Eating Disorder Awareness in Youth

Eating disorders are serious, sometimes life-threatening illnesses. While they may present throughout the lifespan, eating disorders often emerge during adolescence, and can greatly impact a youth's physical and psychological development. Recent data shows troubling increases both in prevalence and severity, with the most severe cases afflicting young women and adolescents.

Complex in nature, eating disorders are the result of psychological, biological, nutritional, interpersonal, cultural and societal forces. As outlined by the National Eating Disorders Association, both prevention and early identification must take all of these factors into account.

**Prevention**

Society communicates unrealistic and harmful body ideals that are often internalized from a young age and stay with individuals throughout a lifetime. As parents, family members, and friends, we all play a part in preventing eating disorders by examining our own thinking, promoting body positivity, and confronting the pressure to conform to unrealistic appearance ideals.

**Model body positivity.** For parents, avoid criticizing your own shape or size, or talking as though you are constantly dieting. Openly share the things you like about yourself! Setting an example of self-acceptance rather than shame and self-criticism is essential for helping kids build self-esteem. Be sure children know they are loved unconditionally, and that it has nothing to do with their weight or appearance. Discuss how bodies come in endless shapes, sizes and colors and show appreciation for that diversity.

**Encourage balanced eating and movement.** Promote eating a variety of foods in moderation, and avoid using food as a reward or punishment. Trust children's appetites and do not seek to limit caloric intake unless requested to do so by a physician for a medical problem. Encourage regular physical activity for overall wellness, not for weight loss or maintenance.

**Create an atmosphere where children and youth feel heard and safe** discussing vulnerable topics. Resisting societal pressures takes a great deal of strength and insight. Young people should be applauded for sharing their complicated feelings and experiences, and for asserting themselves in the face of pressure to conform.

**Support critical thinking.** Pay attention to and openly challenge the harmful body image messages sent by the media. Help children to identify what is superficial in nature, and to equate self-worth with what really matters: character, individuality, care for others, confidence, fulfillment, ability to form strong relationships, etc.
Warning Signs
When eating disorders begin to take hold, early identification is key for reducing long-term physical and mental health effects, and embarking on the path to healing. The main warning signs for parents, educators, and primary care providers to look for in a youth involve a change from baseline. In addition to body weight changes, some examples include:

- Change in eating habits, or attitudes and behaviors towards food
- Withdrawal from social activities, particularly those involving food
- New food rituals, such as cutting food into very small pieces or chewing food excessively
- Spending excessive time in the bathroom immediately after eating, which may indicate purging
- Negative self-perception as it relates weight or size
- Compulsive or excessive exercising
- Adoption of a highly restricted and regimented diet, sometimes overly focused on “clean eating” or cutting out entire food groups
- Changes in personality, including mood swings, irritability, anxiety or depression
- Disruption to the gastrointestinal system, such as constipation or acid reflux

Many other prevention ideas and warning signs exist, and more details can be found at the links below.

- National Eating Disorder Association (NEDA)
- Multi-service Eating Disorders Association (MEDA)
- National Center of Excellence for Eating Disorders (NCEED)

Fortunately, full recovery from eating disorders is possible! If you have concerns about yourself or a loved one, please do not suffer in silence. Speak with that individual, or seek professional guidance. Primary care providers are a great place to begin, particularly for children and youth, as pediatricians closely track growth and nutrition over time.

Given the limited access to treatment in Vermont, a recent legislative work group convened to make extensive recommendations around what changes are needed to truly meet our community’s need. For more details about eating disorder prevention and treatment, as well as the full list of recommendations: Eating_Disorder_Report_Act_114_Section_13.pdf (vermont.gov)

Vermont Abenaki Recognition and Heritage Week

May celebrates Vermont’s official recognition of the indigenous people of this land and acknowledges the strength of their heritage. This is an ideal time to look at how we work with our indigenous youth and acknowledge the importance of their culture to their wellness. It is also critical to ensure that our current and future programs, resources, and policies do no harm. Sometimes well-meaning initiatives end up having the opposite effect due to lack of understanding around the community’s culture.

