EATING DISORDERS
THE WAY FORWARD
A Strategic Communication Framework
Executive Summary

Eating Disorders: The Way Forward, An Australian National Framework focuses on the promotion, prevention, treatment and management of Eating Disorders in Australia, where the sector is positioned in 2010 and the needs moving forward towards raising Eating Disorders as a mainstream health priority in Australia.

Eating Disorders: The Way Forward, A Strategic Communication Framework is a necessary compendium document detailing an evidence based communication strategy for raising awareness of Eating Disorders and developing effective messages for prevention and early intervention initiatives.

Eating Disorders are serious, complex mental illnesses with accompanying significant physical and social impairment. The cost to the health system, the individual, their families and the community is high. Eating Disorders are misunderstood as an illness; they are all too frequently seen as being a lifestyle choice rather than being recognised as one of the most serious psychiatric conditions.

A comprehensive communication strategy is a fundamental requirement to achieving the vision and objectives outlined in the National Framework.

The aim of this communication framework is to effectively influence the social norms that are contributing to and supporting the body dissatisfaction that is prevalent in our society. The strategies within the framework focus on contributing to the reduction of risk factors for Eating Disorders by assisting in the development of resilience and help seeking behaviour by those at risk of developing an Eating Disorder, and on eliminating the negative stigma currently associated with Eating Disorders.

This communication framework should be read in conjunction with the National Framework and is designed to inform those who are working in the field of Eating Disorders, or who come into contact with those impacted by Eating Disorders, to develop and implement evidence-based promotion, prevention and early intervention strategies for Eating Disorders.

The following consultants have provided valuable input to the development of this communication framework and their professional assistance and advice has been most appreciated: Primary Communication, Partners in Practice and Inspire Digital.

A strong strategic communication framework which involves the input from a broad cross section of health, education, media, fashion, fitness and youth sectors and industries can make a significant impact on raising awareness about Eating Disorders, debunking the myths associated with them and contributing to a reduction in risk factors.
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Why Communicate about Eating Disorders?
Introduction

The National Eating Disorders Collaboration (NEDC) was formed in 2009 to bring together Eating Disorder experts to help develop a consistent, coordinated national continuum of care approach to the promotion, prevention, early intervention, treatment and management of Eating Disorders.

The project was initiated to contribute to ensuring that young people with Eating Disorders are able to access evidence based, consistent information through avenues such as schools, the media and health service providers.

A primary objective of the NEDC has been to develop an evidence based communication framework to contribute to the promotion, prevention and early intervention of Eating Disorders.

The NEDC National Framework (Eating Disorders: The Way Forward, 2010) concludes that a comprehensive communication strategy, integrated with the development of other Eating Disorder initiatives, is required to achieve the vision and objectives for Eating Disorders going forward.

In Australia there has been a notable growth in mental health awareness in recent years associated with active efforts by government, media and the wider community to reduce stigma and improve mental health literacy. Research and evaluation of ongoing communication strategies in other health fields has demonstrated the value of targeted communication to promote health, prevent the development of illness and sustain behaviour change.

The NEDC has commenced the investigative process to identify the target audiences, the essential messages and the most appropriate communication channels to positively influence the thinking and behaviour of those audiences in relation to Eating Disorders.

This process has involved identifying the evidence base for promotion and prevention, listening to young people, assessing existing information and communication resources, and determining objectives for future communication activities.

The Strategic Communication Framework is one component of a suite of documents which are intended to be read together to provide a complete and evidence based picture of the current status of Eating Disorder prevention and management in Australia.

The full suite of documents comprises:

- **Eating Disorders Prevention, Treatment and Management: An Evidence Review**
- **Eating Disorders Information and Support for Australians: Resources Review**
- **Eating Disorders: The Way Forward - An Australian National Framework**
- **Eating Disorders: The Way Forward - A Strategic Communication Framework**
Why Communicate about Eating Disorders?

Eating Disorders are highly complex and serious illnesses that occur most frequently in adolescents, although they can develop at any age. They are long-term, disabling and destructive disorders, and carry substantial costs – economic, social and loss of life. As such, Eating Disorders represent a significant public health problem, which not only impacts on the individual but on families and the whole community.

Eating Disorders, disordered eating and body dissatisfaction are pervasive in our culture and society and affect a significant percentage of individuals in the Australian community.

Disordered eating has increased two fold among both men and women in Australia from the 1990s to the 2000s according to epidemiological research. As noted above, disordered eating is the most important pre-morbid indicator and pathway into an Eating Disorder.

