

BANA BE YOURSELF

A publication of the Bulimia Anorexia Nervosa Association

SUMMER 2022

A Mental
Health and
Wellness
Magazine

NEW!

Windsor Essex
Intensive Outpatient
Program for Eating
Disorders

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Publisher:

Luciana Rosu-Sieza
BANA Executive Director

Editor-in-Chief/Contributing Writer:

Patrick Kelly
BANA Communications and Office Administrator

Associate Editor/Contributing Writer:

Sara Dalrymple, MSW, RSW
BANA Clinical Therapist

Volunteer Reviewers:

Jenna Broad
Alexis Sauls-Ramos
Elena Colautti

Guest Contributors:

Lisa Teno

Marisa Casey
BANA Health Educator

Kia Peters
BANA Registered Dietitian

Shelby Colarossi
weCHC Development & Public Relations Coordinator

Noah's House Youth Artists

Nabeelah Lulat

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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 of Patrick Kelly and Sara Dalrymple and all of the contributing writers and photographers.

With so much uncertainty, with daily reports on new cases of COVID-19, new measures to protect us, new restrictions, it is frightening- and it is ok to feel that way. However, we must also maintain community and social cohesion in the midst of this physical distancing. We hope this publication helps.

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

Be kind to yourself, generous with others, and stay healthy during this time.

Sincerely, Luciana Rosu-Sieza, Executive Director

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



The Missing Piece

By: Lisa Teno



Photo Credit: Ann H via flipstack

Anyone who has struggled with addiction and anxiety/depression knows how illusive and fickle happiness can seem. We are either escaping the pain we feel or seeking solace in people, places, and things. It is an exhausting dance between the two.

I share my story as a light for those who feel lost and disconnected.

For those who see no way out.

For those who feel alone in their struggle.

For those who feel constant burden and overwhelm.

For those who think it is too late to change.

Many of you may resonate with this next sentence. Since I can remember, I was under the impression that I had to wait until something good happened before I could feel good. In other words, I formed the belief that happiness is conditional and somehow had to be earned.

The implications of this single concept on my life can be found in my tendencies toward perfectionism, a childhood eating disorder, bouts with anxiety and depression, addictions, and my acceptance and tolerance of toxic relationships.

All manifestations of living a conditional life.

So where did this belief come from? That was the first of many great questions born from my burning desire to break cycles and experience pure happiness.

The most succinct answer to this question is that we are both victims and beneficiaries of our genetics and environment because our subconscious belief systems are formed by the time we reach the age of 5. So we all have unique starting points.

This was a huge revelation because it rendered compassion for myself instead of self-loathing and reproach for my sabotaging behaviours. I embraced myself and others with understanding versus judgement, especially for those who caused me pain.

This truth was the seed of my forgiveness of myself and those who hurt me deeply. Forgiveness was the catalyst for my true healing and transformation because it cleansed the bitterness to create space for something new and beautiful to grow in its place.

It opened the door to the daunting and necessary task of accepting responsibility for all the outcomes in my life. It was extremely daunting because after all, I was a victim wasn't I?

It seemed especially unfair when it came to my experience with an abusive, narcissistic partner. But taking full responsibility for ALL of my life was POWERFUL.

Because it meant that if I had the power to create and attract pain and suffering in my life, I had the power to create and attract the good I desire!

The question then was HOW. And there began the search for the missing piece.

For over 30 years, I was among the herd of guinea pigs going down the ineffective rabbit hole of experimental pharmaceuticals to manage my mental well-being and cope with life. I persevered through rehabilitation programs and years of counselling. Anyone can resonate with the impermanent nature of these attempts at wholeness.

True freedom for me began when I made the decision to look inside and study the very thing that was causing my pain: my mind, the very essence of who we are.

In my pursuit, I came to know how truly disconnected I was from myself and therefore, acknowledging how I was drifting through life and living by default. The missing piece we feel is most often "ourselves".

I came to know in a profound way that we are not our bodies. We are not our conditions or circumstances. We are not our labels or titles. We are more than what our five senses tell us. Understanding how our thoughts turn to things opens the door to our authentic power. Ultimately, our awareness and presence is the power through which we can create our reality. We have the power to transmute and transcend any situation and we can see evidence of that all around us. But the obstacle we face most often is that we believe it for others but not for ourselves.

From my heart, I hope to inspire someone who is suffering to consider and contemplate my words in the same way that I was inspired by someone else's story. Unconditional happiness is where it's at. It is not a pursuit. It is a state of being. If I can find the missing piece, so can you.

- Lisa

New Intensive Outpatient Program for Eating Disorders Launches

By Patrick Kelly



From It to rt: Nadine Manroe-Wakerell, Director of Clinical Practice, Windsor Essex Community Health Centre (Teen Health), Rita Taillefer, Executive Director, Windsor Essex Community Health Centre, Luciana Rosu-Sieza, Executive Director, Bulimia Anorexia Nervosa Association, Jonathan Foster, Vice President, Emergency, Mental Health, Trauma, Office of Research, Cancer and Renal, Windsor Regional Hospital

Over the past 2 years, in partnership with the Windsor Essex Community Health Centre, Teen Health site (weCHC-THC) and Windsor Regional Hospital (WRH); the team at BANA has been developing the Windsor-Essex Intensive Outpatient Program (WEIOP) for Eating Disorders.

This program is a first of its kind for this region and is funded through Ontario Health. Facilitated by a multi-disciplinary, multi-agency team; the WEIOP will offer a variety of groups and individual sessions, along with supervised meal support.

