

BANA BE YOURSELF

A publication of the Bulimia Anorexia Nervosa Association

Winter 2024

A Mental Health and Wellness Magazine

Feature:
Breaking Barriers,
Facilitating Futures

Food Insecurity

Cultural Competency

Gender Discrimination

Wait Times

Trauma Informed

Media Influence

Comorbidities

Weight
Discrimination

Spirituality

Treatment Costs

Special Edition

EDAW 2024
Eating Disorders
Awareness Week





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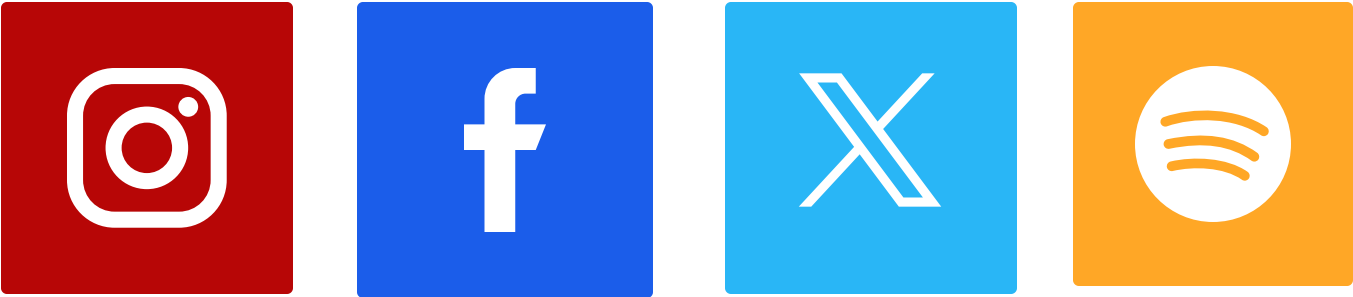
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Publishers Note:

Hello Readers!

I am honored and delighted to welcome you to BANA BE YOURSELF- A Mental Health and Wellness magazine. Whether you're reading through these pages with your cup of morning coffee (tea), learning new tips about wellness, or just enjoying the beautiful positive messages, we are here for you.



A big thank you to all of the people who have contributed to this magazine, especially to our editing team and all of the contributing writers and photographers.

With so much uncertainty when it comes to mental health and wellness in the world today, our goal is to provide an accessible forum for education, discussion and acceptance for both the general public and professionals alike. We hope, that in some small way, this publication can help.

Thank you in advance for the support, we are looking forward to bringing you many more issues in the months to come.

We hope that you like this special EDAW 2024 edition and we ask that you take forth the message to be kind to yourself, generous with others, and stay healthy.

Sincerely, Luciana Rosu-Sieza, Executive Director

DISCLAIMER*

Content within this publication may include details from the lived experience of the writer that could be triggering to some. Reader discretion is advised. Should you find yourself feeling distressed, please seek support.

Hosting & production of
this publication are thanks
in part to the support of the
**Paradise Charitable
Gaming Association.**





JOIN OUR BOARD OF DIRECTORS

The Bulimia Anorexia Nervosa Association (BANA) is currently seeking dynamic individuals to join their Volunteer Board of Directors and

WE'RE LOOKING FOR YOU !

BANA specializes in treatment programs, education, prevention and support services for the community and individuals affected directly or indirectly by complex eating disorders.

Now, in our 40th year of service provision, we are seeking expressions of interest from individuals who would like to join the Board of Directors to assist in advancing the mission and vision of the organization as a governance volunteer for a three-year term.

Board meetings take place monthly from September to June.

If you are interested in being considered, please forward your resume and cover letter to info@bana.ca.

All expressions of interest will be kept in confidence.

We thank all individuals for their interest, however, only those selected for an interview will be contacted.

WWW.BANA.CA

EDAW2024

EATING DISORDERS AWARENESS WEEK: BREAKING BARRIERS, FACILITATING FUTURES

February 1 to 7, 2024

Eating Disorders affect people of all genders, sexual orientations, ages, socioeconomic class, abilities, races, and ethnic backgrounds. That is why, from February 1st to 7th every year, Eating Disorder groups across Canada unite to commemorate Eating Disorder Awareness Week (EDAW) with a national week of action focused on educating the public about Eating Disorders.