Negative or poor body image is also increasing in prevalence. In an Australian Longitudinal Study on Women’s Health only 22% of women in the healthy weight range reported being happy with their weight. 74% of the women in the study wanted to lose weight, including 68% of women who were of a healthy weight and 25% of women who were underweight. Mission Australia national surveys identify that body image is, and continues to be, a major concern of Australian young people aged 12 – 25 years. Body image dissatisfaction is increasing among boys and men.

Body image and Eating Disorders are one of the primary reasons that young people access the email based counselling service offered through Kids Helpline. Youth aged 11 to 24 years old in Australia report body image as their primary concern, with the proportion of males reporting high levels of body image concern being similar to females (28% versus 35%).

The NEDC Youth Consultation found that young people are confused about their bodies and healthy eating: 52% strongly agreed or agreed that all young people are obsessed with their bodies, it’s a normal part of growing up’ while 60.6% strongly agreed or agreed that ‘it’s normal for young people to want to lose weight’.

The emergence of Eating Disorders in adolescence or early adulthood means they have a particularly significant impact at this critical time in a young person’s life when they are establishing relationships both within and outside the family and laying the educational ground for their careers and vocations. The consequences of an Eating Disorder are therefore not limited to the acute phase of the illness but may also be long-term, with the impact being felt in their relationships, their career prospects, and their ongoing health.

Socio-cultural influences such as the Western beauty ideal of thinness as it relates to self worth and identity may contribute to the development of Eating Disorders. Other socio-cultural factors include valuing of people according to outward appearance; societal pressure to achieve and succeed; and, for some, involvement in a sport or industry with an emphasis on a thin body shape and size (e.g. ballet dancer, models, athlete).

People who internalise these ideals are at heightened risk of body dissatisfaction which can lead to negative emotionality and efforts to restrict food intake, which are likely pathways to bulimic symptoms.
Eating Disorders are often poorly understood and underestimated in contemporary society. There are mistaken beliefs that Eating Disorders are about vanity, a dieting attempt gone wrong, an illness of choice, a cry for attention, or a person ‘going through a phase’. Eating Disorders are also frequently believed to affect only adolescent girls.

These types of misconceptions are not limited to the general public, but all too commonly affect the responses and explanations sufferers receive when they present for help from general practitioners. This leads to a failure to detect and treat these serious illnesses, as well as causing great distress to the individuals who need help.

People with lived experience of Eating Disorders and their carers are subject to judgement, discrimination and stigma on a daily basis. This has arisen due to the dissemination of myths about Eating Disorders and a lack of education in the community. Sufferers are continually bombarded with words and images in the media that contribute to the development of their Eating Disorders and impede their recovery.

As a society we need to understand and de-stigmatise Eating Disorders so people do get noticed and can access treatment without shame.

Consumer & Carers Review Forum

In light of the high prevalence and serious consequences of Eating Disorders in Australia, it is crucial to identify effective public health promotion and prevention strategies.

**Vision**

The vision of those in the Eating Disorders sector – researchers, clinicians, consumers and carers - encompasses effective support for people living with an Eating Disorder and a collaborative approach to prevent the development of Eating Disorders.

1. **Eating Disorders are a priority mainstream health issue in Australia**
2. **A healthy, diverse and inclusive Australian society acts to prevent Eating Disorders**
3. **Every Australian at risk has access to an effective continuum of Eating Disorders prevention, treatment, care and ongoing recovery support.**

The Eating Disorders Strategic Communication Framework has been developed to work towards this vision by providing guidance for consistent and effective promotion and prevention strategies that reduce the incidence, and impact of the illness.

**Methodology**

The evidence base for the Strategic Communication Framework has been developed from the NEDC Evidence Review of available high quality evidence, the Resources Review assessing existing information resources, and consultation through the Review Forums and National Workshop.

In addition to these sources of evidence, the NEDC commissioned expert consultants to provide insight into the potential for different communication approaches to effectively contribute to the promotion, prevention and early intervention of Eating Disorders.

*Primary Communication* was engaged to develop a proposal for a communication and promotion strategy aligned to the findings of the NEDC Reviews and National Framework.
Primary Communication worked closely with all members of the NEDC steering committee and its membership to:

- Identify the communication and promotion priorities
- Understand the clinical, emotional, psychological and societal aspects of Eating Disorders and the effect they have on specific cohorts within the community
- Assess and develop further the identified target audiences
- Develop appropriate language, communication and promotion tools to meet the immediate to long-term objectives of the NEDC.

