

Eating Disorders: Mental Health First Aid Guidelines

Disordered eating and eating disorders

Eating disorders are serious, complex, and potentially life-threatening mental illnesses. They are characterised by disturbances in behaviours, thoughts, and attitudes to food, eating, and body weight or shape. Eating disorders include the diagnoses of anorexia nervosa, bulimia nervosa, binge eating disorder, Avoidant Restrictive Food Intake Disorder (ARFID), Other Specified Feeding and Eating Disorders (OSFED), and Unspecified Feeding and Eating Disorders (UFED), among others.

A person experiences disordered eating when marked changes in their eating or exercise behaviours interfere with their life. 'Disordered eating' is an umbrella term that includes diagnosable eating disorders along with behaviours or attitudes that often begin before an eating disorder is present. Disordered eating is a wider pattern of behaviour which may include restriction, binge eating, or behaviours that try to compensate for eating, e.g., purging, excessive exercising, or fasting. People can experience different patterns of disordered eating at different times.

Disordered eating is not just about food, weight, or body image concerns. It is not about vanity or will-power nor is it a lifestyle choice.

How can I tell if someone is experiencing disordered eating?

You cannot tell if a person is experiencing disordered eating based on their appearance or weight. A person experiencing disordered eating can be anywhere on the weight spectrum. A person can experience severe disordered eating and have their weight stay the same. People of all ages, genders, socio-economic groups, cultural backgrounds and body types and sizes can be affected by disordered eating. However, some groups are at greater risk of disordered eating than others, for example, those who are female, neurodivergent, or identify as LGBTIQ+.

Disordered eating may present differently for different people. For example, warning signs may be different across genders (e.g., men may be more likely to exercise as a compensatory behaviour), or across different types of disordered eating, e.g., people may avoid certain foods because of their texture or colour rather than because of body image concerns.

A person experiencing disordered eating may find it difficult to ask for help. Therefore, it is important to know the range of signs for disordered eating.

Early warning signs of disordered eating

Below is a list of early warning signs of disordered eating. Not everyone with disordered eating will experience the same warning signs, nor do they have to have all the warning signs to experience negative outcomes, or to benefit from mental health first aid or seeking professional help. The following warning signs may, in isolation, indicate other causes (e.g., physical illness, or neurodiversity), but the more warning signs that are present, the more likely someone is experiencing disordered eating.



Changes in eating behaviours that are starting to interfere with relationships, health, mood, or day-to-day activities (e.g., work, school, family life, socialising)

Some examples include:

- Restrictive eating behaviours (e.g., going on a 'diet', counting calories, avoidance of food groups or types, limiting fluid intake, not eating for significant proportion of waking hours/fasting).
- Signs of binge eating (defined as eating a very large amount of food within a relatively short period of time, often accompanied by feelings of loss of control, shame, guilt, or anxiety) such as the disappearance or hoarding of food, hidden food wrappers or packaging, or spending large amounts of money on food.
- Changes in food selection that are out of character (e.g., refusing to eat certain "bad" foods, or cutting out whole food groups such as meat or dairy, claiming to dislike foods previously enjoyed, a sudden concern with "healthy or clean eating," replacing meals with fluids, or increasing consumption of caffeine or other appetite suppressants).
- Avoidance of eating, especially when in a social setting (e.g., skipping meals and stating they have already eaten, suggesting an intolerance/allergy to particular foods).
- Misrepresenting, 'lying' about or hiding the amount or type of food consumed (e.g., eating in secret or eating alone, claiming to be full after eating very small amounts).
- Evading questions or conversations about eating, exercising or appearance.
- Having a pre-occupation with food (e.g., planning, buying, preparing, and cooking meals for others but not consuming meals themselves, significant interest in food-related social media, or in recipes and nutrition).
- Signs of purging or laxative use (e.g., taking trips to the bathroom during or immediately after meals, spending longer than usual time in the bathroom, or complaints of stomach aches).
- Development of rigid patterns around food selection, preparation and eating that are out of character (e.g., cutting food into small pieces, eating very slowly, not engaging in conversation during meals).