This program is for individuals aged 16 years and older with complex eating disorders who have not successfully responded to less intensive programs; or for individuals "stepping down" from more intensive treatments.

This service has been developed to address the needs of individuals who require treatment for anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified feeding or eating disorders.

The WEIOP is comprised of 8 weeks of group therapy (CBT-E, DBT, Psycho-education, nutrition group, supervised meal supports) operating 4 days/week.

Clients will also receive, weekly individual dietitians/social work sessions, Medical monitoring (as needed) and bi-weekly phone check-ins. Clients will then continue on with individual therapy sessions to complete the full 20 week CBT-E protocol.

The primary goals of this program includes: normalizing eating, eliminating eating disorder behaviours, identifying influences that maintain one's eating disorder, developing awareness and strategies to maintain recovery.

"Life for youth dramatically changed daily during COVID and impacted their living environments, access to face to face intensive care," according to Nadine Manroe-Wakerell, Director of Clinical Practice, weCHC. "Left untreated Eating Disorders can cause structural changes in the youths brain, heart disease, other serious illnesses and can lead to death. Treating youth as soon as possible is the best course of action next to prevention for recovery."

The WEIOP's program will provide evidence-based, compassionate care including: Group/Individual Therapeutic Sessions, Nutritional Assessment and Consultation, Psychiatric Evaluation, Medical Monitoring, Psychoeducation, Meal Support, and Coordinated Management.

This WEIOP is for individuals who are:

- (1) Medically stable and do not need intensive, daily medical monitoring;
- (2) Able to actively participate in individual and group therapies; and
- (3) Expected to continue to make progress toward recovery.

What this means for Windsor-Essex residents is that not only will this program, coupled with existing services, help extend the "continuum of care;" says Luciana Rosu-Sieza, Bana Executive Director, "it will greatly reduce the need for individuals to leave their families, their schooling, their jobs and our community in search of intensive treatment."

The dedicated multi-disciplinary team includes: a Program Coordinator, Clinical Intake Worker, Psychiatrist, Registered Nurse Practitioner, Registered Social Workers and Registered Dietitians.

"This is a very important and exciting development for our region that will ensure quality and timely service for individuals in our region," said Jonathan Foster, Vice President Emergency, Mental Health, Trauma, Office of Research, Cancer and Renal at WRH. "We look forward to continuing to work with our partners at BANA and weCHC in this collaborative program for years to come."

Interested individuals can access program information through a regional intake phone number, toll free at 1.855.969.5530 or via our webpage at www.bana.ca/weiop.



Patrick is the Editor-in-Chief of the BANA Magazine and Public Relations and Communications Lead for the Bulimia Anorexia Nervosa Association.

Are you or someone you know affected by an Eating Disorder?

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Recovery Spaces

By Sara Dalrymple

Let's face it: your eating disorder developed and thrives in your day-to-day life. That is the environment that fertilized and grew your disordered eating habits and perspectives. That is the atmosphere that fosters your body dissatisfaction and encourages you to dislike yourself.

In your treatment centre or during your therapy sessions, you may weaken your eating disorders' voice overtime – a feat not easy to achieve. You may gain a lot of ground in curbing the eating disorder symptoms and patterns, being gentler with yourself, and contesting the world of misinformation around you.

However, we know that if you do not work to shift the world that the eating disorder festers within – your home environment; your online presence; the talk inside-your-head - recovery will be much more difficult to maintain once you exit treatment.

Part of your recovery should include thinking about and making changes to your recovery space.

ONLINE & SOCIAL MEDIA:

We could spend all day discussing the harmful outcomes of the internet and social media on mental health. The online world can be a very useful resource for the eating disorder to use to dig deeper.

What better way to encourage a negative relationship with your body and food than to be constantly inundated with pictures of people you don't look like (but "should"); exercise regimens you're not following; the "clean" and fancily plated foods you don't eat; and the extravagant homes, cars, accessories, and vacations you don't have.

