

## The Social and Economic Benefits of Improving Mental Health: Eating Disorders and Negative Body Image

- **Prevention and Early Intervention**

*A submission by the Butterfly Foundation to Productivity Commission 2019*

The Butterfly Foundation represents all people affected by eating disorders and negative body image, individuals living with this mental illness, their family and their friends. As a leading national voice in supporting their needs, Butterfly highlights the realities of seeking treatment for recovery, and advocates for improved services from both government and independent sources. Throughout its work Butterfly also emphasises the critical importance of prevention and early intervention strategies in limiting the development of, and suffering from, body image issues and eating disorders.

Butterfly collaborates with many organisations within the eating disorder sector who are engaged in prevention or assistance to those working to improve the lives of those affected, and contributions to this report are acknowledged within the narrative. Butterfly has been appointed to co-ordinate the National Eating Disorder Collaboration 'NEDC' for the Australian Department of Health and Ageing and recognises the members of the NEDC for ongoing contributions to establishing evidence-based best practice guidelines for delivery of optimal care.

*What are the key barriers to children and young people with mental ill-health participating and engaging in education and training, and achieving good education outcomes?*

According to the Butterfly report '*Insights in Body Esteem*' (2018) 66% of respondents recalled being bullied or teased for their appearance, and nearly 60% had, at some stage, restricted their eating because of the way they felt about their appearance. The stigma around body image and eating disorders continues to act as a barrier for people seeking education and/or help.

### **Body image and eating disorders in young people**

*How effective are mental health-related supports and programs in Australian education and training settings in providing support to students? How effective are programs in educating staff, students and families, on mental health and wellbeing? What interventions are most effective? What evidence exists to support your assessment?*

Research continues to show that body dissatisfaction and eating disorders are increasing in young Australians; body image consistently ranks as one of the top three personal concerns of young people (Mission Australia 2018) and eating disorders, including anorexia nervosa

and bulimia nervosa are presenting in increasingly younger age groups. Body dissatisfaction is the primary modifiable risk factor for the development of eating disorders. Supporting the development of positive body image and healthy relationships with eating and exercise in young people can have a significant impact on their wellbeing and be a preventative factor for the development of eating disorders. Young people with negative body image are more vulnerable to disordered eating and developing eating disorders and other mental health issues. It can also have a significant impact on a young person's ability to participate and achieve at school and to engage in social and extra-curricular activities.

### **The role of schools**

*Is there adequate support available for children and young people with mental ill-health to re-engage with education and training?*

Schools have a critical role to play in addressing the risk and protective factors for eating disorders, in particular children and young people's self-esteem and body confidence and the avoidance of the high risks associated with body dissatisfaction. This can be achieved not only through curriculum and pastoral approaches but also in the modelling of healthy and respectful behaviours and through a positive school culture.

While schools are required to address body image this is only generally referred to in either the Health and Physical Education (HPE) or pastoral care components of curriculum. However, there is no specific reference to the importance of this as a protective factor to the development of eating disorders or any specific requirements in terms of breadth and depth of content. This is very much up to a school's discretion. As we know, there remain very high levels of myth and stigma associated with eating disorders and their causal factors.

The HPE curriculum is designed to be high level focusing on knowledge, skills and understanding, with each state and territory providing support to schools on implementing the curriculum; they exercise freedom in relation to implementation timeframes, classroom practices and resources to complement teaching. Mental health is one of the focus areas within HPE and appropriate intervals students are expected to learn about 'body image and self-worth and their impact on mental health and wellbeing'. We believe this is significantly insufficient focus on this critical area of health and wellbeing.

Overall, HPE may not account for more than 10% of teaching hours (in NSW for example); not only is there limited time for education relating to body esteem and other risk and protective factors for eating disorders; they must also compete with other important health content.

Other perceived barriers to schools addressing this issue effectively include:

- Lack of confidence, in part because many adults struggling with their own body issues and feel unable to ‘walk the talk’ or provide an authentic voice
- Limited up-to-date evidence based and age appropriate accessible resources
- Insufficient professional development and support on the ground to deliver, particularly around the sensitive areas of eating disorders.

Currently, the national picture of how these issues are being addressed within our schools is incomplete and largely anecdotal.