Changes in physical activity/exercise or "healthy" behaviours that are starting to interfere with relationships, health, mood, or day-to-day activities (e.g., work, school, family life, socialising)

Some examples include:

- Pre-occupation with health and fitness, body shape and size (e.g., engaging in social media content primarily related to food, dieting, 'health' or fitness trends)
- Fixation or unusually strong interest in weight loss, dieting, or information about how to get thin/muscular or count calories (e.g., in apps, websites, books, blogs or other sources of information about diet or exercise).
- Development of repetitive or obsessive behaviours relating to body shape, size, and weight (e.g., bodychecking, photographing certain parts of the body, pinching waist or wrists, repeated weighing, or excessive time spent checking reflection).
- Changes in clothing style to either emphasise or hide changes to the body (e.g., wearing baggy clothes to hide body shape, wearing tighter clothes that show off parts of the body).
- Social withdrawal or avoidance of previously enjoyed activities.
- Excessive, obsessive, or ritualistic exercise patterns (e.g., spending a lot of time at the gym, exercising when injured or in bad weather, feeling compelled to perform a certain number of repetitions of exercises, or experiencing distress if unable to exercise).

Changes in thoughts and feelings that are starting to interfere with relationships or day-to-day activities (e.g., work, school, family life, socialising)

Some examples include:

- Distorted body image (e.g., expressing discomfort over inaccurate/unrealistic perceptions of their body as smaller, larger, or a different shape or size to what it is).
- Extreme body dissatisfaction (e.g., increased distress around sex linked appearance traits in trans and gender diverse people).
- Heightened sensitivity to comments or criticism about exercise, food, body shape or weight.
- Heightened anxiety, sullenness, irritability and/or distress around mealtimes (e.g., experiencing panic attacks or being argumentative).
- Depression, anxiety, or irritability (e.g., loss of interest in previously enjoyed activities, social isolation, or withdrawal).
- Low self-esteem, self-confidence and/or poor self-concept (e.g., negative opinions or beliefs of self, feelings of shame, guilt, or self-loathing, difficulty making decisions).
- Rigid 'black and white' or 'all or nothing' thinking patterns, and difficulty tolerating change (e.g., labelling of food as either "good" or "bad" that are outside of cultural expectations and family practice, being inflexible with plans).

Physical changes that may accompany warning signs:

- Notable weight gain, weight loss and/or weight fluctuations.
- Changes in menstrual patterns and/or changes or decreased libido.
- Swelling around the cheeks or jaw, calluses on knuckles, or dental problems resulting from purging.
- Gastrointestinal issues such as a persistent sore throat, indigestion, change in bowel habits, bloating, nausea, reflux, and stomach pain.
- Sensitivity to the cold or feeling cold most of the time, even in warm temperatures due to malnutrition and or circulation issues (e.g., cold or blue fingers and toes, needing to wear more layers of clothing to stay warm).

Not everyone with disordered eating will show physical changes. Do not wait for these to be present before speaking with the person or seeking help, even if the warning signs are subtle or more difficult to see.

Some warning signs may be difficult to detect. The person may feel shame, guilt or distress about their disordered eating and therefore deny having a problem or engage in disordered eating behaviours in secret.

What are the risks associated with disordered eating?

A person with disordered eating can experience a wide range of physical and mental health complications. Some serious health consequences associated with severe or complex disordered eating include severe malnutrition, brain dysfunction, and heart or kidney failure, which may lead to loss of consciousness or death. Although rapid weight loss or having low body weight can bring about a range of these problems, a person does not need to have a low body weight for these to occur. A person can experience the long-term negative effects of disordered eating even if they do not meet all the criteria for an eating disorder diagnosis.

It is common for a person with disordered eating to also experience other mental health problems, such as depression or anxiety. They may also be at risk of becoming suicidal. For more information on assisting someone who is suicidal, please refer to these guidelines by visiting: <https://mhfainternational.org/guidelines/>

The need for early intervention

Disordered eating is complex, therefore, people will benefit from professional help. For most people, the earlier help is sought for disordered eating, the better the outcomes are likely to be. A delay in seeking treatment can lead to serious long-term consequences for the person's physical and mental health. As such, if you think someone might be experiencing disordered eating, it is important that you do something about it.

Approaching someone who may be experiencing disordered eating

In approaching the person, your aim should be to provide support for the person so that they feel safe and secure enough to seek professional help or treatment for themselves. It can be beneficial to talk to an eating disorder support organisation or specialist before approaching the person, as they can provide useful resources to help the person seek help or treatment. You can also call a mental health helpline if you require direction to relevant local resources. If you do seek advice from someone else, it is important that you maintain the person's privacy and confidentiality.