*Inspire Digital* was engaged to develop and implement a youth consultation process. A mixed method approach was adopted which harnessed the strength of the internet to promote and facilitate participation opportunities for young people. The methods used were:

- **An online survey.** The sample was recruited via the internet through social networking sites, viral strategies, word of mouth, the NEDC and NEDC member organisations, including [www.reachout.com](http://www.reachout.com) and [www.actnow.com.au](http://www.actnow.com.au). The survey was open from Wednesday, 7 October 2009 to Friday, 13 November 2009 and 1582 completed the survey during this time. For the purposes of this report we have excluded responses that came from young people living outside Australia, along with those from participants that were younger than 12 years or older than 25 years. The total number of young people participating in the survey who met the selection criteria was 1225.

- **A one-hour facilitated online consultation** on [www.reachout.com](http://www.reachout.com), with eight young people participating.

- **Four face-to-face focus groups,** one specifically involving 5 young men. The other three groups included 33 young women aged between 12 and 16 years.

- **Eight facilitated discussions on Habbo** with 58 young people participating.

Young people waiting to board the info bus to have their say about how Eating Disorders can be best prevented and treated in young people, Habbo, 13 October 2009.
Inspire Digital was also engaged to recommend processes for determining how digital technologies can progress and support a national strategy for the promotion, prevention and early intervention of Eating Disorders. In preparing their report Inspire Digital took into consideration:

- The NEDC evidence based Literature Review
- Key insights and recommendations from Inspire Digital’s youth consultation
- Feedback from the NEDC National Workshop
- Digital best practice

In particular the recommendations took into consideration the capabilities of digital solutions to support collaboration, disseminate targeted messages and evaluate the effectiveness of messages, promote Eating Disorders literacy and early help-seeking behaviour. E-health was considered as an emerging field of research and health promotion. E-health promotes consumer led service development and delivery and offers opportunities to develop and disseminate online interventions with proven efficacy.

The full reports to the NEDC from these activities are available on request from the Butterfly Foundation.

- Voices of young people in the prevention and early intervention of Eating Disorders, Inspire Digital, 2009
- A vision for e-Health: Submission to the National Eating Disorders Collaboration, Inspire Digital, 2009
- Communicating and Promoting Eating Disorders as a key public health issue to Australians, Primary Communications, 2009

Communication Goals

To contribute to prevention and early intervention, communication strategies must be capable of influencing the social norms within the community environment that support unhealthy eating and body dissatisfaction. In addition such strategies need to have the capacity to build resilience and encourage help-seeking behaviours of people who are at risk of developing an Eating Disorder.

“There is such a stigma towards Eating Disorders; we have come across an unbelievable amount of judgement over it. To just get out there that it is an illness like so many others would be a huge start and to be able to lose some of that judgement”

NEDC Messageboard Forum

Three behavioural goals have been identified as the basis for an Eating Disorders communication strategy:

1. **Recognition** – broad community awareness and understanding of Eating Disorders as a priority mainstream health issue increases support and reduces stigma
2. **Resilience** – young people are able to resist pressures towards high risk behaviours for Eating Disorders
3. **Help-seeking** – Eating Disorders and risk factors are identified at an early stage leading to early intervention and reduction in the impact of the illness

These goals align with the vision underpinning the Eating Disorders National Framework and the principles of the Fourth Mental Health Plan. A national Eating Disorders communication strategy should contribute to achieving priority actions for the Fourth National Mental Health Plan including:

- Improving community and service understanding and attitudes
Working with schools and communities to deliver programs to improve mental health literacy and enhance resilience

Implementing targeted prevention and early intervention programs for children and their families through partnerships between mental health, schools and other related organisations

Supporting young people to develop resilience and coping skills.

Changing Behaviour

The purpose of a communications strategy is to contribute to and facilitate changes in behaviour. This is equally true for the primary target audience of young people and families, and the secondary target audiences such as health professionals, policymakers and the media.

Communication for behaviour change requires four key elements:

1. Dissemination of information that meets the audience’s needs – the information must be evidence based, relevant to the audience’s immediate perceived needs and delivered at a significant ‘decision moment’. Key messages play an important role in gaining audience attention and in providing easily remembered phrases or terms to promote dialogue and prompt action. They may also serve to link together diverse elements of a health promotion campaign.

2. Dialogue through appropriate channels – catching attention by communicating with people in their familiar environment; engaging in two-way communication to strengthen the impact of the message and enable adaptation of messages over time.