A good example is the Vermont Tobacco 21 law which has no spiritual exemptions, so indigenous youth are restricted from using ceremonial tobacco. Tobacco has always been sacred to the Abenaki but now youth and their parents are being told that their spirituality is wrong and illegal. This type of policy affects a child’s sense of belonging and connection to their community which can lead to any number of mental health challenges.

When complimenting kids, focus on their efforts and inner qualities, rather than their appearance. Here are a few compliment ideas that celebrate who kids are and not how they look.

- “You worked so hard on that! I like how you didn’t give up.”
- “You’re a very thoughtful friend.”
- “What a good idea! How did you think of that?”
- “I admire your confidence.”
- “I am proud of you. I hope you are proud of yourself too!”

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Perinatal Mood & Anxiety Disorders (PMADs)

Expecting and caring for a baby is an exciting, life-changing time. It can also be really challenging. Perinatal Mood & Anxiety Disorders (PMADs) can occur any time during pregnancy or the first year after childbirth, making it the leading complication of childbearing. Both common & treatable, new data indicates that as many as 1 in 4 pregnant or postpartum Vermonters suffer from symptoms of depression and/or anxiety during the perinatal period (Vermont PRAMS, Pregnancy Risk Assessment Monitoring System). There is evidence that fathers, partners, foster/adoptive parents, & other caregivers are similarly at risk from the stress of welcoming a baby.

It’s not just postpartum and it’s not just depression; there is a wide spectrum of emotional distress that can present with PMADs. Symptoms include feeling overwhelmed, irritable, weepy, empty, loss of interest, exhausted but unable to sleep, having scary or unwanted thoughts, or just not feeling like yourself. Left untreated, PMADs can have a profound and lasting impact on entire families. Universal screening for PMADs is a critical step in identifying individuals in need of treatment. Discussing these concerns with your doctor, nurse, midwife, and/or family can help you get started with getting effective support for you, your baby, and your family.

In 2018, Vermont was awarded a 5-year cooperative agreement by HRSA to address perinatal mental health. The Screening, Treatment & Access to Mothers & Perinatal Partners (STAMPP) program was developed to improve the mental health and well-being of pregnant and postpartum people, their children and families, by developing and sustaining a coordinated system of mental health supports.

With this federal funding, STAMPP has helped to create a communications campaign, Support Delivered, to raise awareness around the prevalence of PMADs and bridge connections between expecting and new parents and statewide perinatal mental health resources. Additionally, pilot projects in the designated mental health agencies have extended to all regions of Vermont with programming such as: increased access to doula supports embedded at a community mental health center, expanded support for home-visiting perinatal mental health clinicians and postpartum doula care in rural regions, parent support groups to reduce isolation and promote social connectedness, as well as continued training and capacity-building of providers to screen and treat PMADs.

2019 Youth Risk Behavior Survey:

- **33%** of AI/AN (American Indian and Alaska Natives) middle school students reported feeling sad or hopeless for 2 weeks or more in the past year, significantly higher than Vermont students overall (23%).
- **18%** of AI/AN middle school students have ever made a suicide plan, significantly higher than Vermont students overall (12%).
- **12%** of AI/AN middle school students have ever attempted suicide, significantly higher than Vermont students overall (6%).

Here are some actions we can all take to make a positive impact for our Indigenous youth in Vermont:

1. Make sure your programs and resources are culturally sensitive/inclusive.
2. Encourage cultural competency trainings specific to the indigenous community you are working with.
3. Make sure your committees, advisory panels and commission include indigenous voice.
4. Include the indigenous community in your grants so that new community-based resources can be created.
5. Hire a cultural liaison.

You are not alone. There are professionals and programs to help. If you or a loved one are feeling anxious, depressed, or stressed, speak with your healthcare provider and visit SupportDeliveredVT.com to access Vermont-based resources.