You should not delay talking with the person or seeking professional advice, even if you think the problem is not serious. If you feel you are not the most appropriate person to do this, consider talking about the situation with someone who may be in a better position to help the person.

How should I approach the person?

Make a plan before approaching the person; pick a time and place that is private, quiet, safe, and comfortable.

Avoid approaching the person in situations that may lead them to become sensitive or defensive, such as when you or they are feeling angry, emotional, or frustrated, are tired, drinking alcohol, having a meal, or in a place surrounded by food.

Try to have the conversation when you or the person will not be limited by time constraints. Avoid having the conversation via text messaging (e.g., SMS, chat, email) because of the limited information you will have about the person's reaction or safety.

If you are one of several concerned people, decide who is best to have the conversation, i.e. who the person is most likely to open up to. Having the whole family, or a number of people, confront the person at the same time could be overwhelming for the person.

What if I don't feel comfortable talking to the person?

It is common to feel nervous when approaching the person about their disordered eating. It is possible that the person will respond negatively no matter how sensitively you approach them. It is important not to avoid talking to the person because you fear that it might make them angry or upset or make the problem worse. It is also possible the person will be relieved that someone has acknowledged their problems, or they may find it helpful to know that someone cares about them and has noticed that they are not coping.

What should I say?

The way you discuss the person's problem will depend on the age of the person and the degree to which their problem has developed.

Initially, focus on conveying empathy, and not on changing the person or their perspective. When talking with them, you should be non-judgemental, respectful, and kind. This means you should not speak harshly to the person or blame the person or their loved ones for the person's problems. Avoid speculating about the cause. Instead, let the person know you won't judge or criticise them and, if appropriate, reassure them that they are not in trouble.

Explain that you are concerned that the person may be experiencing disordered eating. Discuss your concerns with the person in an open and honest way. Try to use "I" statements that are not accusing, such as "I am worried about you", rather than "you" statements such as "you are worrying me". Use open questions that encourage the person to talk, rather than closed questions that are answered with a "yes" or "no". Avoid using diagnostic language and labels such as "bulimia" or "anorexia nervosa".

Try not to focus on weight or food. Instead allow the person to discuss other concerns that are not about food, weight, or exercise. Make sure you give the person plenty of time to discuss their feelings and reassure them that it is safe to be open and honest.

Listen to the person without interruption, even if you do not agree with what they have said. It can be tough to listen, especially if you do not agree with what they say about themselves and food, but it is important that you try to stay calm.

Make an effort to understand the person's experience. Convey that understanding by reflecting back what you have heard. Let the person correct you if they feel they have been misunderstood.

Remember that you don't have to know all the answers. Just be there for the person by letting them know you care and reassure the person that they are deserving of your love and concern. You could tell the person that your role is to assist them in getting the help they need and offer support if they want to tell other people.

Do not try to diagnose the person's problem, take on the role of a counsellor or therapist, or try to solve the person's problem for them.

Things to avoid

To be supportive it is important to avoid doing or saying things that might make the person feel ashamed or guilty. Avoid negative approaches, such as:

- Being critical of the person, arguing or being confrontational.
- Engaging in arguments or debates over the person's body size, shape or weight.
- Giving simple solutions to overcoming disordered eating, such as saying things like "all you have to do is eat/not eat".
- Using manipulative or must statements such as "If you cared about your friends or family, you would eat properly" or "you must stop over-exercising".
- Using threats or ultimatums, such as "If you don't stop bingeing, I will tell your loved ones."
- Trying to force or trick the person into eating, e.g., giving the person a high calorie drink without them being aware of its contents.
- Bombarding the person with dire warnings about the health consequences of disordered eating.
- Getting involved in discussions or giving advice about food, calories, exercise, weight loss, or appearance.
- Making weight-related comments about anyone in front of the person.

It is also important to avoid saying or doing things that convey weight stigma, e.g., using labels such "underweight", "overweight" or "obese", or trying to convince the person that they are not fat.

How will the person react?

The person may react in a variety of ways. They might react positively, for instance by being receptive to your concerns and admitting they have a problem. The person might react negatively, for instance by being defensive, tearful, angry, or aggressive. The person might also deny they have a problem, or seek to reassure you that they are fine, or that the problem is under control. It is also possible that the person may want time to absorb your comments and concerns or may distance themselves from you after the initial conversation.

Whatever the person's reaction, be aware that you are unlikely to resolve the problem in the first conversation. Do not expect that the person will immediately follow your advice even if they asked for it.