3. Supporting action to enable people to respond appropriately – in the case of Eating Disorders this may include access to referral pathways and skills training for health professionals.

4. Broad environmental support for change – ensuring that the community and the policy environment are informed and enabled to support positive change.

These are the building blocks for a communication strategy that will meet the needs of all of the target audiences. The actual content of messages and the channels of communication may be widely different to respond to audience need.

Communication Model for Behaviour Change
Identifying the Audiences for Eating Disorders Communications
Target Audiences

Young People at Risk

The primary target audience was initially identified as 'young people', as the onset of Eating Disorders is most likely to occur in people aged between 12 and 25 years.

The known risk factors that predispose people, especially young people, to develop an Eating Disorder include: low self-esteem, perfectionism, external pressure including appearance teasing, a high body mass index (BMI), body dissatisfaction and dieting.

These risk factors are a common experience for young people in Australia. According to the Australian Government’s 'State of Australia’s Young People' Report for 2009, almost a quarter of young people are overweight or obese, and one in three of all young people experience moderate to high psychological distress. The 2008 Mission Australia Youth Survey of 48,000 young people aged between 11 and 24 years found that body image was the most frequently identified issue of concern for young people. The study also identified early intervention, including supporting those people who young people are most likely to turn to when they have a problem — friends, parents, other relatives and family friends — as critical.

Health, weight and appearance are the subject of extensive media attention. In the popular media, weight, diet and body shape continue to be headline items. The popularity of these articles both reflects and contributes to the perpetuation of a cultural emphasis on appearance as a measure of a person's value and success. In the news media, Eating Disorders and related issues are usually sensationalised and accompanied by photographs of emaciated people. Focussing community attention on the extremes of Anorexia Nervosa effectively serves to hide the extent and diversity of Eating Disorders.

Young people are particularly vulnerable to influence from the media. Adolescence is a period in which people develop their sense of identity and are open to accepting socially constructed identities which reinforce a sense of belonging. External pressures from family, friends, educators or the media to achieve perfection may lead individuals to internalise unhelpful beliefs such as 'the thin ideal'.

Promotion and prevention strategies must target this development stage when young people are contemplating issues of identity. They must also target the way appearance influences a young person's understanding of achievement and social identity.

Broadening the scope of the Primary Target Audience

Primary Communication evaluated the nominated target group of children and young people of school age utilising research and evidence supplied through the Literature Review as well as social and demographic evaluation methods. This evaluation revealed multiple sub groups of equal importance who require specific and targeted communication strategies.

Between the ages of 5 and 18 years children and young people experience many changes including changes in their social environment, language and degree of autonomy. Each age-related sub-group will require its own distinct communication approach to ensure that the target audience is effectively engaged and influenced in a positive manner.

Gender is another significant factor impacting on audience needs. While young women are typically identified as being the group at risk of developing an Eating Disorder, there is evidence that young men are also at risk and that this may be increasing.
“There needs to be a focus on both genders, just as much as one another. There are going to be things that are going to affect girls that aren’t going to affect guys and vice versa...”

Young man, face-to-face focus group

Promotion and prevention strategies must target this development stage when young people are contemplating issues of identity. They must also target the way appearance influences a young person’s understanding of achievement and social identity.

“A communication strategy to promote awareness of and prevent Eating Disorders must take into consideration the complex range of factors, mental, physical and social, that contribute to the development of Eating Disorders. The pathway into an Eating Disorder is highly individual and therefore there is a need to develop communication strategies that speak directly to and with individuals.”

NEDC Online Live Forum

There is little evidence available to date on the specific needs of indigenous, culturally and linguistically diverse, or gay and lesbian communities for the promotion, prevention and early intervention of Eating Disorders in those communities. These are groups that are known to have specific communication and support needs which may be distinctly different from those of other audiences in the community. There is a need to clearly identify these groups in the target audience and investigate their specific requirements.

There is a need to clearly identify these groups in the target audience and investigate their specific requirements.

Rural and remote communities also represent audiences with distinct needs. The Promotion and Prevention Review Forum noted that access to Eating Disorder resources is an issue for rural communities.

“Body-wise, everyone looks up to models because everyone wants to be like them, most people, I don’t know about everyone”.

Young woman, face-to-face focus group

“Body-wise, everyone looks up to models because everyone wants to be like them, most people, I don’t know about everyone”.

