

Breaking the Silence: How Parents Can Take Charge in the Fight Against Childhood Eating Disorders

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How Parents Can Take Charge in the Fight Against Childhood Eating Disorders

Navigating conversations about eating disorders with your kids can be daunting, particularly if you see concerning signs. Yet, as eating disorders escalate among children and teens, understanding how these illnesses originate and knowing how to talk about them with your children is crucial.

Here are three things that you probably didn't know about eating disorders in kids and teens.

1. More than 1 in 5 kids and teens show signs of disordered eating, a set of unhealthy eating habits that increases the chances of having an eating disorder later in life.
2. Avoidant restrictive food intake disorder (ARFID) is the most common eating disorder among children between 4 and 11 years old – ARFID causes children and teens to restrict the amount or types of food they eat and can stall weight gain and growth. It can also be a risk factor for other eating disorders later in life.
3. Researchers still do not know the exact causes of eating disorders. There are genetic, societal, and environmental components, but trauma appears to be one of the most relevant risk factors to develop an eating disorder.

While these statistics might be concerning, it's important to remember that with the right tools, parents and caregivers can play a pivotal role in supporting children and teens who are at risk of developing or have developed an eating disorder.

Let's take a look at three skills that empower parents to help their children navigate trauma and unhealthy eating patterns:

1. **Learning how to communicate with your child:** understanding the common causes and mindsets that drive eating disorders will help you choose the right words when tackling these difficult conversations.
2. **Recognizing you can seek professional help if necessary:** consider reaching out to your local healthcare provider or exploring resources like NAMI and FEAST.
3. **Knowing how treatment works:** Treating eating disorders requires a comprehensive approach that includes therapy with mental health professionals, nutrition education, and medical monitoring. Depending on the symptoms and overall health of the patients, treatment can be done at home (outpatient), or by attending specialized facilities where they get 24-hour care (inpatient or residential).

If you're looking to delve deeper into this topic, Mind blossom has crafted a course just for you, providing insight into the crucial role family and friends play in the healing process of eating disorders.



Alejandra Viviescas, PhD

Medical Writer & Mental Health Advocate

Alejandra has an academic background in biology, holding Bachelor's and Master's degrees in the field, as well as a Ph.D. in Genetics. Over the past 5 years, she's been working as a medical writer, aiming to empower patients by giving them accurate information to make informed decisions about their treatment. Alejandra is also a strong advocate for mental health awareness and education. Check out more of Alejandra's work by following [this link](#).

Empowering Compassion: A Guide to Peer Support in Eating Disorder Recovery

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Empowering Compassion:

A Guide to Peer Support in Eating Disorder Recovery

Eating disorders might seem uncommon, but they affect more people than you think. Approximately one in five women and one in seven men will experience an eating disorder in their lifetime. Most eating disorders develop during the late teens and early adulthood. This makes it a critical stage for peer support and awareness because, if not treated quickly, eating disorders can become long-lasting and life-threatening issues.

Debunking Three Eating Disorder Myths for Stronger Peer Support:

- 1. Eating disorders only affect white affluent females.** Limited perceptions associating eating disorders with white girls from affluent neighborhoods create stigma. Unfortunately, this becomes a barrier, preventing individuals who need it from accessing treatment and support. Eating disorders can impact individuals of any gender, race, or socioeconomic status. In fact, research suggests that racial and ethnic minorities are at an increased risk.
- 2. Eating disorders stem from an obsession with food and body image.** Eating disorders are complex illnesses, influenced by factors like genetics, environmental triggers, and peer pressure. Often, they start as a maladaptive coping mechanism in response to a stressful life event or trauma unrelated to food. While a negative body image can contribute to an eating disorder, other factors, like trauma, are likely at play.
- 3. You never recover from an eating disorder.** Overcoming an eating disorder can be tough, but with the right resources, treatment, and support from loved ones, full recovery is possible. Seeking help early improves the chances of complete recovery.

Supporting a friend or loved one coping with an eating disorder or showing signs of an unhealthy relationship with food is a big responsibility. But it does not have to feel overwhelming and you do not have to do it alone. Several people in your position make a

positive impact in the lives of those who struggle with eating disorders.

Here are three pieces of expert advice to provide the best support – while also taking care of yourself:

- Support your friend by avoiding judgment and acknowledging the complexity of eating disorders.
- Show genuine understanding without oversimplifying their struggles, as well-intentioned remarks can unintentionally cause harm.
- Direct your friend to organizations like NAMI or FEAST for valuable assistance. These groups offer support and education for those facing eating disorders and their support network.

Supporting a friend through this journey is often emotionally demanding, and it's important for you to find support for yourself through organizations like those mentioned above.

Understanding the science behind eating disorders and what recovery entails might also be helpful. Mind Blossom, a nonprofit organization, offers an expert-led course on this subject. Take advantage of an exclusive student discount and empower yourself to support your peers.