It is a time to escalate awareness of the impact of Eating Disorders, the dangerous stereotypes and myths, and the supports available for people living with or affected by them.

EDAW is a collective effort, from coast-to-coast-to-coast. Organizations around the country are set to host local events, light notable landmarks in the colour purple, and engage in public education campaigns.

Throughout this special edition of our magazine you'll find EDAW 2024 materials that were created in collaboration with Body Brave, Bulimia Anorexia Nervosa Association, Eating Disorders Nova Scotia, Looking Glass Foundation, Sheena's Place, Prairie Mountain Health, Waterloo-Wellington Eating Disorders Coalition, and Vancouver Island Voices for Eating Disorders.

This year's campaign, Breaking Barriers, Facilitating Futures, aims to focus our attention on under-recognized barriers that people face when accessing care for their eating disorder, which contribute to ongoing cycles of shame and struggle. Our hope is for these educational materials to better inform care providers and healthcare systems of these challenges, and offer strategies born from lived experience that aim to facilitate future dialogue, healthcare practice, and outcomes that meet the needs of all who are affected.

BANA & EDAW 2024

During the week of #EDAW2024, the team at BANA and our community partners will be active at various locations within Windsor-Essex to help spread awareness, educate the public and inspire others to act in supporting those impacted by eating disorders.

Visit us at locations on campus at the University of Windsor,
St. Clair College and at Devonshire Mall.

Weekly PLANNER FEBRUARY 1-7

Eating Disorder Awareness Week (EDAW)



Thursday 1st

Happy EDAW 2024! Join our IG Live at 9am to learn more

BANA Booth

Location: University of Windsor Campus

- Leddy Library 10am-12noon
- CAW Student Centre 12 noon-2pm

Friday 2nd

Virtual **Windsor-Essex Intensive Outpatient Program for Eating Disorders** tour!

Join us on Facebook and Instagram for a look at our space and answer some FAQs!

Saturday 3rd

Visit one of the many Landmark Lightings!

- City Hall



- Hanna Water Tower



- St. Clair College Centre for the Arts carport



Sunday 4th

lululemon Ambassador Ally MacDonald will be leading Sunday Morning Yoga 9am in front of lululemon at Devonshire Mall

*don't forget your yoga mat, Saje Wellness will be there with special offers



Monday 5th

Come visit our BANA Health Educators and St. Clair College Student Ambassadors!

South Campus (main building), 10am-1pm

Tuesday 6th

Visit BANA back at the Department of Kinesiology.

- 10am-12noon Department of Kinesiology
- 1pm-3pm Toldo Lancer Centre

Wednesday 7th

It's the end of EDAW 2024!

Don't forget to share a photo wearing something **purple**. #showusyourpurple

Important Notes, Events or Meetings:

- Get tickets to Auntie Aldoo's Kitchen "Mobility and Mochas" all-levels mobility class fundraiser in support of BANA! Sunday, February 18th, 10am and 11:30am, tickets available at auntiealdooskitchen.com or monsterastrength.com
- Visit @banawindsor to enter the EDAW giveaway!
- #showusyourpurple on Instagram and Facebook



The Board and Staff at BANA would like to thank our #EDAW2024 Sponsors and Supporters



How to Support The Cause

#SHOWUSYOURPURPLE

We encourage you to wear purple during the week of Feb 1st-7th to show your support. Post a photo to Social Media, tag @BANAWindsor and use the hashtag above.



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For treatment options contact us toll free at:

1.855.969.5530

For Health Promotion or general inquires visit:

www.bana.ca



WHAT CAN HARM REDUCTION FOR EATING DISORDERS LOOK LIKE?

8



[NEDIC.CA/edaw/](https://nedic.ca/edaw/)



Eating Disorders
Awareness Week
#EDAW2024

For People with Lived Experience

An Alternative Approach

Eating disorders affect more than just the relationship with food, but take a toll on both physical and mental health, strain social connections, and impact self-esteem.

Despite these risks, refraining from engaging in eating disorder behaviours may be challenging, in part due to a variety of systemic barriers to recovery.