What if the person reacts negatively?

The person may react negatively or deny they have a problem because:

- They do not see their eating/exercise habits as disordered or as problem behaviour.
- Disordered eating may fill an important role in the person's life, (e.g., as a coping strategy to deal with emotional distress).
- They are not ready to, or may or not know how to, make changes.
- They have difficulty trusting others.
- They think you are being pushy, nosey, coercive or bullying.

If the person gets angry or upset, remember that this is normal. You can still try to proceed with the conversation. Try not to take their reaction personally or feel guilty if you find yourself feeling angry with them. Avoid arguing or being confrontational as this may escalate the situation. Try not to react angrily, express disappointment or shock.

Reassure the person that you are not going to take control over their life, but rather will assist them to get help. Let them know that even if they don't agree with you, you care and are committed to supporting them.

If the person wants to stop the conversation or walk away let them do so. Let them know they can talk with you again in the future if they want to. Be willing to repeat your concerns.

If the person discloses concerns about their disordered eating

If the person discloses concerns about their disordered eating, listen and ask questions to better understand. Acknowledge that they have made a significant step, e.g., by saying "thank-you for telling me, I appreciate that may have been difficult."

If you do not know what to say don't be afraid to admit it and to tell the person, you don't have all the answers. The most important thing is to be supportive, and not brush off their concerns.



Getting professional help

Disordered eating can be a long-term problem that is not easily overcome, and symptoms may re-emerge even if the person has been well for some time. There are no quick and easy solutions to overcoming disordered eating. However, there are a range of effective treatment options and the sooner the person gets the help they need, the more likely they are to recover. Therefore you should encourage the person to seek professional help as quickly as possible. Even if the person has experienced disordered eating behaviours for a long time, they are still likely to benefit from professional help.

Explain to the person that you think their behaviours or symptoms may indicate there is a problem that needs professional attention. Be aware however, that some health professionals may not be able to recognise disordered eating because they are not formerly trained in detecting, assessing, or treating them. As such, it is best to encourage the person to seek professional help from a health professional with specific training in eating disorders. You should find out what local or telehealth support services are available for the person. Let the person know that they can call or email eating disorder organisations for support or information. Talk to the person about what kind of practical help they may need to be able to go to their appointments and ask them if they want help making the first call or appointment.

If the person is very unwell, they may not be able to take responsibility for seeking professional help and therefore may need your assistance to do so. This is because a person's ability to think clearly may be affected, or the person may lack insight due to the effects of malnutrition on the brain.

What if the person doesn't want help?

Be aware that the person may resist or not be truthful about seeing a health professional because they are not ready to get help. Other reasons people may resist professional help are:

- They feel ashamed.
- They fear gaining weight or losing control over their weight.
- They are afraid of acknowledging that they are unwell.
- They do not think they are unwell or need treatment.
- They believe that there are benefits to their disordered eating or exercise behaviours, e.g., controlling their weight may make the person feel better about themselves or give them a sense of accomplishment.
- They have had past negative experiences of seeking help.

If the person is worried about seeking professional help, be sensitive towards their fears. Let the person talk about their concerns and give them emotional support and encouragement. Alternatively, if the person does not acknowledge the disordered eating but does acknowledge co-occurring symptoms (e.g., depression, insomnia), focus on encouraging help for these symptoms.

If the person is an adult, be aware that decisions about when, how, and what kind of help they seek, are theirs to make. The person has a right to refuse treatment, except under specific circumstances described in local relevant legislation, e.g., if their life is in danger.

Do not try to force the person to change, for example by telling them their behaviour is upsetting others or threaten to end your relationship with them. Instead, reassure the person that seeking help is beneficial and a sign of strength, not weakness.

Acknowledge the person's positive attributes, successes and accomplishments and try to view them as an individual rather than someone who experiences disordered eating. Encourage their strengths and interests that are unrelated to food or physical appearance.

Rather than giving up on the person, continue to be supportive, positive, and encouraging while you are waiting for them to accept their need for change. Be willing to re-state your concerns and continue to suggest the person seeks professional help. If you are feeling unsure about how best to continue supporting the person, you can seek advice from an organisation or health professional who specialises in eating disorders.



In an emergency

If you think the person is experiencing a medical or psychiatric emergency, you should seek emergency medical attention. It is important to know that a person does not have to be underweight in order for the person to require emergency medical assistance.

