that it represents a much bigger internal struggle.

Helpful: "I've noticed food disappearing and wondered how I can help? Are you struggling? Would you like to talk about it?"
Binging usually occurs to detract or numb the individual from emotional pain. Encourage the person to talk about their struggles and problem solve.

95. "How can you help: Tips for Carers," National Eating Disorders Collaboration, https://nedc.com.au/support-and-services/families-supports/tips-for-carers/., 96. Ibid., 97. Ibid., 98. Ibid. 99. Ibid.

100. Ibid., 101. Ibid., 102. Ibid., 103. "Helpful and Unhelpful Things to Say and Do," Inside Out, https://insideoutinstitute.org.au/assets/helpful%20and%20unhelpful%20things%20to%20say%20and%20do.pdf.

Unhelpful: **"You better eat your meal otherwise I'll be really upset with you" "If you don't finish your meal we'll need to go to hospital."**
Refrain from making threats and taking an authoritative stance. This will only alienate the person.

Helpful: **"I know how hard this is for you, but finishing your meal will be a great step towards getting better and showing the eating disorder that you are in charge."**
This puts the control and power in the hands of your loved one and like it to their goals. It can also provide hope.

Unhelpful: **"I don't understand why your team won't let you exercise" "I can't believe your Dietitian makes you eat that. It can't be healthy!"**
Questioning the person's treatment will compromise their trust in their treating team. This can lead them to refuse to follow treatment recommendations.

Helpful: **"Your treatment team know what is right for you - they are the experts!" "Your doctors have the expertise and know how to help you recover."**
Refrain from making comments about food and your own food preferences. Always support the decisions of the treating team. Show that you are all a united front in fighting against the eating disorder.

Unhelpful: **"We don't know what to do with you anymore." "All this treatment isn't working."**
Recovery can take years. Living with someone with an eating disorder can be very tiring. Take care of yourself so that you can best support your loved one.

Helpful: **It is important to always hold hope for recovery.**
Most people with an eating disorder question whether recovery is possible. Encourage them to keep fighting!

Unhelpful: **Ignoring small progress.**
Ignoring small steps forward can be interpreted that only full recovery is acceptable. This can feel unachievable and can result in the person stepping backwards.

Helpful: **Acknowledge small achievements.**
It is important to acknowledge small steps forward. This might include eating more or different foods, being more engaged in conversation, attending appointments and trying to meet a treatment goal.

Unhelpful: **Doing or saying nothing after meals.**
Eating well is the hardest part of the recovery journey. Each meal and snack can be a big challenge, and eating well can trigger feelings of guilt and shame.

Helpful: **"I can see how hard this had been for you. Would you like to watch a movie?"**
Acknowledging the person's struggle may or may not work. For some people it can be very helpful to offer a quiet distraction after eating, when eating disorder thoughts are often at their worst.

PART 05

WHO CAN I TURN TO FOR HELP?

Levels of Care

Level One Services - for people at risk of developing an eating disorder

Level Two Services – for people with an eating disorder diagnosis

Level Three Services – for people with severe health complications

Levels of Care

The Victorian Centre of Excellence in Eating Disorders website lists the levels at which a child/young person's eating disorder might be and what kind of care they might require:

Level One Services – For people at risk of developing an eating disorder.

These services are for people who have some problems around their eating but don't yet have a diagnosis of an eating disorder. It is generally friends, family and those that are close to the person that first notice there is a problem and can help the person access help early.[104]

These services help the person manage and reduce the risk of the eating becoming more problematic. They often encourage changes around activity, exercise, food and social life. These services also provide information and support to those who are supporting the person who could be developing an eating disorder.

The types of supports and services at this level include:[105]

- Informal supports: parents, family, partners, teachers, employers, colleagues and friends
- Health and wellbeing staff within the education sector, including schools, TAFE, and universities; community services and agencies, including a range of community-based youth and welfare services
- General health sector services, including general practitioners, community health centres, and services
- Health sector specialists: physicians, registered nutritionists, body image trained professionals, paediatricians, dietitians, private psychologists, counsellors, nurses, social workers, medical registrars, private psychiatrists, occupational therapists, and other health professionals

104. "Overview," The Victorian Centre of Excellence in Eating Disorders, https://ceed.org.au/service-systems-victoria/overview/., 105. Ibid.