Harm reduction may be an alternative approach to creating safety for those who are unable to abstain from ED behaviours.

What is Harm Reduction ?

Harm reduction is an approach aimed at reducing negative consequences of engaging in risky behaviours and improving quality of life.

Recognizing these risky behaviours may be helping an individual cope with or survive in their circumstances. **Harm reduction promotes safer ways to engage in the behaviours.**

Initially developed to increase safety for substance use and sexual health, **harm reduction** practices can be applied to disordered eating too.

Harm Reduction for Eating Disorders

Below are some examples of **harm reduction** strategies for eating disorders:

Select foods that are easiest to access, prepare and eat when you have low resources. Remember, any food is better than no food.

Avoid brushing your teeth immediately after purging; instead, rinse with fluoride and water.

Consider exercising with a buddy who knows your limits or has been in conversation with your doctor.

Schedule regular medical care and check-ups with your primary care provider or at a walk-in clinic.

The Benefits of Harm Reduction

Harm Reduction poses a wide variety of benefits, such as:

1

Aims to reduce stigma and shame by meeting an individual where they are.

2

Recognizes and appreciates small steps.

3

Increases sense of autonomy and choice in the healing journey.

4

Works to improve quality of life, even if the eating disorder is still present.

How Can You Get Started?

Prioritize safety: Identify and tackle behaviours that pose greatest risk to your safety before addressing quality of life.

Monitor well-being: Check in with your body and emotions to adjust behaviours as needed.

Coping strategies: Plan and implement techniques to navigate challenging emotions.

Support networks: Map out existing support, fill gaps, and reach out for help when needed.

Proactive self-reflection for a healthier relationship with food.

For Service Providers

What is Harm reduction?

For Providers - **Harm reduction** improves quality of life for those you serve and reduces the harms of risky behaviours. This approach has been successful in substance abuse and sexual health.

How can we apply this to eating disorder support?

- Discussing what symptoms require an ER visit
- Exploring strategies to minimize harm (ex: ways to prevent dental decay when purging)
- Making a list of safe foods to have on hand

Why consider Harm reduction?

Harm reduction can provide support to anyone with an ED, regardless of their ability to maintain abstinence from symptoms, which may not always be realistic or possible.

It recognizes that mainstream treatment models often focus on compliance. Instead, harm reduction would empower individuals and meet them where they are at.

- **Shame and stigma do not create change** in a meaningful or sustainable way, support does!
- **Being truly client-centred** can improve the provider-patient relationship and clinical care outcomes.
- Harm reduction acknowledges that **mainstream treatment programs often hold many barriers**.
- **Lack of cultural competence** (e.g, programs may be limited to evidence-based practice, which can be culturally limited or lack safety for an individual who does not fit the system of care).
- Being denied or discharged from care due to **comorbid mental and physical illnesses** makes it challenging to abide by strict abstinence-based rules
- Because harm reduction is a grassroots approach, rather than top-down, **it is more accessible**.

Setting Harm Reduction Targets with Clients

Ask your client to assess if any of their ED behaviours have a large impact on their physical health or emotional well-being, and what they are able to change.

Do certain behaviours pose a greater risk or have a larger impact on your quality of life?

How can we prioritize challenging these behaviours?

Help your client come up with coping strategies that they can try when navigating difficult emotions while making changes. Assist with identifying ways they can monitor their well-being.

What coping strategies can you use while trying to make changes?

How can you monitor your well-being while engaging in ED behaviours or making changes?

Assist your client in mapping out their support network

What supports do you currently have in place?

Can we identify any gaps in your support network?

How can we fill those gaps?

What Providers Need to Know About Gender-Affirming Care



What is Gender-affirming Care?

Gender-affirming care includes the provision of healthcare services and clinical interactions that support and affirm a person's gender identity as defined by the individual.

This can include social, psychological behavioural, and medical care and is an essential component of person-centered care.

Gender-affirming care is an **essential component** of any **treatment setting** and for **any healthcare provider**.

The Rise of Transphobia in Colonial Canada

In Canada, there has been a growing trend of highly concerning transphobic policy changes and political rhetoric.

Advocacy ensuring political and policy change are necessary to ensure that individuals can access gender-affirming care.