Symptoms that indicate a medical or psychiatric emergency, for which you should always seek emergency help, include when the person:

- Has accidentally or deliberately caused themselves a physical injury.
- Has become suicidal.
- Has confused thinking and is not making any sense.
- Has delusions (false beliefs) or hallucinations (experiencing things that aren't there)
- Is disoriented; doesn't know what day it is, where they are or who they are.
- Is vomiting several times a day.
- Is experiencing fainting spells or seizures.
- Is too weak to walk or collapses.
- Has painful muscle spasms.
- Is complaining of chest pain or having trouble breathing.
- Has blood in their bowel movements, urine, or vomit.
- Has an irregular heartbeat or very low heartbeat (less than 50 beats per minute).
- Has cold or clammy skin indicating a low body temperature or has a body temperature of less than 35 degrees Celsius/95 degrees Fahrenheit.

If the person is admitted to the Emergency Department for any reason you should tell medical staff that you think the person experiences disordered eating. Be aware that in an emergency the person's confidentiality no longer applies. However, speaking to a health professional without the person's involvement may put a strain on your relationship with them. If you are not related to the person, try to contact a family member they trust.

You should always try to have the person admitted for treatment on a voluntary basis. In rare instances in which a person is very ill but not willing to enter treatment, compulsory treatment may be necessary. While compulsory treatment can contribute to recovery, it may make the person feel less autonomous.

How can I continue to be supportive?

Offering ongoing support to the person

Ask the person if there is anything you can do to support them. They may be finding it hard to keep up with the pressures of a daily routine, managing their school, university, or career workload.

When offering to support the person, be clear about what you are willing to do to help them and avoid making promises that you cannot keep, e.g., do not agree to keep the person's disordered eating a secret. Explain that even if there are limits to what you can do, you are still going to try and help.

Giving the person hope for recovery

You can help the person build motivation for recovery by providing hope for the future. Reassure the person that people experiencing disordered eating can get better and that past unsuccessful attempts do not mean that they cannot get better in the future.

Acknowledge that recovery is hard, but many people have done it. Encourage the person to be proud of any positive steps they have taken, e.g., acknowledging their disordered eating or exercising habits, or agreeing to professional help. Try not to be upset if the person continues to engage in, or resumes, disordered eating.

Encouraging social support and self-help

Social support is an important part of the recovery process, so you should try to encourage the person to surround themselves with people who are supportive of their recovery. Encourage them to keep in touch with people who they can talk openly to about their difficulties, such as a family member, friend, teacher, or co-worker.

When supporting the person, avoid discussing your own exercise, diet, or weight. It is especially important not to comment positively or negatively on the person's weight or appearance, for instance by saying "you're too fat" or "good, you have gained weight."

Find out what self-help or peer support programs (e.g., online or in-person support groups) may be useful to the person, e.g., by contacting eating disorder organisations, but try not to overwhelm them with information and suggestions.

If you are a parent concerned about your child

In this section 'child' refers to a legal minor, e.g., under 18 years old.

If you are worried that your child may be developing or experiencing disordered eating, you should observe their behaviour for any warning signs and act on your concerns. If warning signs are present, you should have a family doctor or GP assess your child's health as soon as possible. Where possible, try to seek out a health professional who specialises in children and adolescents. Encourage rather than force your child to see a GP, family doctor or health professional unless they are significantly underweight, have lost a significant amount of weight or there is any other sign of a medical emergency. See 3.3: in an emergency.

If you are concerned about intruding on your child's privacy, remember it is your right to ensure that they are safe and healthy.

Having a conversation with your child

When preparing to have a conversation with your child, think about how you would talk to them if they had another illness (e.g., the flu), imagine using the same tone to express that you believe they are unwell and need immediate medical attention. If you are unsure how to approach your child, seek advice from a health professional or eating disorder support organisation.

When talking to your child, be caring but firm. Avoid becoming emotional or angry and do not use threatening statements, instead e.g., "If you don't eat properly, I will punish you". Instead, stress how much they are loved and that your concerns for them stem from that love. Make it clear to your child that you are not judging them and reinforce that you are there for them no matter what.

If your child does not want to talk about their disordered eating, encourage them to talk to another trusted adult.

Seeking professional help for your child

There is a range of treatment options for children and adolescents experiencing disordered eating. Research shows that treatments that involve the family have the best outcomes. Families will typically need to see a GP or family doctor prior to accessing specific treatment for disordered eating.