### **Butterfly Prevention**

*Do teachers and other staff in schools and education facilities receive sufficient training on student mental health? Do they receive sufficient support and advice, including on the quality and suitability of different approaches, to adequately support students with mental ill-health?*

The Butterfly Foundation supports all Australians experiencing eating disorders and negative body image. Prevention has been a core service of Butterfly since 2007. Butterfly Prevention has a strong reputation as a trusted source of expert information and advice to schools, communities and other education, mental health and youth organisations on body image, disordered eating and eating disorders. Butterfly Prevention delivers evidence-based programs to young people, professionals, parents and communities that focus on the modifiable risk and protective factors that can lead to the development of eating disorders.

### **Free to BE: A Body Esteem Resource**

*Do students in all levels of education and training have access to adequate mental health-related support and education? If not, what are the gaps?*

In 2011, Butterfly received its first (and only) prevention-focused funding from Federal Government to develop an evidence-based resource for Australian schools. The project was overseen by an expert advisory group and developed a multi-session resource for use with young people in Yr 3 - 12. Free to BE: A Body Esteem Resource is fully comprehensive and includes four areas of focus; Resilience, Media, Peers and Healthy Bodies. The response to Free to BE was and continues to be overwhelmingly positive. Teachers in particular like the ease with which it can be integrated into existing programs or used as a catalyst for program development. The resource is included within Butterfly Prevention’s Australia-wide professional training (fee for service). However, notwithstanding representations to government since the development of this resource there has been no funding or other contribution to national distribution and, as such, the resource has not had the level of take-up amongst Australian schools that it could have done with proper resourcing.

The education and social landscapes have shifted considerably since 2011, specifically:

- The rapid proliferation of social media – increased platforms, increased accessibility and despite age-limits earlier age of use. Emerging evidence reports the negative impact of social media use on body image (i.e. body comparisons, appearance-based teasing and bullying and a plethora of inaccurate/unhelpful information relating to food, exercise and weight).
- The advent of the National Curriculum
- Research to support the emergence of weight bias in children of primary age and increased concerns over appearance at an earlier age
- Increasing recognition of body image issues and eating disorders in males
- The huge growth in wellbeing programs in schools
- The expansion of digital learning
- A demand for accessible, online content.

Time-pressured teachers welcome any support to turn the high level requirements of the National Curriculum into meaningful, engaging units of work and/or lesson plans relevant to the needs of their students. With the right help we believe that a significant contribution can be made to improving teachers' knowledge and confidence; increasing the quality and quantity of prevention education in schools and improving outcomes for young people.

Butterfly aims to support primary and secondary schools in delivering high quality education addressing the risk and protective factors for eating disorders, including body dissatisfaction. It will deliver definitive guidance for educators on eating disorders, prevention approaches and early intervention, as well as curriculum resources and implementation support to schools. Materials provided will make effective use of technology and include a range of digital and interactive content.

The project will reflect an expert view of best practice in body dissatisfaction, disordered eating and eating disorders prevention in schools and will provide guidance and support to school in the absence of specific direction within the current curriculum and whilst we advocate for it to be more adequately reflected at the next review. It will establish positive working relationship with key curriculum decision makers (state, territory and non-government education authorities) as well as the school wellbeing and mental health sector so that current gaps are addressed in relation to body esteem generally but more specifically the topics of; weight and appearance based bullying and teasing, social media, healthy food and exercise behaviours, resilience, self-care and compassion and the importance of help-seeking and supporting peers.

The principles on which the project is to be delivered include:

- Evidence-based – informed by: existing resources and programs (including Butterfly’s Free to BE); a review of the literature relating to prevention within educational settings; and an understanding of body image’s current standing within Australian schools
- Needs led and teacher and youth informed
- Collaborative and based on wide-spread consultation within education, mental health organisations and youth organisations
- Adherence to guidelines on mental health literacy and communicating about eating disorders , to ensure a ‘do-no harm approach’
- Inclusive of primary and secondary age students and students of all genders
- Aligned to the National Curriculum and State and Territory curriculum and guidance to schools
- Supportive of key government education, health and mental health policy
- Flexible and accessible (geographically, economically and in regard to the needs of diverse groups).

Butterfly welcomes the Productivity Commission into mental health and the social and economic benefits of prevention and early intervention.