



EATING DISORDER FOUNDATION OF NEWFOUNDLAND AND LABRADOR

The Butterflyer

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Eating Disorders and Obesity: How Are They Related? (BodyWise, BodyWorks 2011)

The Foundation has received many calls about the connections between eating disorders and obesity. The link below addresses this matter and hopefully provides some good basic information needed to help us better understand the many complex issues around eating disorders. (Editor's Note)

Eating Disorders and obesity are usually seen as very different problems but actually share many similarities. In fact, eating disorders, obesity, and other weight-related disorders may overlap as girls move from one problem, such as unhealthy dieting to another, such as obesity. This information sheet is designed to help parents, other adult caregivers, and school personnel better understand the links between eating disorders and obesity so they can promote healthy attitudes and behaviors related to weight and eating.

How are Eating Disorders and Obesity Related?

Eating disorders and obesity are part of a range of weight-related problems. These problems include anorexia nervosa, bulimia nervosa, anorexic and bulimic behaviors, unhealthy dieting practices, binge eating disorder, and obesity. Adolescent girls may suffer from more than one disorder or may progress from one problem to another at varying degrees of severity. It is important to understand this range of weight-related problems in order to avoid causing one disorder, such as bulimia, while trying to prevent another, such as obesity.

Body dissatisfaction and unhealthy dieting practices are linked to the development of eating disorders, obesity and other problems. High numbers of adolescent girls are reporting that they are dissatisfied with their bodies and are trying to lose weight in unhealthy ways, including skipping meals, fasting, and using tobacco. A smaller number of girls are even resorting to more extreme methods such as self-induced vomiting, diet pills, and laxative use.

These attitudes and behaviors place girls at a greater risk for eating disorders, obesity, poor nutrition, growth impairments, and emotional problems such as depression. Research shows, for example, that overweight girls are more concerned about their weight, more dissatisfied with their bodies and more likely to diet than their normal-weight peers.

Binge eating is common among people with eating disorders and people who are obese. People with bulimia binge eat and then purge by vomiting, using laxatives, or other means. Binge eating that is not followed by purging may also be considered an eating disorder and can lead to weight gain. More than one-third of obese individuals in weight-loss treatment programs report difficulties with binge eating. This type of eating behavior contributes to feelings of shame, loneliness, poor self-esteem, and depression. Conversely, these kinds of feelings can cause

binge eating problems. A person may binge or overeat for emotional reasons, including stress, depression, and anxiety.

Depression, anxiety and other mood disorders are associated with both eating disorders and obesity. Adolescents who are depressed may be at an increased risk of becoming obese. One recent study found that depressed adolescents were two times more likely to become obese at the one year follow up than teens who did not suffer from depression. In addition, many people with eating disorders suffer from clinical depression, anxiety, personality or substance abuse disorders, or in some cases obsessive compulsive disorder. Therefore, a mental health professional may need to be involved in treating an adolescent who is obese or suffers from an eating disorder or other weight-related problem.

The environment may contribute to both eating disorders and obesity. The mass media, family, and peers may be sending children and adolescents mixed messages about food and weight that encourage disordered eating. Today's society idealizes thinness and stigmatizes fatness, yet high-calorie foods are widely available and heavily advertised. At the same time, levels of physical activity are at record lows as television and computers replace more active leisure activities, travel by automobile has replaced walking, and many communities lack space for walking and recreation.

Most teens don't suffer from either anorexia or obesity. They are more likely to engage in disordered eating behaviors such as bingeing, purging, and dieting. These behaviors are associated with serious physical and emotional health problems. We've got to get back to three square meals a day, healthy meal planning, nutritious snacks, and regular physical activity. - Richard Kreipe, M.D., Chief, Division of Adolescent Medicine, University of Rochester Medical Center

HEALTH RISKS

Eating disorders may lead to

- stunted growth
- Delayed menstruation
- Damaged to vital organs such as the heart and brain
- Nutritional deficiencies, including starvation
- Cardiac arrest
- Emotional problems such as depression and anxiety

Obesity increases the risk for

- High blood pressure
- Stroke
- Cardiovascular disease
- Gallbladder disease
- Arthritis
- Cancer
- Emotional problems such as depression and anxiety

For full article, Eating Disorders and Obesity, please click [here](#).

