

Tonight's panel

Dr Stephanie Damiano Researcher

Dr Andrew Leech General Practitioner

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Dr Rachel Cohen Clinical Psychologist

Fiona Sutherland Dietitian

Dr Rachel Cohen Clinical Psychologist

Facilitator: Prof Stephen Trumble General Practitioner

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### 3

### **Learning outcomes**

Through an exploration of body image, the webinar will provide participants with the opportunity to:

- Identify red flags for body issues in children.
- Discuss how to have conversations with children and their family who may be experiencing body image issues.
- Demonstrate the importance of prevention and promotion of positive body image.
- Demonstrate the importance of collaboration and appropriate referrals when providing care to children who have body image concerns.



### A Researcher's perspective

### Body image in childhood

- · Childhood is an important time for the development of body image
- The pre-adolescent years can be the time for the onset of a number of unhelpful and potentially dangerous behaviours (e.g. dietary restriction)
- A recent Butterfly Body Bright survey with 165 adults with a lived experience of body image/eating
  concerns developing during primary school, revealed that 93% reported their primary school body
  image concerns getting worse as they entered adolescence
- · Highlighting the need for prevention efforts during childhood and effective early intervention





5

### A Researcher's perspective

### Lived experience onset of behaviours

- 64% started restrictive dieting (most frequently at ages 10-12)
- 77% engaged in disordered eating behaviours (with ages 8, 10-12 being most frequent ages of onset)
- 33% engaged in excessive exercise (most frequently at ages 10-12)
- 43% of respondents reported developing an undiagnosed eating disorder between the ages of 5 and 12
- 30% went on to be diagnosed with an eating disorder
- Highlighting the need to make more primary schools and those working with children aware of these serious issues during childhood





# Body image is influenced by a range of risk & protective factors Sociocultural Peers Family Media Weight stereotypes Psychological Self-estenism, Perfectionism, Anxiety Biological Body size/weight Child Body Image

7

### A Researcher's perspective

### **Familial factors**

- · Families are important role models
  - Language around food and the body (e.g., "It's a good habit to eat healthy food")
    - Use of healthy vs unhealthy foods can create an unhelpful dichotomy resulting in guilt/shame when eating the foods deemed as "unhealthy"
    - Could this be interpreted by Harper as sandwiches are "unhealthy"/"bad"?
  - Behaviours around food and the body (e.g., Kelly (mum) frequently dieting)
    - Research has shown that maternal dieting can be influential, particularly for their daughter's relationship with her body and eating
- Families are an important influence in setting some foundational thinking about the body, food, and movement, but it's important that families are not to blame if their child ever develops an eating disorder





### A Researcher's perspective

### **Peer factors**

- Peers are an important influence on children in a number of areas
- Appearance-based teasing is a leading risk factor for body dissatisfaction in children
  - Research shows that up to 58% of primary school-age children have reported being teased about their appearance/weight by peers
  - In the lived experience survey, 65% of respondents identified appearance-based teasing/comments as contributing to their body image issues
- Families and schools should aim to adopt no tolerance to appearance teasing or negative comments about appearance it doesn't need to be bullying to have a negative impact





9

### A General Practitioner's perspective

### Who is affected by body image?

"In a word, **everyone**. Body image starts developing in **early childhood** and the relationship you have with your body and appearance—which typically evolves over the course of your lifetime—is one of the most significant, **long-lasting and complex relationships you will ever have**."









### **Biological**

- Development to date
- Diet and exercise
- Physical health of Harper
  - weight, height, BMI and physical examination (abdominal exam, urine dipstick)
- Medical conditions and medications
- · Any blood tests needed





### **Psychological**

- Mental health (past and present) of Harper and her family anxiety, depression
- Resilience and coping skills especially with current school-based difficulties



13

# A General Practitioner's perspective

### **Social**

- Social interactions with friends, family and at school
- Links with online community (games, social media, phones, Tik Tok, YouTube)







### Having conversations around body image



Connect with Harper by asking more 'big picture' questions first -how school is going, her friends, her family life, her interests and hobbies



Reviewing food intake and checking BMI should be done so without judgement



Avoid negative conversations about weight in a consultation room



Likely to need lots of reassurance and positive feedback about the 'healthy choices' but acceptance that we need a balance in life



15

Dr Andrew Leecl



### Having conversations around body image

A General Practitioner's perspective

- Be sensitive and empathetic
- Understand that Harpers parents feel they are doing a good job in supporting her
- Helping them to realise that their lifestyle might be affecting Harper is a difficult conversation to navigate
- Emphasise the positive attributes of the family e.g. importance of being fit, the support they provide each other at home, they seem to be doing well at work whilst juggling kids