Level Two Services – For people with an eating disorder diagnosis

These services are for people who have received an eating disorder diagnosis from a health professional. [106]

These services are similar to Level One services but tend to be offered by professionals trained in more specialised care.

The types of supports and services at this level include: [107]

- Eating disorder specialist services outpatient programs
- Public and private psychiatrists
- Physicians and paediatricians
- Specialist mental health nurses
- Dietitians
- Clinical psychologists
- Social workers

Level Three Services – For people with severe health complications

This level of services is for people experiencing an eating disorder with physical or mental health complications severe enough that they need intensive acute care. [108]

The purpose of these services is to contain, stabilise and manage severe problems until the difficulties can be successfully managed at a less intensive 'Level Two' level. [109]

For many people, entry to the 'Level Three' inpatient services occurs via the emergency department. For some, this is their first presentation for help. [110]

The types of supports and services at this level include: [111]

- Admission to a general mental health or medical unit within the hospital
- Admission to a specialist eating disorders inpatient unit

106. Ibid., 107. Ibid., 108. Ibid., 109. Ibid., 110. Ibid., 111. Ibid.

PART 06

WHO ARE THE PROFESSIONALS AND WHAT DO THEY DO?

These are the people you may encounter when seeking help for an individual with an eating disorder.

General Practitioner (GP)

A doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a paediatrician. The GP is able to assist an individual in applying for a mental health plan (MHP) or an Eating Disorder Plan (EDP) which allows for up to 40 Psychology and 20 Dietician sessions part-rebated through Medicare in Australia. [112]

Paediatrician

Paediatricians are medical specialists who diagnose, treat, and provide medical care for babies, children and teenagers. They deal with illnesses and the child's/young person's physical, mental and behavioural development.[113]

Psychologist

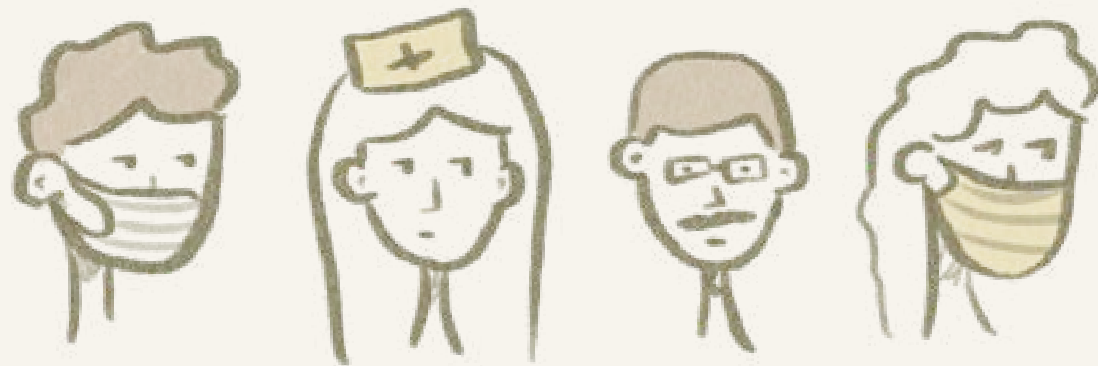
Psychologists provide assessments and talk therapy to help prevent and relieve psychological problems or disorders. [114]

Psychiatrist

A psychiatrist is a specialist medical doctor who assesses and treats patients with mental health problems often with medication. Psychiatrists often work in collaboration with general practitioners and other health professionals to best meet the mental health and emotional needs of patients.[115]

Dietician

Dieticians are experts in food and nutrition. They provide guidance on how to appropriately manage diets and nutrition for people who may be affected by health conditions.[116]



112. "The role of a GP," Health Direct, https://www.healthdirect.gov.au/the-role-of-a-gp., 113. What do Paediatricians do?" Health Direct, https://www.healthdirect.gov.au/what-do-paediatricians-do., 114. "Psychiatrists and Psychologists," Health Direct, https://www.healthdirect.gov.au/psychiatrists-and-psychologists., 115. Ibid., 116. "Dietitians," Health Direct, https://www.healthdirect.gov.au/dietitians.