The following article by Kevin Kelly appeared in a recent edition of the Newfoundland Herald. It contains a lot of useful information not only about the challenges facing mental health disorders but about our responses to improving access to services. A lot is being done to raise the level of awareness about mental health matters and we need to be encouraged that our community leadership is recognizing the importance of increased awareness and the need for a more fair and equitable treatment and service response. (Editor's Note)

The Silent Victims

(By Kevin Kelly , May 8, 2011 Newfoundland Herald)

The recent provincial budget has embarked \$8.7 million to enhance mental health and addictions services in Newfoundland and Labrador. But is it enough to battle a growing problem?

The next time you are at your local supermarket or general store, take

a look around at 10 random people who are near you. What if we told you that research shows that two of those 10 people have or will have a mental illness?

It's a harrowing fact recently brought to light by the Canadian Mental Health Association, and it's a growing problem governments have to deal with.

"Mental health is an important part of our overall health and well-being," says Peter Coleridge, CEO, Canadian Mental Health Association (CMHA). "There is still a significant amount of misunderstanding surrounding mental health issues," says Coleridge. "We need to change society's attitudes and behaviors so that people with mental health problems can be supported in managing or recovering from their illness like any other illness."

According to the World Health Organization (WHO), by the year 2020, depression will become the number two cause worldwide of years lost due to disability. In fact, mental illness is the number one leading cause of disability worldwide.

BREAKING DOWN THE STIGMA

It also brings down the stigma that mental problems affect only a sheltered few. Breaking down that stigma is one of the biggest challenges faced by those trying to battle the growing problem of mental issues.

You see, contrary to popular belief, health minister Jerome Kennedy says mental illness can affect anyone, at any time.

"Mental illness and addictions affect people of all ages, cultures, educational backgrounds and income levels and have a significant impact on individuals, families and our communities," Kennedy, the provincial Minister of Health and Community Services, stated recently as the provincial government announced a number of measures in its recent budget to increase awareness and ensure services are strengthened within the province. "This is a very serious and complex issue, and our investments through Budget 2011 are intended to help reduce the stigma associated with mental health and addictions issues and encourage people to seek help."

"A new mental health facility will help promote recovery, reduce stress and depression, support independence and overall contribute to better outcomes for achieving mental wellness."

(Health Minister Jerome Kennedy)

REPLACING THE WATERFORD

Included in that budget is \$4.5 million in initial planning to replace the Waterford Hospital in St. John's with a new specialized mental health facility in the capital city. The Waterford Hospital was first founded in 1854, making it the island's oldest institution to care for those suffering from mental illness. The total cost of the new facility will be \$250 million and is expected to be completed hopefully within the next four to five years.

"The issues and challenges of mental illness are not new, but many of the ways in which we plan to address them are," said Minister Kennedy. "A new mental health facility will help promote recovery, reduce stress and depression, support independence and overall contribute to better outcomes for achieving mental wellness."

While there is still a long way to go before "The Waterford" is replaced, it's hoped the new specialized mental health facility will support a modernization of the approach to treating those with mental illness. According to the government, the new facility will provide a more functional floor plan and efficient inpatient units that meet current space standards. It will also reduce the maintenance costs associated with the current facility, better meet programming needs and allow for future growth."

The other big challenge for the provincial government is increasing rural capacity to address mental health and addictions issues. The most recent budget allotted \$3.2 million in addressing these issues. Most of the funding (\$2.2 million) will help place five, full-time mental health and addictions counsellors in a number of communities in Labrador, including Nain, Hopedale, Makkovik and Natuashish. It's hoped that having these counsellors living in the communities will provide greater access to services for individuals dealing with issues of suicide, substance abuse, violence and depression within these aboriginal communities. "Aboriginal communities often face significant challenges related to mental health and addictions. Our government recognizes these challenges, and through investments in Budget 2011 is providing the necessary resources to properly address these complex issues."