Access to supportive healthcare for gender diverse individuals is a basic human right and is critical to protect in an increasingly transphobic world.

Harms in Treatment for 2SLGBTQIA+ Persons

Many treatment spaces are designed with gender and identity bias that **may not feel inclusive or safe** to those who are not female presenting or cis.

Some examples include:

- Referring to a group of patients as "ladies".
- Assuming people's pronouns.
- Facilitating self care that only feature stereotypical female activities.
- Limiting conversations around gender non-conformity, identity, dysphoria.
- Confusing gender dysphoria with poor body image.

Supporting 2SLGBTQIA+ Persons in Treatment

Healthcare providers can **adopt changes to everyday practices** to make a difference while we continue to advocate for broader systemic and policy change. For example:

- **Don't assume someone's gender** by visual appearance.
- **Share your pronouns** and encourage others to share theirs. Mistakes happen, just correct and move on.
- **Use gender neutral language** and offer gender diverse activities.
- **Give space** for individuals to talk about harm they have experienced or the distress of being in a body they do not identify with.
- Ask the individual **what kind of support feels helpful** to them? "How can I best support you today if things become challenging?"

Key Takeaways

Gender-affirming care **improves treatment outcomes** in gender diverse populations.

While advocating for broader systemic and policy change, healthcare providers can make changes to their everyday practice to promote safer, more affirming-care.

Ask Yourself...

What are some ways that I can challenge gender stereotypes and biases in my clinical practice?

How can I create a safer and more inclusive space to heal?



Photo Credit: Cottonbro studios

What Providers Need to Know About Trauma-Informed care

What is Trauma-Informed Care?

Trauma Informed care is a living practice that is unique to each person and situation; it is not something that starts and ends with an online course, education session, or required learning module.

Care is only trauma-informed to the extent that the individual receiving care perceives it to be.

It necessitates gender-affirming and culturally-sensitive care: people who face ongoing discrimination based on their identity or culture or experience colonial violence may have a vastly different understanding of experiences like PTSD or cPTSD.

Many people who have experienced trauma are used to being received with suspicion, doubt, or being labelled as a “difficult patient/client”.

This can perpetuate avoidance, shame, guilt, and can be compounded by the feeling of not “fitting the mould” of someone who has an eating disorder.

Creating an initial environment that enhances safety starts with you!

Trauma-informed care involves systemic and broad practice changes in Western healthcare as well as the small everyday aspects of care so often overlooked.

Particularly for the BIPOC community, Western treatment models and largely white practitioners can make many treatment settings less accessible and safe than for those with more privileged identities.

It's important to continue shifting practice to be culturally competent with recognition of broad systemic inequalities.

We do not need to know the details of someone's trauma(s) to provide trauma-informed care

Trauma, History and Safety

• If a service user feels safe enough with you to want to share details about their trauma, acknowledge that this is important to them and discuss options to facilitate this, like:

- Asking close-ended questions to keep exploration specific to their needs in-the-moment.
- Setting a time to ensure you have space to regulate together before finishing the session.
- Being honest about the limitations of your practice setting, while emphasizing that their story deserves to be heard if you cannot spend more time on this topic..

• This acknowledges the wholeness of a person as we bear witness to the sharing of a person's history - their life experiences will impact how their presenting concern shows up in their life.

Everyday Practice Changes

- Determine if applying diagnostic labels are validating or whether it's experienced as harm.
- Allow space for complex conversations where appropriate, acknowledging that traumatic experiences and stressors can emerge in all practice settings.

ASK...

“How can I best support you today if things become challenging?”

- Provide choice wherever possible, even if it is between two difficult options.
- Embrace moments where you have to change gears and prioritize a person's in-the-moment needs over tasks from a pre-set plan.
- Discuss what honesty, transparency, and authenticity looks like for you in your work together. Share openly when professional, bureaucratic, or socio-political structures might interfere with care.

Taking Care of Your Corner of the Universe?

- Supporting trauma-informed care can mean noticing the systemic factors and challenging practice standards that we've learned that are perpetuating harm.
- Systems have been created by people, which mean people can also change them.
- Learn from your service users and strategize with allies about how to educate those in need of further support.
- Engage with community initiatives aiming to increase access to social support.