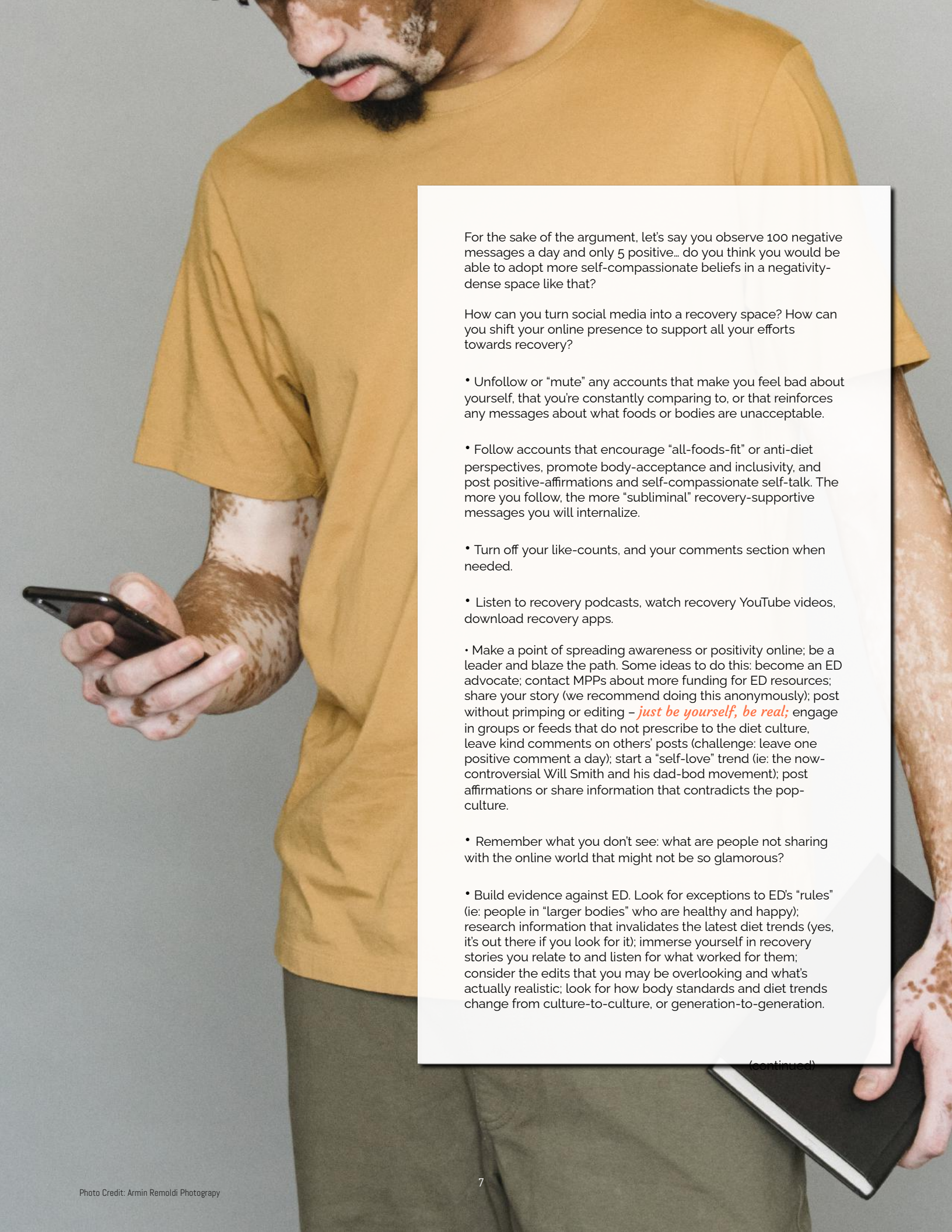
The media in general - but social media especially - is a major culprit in reinforcing perspectives of what foods and bodies are "ideal", and which should be avoided. The diet culture thrives here; it's a great platform for sharing what diets work and what food groups are "on the out".

The filters and editing apps behind the Instagram posts emphasize the unrealistic body standards we relentlessly try to attain. At some point, something's gotta give.

That something is either the online content you are following and engaging with, or it's your self-worth.

Think about how many media messages you see, read or hear on a daily basis that invalidate you, the body you're in or the food you eat. Now, whatever that number is, try to match it by intentionally seeking out and engaging with recovery-supportive media content.

(continued)



For the sake of the argument, let's say you observe 100 negative messages a day and only 5 positive... do you think you would be able to adopt more self-compassionate beliefs in a negativity-dense space like that?

How can you turn social media into a recovery space? How can you shift your online presence to support all your efforts towards recovery?

- Unfollow or "mute" any accounts that make you feel bad about yourself, that you're constantly comparing to, or that reinforces any messages about what foods or bodies are unacceptable.
- Follow accounts that encourage "all-foods-fit" or anti-diet perspectives, promote body-acceptance and inclusivity, and post positive-affirmations and self-compassionate self-talk. The more you follow, the more "subliminal" recovery-supportive messages you will internalize.
- Turn off your like-counts, and your comments section when needed.
- Listen to recovery podcasts, watch recovery YouTube videos, download recovery apps.
- Make a point of spreading awareness or positivity online; be a leader and blaze the path. Some ideas to do this: become an ED advocate; contact MPPs about more funding for ED resources; share your story (we recommend doing this anonymously); post without primping or editing – *just be yourself, be real*; engage in groups or feeds that do not prescribe to the diet culture, leave kind comments on others' posts (challenge: leave one positive comment a day); start a "self-love" trend (ie: the now-controversial Will Smith and his dad-bod movement); post affirmations or share information that contradicts the pop-culture.
- Remember what you don't see: what are people not sharing with the online world that might not be so glamorous?
- Build evidence against ED. Look for exceptions to ED's "rules" (ie: people in "larger bodies" who are healthy and happy); research information that invalidates the latest diet trends (yes, it's out there if you look for it); immerse yourself in recovery stories you relate to and listen for what worked for them; consider the edits that you may be overlooking and what's actually realistic; look for how body standards and diet trends change from culture-to-culture, or generation-to-generation.

(continued)



YOUR RELATIONSHIPS & SUPPORTS

Some of the most frequent triggers individuals with eating disorders report come from family, friends, and romantic partnerships. Our social relationships can have a drastic impact on recovery. Research demonstrates the following:

- Individuals with a difficult familial/home life have higher rates of eating disorders
- As interpersonal lives and relationships improve, so can the eating disorder
- Tensions and difficulties within interpersonal relationships can intensify symptoms
- Body shaming and food-policing comments (which are notoriously unhelpful for recovery) come most frequently from loved ones
- Individuals who have close and supportive relationships tend to have higher rates of recovery maintenance and lower levels of relapse

The problem is when it comes to relationships, we only have half of the control. We cannot control other people (oh, how we wish we could).