There will also be enhancements in areas such as Placentia, Bonne Bay, Corner Brook, Grand Falls-Windsor, Labrador West, Happy

Valley-Goose Bay, as well as a number of organizations including CMHA, Consumer Health Awareness Network of Newfoundland and Labrador (CHANNAL) as well as Choices For Youth."

IMPROVING ACCESS

The government is also spending a million dollars to develop an interactive, web based e-mental health service, enhancement to telemental health services to improve rural and remote access to counseling, as well as a new public awareness campaign to increase local understanding about the problem.

"We know that one in five people suffers from some form of mental illness and it is estimated that by 2020, depression will be the second leading cause of disability in the world, after heart disease," said Minister Kennedy. "There are many ways that we can support people living with mental health and addictions issues and much of it begins with increasing our understanding of the issues and providing access for those who need help."

IMPROVING ACCESS

On the addictions side, there are also no shortage of issues to face ahead. From 1997-2007, according to Statistics Canada, police reported drug offenses in Newfoundland and Labrador were up 27.8 per cent over the decade, and it's expected that trend is continuing with recent high-profile drug busts.

The province announced in the 2010 provincial budget \$2 million for the planning and development of an adult residential addictions treatment centre in Harbour Grace. That new treatment centre will help meet the needs of individuals who require longer-term residential treatment or those that have more severe, persistent addiction issues. The new centre will complement the Humberwood Treatment Centre in Comer Brook, which provides short-term treatment. Exactly \$2.4 million was allotted in that particular budget for continued planning and construction of a new residential treatment centre for children and youth with complex mental health needs and/or behavioral issues to be located in St. John's and \$2 million to further a new residential treatment centre in Grand Falls-Windsor for children and youth with addictions. "It's been tow years. We're hoping to start construction of the Grand Falls-Windsor site soon," Kennedy told reporters recently, who added that the former site of Paradise Elementary is being considered for the St. John's area facility.

MENTAL HEALTH: THE STARTLING FACTS

- One in five Canadians, over the course of their lives, will experience a mental illness and what that ultimately means is that every single family in Canada will in some way be affected.
- The number of suicides in Canada is almost 4000 people a year. For people aged 15 to 24 in Canada, suicide is the No. 2 cause of death.
- According to the World Health Organization (WHO), five of the 10 leading causes of disability are related to mental disorders.
- Mental illness costs the Canadian economy a staggering \$51 billion a year, and each day 500,000 people will miss work due to mental health problems.
- Each year employers and insurers spend a whopping \$8.5 billion on long-term disability claims related to mental illness.
- Mental illness is the number one cause of disability in Canada, accounting for nearly 30% of disability claims and 70% of total costs. Mental health disorders in the workplace cost Canadian companies nearly 14% of their net annual profits and up to \$16 billion annually.
- The unemployment rate among people with serious mental illness is 70-90%. There is a 60% drop in family income when a breadwinner is diagnosed with mental illness.

For full article, THE SILENT VICTIMS please click [here](#).

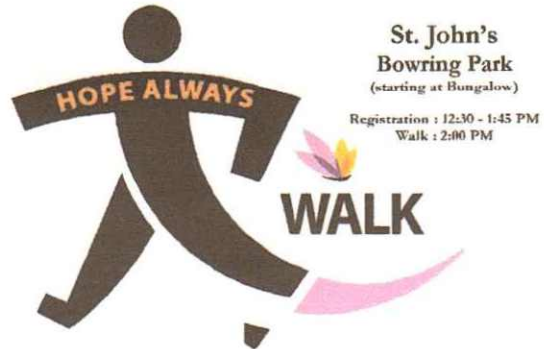
Fundraisers

The Foundation depends to a large extent on the following fundraisers to continue and improve our support programs. We are grateful for your support in the past for these fundraisers and

hopefully we can count on our friends and supporters once again to continue your efforts to help us help the many eating disorder families in our Province.