Key Takeaways

- Trauma-informed care is a living practice that is unique to each person and situation; the only person who gets to decide whether something is trauma-informed or not is the person with lived/living experience.
- Supporting trauma-informed and person-centered care involves everyday practice changes as well as broader systemic change.
- It's important to continue shifting practice to be more culturally competent with recognition of broad systemic inequalities that impact accessibility and safety for BIPOC communities in formal treatment spaces.
- People are experts in their own experiences and should be treated as such.
- Trauma-informed care necessitates gender-affirming and culturally competent care.
- Not all cultures will view trauma through a Western colonial lens (e.g. PTSD and cPTSD).

Resources For Further learning

Social Media Accounts to Follow on Instagram

@bodyjustice.therapist
@drjenniewh
@nalgona pride
@decolonizingtherapy
@intersectionalrecovery
@browngirltherapy
@theindigenousanarchist

For article sources visit: www.bana.ca/magazineresources



Masculinity, Men, and Eating Disorders

By Steven Livrinski

What does someone with an eating disorder look like? When we look to the media, we often see images of underweight, Caucasian women as the sole depiction of what a person with an eating disorder might look like. Eating disorders are reduced to this idea of achieving a slim, feminine figure, and while this is the case for some, it is a stereotyped perspective on the complex experiences that people with disordered eating may face.

Men face stigma when it comes to mental and emotional health. Early on in life, boys are taught to stay emotionally distant, and never to show weakness. Often, the only socially acceptable emotion for men to express is anger - every other human emotion is treated as weakness. Masculinity is something that must be proven constantly.

When men experience emotional hardship, they often isolate themselves. They are less likely to reach out for peer or professional support.

How do we have these conversations when we are told that men "can't," have eating disorders? Let's start off with body image. The discussion around beauty standards often focuses on women's experiences. These standards are largely unachievable for most and are rooted in eurocentric ideas of beauty. Images of "the perfect woman," are used to sell products that convince consumers they are not worthy enough, but not to worry, because their product can solve their human "flaws."

Men are also faced with beauty standards, but they look a bit different. Masculine body ideals are often about looking strong, about having a specific shape and size. This is where eating disorders in men may look different - being active and looking to build strength are reasonable, even healthy goals on their own.

However, when someone is overly concerned with the way their body looks, they start engaging in unhealthy behaviour that could lead to developing an eating disorder. Engaging in bingeing and restricting, purging, excessive exercising, dieting often, and using laxatives or steroids are examples of the signs and symptoms of disordered eating.

What's Stopping Us from Taking Men's Eating Disorders Seriously?

As previously mentioned, male body ideals play a crucial role in the development of eating disorders in men. The unique barriers that men face when it comes to seeking treatment include delayed self-recognition, internalized stigma and shame, female and woman-centric services, and knowledge gaps (Bomben et al., 2022).

This means that men usually do not recognize when they have symptoms of an eating disorder. This is partially because eating disorders are often framed as a "female illness," and men tend to doubt the validity of their symptoms, assigning blame to themselves, which makes them even less likely to reach out for support.

Photo Credit: Hugo Lionnard

Sometimes, eating disorder behaviors are promoted. There are many online circles that promote disordered eating and associated behaviour as a way to connect with traditional heterosexual ideals of masculinity: power, control, and accomplishment. One study on men's pro-anorexia websites found that a combination of stigmatization of eating disorders in men as well as a lack of available services for men made it more likely for men to engage in these pro-anorexia online communities (Quiniones & Oster, 2019).

Dominant conversations on social media shape the way we think. In a world where misinformation can be spread in an instant, we have to stay critical of what we read and the messages we receive. What kind of messages do you see about body image? Are these messages about health and wellness? Do they aim to sell products? Are they pushing fad diets with little evidence? Are they using images that accurately represent diverse groups of people, or just of one "ideal," male standard?

If we don't ask ourselves these questions, we might fall victim to predatory advertising, to harmful ideas of what it means to be a man, and to misinformation.

Trans Men, Transmasculinity, and Eating Disorders

Trans men's health is men's health, however transgender men and transmasculine people have unique experiences when it comes to eating disorders, so let's explore this further. Many transgender people experience gender dysphoria, which is associated with negative feelings about one's own body due to differences between their gender identity and assigned sex at birth. Studies suggest that gender dysphoria and symptoms of eating disorders can reinforce each other.