### If concerns

- Request that parents come and see you separately to discuss further
- Referral to your local child eating disorders service (state-based programs) most have long wait times
- Referral to a child psychologist under a MHCP
- Referral to a paediatrician for health assessment
- Family therapy and positive parenting programs
- · Regular follow up at the GP





19

## A Dietitian's perspective

### Flags for me as a Dietitian

- · How family value of "health" and "healthy eating" is defined and expressed
- Dad's interpretation of and response to Harper's request to change lunch
- Harper's GI distress signalling anxiety





### A Dietitian's perspective

### First steps – referral from GP, call from parents

- Role of Dietitian in this case why would a GP refer?
  - "child with unexplained GI complaint" and "child wants to eat more healthily" can be a **big flag** for anxiety and body-related concerns
  - · Why a specialist referral?
- · Request to meet with (both) parents without Harper present
  - Not always a good idea for young person to be present while parents discuss their concerns, can further entrench feelings of shame or "something wrong with me





21

### A Dietitian's perspective

### **Meeting with parents**

### **Listening for:**

- · Their own relationship with food, eating and body
- Food and eating-related beliefs, what and how this is shared with children
- Their concerns about Harper what they are noticing (and are they on the same page?)
- How their own history with food, eating and body image may be influencing and impacting their concern about Harper
- Their willingness and openness to engage in some work with me





### A Dietitian's perspective

### Next Steps – aiming to

- · Build a home environment where Harper feels protected from body-related stressors which could lead to changes in her food and eating
- Build parents awareness about their own food, eating and body-related attitudes (in the context of their own experiences)
- Support parents in understanding red flags and next steps
- Speak with teacher, school about policies and awareness around body concerns in young people refer to Butterfly Bright Program
- Connect with Psychologist, formulate MDT plan



23



A Psychologist's perspective

### **Psychological Assessment**

- Focus on parents
- Red flags:
  - Increased interest in food and exercise (obsessive)
  - Cutting out certain food groups, stopping eating previously enjoyed food
  - Increased focus on body weight and shape
  - Body checking, mirror checking
  - Sudden weight changes

- Avoidance of social situations
- Compensatory behaviours
- Unusual eating behaviours (picking at food, using smaller bowls/plates, eating more slowly, extra chewing, sleeping in to skip breakfast, going to bed earlier to skip dinner)





### A Psychologist's perspective

### **Treatment Approach**

### **Eating Disorder Diagnosis:**

- · Family-Based Treatment
  - Non-blame approach, illness externalized from child, parent empowered as agents of change
- Team approach
  - · GP: Monitor medical stability
  - Dietitian: to support parents with stabilising & normalising food and eating
  - Psychiatrist: as part of EDCP or if medication necessary
  - · Liaise with school

### **Early Intervention/Prevention:**

- Psychoeducation around what to look out for, risks involved
- Help family set up environment that promotes positive body image
  - · Offer individual support if requested





25

Dr Rachel Cohen

### A Psychologist's perspective

### **Recommendations for Parents**

### 1. Model positive body image

- · Acceptance of one's body (despite "flaws")
- Focus on health and function of body (not how it looks)
- See beauty in diverse range of appearance and internal attributes

### 2. Stop appearance-focused commentary

 Negative or positive comments about one's own and others' appearance

# 3. Avoid diets and unhealthy weight control practices

 Encourage eating and exercise behaviours for health gains and mental wellbeing, instead of weight or shape change

# 4. Monitor exposure to appearance-focused media

 Challenge messaging that reinforces weight stigma and diet culture

### 5. Have conversations about body image issues

· Normalise changes in puberty





### **Q&A Session**



Dr Stephanie Damiano Researcher



Andrew Leech General Practitioner



Fiona Sutherland Dietitian



Dr Rachel Cohen Clinical Psychologist



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27

# Thank you for your participation

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### **MHPN Online programs**

### Podcasts:

- STAY TUNED: Eating Disorders: Beyond the Unknown Due for release November, 2021
- · NOW LIVE: Listen to the latest episodes of MHPN's podcast series, Book Club and MHPN Presents

### **Upcoming Webinars:**

- Obsessive compulsive disorder 28<sup>th</sup> October
- Cultural considerations in the social and emotional wellbeing of Aboriginal Torres Strait Islander children and families 10<sup>th</sup> November
- Trauma informed care in Older Australians 18<sup>th</sup> November
- Generalised anxiety disorder 6<sup>th</sup> December



29

### **MHPN** networks

Would you like to continue the 'Body Image concerns in young children?' discussion with local practitioners?

Or perhaps start discussing issues of local relevance? MHPN Project Officers are available to help you establish and support interdisciplinary mental health networks across metropolitan, regional, rural and remote Australia.

We have 373 networks around the country. Visit our online map to find out which networks are close to you at mhpn.org.au or contact Jacqui O'Loughlin at networks@mhpn.org.au.



Thank you for your contribution and participation.

Good evening.