Young woman, face-to-face focus group

People usually move through several intermediate steps in the behaviour change process. A ‘Stages of Change’ model may be used as a tool to segment the target population by identifying specific messages appropriate to each stage of change. Communication strategies should correlate with the stages in the process of behaviour change, recognising people at different stages as distinct audiences. As a communication strategy this focuses on the individual behaviour rather than social influences.
Communicating with and through Schools

The focus on children and young people as the primary target audience leads to the identification of schools as a critical component of both the target audience and the communication strategy. The term ‘school’ in this instance should be understood as including pre-schools, primary and secondary schools, and tertiary institutions.

Secondary Target Audiences: Partnering with Key Stakeholders

The attitudes and behaviours of young people are influenced by their peers, family, schools, health service providers, social and mass media, and by their access to credible and evidence based information, primarily sourced from the internet and from health professionals. Young people develop their health habits, self-understanding and self-image through their interaction with their environment.

Strategic design is the hallmark of successful health programs. Collaboratively designed, implemented, and evaluated health communication strategies will help achieve the goal of improving health in a significant and lasting way by empowering people to change their behaviour and by facilitating social change.

The development of an evidence based, consistent and long-term strategy for promotion, prevention and early intervention of Eating Disorders will require sustained engagement with a diverse range of stakeholders. In addition to specialists in the Eating Disorders sector – clinicians, researchers and consumer and carer organisations – it will be essential to engage with stakeholders who influence or provide direct support and services to people who are at risk of or are suffering from an Eating Disorder.

These stakeholders include but are not limited to:

- Frontline health professionals who provide or contribute to the provision of health information, early identification and intervention, treatment and patient management for example:
  - General practitioners
  - Nurses
  - Psychiatrists
  - Psychologists and counsellors
  - Mental Health service providers
  - Dietitians
  - Other health specialists such as obesity specialists

- Other professionals who provide or contribute to the provision of health information, early identification, support and case management for example:
  - Primary, secondary and vocational teachers
  - School counsellors
  - Tertiary education staff
  - Sports teachers (including coaches, fitness, dance and gymnastics instructors)
  - Social workers
  - Community and family services
  - Youth workers
  - Weight loss services

- Health promotion agencies and government strategies that influence community understanding of mental health, healthy eating and weight related behaviours for example:
  - State and federal body image strategies
  - State and federal obesity and healthy eating strategies
  - Mental health promotion agencies such as Reach Out and Beyondblue

- Media and sectors with significant influence over media content such as:
  - News media and magazines
  - Television
  - Entertainment
  - Fashion industry
  - Food and dietary product industry
  - Weight loss and slimming industry
  - Journalists, writers, photographers
Community and social influencers. Research and consultation has shown that young people are more significantly influenced by their peers and families than by the media or professional contacts. Engagement with young people and families is therefore essential to ensure that communication strategies are appropriate and capable of delivering the intended outcomes.

Collaboration is essential to develop and disseminate Eating Disorder promotion and prevention strategies that appropriately address multiple health issues including obesity and body image. Eating Disorder promotion and prevention also needs to be part of wider mental health promotion initiatives, both in terms of content and evaluation. There is a need to establish working strategies with related health promotion fields to ensure that health promotion interventions contribute in a positive way to the reduction in risk factors for Eating Disorders.

Health professionals and government groups will require specific key messages. It will be necessary to directly engage them on Eating Disorders so that they understand the key role they play in the prioritisation of the issues. These groups will be engaged in an appropriate and meaningful manner to achieve the framework’s objectives and will contribute to the development of behavioural change associated with the key risk factors of Eating Disorders.

There is a need to coordinate health promotion messaging to focus consistently on critical factors for well-being. The coordination of obesity prevention, positive body image messaging and Eating Disorders promotion and prevention strategies is essential. This will require collaboration at all levels including between government departments, between national and state governments, between the relevant health sectors and commercial interests including fashion, sport, fitness, the weight loss industry and the media.

Intermediate agents, such as the media, play an important role in reaching target groups. The media is not a single entity. Young people, their families and communities are influenced by a wide variety of media sources including news media, entertainment, social media, health promotion campaigns, and advertising. Behind these types of media there are further sub-groups of professionals who influence and shape media content. The media has been specifically defined for the purposes of this communication strategy to include all elements including staff organisations and key influencers of all appropriate industries that create, influence, control, write and distribute information identified as risk factors for Eating Disorders, body image and obesity.
Defining the Target Audiences

A broad definition of the target group to include the community of influence for young people and the diversity of sub-groups will be required to ensure effective communication about Eating Disorders and measurable behavioural change.