However, 50% of the control is arguably enough to make your relationships more conducive to recovery. Here's some ideas as to how:

- Share information you are learning in your recovery, and provide educational materials to your loved ones
- Start a challenge with your colleagues or friend groups to "not talk negatively about yourself or others". Come up with a code word for when you catch one another slipping
- Practice boundary setting, and get used to the "broken record" approach (repeating the same word-for-word response whenever you receive unwelcomed comments). Pull aside repeat offenders and explain to them that, despite knowing their comments are coming from a good place, they are harmful and explain why
- Tell those close to you that you will no longer be tolerating comments about your weight and shape (preferably your body in general), or your eating. Outline what will happen if they do not abide by this request (ie: you will change the subject, ignore their comments, or spend less time with them)
- If boundary setting feels too overwhelming, reduce how often you are communicating with those who trigger you most
- Develop "scripts" to use as your standard, blanket response to unwelcomed comments (ie: "I would prefer it if you did not comment on my body")
- Identify a code word with your loved ones for when they say something triggering; help loved ones build awareness over when they are being unhelpful
- Give credit where credit is due: positively reinforce any small changes your loved ones are attempting to make in order to support you. Remember, change is slow. Recognizing small wins will encourage further change
- Respond with curiosity rather than reactivity, and inspire others to dig deeper into their own beliefs and perspectives (ie: inquire why they hold the food or body standards they are communicating to you, and where they think those standards developed from)
- Advocate within your workplace to be a "body inclusive" space, and to remove diet talk from the breakrooms.

(continued)

YOUR PHYSICAL ENVIRONMENT

Pinpoint what you'd consider your "safe space" – the place you go to when the world outside feels scary, overwhelming, uncontrollable, or mean. Look around this space. Is it private? Are triggers present? Are there opportunities to make it more soothing?

Unfortunately, we cannot control our social/cultural world, or the norms and standards that come with it. But we can control our own space. How can you level-up your "safe space" to serve as an escape from the status-quo, and to be even more recovery supportive?

- If you don't have one already, try to obtain a private space just for you. If it's not possible, consider how you could use dividers, curtains, or room organization strategies to map out a corner for yourself
- Remove unnecessary, decorative mirrors
- Keep the scale (or other body-measuring instruments) out-of-sight, out-of-reach, or in a common space
- Remove food that might be stored in that space, or any self-harm instruments that may be present. For those with unhealthy exercise, remove workout equipment
- Take down posters or pictures that represent food and body ideals
- Think about posting positive quotes or affirmations where you will see them often
- Do a closet clean-out: keep what fits, and store/sell/donate what doesn't. Stop holding onto the clothes you beat yourself up over not fitting into anymore
- Your physical environment can have a huge impact on your mood. Add items to your space that will help soothe you when triggered.

Some ideas: hard-copies of recovery tools ready for use, a copy of your safety/crisis plan, blankets, candles or incense, your favourite-scented moisturizers, twinkly lights or lighting aesthetics, pillows, soft furniture, inspiring art, plants, objects with nostalgia, gentle or uplifting music. Maybe throw in a pet or two

(continued)



YOUR SELF-TALK & INTERNAL WORLD

Imagine that internal voice that speaks to you from within – your self-talk – was actually someone else speaking to you. Would that person be considered a bully? Would you feel hurt by what they said? Would you speak to someone else that way?

Your internal dialogue is something you live with day-in and day-out, regardless of where you are, who you are with, or how life has been going. It is not something you can merely walk away from. And if that internal dialogue is your biggest critic, you may find that your mind is a difficult place to be.

Perhaps you can distract yourself to avoid that inner critic – distract with television, with cleaning, with work or school, with talking to a friend, with going for a walk, with social media ... or perhaps with food or driven exercise.

But soon you may find yourself constantly needing to distract. And some of our distractions can be self-harmful.

A more long-term solution may be to make effortful shifts in your self-talk so that your mind is a gentler, kinder, more recovery-supportive space. This skill is typically called "thought challenging" or "thought restructuring/reframing". But how do you go about doing it?

First, it is important to remember that your current thinking style is a habit. Your thoughts will automatically go to the comfortable and familiar – the "negative".

You will have to go out of your way to establish new patterns in thinking. You will need to be intentional, and yes it will feel phony at first, and yes it can be tedious.

Practice will help condition your brain to take a different route, and to establish new thinking habits. So when you catch your mind following along its typical road, try asking yourself some of the following questions:

- Am I overlooking any factors that could be contributing to this situation? If I could magically guarantee that I am not the problem, what else could be?
- If my closest confidant knew I was thinking this, what would they say to me?
- If my closest confidant told me they were having this thought, what would I say to them?
- I know I have a lot of experiences and memories that suggest I am right by thinking this way, but could I be ignoring experiences and memories I have had that contradict how I am thinking? What evidence is there that I could be wrong?
- If I really analyze those memories that I use to backup my negative thinking, would I arrive at new conclusions now? Did I ignore other perspectives back then, or excuse away contradicting information? Were those memories developed from a child or teenage brain, thereby limiting my ability to think abstractly about the situation? Was I very emotional during that time, making rational thinking much harder?
- Is there an underlying prediction behind this fear that I could put to the test by experimenting?
- What is the worst thing I am expecting, and if that ended up happening what could I do to cope or plan ahead?
- Are there certain words or labels that I use in my self-talk that could have an underlying "bad" value or connotation? Could I work on shifting the words I use to be less loaded and more gentle?

Any time you slow down and question your thoughts, you're practicing the skill of thought challenging. Your mental world is still a place to consider when improving your recovery space. Becoming more compassionate and gentle with how you speak to yourself is integral for overcoming your eating disorder (and for improving your overall mental health).

ONGOING ACTIVITY:

Once a week, pick one of the above tips or ideas and work to implement it. Notice how you feel differently with the implemented change.

