

Youth Summit 2019

Topic: Eating Disorders

Main issues around this topic?

(Youth scribes)

- Need to be more resources in schools – health teacher helped one student.
- This should be talked about – how it starts in elementary school.
- It's mostly girls that are associated with an eating disorder, but it's not talked about in boys and that's a problem.
- We shouldn't be drilled with questions.
- A lot of schools have programs, but students feel that it isn't enough.
- Would like more resources to talk about it with friends and how to help them.
- Basic symptoms aren't all the same for everyone.
- Self-esteem and social media: social media is showing you a 'perfect' way to look but also telling you how to look.
- People who are constantly working and thinking noticed that they have less time to eat and don't think about it.
- Types: bulimia, binge, anorexia
- Avoid food fear of new foods.
- Everyone knows at least one person with some sort of eating disorder.
- Friends threaten to "shove food down your throat."
- Body shaming is starting at younger and younger ages.
- If it was less of a label people would be more confident to ask for help

Resources the students mentioned for getting help, both informal and formal around this topic.

(Adult scribes):

- School counselor
- Teachers
- Peers: kids know what's going on with other kids, often long before adults know.
- Need for a support group-like opportunity offered by school.
- Sports can be positive motivator.
- Health, we watched a movie, one day in health, but now have seen it with friends. We need to open it up and boys should see it too, 40% of people with eating disorders are males. It's not just a female thing. Boys aren't comfortable enough to talk about it.
- I don't know how to help or approach a guidance counselor. There aren't many tools. How do I help? Is it my place? I tried to help a friend and they got mad.
- We see what's going on. We can go to guidance, but if they don't think they deserve the help they can push us away. They might think we're overstepping boundaries.
- Lack of education about eating disorders. Lots of students can't recognize it in their own friends.

- No one really knows what to do, including adults. The big thing is education. Making it OK to talk about it.
- They (friends with eating disorder) never explain what's going through their head. How do I get through?
- Going to a therapist is a scary thing at first. Meeting a therapist for first time and they want you to open up. They're scared to get help. It's hard to open up to strangers. Afraid of being judged. Signs to look for that we are given are not always accurate, can't always be pinpointed.
- Everyone's disorder or issue can be misread. Easy to ignore your own issues as we're so busy. Maybe we think we're not entitled. Get things checked.
- Cookie-cutter symptoms don't explain everything.
- The thought that, "Oh these kids would never have this." Actually it is common for everyone.
- There needs to be a way to increase self-esteem.
- No one wakes up in the morning and says I'm going to have an eating disorder.
- We don't talk about undermining issues because people feel out of control and food is one thing we can control so we turn to food and food gets out of control.
- Fifty percent of eating disorders are genetic
- With social media there is a lot more talking about it, but no direct cause in rise. There's more description. I don't think it's causal.
- Have self-esteem, but the media is saying look like this.
- Ballerina – there is a lot of pressure surrounding dancers. Perfect body, perfect weight. Notion that you're not beautiful if you don't have perfect body. It's more prominent in ballet.
- If parents talk to kids at young age, would it help those who are genetically susceptible?
- I educate parents. I fight diet culture. Diets don't work. All of this pressure in the diet culture. Insurance companies have pressured providers to talk about weight loss. We need to talk to doctors too. There are a lot of well-intentioned people that need to be educated. Doctors and medical community as well. Fat phobia is a big problem. People assume that it's bad.
- Check out Healthy at Every Size – a good resource.
- Eating disorders are affected by stress. There is vulnerability or overlap.
- A lot of eating disorders can come in to play from medicines – abuse of medicines that are given.
- Medication change can cause rapid change. Medication can bring things on.
- Adderall can be cause of appetite loss, weight loss.
- Friends just won't eat because they're busy – pressure. Am I taking enough time to take care of myself?
- Esthetic sports (dance, figure skating, gymnastics, body builders) have a higher rate of restricting eating disorders.
- Cheer team – some folks wore something to make them skinnier.
- Entertainment business – you have to look this way; it's not accurate.
- Medication management – usually there is a lot of other stuff going on. I encourage people to journal. Writing stuff down is a helpful coping and management skill.

(Youth scribes):

- Counselor
- School psychiatrist helps
- Lunch group that goes to guidance (to rant, etc.).
- Calorie tracking app (can lead to an eating disorder).

- Have a resource where they feel comfortable talking, such as easier way to access a guidance counselor, nobody you can talk to, we need a better system.
- More group/class stuff (women studies) – once a week and receive a credit.
- Health classes

Ways they mention how they cope with this issue.

(Adult scribes)

- Talk to counselor or teacher.
- Personal/inner strength
- Rely on peers for help
- Recovery: difficult/never 100%,
- Difficulties coping with both eating disorder and school.
- Confidence, appearance
- Obsession, part of your brain
- Control issue
- Cope with issues around eating disorders– stress, fear.
- Media messages have a big impact:
 - Social media
 - Media
 - Body dysmorphia reinforced by media and social media.
- Bullying, micro-bullying
- Sports-related pressures
- Body shame starts early.

(Youth scribes)

- Saw therapist for eating disorder.
- "I can choose."
- Not care what others say.
- Use each other as support.
- "I'm not, and I can't be, the only one going through this."

The way that they wish it was like.

(Adult scribes)

- Wish that teachers had more knowledge/training in nature of eating disorders, especially when counselors are not available,
- More and/or better support from guidance counselors and other professionals: focus on the person, not the issue.
- Stigma of therapy needs to change.
- Health classes – inadequate curriculum – body image issues not covered, nutrition education inadequate.
- Need to educate people to communicate positive body images.
- Need better representation in media.
- Plus-size models – males not represented.
- Want reinforcement of message that one can be healthy at not-average sizes.

- More education around genetic differences.
- Need education around how to help/communicate with people facing an eating disorder.
- Need to share stories
- Need to eliminate the stigma around treatment.
- Understand we are all built differently.
- Treatment needs to be easier to access, including insurance coverage.
- People need to be more open about their imperfections/struggles.
- Help on how to help friends in crisis.

(Youth scribes)

- Coaches not to force/agree with not eating due to meeting a weight class or physique.
- Not to be evaluated, have a conversation.
- Get to know the student, not their issue.
- Show guys that it's OK to show emotion and get help.
- For people to listen and have them actually care and understand. Should be more of an open topic.
- Go to friends:
 - Help find an adult
 - How to deal with it positively (not on social media)
 - Word of mouth
- Seeing more diverse actor/models make so they feel better about themselves ec plus size models.
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Other feedback

(Youth scribes)

- Came due to personal interest, had a mental illness or had a connection and wanted to help.
- "It's like a cycle."
- Sometimes you need that other person there to tell you that it's OK.
- No guidance counselors at a school.
- Wish that teachers had more knowledge/training in nature of eating disorders, especially when counselors are not available.
- More and/or better support from guidance counselors and other professionals: focus on the person, not the issue.
- Stigma of therapy needs to change.