Children and adolescents experiencing disordered eating often do not want help, and so you should be prepared to take responsibility for seeking this professional help for them. Understand that any resistance to seeking treatment or gaining weight is motivated by fear and anxiety rather than a desire to be difficult. Always be clear and honest with your child about what to expect from any professional help or treatment you may seek for them.

If you book an appointment with a health professional, ensure you allow enough time to discuss your concerns with them. During the appointment you should:

- Write down the names of the diagnoses, any new medications or treatments that are prescribed or any tests.
- Find out why a test or procedure is recommended and what the result may mean.
- Ask why new medication or treatments are prescribed and how it will help or benefit your child.
- Ask about any side effects of medication or treatment.
- Record any new instructions that the health professional gives for your child.
- Ask how to respond if your child refuses to take the medication or have the test or procedure.
- Ask about other professionals who could be included in your child's care e.g., counsellors, social workers, psychologists, psychiatrists, dietitians, and nutritionists.
- Discuss how the child's school can be included in any treatment plan.
- Record the details of any follow up appointments including the date, time, and purpose of the follow up appointment.
- Find out how you can contact your child's health professional afterhours if needed.

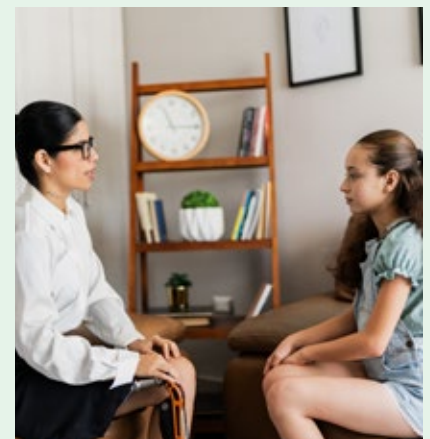
If you have spoken to a health professional who has dismissed your concerns, then you should seek a second opinion. Keep in mind that if your child is not responding well to one form of treatment, they may respond better to another one. If after all support options have been considered your child's health professional recommends hospitalisation you should agree, even if it is against the child's will.

Disordered eating in children and adolescents

The negative consequences of disordered eating on physical health are much stronger in children and adolescents than in adults. This is because disordered eating, including excessive exercise, can have long lasting negative effects on physical development. It is therefore particularly important not to delay seeking help.

Disordered eating behaviours should not be considered as "normal adolescent behaviour" or "a passing phase". Do not ignore a child's disordered eating. If left untreated, these behaviours can quickly develop into serious eating disorders that are difficult to overcome.

If you think that a child or adolescent might be developing or experiencing disordered eating, you should follow the advice above. However, also be aware that for a child or adolescent seeking professional help will typically need to involve a parent or legal guardian.



Providing support in the home

Be aware that acknowledging and talking to your child about their disordered eating cannot make it worse, as long as you stay kind and supportive. Express love and support for your child no matter how upsetting their behaviour is and maintain a caring and supportive home environment. Make time to listen, talk, and do things that both you and your child enjoy, and continue to remind them that you love them.

However, do not let empathy for your child inadvertently lead you to support their disordered eating. For instance, you should not let your child always be the one to decide when, what and where the family will eat. You should also discourage them from engaging in excessive physical activity.

Ask other members of the family to avoid probing your child about their disordered eating. Be mindful of how the disordered eating may be affecting any siblings and consider whether they may need their own emotional support. It may also be useful for you to talk about your concerns with other parents or a parents' support group.

If your child's behaviour becomes harmful to themselves or others, you must be prepared to move them to a safe environment, such as a hospital.

What to do if the signs of disordered eating return

Even if your child has been well for a period of time, experiencing setbacks are common and an expected part of recovery. The earlier you notice the setbacks, the easier they are to address.

If you do notice signs of disordered eating again:

- Tell your child you are concerned that the signs of the disordered eating are returning.
- Make a plan for how to support your child.
- Seek professional help immediately, e.g., by engaging with the child's family doctor, GP, or other health professional.
- Remind your child of the importance of sticking to their treatment plan, e.g., eating regular meals.
- Talk to your child's school about any support they are able to provide, e.g., if the child's disordered eating is interfering with their learning.

Setbacks can cause feelings of distress, failure, shame, and frustration for your child, yourself, and other family members. Try to avoid self-blame. Remember, your child has been through this before and they can get through it again.