Photo Credit: Marcus Aurelius via flipstack



For article resources visit: <https://bana.ca/magazineresources/>



Sara Dalrymple, is a Clinical Therapist at the Bulimia Anorexia Nervosa Association (BANA) and Associate Editor of the BANA Magazine

Budget Bites:

A meal that won't inflate your grocery bill

by Kia Peters. RD

Tex Mex Pasta Salad with Grilled Corn

Recipe Adapted from: Katie Webster @

<https://www.healthyseasonalrecipes.com/mexican-pasta-salad/>

INGREDIENTS

- 4 cups dried pasta noodles (bowtie, spiral, shells, etc.)
- 1 can black beans, drained and rinsed
- 1 red bell pepper, diced
- 1 jalapeño, diced
- 1 red onion, diced
- 3 green onions, diced
- 1 cup cherry tomatoes, halved
- ½ cup cilantro, chopped

Grilled Corn:

- 2 cups frozen corn, defrosted
- ½ tbsp oil
- ¾ tsp paprika
- ½ tsp garlic powder
- ¼ tsp salt and pepper

Dressing:

- ½ cup plain Greek yogurt
- ½ tbsp honey
- 2 tbsp mayonnaise
- 1 tsp cumin
- 1 tsp chili powder
- 1 tsp smoked paprika
- ½ tsp each salt and pepper
- 1 lime, juiced

DIRECTIONS:

1. Cook pasta according to package instructions. Drain and rinse with cold water.
2. While pasta is cooking, prepare the grilled corn. Heat ½ tbsp oil in a frying pan on medium heat, once oil is hot, add the defrosted corn and sauté for 5 mins, stirring occasionally. After 5 mins add the paprika, garlic powder, salt, and pepper. Sauté for another 5-10 minutes until corn is crispy. Set aside to cool.
3. Whisk yogurt and mayonnaise in a bowl. Add honey, cumin, chili powder, smoked paprika, salt and pepper then whisk to combine.
4. Drain and rinse the black beans well then add to the bowl with the dressing. Dice the bell pepper, jalapeño, red onion, green onion, cherry tomatoes, and cilantro then add to the salad bowl. Add the pasta and stir to combine. Serve immediately or chill.
5. Store in the fridge and use within 3 days.

**Boost the Protein for a Complete Meal:

Add some sautéed ground meat, such as extra-lean ground beef, chicken or turkey or veggie ground alternative.

**Want to Make it Ahead?

Prepare and store dressing, pasta noodles, and veggies separately in airtight containers for up to 3 days prior to making the salad. On the day you need the pasta salad. Toss all ingredients and serve!

storing pasta: Drain and rinse with cold water and coat lightly with oil before storing in the fridge.

NUTRITION SPOTLIGHT: Black Beans

Did you know that black beans are a nutritional powerhouse?

Not only are they a great source of protein and fiber, but they are also a rich source of antioxidants and polyphenols – two nutrients that help to lower inflammation and reduce the risk for chronic diseases. The high levels of antioxidants in black beans are what gives them their characteristic black colour!



Kia Peters is a Registered Dietitian with the Bulimia Anorexia Nervosa Association

The Art of Mental Health

BANA Magazine is thrilled to announce this new special feature in partnership with Noah's House, a local organization invested in working with the youth and young adults in our community to end the stigma of mental health.

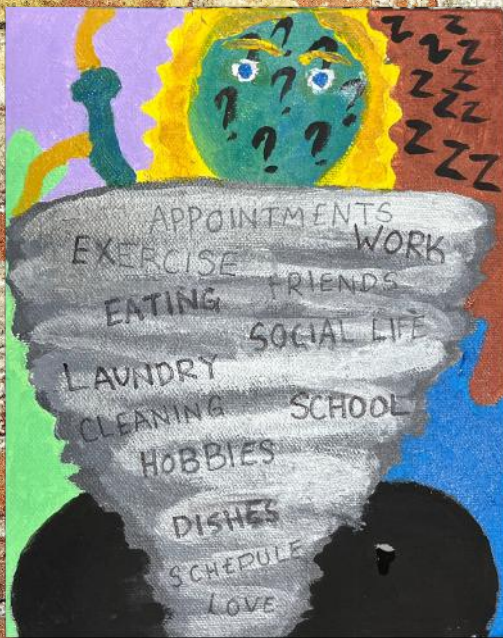
Creative arts therapy is the usage of the art to explore feelings, resolve inner conflicts, enhance self-awareness and interpersonal abilities.

Art therapy may also enhance self-esteem and alleviate depression or anxiety. Art therapy may consist of several mediums, such as painting, collages, drawing, photographs, music, drama, creative writing, and much more. There are quite a few diagnoses in which art treatment may be a valuable form of therapy, which range from ADHD, depression or anxiety, and bipolar disease to PTSD, dependence, and learning disabilities

We asked, Batool, a Mental Health Support Worker at Noah's house to explain their program . . .

"Art has always been a productive escape for me as I've overcome the hardships in my life through its use as an emotional outlet; this is something I wanted to pass along to the population we serve at Noah's House. As someone who has always been fascinated by the different techniques used in art, I've found that Arts and Crafts programs are often abandoned and left as "free periods,"

We at Noah's House wanted to make a unique program that offered local youth ages 11-25 the opportunity to learn new, cool, and unique ways to cope with their mental health struggles. For the pieces showcased in the "Be Yourself" magazine, the youth were prompted to showcase their mental health journey through their art. You can see that the youth made good use of textures, colours, and concepts to express the impact of their respective mental health journeys."