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From PhD to Parenthood: Unveiling the Mental Health Challenges We Often Overlook

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From PhD to Parenthood:

Unveiling the Mental Health Challenges We Often Overlook

Alejandra Viviescas shares her personal experience with anxiety, postpartum depression, and the prevailing stigma around mental health. This heartfelt narrative underscores the vital role of mental health awareness and support in overcoming such challenges.

I've always been an anxious person. The feeling of uneasiness when things get out of control and the sudden need to fix everything that is wrong in my life in the next 5 minutes have been with me since I was a little girl. **But I never gave them much thought.** The episodes would come and go; they didn't last long enough to really affect my life.

Navigating the Academic Storm

However, things changed during my third year of grad school. I was going through an emotional crisis, not wanting to pursue an academic career, but not knowing what to do after I finished my PhD. **I felt that I had lost my path and dealt with uncertainty all the time.** It was the perfect conditions for anxiety to finally take the driver's seat.

I knew things weren't okay. I even considered seeking professional counseling, but many things discouraged me from going ahead with that plan. First, my parents didn't trust mental health professionals, so I didn't trust them either. Second, the academic environment I was in glorified the idea of "toughening up" in the face of adversity, and I didn't want to appear weak. Third, my health insurance plan didn't cover mental health services, and I couldn't afford to pay for them out of pocket.

So, I brushed the anxiety crisis as something secondary, finished my PhD with the support of my partner, moved back to my home country, and left academia. **In this new, more supportive environment, I was able to take anxiety out of the driver's seat and get things "back to normal."**

Scientific evidence shows that graduate students, particularly PhD students, are at a significantly higher risk of developing a psychiatric disorder than the general population and other highly educated groups. Risk factors include working in a high-stress environment and financial struggles. On top of that, many grad students refrain from seeking help, even after identifying the symptoms of deteriorating mental health, **because of fear of stigma and unawareness of available services provided by their institution.**

After my PhD, I had many conversations about mental health with fellow PhDs and we all agreed that the topic does not get the attention it deserves. **However, this all seemed to be in the past.** I was now married and had established a career as a medical writer. My partner and I were very happy when I became pregnant. Things seemed great.

Motherhood: An Unexpected Turbulence

But everything spiraled out of control really quickly in my 34th week of pregnancy. In a matter of 48 hours, I was diagnosed with severe preeclampsia, got an emergency c-section, and held my preemie son in my arms for the first time. All my carefully-crafted plans for becoming a mother were replaced by a harsh reality I didn't want to face.

Given the circumstances, we were lucky; our son didn't need to spend time in the NICU, started gaining weight almost immediately, and was a pretty good sleeper for a newborn. **But I couldn't see any of this as good news. I was overwhelmed with the situation, mad at my body for becoming ill, and guilty for being a bad mother to my son.** I had lost control, and so anxiety once again took the driver's seat. This time, it came along with postpartum depression (PPD).

I was having panic attacks almost daily, and I lived in a constant state of paranoia. I feared that something bad was going to happen to me or my baby. I was convinced that my husband and son would be better off without me. I wanted to run away so I could have some peace of mind and figure things out without the responsibility of taking care of a new life.

Things became really bad, really quickly. So, this time, I had no choice but to look for professional help. I'm glad I did. I started taking antidepressants and seeing a psychologist and a psychiatrist. It took months of work, months of reshaping my views on mental health professionals, months of frustration because of relapses. But eventually, I got better.

My son is almost 20 months now, and I've been off antidepressants for almost a year. I no longer see a psychiatrist, but I still see my psychologist regularly, and I have no plans to stop. **Therapy helps me keep anxiety in check, and I like my life better when I'm in the driver's seat.**

Shattering Stigmas: Embracing Mental Wellness

New mothers, just like grad students, have a higher prevalence of psychiatric disorders than the general population. Depending on the country, **between 1 and 3 of every 10 new mothers will develop a mental illness in the first year after giving birth.** These disorders are different from baby blues, a depressive syndrome experienced by 8 out of 10 women in the first weeks after delivery.

And yet, new mothers, just like grad students, face a stigma when they look for mental health support. The first night I was back home with my baby, **I told my parents that I thought I was at a very high risk of developing postpartum depression. They were very gentle and loving, but their message was clear: I should not talk about this idea.** Everything was fine. My son was a beautiful baby. It was a joyful time.

Both of my stories show the importance of mental health education and awareness.

Many new mothers and grad students who struggle with mental illness would benefit from knowing ahead of time that they are a part of a high-risk group . This could help them identify the symptoms early, know that they are not alone, and feel less apprehensive about speaking up and seeking help. Additionally, having resources available to educate loved ones and close people on how to act in the face of mental health disorders would go a long way in reducing stigma and encouraging early treatment.

Learn about Alejandra Viviescas, PhD



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