Qualified Nutritionist

A nutritionist is a person who provides advice on matters relating to food, nutrition and healthy habits. [117]

Counsellor

A counsellor provides talk therapy to support people in navigating challenges in everyday life. They can help with psychological problems and disorders but tend to refer people with these conditions to a psychologist. [118]

Social Worker

Social workers are allied health professionals who help people who are in crisis and need support. They provide counselling, educational information and referrals to other services. [119]

Carer

'Carer' is a term used to describe anyone who is providing care for a person in their home. In relation to eating disorders, a carer is someone who formally or informally helps someone with an eating disorder diagnosis or disordered eating with daily life.

Case Manager

A case manager is a mental health professional employed to act as a central person to take charge and make sure the individual receives the most appropriate services to recover. [120]

117. "What do nutritionist do?", Association for Nutrition, https://www.associationfornutrition.org/careers-nutrition/what-nutritionists-do, 118. "Counsellors and Counselling," Health Direct, https://www.healthdirect.gov.au/counsellors-and-counselling., 119. "What do Social Workers Do?" Health Direct, https://www.healthdirect.gov.au/social-workers., 120. "What is a Case Manager?" Case Manager Society Association, https://www.cmsa.org.au/about-us/what-is-a-case-manager.

PART 07

ADDITIONAL RESOURCES

National

ANZAED-Australia & New Zealand Academy for Eating Disorders: https://www.anzaed.org.au/

Carer Gateway: https://www.carergateway.gov.au/

Disability Gateway: https://www.disabilitygateway.gov.au/

EDFA-Eating Disorders Families Australia: https://edfa.org.au/

InsideOut Institute: https://insideoutinstitute.org.au/

NEDC-National Eating Disorder Collaboration: https://nedc.com.au/

The Butterfly Foundation: https://butterfly.org.au/get-support/helpline/

New South Wales

InsideOut Institute: https://insideoutinstitute.org.au/

The Butterfly Foundation: https://butterfly.org.au

Victoria

Eating Disorders Coaching: https://www.uncovery.com.au

EDFA- Eating Disorders Families Australia: https://edfa.org.au

EDV- Eating Disorders Victoria: https://www.eatingdisorders.org.au

Centre for Eating, Weight and Body Image: https://www.cewbi.com.au

CEED- The Victorian Centre of Excellence in Eating Disorders: https://ceed.org.au

Western Australia

CCI- Centre for Clinical Interventions: https://www.cci.health.wa.gov.au/

Helping Minds: https://helpingminds.org.au/

The Body Esteem Program: https://whfs.org.au/services/eating-disorders/

The Swan Centre: https://www.swancentre.com.au

WAEDOCS – Western Australian Eating Disorders Outreach & Consultation Service: https://www.nmhs.health.wa.gov.au/Hospitals-and-Services/Mental-Health/Specialties/Eating

Women's Health Works: https://whfs.org.au

South Australia

Centacare Catholic Family Services: https://centacare.org.au

EDASA- Eating Disorders Association South Australia: http://www.edasa.org.au

SEDS – State-wide Eating Disorder Service: https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/mental+health+and+drug+and+alcohol+services/mental+health+services/eating+disorder+service/statewide+eating+disorder+service

Queensland

Centre for Intuitive Eating: https://centreforintuitiveeating.com.au

Eating Disorders Queensland: https://eatingdisordersqueensland.org.au

QuEDS – Queensland Eating Disorder Service: https://www.qld.gov.au/health/services/specialists/queensland-eating-disorder-service-queds

The Language of Seeking Help - Eating Disorders

Tasmania

Butterfly Hobart: https://butterfly.org.au/news/a-new-era-for-tasmania-eating-disorder-services/

Northern Territory

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Compiled by Jaimee Krawitz