Artist: AB



Artist: MD



Artist: AR



Artist: BY



Artist: AR



Artist: EO



Artist: J

Dangers of Dieting and Why Diets Don't Work

By: Marisa Casey

For many, dieting is driven by the desire to change weight, shape, or size. In Western culture the mass media sells us diet culture - the belief that our physical appearance (e.g. thinness, muscularity) is a reflection of our health, moral value and status, and that dieting (for those who are "disciplined" enough), is a quick and easy fix for all of life's concerns.

In this world, foods are quick to be demonized, exercise is a requirement, and ultimately your body is a reflection of your worth. Of course, all this is without consideration for your actual well-being or unique needs.

The reality is that food restriction often leads to over-eating, which is a perfectly normal physiological reaction to what your body perceives as starvation. This in turn leads to feelings of guilt, shame, and maintenance of a vicious cycle. Again, the prevailing message we receive for failing to stick to a diet is that we lack motivation or will-power.

In other words, diets were never set up to work in the first place. In fact, the eating disorder field considers many modern diets as including elements of disordered eating behaviours such as: extreme food restriction, measuring or weighing of food, lists of safe or un-safe foods, extreme exercise, striving for perfection or a (often unattainable) 'goal' weight.

One consequence of lifelong dieting is the inability to regulate food intake based on internal cues of hunger, appetite, and fullness (often referred to as intuitive eating).

Reasons to not diet

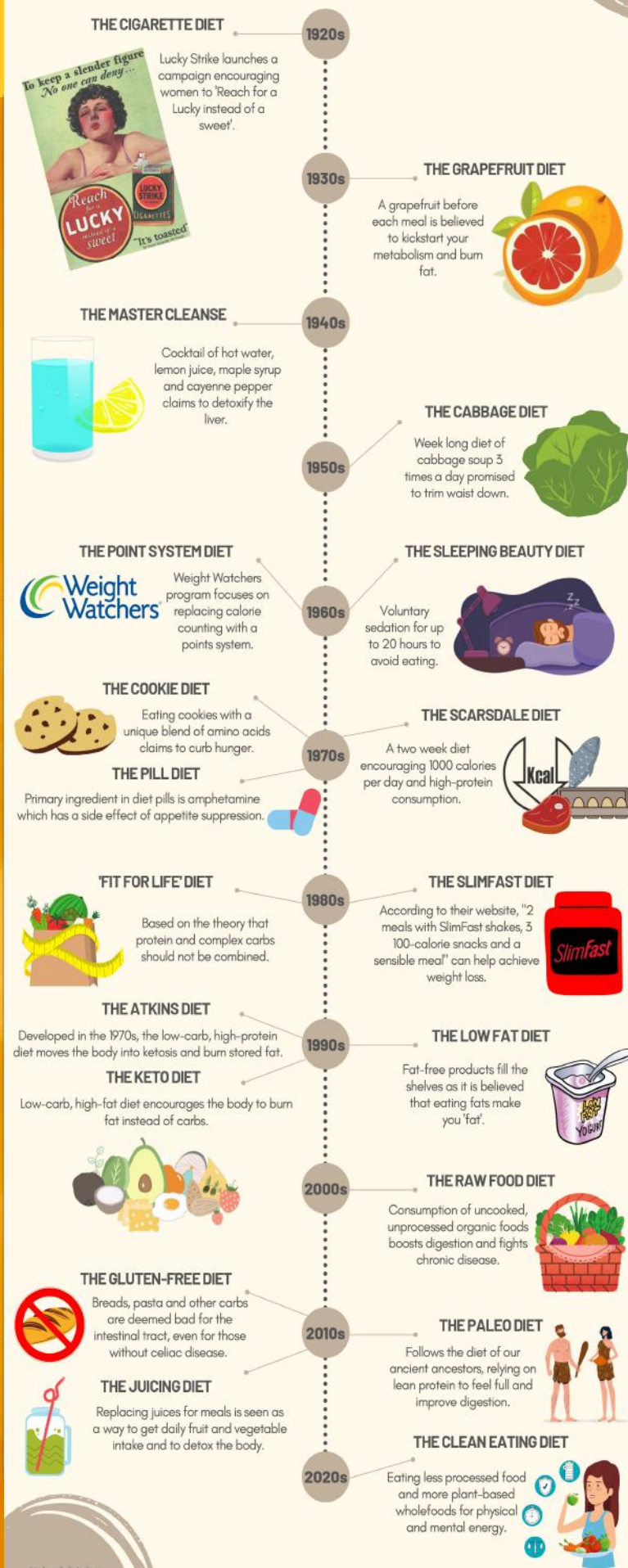
- Dieting, especially during childhood and adolescence, can interrupt normal growth and development
- Restricting food intake can disrupt your energy balance
- Repeated periods of deprivation and overeating, also known as yo-yo dieting, sends signals to your metabolism to store extra fat as soon as the diet ends. Research shows that this yo-yo dieting does lead to long term weight gain.
- Children are always listening. Witnessing frequent dieting and hearing about body dissatisfaction throughout one's childhood can lead to poor self-esteem and disordered eating.

Rejecting diet culture is no small task, having compassion and patience for yourself is essential. Try to acknowledge your feelings without judgement, be kind to yourself, and recognize that you are not alone. We are born into a diet and weight obsessed world so unlearning these ideas and the behaviors that come with them takes time and practice. You may need a long time to stop dieting or live without strict food-rules.

Our bodies continue to change over the course of our lifetime, and so our relationship with it will also evolve. You may find it helpful to actively seek out anti-diet culture spaces and information. It is important that we work to change how we perceive our bodies and never forget that what our bodies look like and what our bodies can do are not the only things that make us valuable; we are all unique complex human beings with amazing qualities that are deserving of love.