Eating Disorder Foundation of NL
3rd Annual Provincial Hope Always Walk

SUNDAY, AUGUST 28, 2011



**St. John's
Bowring Park**
(starting at Bungalow)

Registration : 12:30 - 1:45 PM
Walk : 2:00 PM

For all other Walk locations or to obtain a pledge sheet
please contact Tina @ 709-722-0500 or visit www.edfnl.ca

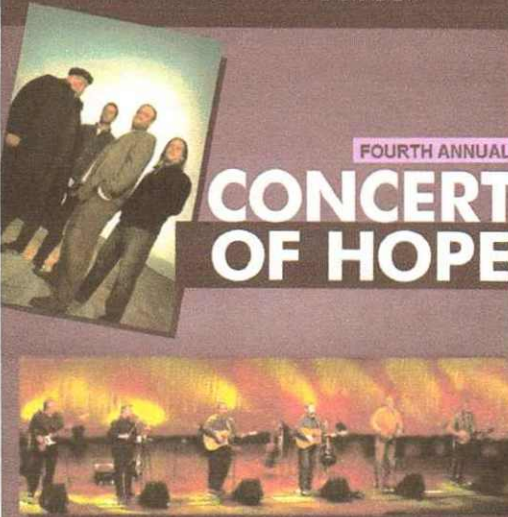
*5th Annual
Remembering Renata
Golf Tournament*

Bally Haly Golf Course
Thursday September 22nd, 2011
7:30 AM Sharp

Ted Cantwell
Golf Committee Chairperson
ted.cantwell@vincor.ca
Cell: 685-0909

Contact: Tina Martin
Eating Disorder Foundation
tina@edfnl.ca
722-0500

THE EATING DISORDER FOUNDATION OF
NEWFOUNDLAND AND LABRADOR



FOURTH ANNUAL
**CONCERT
OF HOPE**

CO-HEADLINING THE ENTERTAINMENT WILL BE
SHANNEYGANOCK and
THE MASTERLESS MEN

ARTS AND CULTURE CENTRE
Sunday October 16, 2011 @ 8:00 P.M.
Ticket Sales to be announced

Support for Supporters

Renata Elizabeth Withers



Bridge to Hope

To support family members of persons living with an eating disorder, the [Center for HOPE](#) offers the Bridge to Hope group. This eight week group provides support, education and hope to those who are assisting their loved ones on the journey to wellness.

The Bridge to Hope group is offered to any family member seeking information about the struggles their loved one is facing.

The term "family" is used in its broadest sense, and refers to any individual who plays a major role in the life of the person living with an eating disorder.

This group provides education about eating disorders and mutual support from other families, as well as a safe environment to share experiences and concerns. Family members are given the opportunity to meet and ask questions of professionals who provide service to people with eating disorders. Participants are invited to join Parents of Hope or Partners of Hope support groups following completion.

Parents of Hope

There are many key lessons we have learned from our families' journey with our loved one struggling with an Eating Disorder. Love the child, hate the illness, but always love the child. If you are to help your child recover from the Eating Disorder it is essential to keep a relationship with your child. This is difficult to do at times when you know the solution seems so simple: just eat. This is where other parents can be so valuable to you. As much as you want to help - to "fix" - this illness, it is necessary to realize we cannot. We must love the child, and support their struggle, but it is their battle to fight.

It is often said that the world of an eating disordered person is like a distorted mirror. It is important that you learn not to step into this distorted world. This knowledge can help you not engage in irrational discussions with your child. It is useless to argue rationally with someone that has irrational thoughts.

Please remember that there is hope. Statistics can be scary but things can improve. Your child can recover from this illness. It is the motto of the Parents of Hope that there is help and there is hope for the young person, parents and family. (The Parents of Hope) Involvement in this group requires completion of the Bridge to Hope education group. Any parent is welcomed to join at anytime.

Partners of Hope

To support partners of persons living with an eating disorder, the [Center for HOPE](#) offers the Partners of Hope group. This monthly group provides support, education, and hope to partners who are assisting their loved ones on the journey to wellness. Involvement in this group requires completion of the Bridge to Hope education group. Both male and female partners are welcomed to join at anytime.

The Partners of Hope support group provides mutual support from other partners and the opportunity to learn to care for yourself, while supporting your loved one, as well as a safe environment to share experiences and concerns. This group provides on-going education to partners while giving them the opportunity to identify and discuss common issues.

For more information on these groups please contact

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