If you are an adolescent concerned about a friend

If you are an adolescent who thinks a friend might be developing or experiencing disordered eating, there are some things you can do to help. If you are concerned about your friend but you are unsure what to do, ask for support or advice from a responsible and trusted adult, e.g., a parent, teacher, GP/family doctor or counsellor. Remember that your main role is to tell a trusted adult about your concerns for your friend.

If your friend is hiding their behaviours from their family or loved ones, encourage your friend to tell them, or to find a responsible adult they can trust and talk to about what's going on. If your friend refuses to tell an adult, you should then tell a trusted and responsible adult yourself, even if your friend does not want you to.

Although telling a responsible and trusted adult may make your friend angry, it is important to do so, so that they receive support. It may also save their life. If you feel worried about talking to an adult who is close to your friend, ask your parents or loved ones for help.

If you or your friend have told an adult about the disordered eating, and the adult has not helped your friend, try talking to another responsible and trusted adult or a professional who is trained in assessing and treating disordered eating.

Disordered eating in athletes

If you think that an athlete might be developing or experiencing disordered eating, you should follow the advice above, but also consider the following additional guidelines.

If you are a coach concerned about an athlete

Athletes are at an increased risk of disordered eating. Therefore, coaches can play a key role in identifying disordered eating and in facilitating help-seeking. However, it is important to maintain a professional relationship with the athlete and not become too involved with them personally.

Before approaching the athlete about your concerns, familiarise yourself with the club's policy for supporting athletes' mental health. If the athlete is at school, college, or university, find out what services and support are available to them.

If after having a conversation with the athlete about your concerns, the athlete denies they have a problem, you should encourage them to have an assessment for disordered eating. Be aware that it may be difficult to persuade an athlete to seek help for disordered eating because they believe there are benefits of disordered eating for athletic performance. The athlete may also be reluctant to seek help for their disordered eating because of their concerns about stigma.

If the athlete is a child or adolescent, you should aim to help the athlete tell one of their parents about their disordered eating if they have not already done so. This is because families are generally best placed to encourage child and adolescent athletes to seek professional help.

The expectations of the athlete's sporting code may be contributing to their symptoms. If the athlete is showing signs of disordered eating or body image concerns, it is important not to engage in practises that may worsen their symptoms, such as:

- Weighing (unless competition eligibility requires it)
- Conducting skin folds or other body measurements
- Giving advice about nutrition or supplements

Fellow team members may also imitate disordered eating behaviours which can create competition around weight and body shape. If this is the case, coaches will need to provide mental health first aid to each athlete showing signs of disordered eating.

If the athlete's physical health is at risk, the athlete should be required to reduce or suspend participation in their sport until they are given permission by a family doctor, GP, or eating disorder health professional to return. If you reduce or suspend the athlete's participation:

- Tell the athlete this decision is to protect them against possible physical or psychological harm caused by disordered eating.
- Reassure the athlete that their participation on the team will not be jeopardized by seeking treatment.
- Collaborate with health professionals to determine when and how training and competition can be reintroduced.

Self-care for the first aider

Providing first aid for disordered eating can have an impact on your general mental health as well as on your thoughts about eating, weight, and body image. Ensure that you continue to take care of your own needs while providing support to the person. Only offer support that you feel you are capable of providing.

Seek your own support from friends, family, loved ones or a health professional (e.g., an eating disorders helpline), if:

- You are finding the first aider role stressful.
- You notice an impact on your own thoughts and feelings about eating, weight or body image.
- You want to prevent yourself feeling emotionally burdened.

Development of these guidelines

These guidelines are based on the expert opinions of people with lived experience disordered eating, their carers, and mental health professionals (clinicians, researchers and educators) who are from Australia, Austria, Canada, Denmark, Finland, Ireland, the Netherlands, New Zealand, the United Kingdom and the United States of America."Details of the methodology can be found in: Hart LM, Baillie S, Farmer J, Wright J, Kelly CM, Jorm AF. First aid for eating disorders: An update to the Delphi expert consensus guidelines (In submission).

Purpose of these guidelines

These guidelines are designed to help members of the public to provide first aid to someone who may be developing or experiencing disordered eating. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves.

How to use these guidelines

It is important to tailor your support to the needs of the person you are helping. These guidelines are a general set of recommendations only, and most suitable for providing mental health first aid in high-income countries with developed health systems.

These guidelines have been developed as part of a suite of guidelines about how to best assist a person with mental health problems. These other guidelines can be downloaded from:

<https://mhfainternational.org/guidelines/>

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