Marisa Casey is a Health Educator with the Bulimia Anorexia Nervosa Association

POPULAR DIETS IN HISTORY



Emotional Exploration Scale Exercise



Emotions can creep up on us. What starts as one thing can grow into something bigger, like a blackout rage. Or an unexplained feeling of excitement might be the forewarning of a manic episode. By understanding what an emotion feels like at its earliest stages, clients can learn to respond before it grows out of control. You can use an Emotion Exploration Scale to learn about a particular emotion, its warning signs, and how it progresses from low to high intensity

1) Choose an emotion, such as sadness, anger, or anxiety.

2) Describe the thoughts, behaviours, and symptoms you experience as the emotion progresses along a scale from 1 (low intensity) to 10 (high intensity). This worksheet is helpful for thoroughly exploring an emotion, or more specifically to learn about warning signs.

Emotion:

1	2	3	4	5	6	7	8	9	10
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<p>Thoughts:</p>	<p>Thoughts:</p>	<p>Thoughts:</p>
<p>Behaviours:</p>	<p>Behaviours:</p>	<p>Behaviours:</p>
<p>Symptoms/Physical Sensations:</p>	<p>Symptoms/Physical Sensations:</p>	<p>Symptoms/Physical Sensations:</p>

At low intensities, emotions are difficult to identify. However, this is often the best time to intervene. Clues at these levels may be subtle. For example, a person moving toward mania might notice that colors seem more vibrant, or they feel more eager to socialize. Keep in mind that many of these changes are not "bad" or dangerous, but they still act as clues. Additionally, emotional clues are very individualized. For one person, socializing every weekend might be normal, and a weekend spent at home alone might be a clue. For another person, the exact opposite might be true. Recognizing the early signs of emotions gives you a chance to manage them with healthy coping skills.

Substance Abuse Program for African and Caribbean Canadian Youth

By Shelby Colarossi

Diversion, inclusion and equity are more important today than ever . . .

SAPACCY, Substance Abuse Program for African and Caribbean Canadian Youth is the result of our government's commitment to ensure all Ontarians have access to high-quality, easily accessible mental health and addictions support—mental health and wellness should be a basic human right for everyone. SAPACCY takes into consideration the unique challenges that Black youth, their families and caregivers face when they try to access care.

The goal is for everyone to lead a healthy life, and in order to do so we must all have access to culturally safe and effective mental health services. However, for Black youth seeking support, there are often barriers to accessing this care. Barriers could be geographic, financial and perpetuate anti-Black racism and a lack of cultural competency among clinicians supporting Black patients from diverse backgrounds. Recognizing that access to the highest attainable standard of health is a fundamental human right, Windsor Essex Community Health Centre (weCHC) offers several programs and services to meet this goal.

weCHC is one of 74 Community Health Centres within our province. Each centre is unique in their services offered to their community. CHCs operate under the principle that people's health is influenced by social and physical environment, employment, education and housing, as well as access to appropriate and effective health care. CHCs consider the specific characteristics and risk factors associated with the distinct priority groups and plan care accordingly. CHCs believe that people are healthier when they have a sense of belonging and purpose.

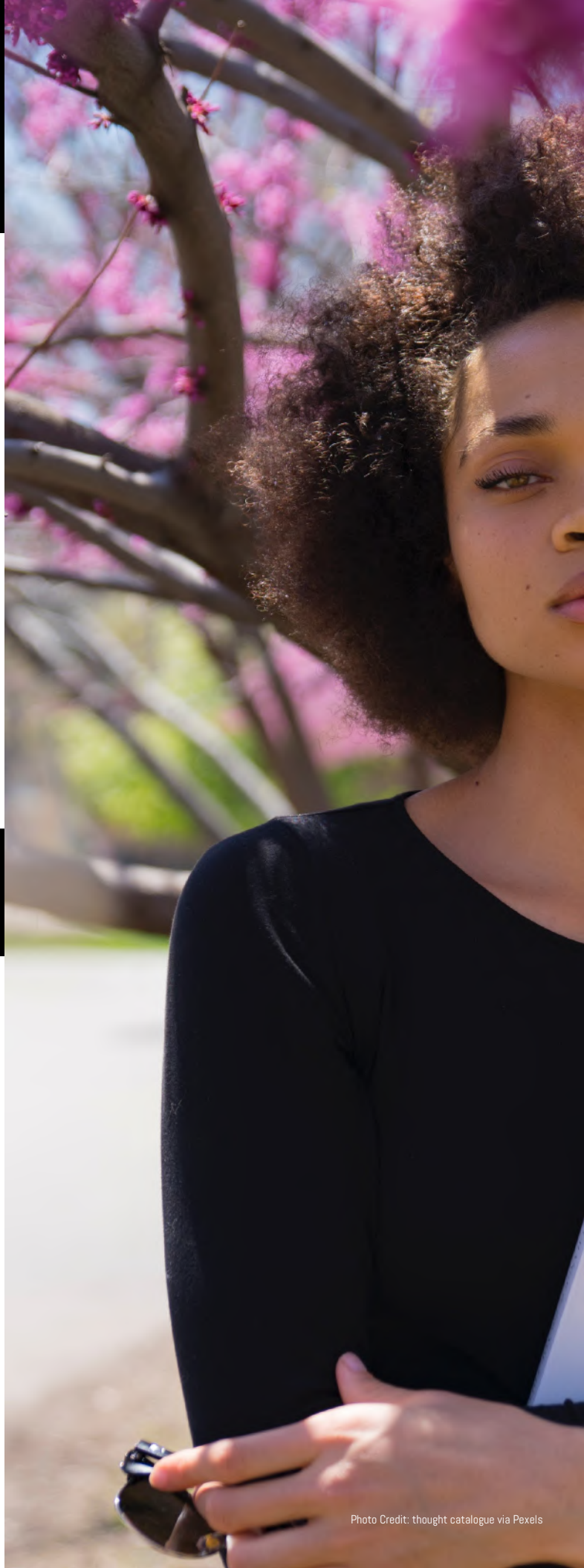
weCHC is excited to be one of seven new satellite locations across Ontario to house SAPACCY.