It's important to consider how negative body image can be influenced by gender dysphoria, contributing to symptoms of eating disorders and vice versa. Transgender men are also faced with masculine body ideals - ideals that were created without considering trans bodies or trans beauty.

Trans men may feel the need to "bulk up," to meet these standards or to restrict their eating to reduce the size and appearance of features that may be considered more feminine, such as hips or chest.

What does this mean for health professionals working with transgender individuals with eating disorders? We need to consider transgender people's unique relationship with their bodies in the context of both gender dysphoria and gender euphoria.

Are they holding onto beliefs that are contributing to the eating disorder symptomatology and are those beliefs influenced or motivated by gender dysphoria? Gender-affirming treatments have the potential to alleviate eating disorder symptoms in trans populations by reducing the experience of gender dysphoria and promoting gender euphoria (Rasmussen et al., 2023).

Take Home Message

The prevailing conversations and media presentations of eating disorders centre around women's experiences. This article aims to start the conversation and shine light on men's experiences with eating disorders and the gendered stigma that comes along with them.

Unrealistic standards of the male body have negative impacts on the way many men and boys see themselves in similar ways that unrealistic beauty standards affect women. For men to feel comfortable being part of the conversation, the culture surrounding men's eating disorders and mental health needs to change.

Many of the unrealistic standards of hypermasculinity are upheld by other men. We need to challenge these harmful ideals and create a space where having these difficult conversations is seen as an act of strength, not weakness.

For article sources visit: www.bana.ca/magazineresources



A lifelong advocate for mental health and well-being, I have a passion for promoting mind and body wellness. Currently practicing as a Registered Psychotherapist (Qualifying) with a client-centered focus on gender and sexuality. When it comes to the world of struggling with eating habits, I like to look at the ways that beauty standards and societal expectations of masculinity and femininity impact our relationships with our self and body-image.

What Does Food Insecurity Have To Do With Eating Disorders?

Photo Credit: Cottonbro Studio

So What is Food Insecurity?

Food insecurity is uncertain or inadequate access to food of sufficient quantity or quality due to financial constraints.

As of 2022, 6.9 million Canadians experience food insecurity, 1.8 million of who are children.

Food insecurity disproportionately impacts indigenous families, Immigrant families and racialized communities.

The Role of Food Insecurity in Disordered Eating

When an individual is unsure when their next meal will be, it can have an impact on their relationship with food and body.

Individuals experiencing higher levels of food insecurity are more likely to experience eating disorder behaviours such as:

- Binge eating
- Dietary restriction
- Weight self-stigma
- Higher levels of worry

The cycle of reduced food intake and binge eating that corresponds with periods of food scarcity and abundance can mirror the "restrict-binge" cycle that many people who struggle with disordered eating experience.

Inconsistent access to food can lead to uncontrollable urges to binge; despite the effect this may have on their body, emotions and food supply.

The Restrict-Binge Cycle



Food Insecurity as a Treatment Barrier

Food insecurity can make it more challenging to engage certain aspects of treatment.

- For example, an individual may be unable to follow a meal plan that supports regularity and variety in eating when facing food insecurity.

Being unable to follow a treatment plan can induce feelings of shame and failure.

Treatment teams should aim to collaborate with individuals experiencing food insecurity to support food access.



Photo Credit: Kampus Productions

What do Higher Food Costs have to do with Eating Disorders ?

Did you know?

Although food prices have increased for everyone, they have disproportionately increased for those living in rural areas.

The Role of High Food Prices in Food Insecurity

Food price inflation, specifically for those in rural areas, is directly linked to an increase in food insecurity.

Reduced access to food or intermittent access to food can create a complicated relationship with food and the body.

The Role of Food Insecurity in Eating Disorders

Eating disorder behaviours like binge eating, dietary restraint, and high levels of worry have been shown to be very common among adolescents and adults with food insecurity.

Limited food intake for any reason is known to increase disordered eating and eating disorders.

Food insecurity makes recovery from an eating disorder incredible complicated as well.

Urban -VS- Rural Grocery Prices

				
Toronto, ON	\$5.99	\$3.99	\$4.39	\$ 3.99
Halifax, NS	\$6.98	\$3.99	\$4.99	\$ 2.99
Sapotaweyak, Cree Nation	\$9.19	\$3.79	\$ 5.19	\$5.99
Mayo, YT	\$7.98	\$4.39	\$5.79	\$5.99

So What Can You Do?

Not sure where you can access food in your area?

Call 211 or go to: <https://caeh.ca/seeking help>

Learn more about food security at: <https://foodsecurecanada.ca>

Learn more about eating disorders at: www.nedic.ca

More questions than answers: The Realities of Supporting a Loved One with an Eating Disorder

Eating disorders have one of the highest death rates, second only to opioid addiction. It is crucial to confront this reality openly. Join us in this webinar as we emphasize the need for caregiver education and highlight the existing gaps in support systems.

Research Presentation

"Generating priorities in eating disorder research and service provision"



Dr. Gina Dimitropoulos
Associate Professor at
the Faculty of Social
Work
University of Calgary



Dr. Jennifer Couturier
Medical Co-Director of
Eating Disorders Program
**McMaster Children's
Hospital.**

Fireside Chat

with parents of children with an eating disorder

Wendy Preskow
Co-Founder,
**National Initiative for
Eating Disorders**



David Gervais
Vice Principal,
**Waterford District
High School**



**Moderated by
Akela Peoples**
Chief Executive Officer,
MHRC



FEB 2, 2024

**REGISTER NOW @
www.nied.ca**

**12:30pm
- 1:00pm**



Feel free to send any questions for researchers or panelists to bsaab@mhrc.ca

Shining the light on Eating Disorder Treatment Programs

We at BANA wanted to use EDAW as a chance to highlight some of the other amazing Eating Disorder Programs and Services across Canada, so we invited them to share a little bit about themselves.



**Vancouver Island Voices
for Eating Disorders**

vanislevoicesforeds@gmail.com

www.VancouverIslandVoicesForEatingDisorders.com

Vancouver Voices for Eating Disorders (VIVED) is a small collective of voices passionate about eating disorder advocacy and peer support in our communities on traditional Coast Salish territories and the province of colonial BC. Our core team includes volunteer persons with lived and living experience of eating disorders and intersecting mental health diagnoses and identities.

We don't receive any government funding or support. We rely on generous donations from our friends and families, the rest comes out of our own pockets. Our work includes peer support groups, community healing projects, education on social media, speaking at educational workshops, engagement at community events, working with the media to ensure ethical reporting on eating disorders, and advocacy through writing blog posts, op-ed articles, petitions, letter-writing campaigns, and collaborating with politicians, health authorities, service providers, and provincial ministries.

To kick off EDAW 2024, we are hosting our 2nd Virtual Town Hall on Feb 1st to discuss alternatives to traditional healing with a panel of speakers primarily with lived and living experience as well as Dr Anita Federici (PhD CPsych FAED), Dr J Nicole Little (PhD, RCC-ACS), Jonny Morris (CEO of CMHA BC), and Adam Olsen (MLA for Saanich North & Islands).

We are also hosting an online Purple Friday awareness contest on Feb 2nd and a rally at the BC Legislature Building on Feb 7th. Please check our website and follow us on social media for updates!

<https://vancouverislandvoicesforeatingdisorders.com/>
<https://www.instagram.com/>

<https://www.facebook.com/vancouverislandvoicesforeatingdisorders>

<https://www.tiktok.com/@vanislevoicesforeds>

As a leader driving change, Body Brave provides accessible eating disorder treatment and support in addition to advancing community training and education.

Virtual support is available to anyone aged 14+ across Canada. Our online Recovery Support Program provides a suite of self-help services that give people essential tools to begin their journey to healing.

The self-assessment questionnaire allows individuals to understand more about the level of treatment they require, thus aiding in efficient system navigation.

For Ontario residents 17+ we offer online therapy groups professionally facilitated by our clinical staff, as well as one-on-one assessments.

All treatment and support services are offered free-of-charge or covered by OHIP.