This program will support the progress in improving access to culturally appropriate mental health and addictions services for African and Caribbean Canadian youth who are dealing with substance use and mental health concerns.

SAPACCY provides a wide range of culturally safe services, offering assessment, individual and group treatment, and counselling to assist youth in reducing harm and making the best choices for themselves and their families on the path to recovery. The program has been shown to improve health outcomes for youth, reduce stigma and barriers to care and increase early intervention and timely access to culturally safe services. The program serves Francophones, LGBTQQ2SI+, disconnected youth, and youth impacted by significant trauma including community violence.

"Black youth seeking care can often experience anti-Black racism and discrimination from the front desk through to seeing their clinician. The reality is that the frequent experiences of discrimination these youth face can lead to racial trauma and that can be the underlying factor for mental health distress and depression. If a clinician does not understand the complexities of how anti-Black racism functions in society, and how it affects young people, it becomes difficult for a patient to receive the care they need," said Paul Bailey, Executive Director of the Black Health Alliance.

SAPACCY addresses these gaps by providing accessible, Africentric and racial trauma-informed support to Black youth who are dealing with mental health and substance use concerns.



Africentric: The import, respect, and dignity afforded persons of African descent.

At its core, Africentricity seeks to combat a complex history of anti-Black racism and colonialism. It is the right of people of African descent to strive for self-determination, considering the pervasiveness of racism and systemic oppression.

SAPACCY was created in Toronto during the mid-1990s to address a clear gap in services for the Black community. The program has always been community-oriented, working closely with Black grassroots organizations to address health disparities.

SAPACCY provides a wide range of services and supports to Black youth, offering assessment, individual and group treatment, and counselling to assist youth in reducing harm and making the best choices for themselves and their families on the path to recovery. For decades, the SAPACCY program has experienced positive results due to its commitment to being a collaborative effort with Black youth, their families and the community based on principles of Africentric and racial trauma-informed care. weCHC is excited to offer a program focused on providing support for Black families and youth facing mental health and substance abuse issues

"It is a mental health service that is holistic, trauma-informed, Africentric and culturally safe," explains Nadine Manroe-Wakerell, weCHC director of clinical practice. ***"The service also recognizes the resilience, cultural diversity and intersectionalities of Black youth, and accounts for the lived experiences and anti-Black racism."*** The Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY) offers a range of prevention, early intervention, harm reduction and recovery-oriented services.

The program entails group/parental/peer support, case management, wraparound supports, trauma-informed care, trauma resilience support, crisis intervention, clinical therapy, substance use and addictions support, mental health promotion and prevention and early intervention services.

Manroe-Wakerell notes that studies show Black students continue to have lower success rates, see higher percentages of suspension, and make up approximately 10 per cent of the prison population even though Black people make up less than 4 per cent of the population in Canada. School boards and universities across the province have already identified the need to address the issues around racism and provide specialized supports for Black youth. SAPACCY is doing the same by helping to address the mental health and addictions in these youth and helping them and their families to address the root causes, while we work with them and the rest of the system to heal and move forward so that everyone can live their most optimal lives.

What services are offered by weCHC SAPACCY?

- counselling and psychotherapy
- addictions and substance use support
- comprehensive assessment and treatment planning
- mental health promotion and prevention
- intensive case management
- group therapy
- wraparound supports and referral services
- caregiver support groups
- trauma-informed and healing-centered interventions
- crisis intervention.

Are you experiencing mental health and/or substance use challenges? If you identify as Black & are between 12-29 years of age, we're here to support you!

We're in this together. Contact our director Nadine at Teen- Health: 519.253.8481 x 200



Shelby Colarossi is the Development & Public Relations Coordinator for the Windsor Essex Community Health Centre

Photo Credit: August De Richileau via flipbook



Windsor Essex Community Health Centre
Centre de santé communautaire de Windsor Essex


weCHC
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New to Teen Health!

weCHC is proud to offer new programs at our Teen Health location that are open to the community and accepting new patients!

The Substance Abuse Program for African and Caribbean Canadian Youth (SAPACCY)

- SAPACCY takes into consideration the unique challenges that Black youth, their families, and caregivers face when they try to access care.
- Confidential services include counselling, addiction supports, assessment and treatment planning, group therapy, and more!
- SAPACCY is facilitated by an all Black team.



Southwestern Ontario Youth Gender Diversity Clinic



- Led by Dr. Ian Johnston, a pediatrician with 10 years of experience working with transgender youth
- Confidential services include assessment and diagnosis of gender dysphoria, managing mental health symptoms, assessment for hormone blockers and affirming hormone therapy, and prescriptions of hormones and blockers along with treatment monitoring.

Call Teen Health at (519) 253-8481 to enroll in our new programs!
Visit us at www.weCHC.org to learn more!

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A publication of the Bulimia Anorexia Nervosa Association
1500 Ouellette Ave Suite 100
Windsor Ontario Canada N8X 1K7
P: 519.969.2112 E: info@bana.ca
www.bana.ca