Body Brave also offers training and education for health care providers to enable early intervention and diagnosis. In addition, we host the annual Body Peace conference, a virtual body image and eating disorder event that brings together health care professionals and people with lived experience.

Body Brave was founded by mother-daughter duo Sonia Kumar and Dr. Karen Trollope. In her late teens and early twenties, Sonia struggled with a severe eating disorder. Karen and Sonia quickly discovered the immense barriers that exist for those navigating the healthcare system.

Sonia was lucky enough to be able to access treatment and finally recover, however, she lost almost a decade of her life. Sonia and Karen decided to found Body Brave in hopes that no one would have to go through what they did.



info@bodybrave.ca

www.bodybrave.ca

nedic

National Eating Disorder Information Centre

nedic@uhn.ca

www.nedic.ca

The National Eating Disorder Information Centre (NEDIC) is a registered charity that has been helping Canadians affected by eating disorders since 1985.

We operate a national toll-free helpline and live chat program, providing in-the-moment support, information, resources, and navigation of healthcare services to people struggling with eating disorders, as well as the families, friends, and professionals who care for them.

We maintain a publicly-available national service provider directory to help people across Canada locate eating disorder-informed support and treatment options.

Our online resource library is frequently updated, with recent additions including resources created by and for Black, Indigenous, East and Southeast Asian, Latine, South Asian, and Middle Eastern community members affected by an eating disorder.

With a focus on prevention and risk factors, our outreach and education program delivers workshops to youth, educators, and parents and facilitates capacity-building professional development to healthcare professionals. We also offer Beyond Images, a free body image and self-esteem curriculum for grades 4-8, available in English and in French.

Our helpline and live chat services are available:
9am – 9pm Monday – Thursday
9am – 5pm on Friday
12 – 5pm on Saturday and Sunday

Our telephone helpline can be reached at
Toll-free: 1-866-433-6220
Toronto: 416-340-4156

Eating Disorders Nova Scotia believes everyone should have access to the supports they need for recovery. This community-based non-profit has always been grounded in the expertise of those who have lived through an eating disorder.

Their trained Peer Mentors, Therapists, and Dietitians provide individual and group-based support. There are no waitlists, and a referral or diagnosis isn't needed.

Peer Support programming includes one-on-one mentoring and virtual groups that support diverse participants like youth, individuals 40+, Trans+, and BIPOC community members.

Families can connect with others and learn more through their Family Peer Support Groups.

Their free, virtual workshops and information sessions are open to anyone living in Canada.

Eating Disorders Nova Scotia broadened its scope in 2021 to offer professionally led services from a team of therapists and dietitians that serve Atlantic Canada. Generous subsidies are available to keep these services accessible.

Most recently Eating Disorders Nova Scotia partnered with Body Brave to launch Body Peace Canada. Body Peace Canada is a FREE, virtual, support program for anyone 14+ in Canada who has an eating disorder, or is concerned about their relationship with food, body, and/or exercise. Body Peace Canada offers self-paced learning materials, resources, Peer Support and much more. Learn more at www.BodyPeaceCanada.ca.

Eating Disorders Nova Scotia also provides custom training and coaching for organizations on delivering Peer Support, including training for Peer Mentors and Family Peer Supporters.

eating disorders

Nova Scotia

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Learn more at www.eatingdisordersns.ca
Social Media: EatingDisordersNS

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Follow us on:



2024 SEASON HOME SCHEDULE



FEBRUARY

FEBRUARY 7 VS. NFLD 7:00PM

FEBRUARY 9 VS. KW 7:00PM

FEBRUARY 19 VS. KW 2:00PM

FEBRUARY 25 VS. LDN 2:00PM

MARCH

MARCH 2 VS. NFLD 7:00PM

MARCH 6 VS. NFLD 7:00PM

MARCH 16 VS. PON 7:00PM

MARCH 22 VS. LDN 7:00PM

APRIL

APRIL 4 VS. NFLD 7:00PM

APRIL 12 VS. KW 7:00PM

APRIL 26 VS. WV 7:00PM

APRIL 28 VS. SUD 2:00PM

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Be Curious Not Judgemental

- Walt Whitman (Ted Lasso)



A publication of the Bulimia Anorexia Nervosa Association
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