### Primary target audiences

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<td>Pre-school (1-4 years)</td>
<td>High School (13-15 years) Girls</td>
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<td>Pre-school Teachers/ Counsellors</td>
<td>High School (13-15 years) Boys</td>
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<td>Pre-school Parents</td>
<td>High School (16-18 years) Girls</td>
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<td>Primary (5-7 years) Girls</td>
<td>High School (16-18 years) Boys</td>
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<td>Primary (5-7 years) Boys</td>
<td>High School Teachers/ Counsellors</td>
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<td>Primary (8-12 years) Girls</td>
<td>High School Parents</td>
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<td>Primary (8-12 years) Boys</td>
<td>University (19-23 years)</td>
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<td>Primary Teachers/ Counsellors</td>
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<td>Young adults (19-30 years) Women</td>
<td>Mid life (40-49 years) Women</td>
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<tr>
<td>Young adults (19-30 years) Men</td>
<td>Mid life (40-49 years) Men</td>
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<tr>
<td>Post 20’s (30-39 years) Women</td>
<td>Mid life (50-59 years) Women</td>
</tr>
<tr>
<td>Post 20’s (30-39 years) Men</td>
<td>Mid life (50-59 years) Men</td>
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<tr>
<td>Seniors (+60 years) Women</td>
<td>Seniors (+60 years) Men</td>
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<th>Families</th>
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<tr>
<td>Immediate / Direct Caregiver (mother, father, sibling, grandparent, etc)</td>
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<tr>
<td>Expanded/ Indirect Caregiver (cousin, family friend, etc.)</td>
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<td>Friends (close friends, day to day contact)</td>
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<td>Indigenous</td>
<td>Rural and remote</td>
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<td>CALD</td>
<td>Gay and lesbian</td>
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Secondary target audiences

**Media**

**Group 1 - Word smiths**
- Media type: news, women’s, men’s, social/gossip, online, children’s, tween and fitness/health
- Tertiary education for public relations and journalism students
- Screen writers

**Group 2 - Image makers**
- Creative teams: directors, producers, camera people, cinematographers, artistic directors, stylists, etc.
- Fashion: model agencies, fashion designers and celebrity and talent agents
- Photographers
- Advertising
- Photo editors
- Graphic designers/ artists

**Group 3 - Decision makers**
- Product development managers
- Marketing: brand, media buying, etc. (sponsorship and events)
- Business development and brand owners

**Health Community**
- Primary- Nurse
- Secondary- Hospital Admittance
- Primary- GP
- Secondary- Psychiatrist/Psychologist
- Primary- Hospital Emergency
- Secondary- Mental Health
- Secondary- Nutritionist
- Secondary- Well-being
- Secondary- Researchers

**Government**
- Health
- Employment
- Education
- Indigenous
- Women

Audience segmentation at this level allows for more tailored messages to be developed for each audience. Each of these audience groups will require specific key messages and communication approaches that are developed in partnership with the audience. Developmental research is required to assess communication needs and to understand barriers to the desired health-related behaviour in order to develop an optimal communication strategy and design. A ‘test and learn’ approach with continuous improvement built into the process of development of communication approaches will ensure that target audiences own and respond to the resulting communication strategy.
People with a Lived Experience

There is a clearly identified need for information resources to support people who are living with an Eating Disorder and their families and carers. The creation of a consistent and dedicated communication and promotion strategy to address the needs of those with a lived experience is strongly recommended. A ‘lived experience’ communication strategy would:

- Communicate and promote resources, support services and organisations who are in direct contact with consumers and carers
- Build and support a team of ‘lived experience’ first person spokespeople to support the media activity requirements.
- Maintain an ongoing dialogue with consumers, families and carers
- Provide a mechanism to record personal accounts of living with an Eating Disorder so that these stories can be produced to be used as communication resources for online, media and promotion material

"A book written by those who have experienced the same issues. Compiled with ‘real’ stories of recovery, to help people feel like they are more ‘normal’ as they are getting better and facing new challenges that are associated with that but rarely spoken of"

Consumer & Carers Review Forum

Communication Challenges and Principles

The ‘Golden Rule’ of Eating Disorders Prevention: First, Do No Harm

Care must be taken in promoting information about Eating Disorders in order to ensure positive outcomes rather than accidental harm. The challenge is similar to that faced by health promotion and prevention campaigns for other health issues such as illicit drug use and binge drinking. Research indicates that, without the exercise of due caution, highlighting the symptoms or effects of Eating Disorders may increase the prevalence of the disorder.

Inappropriate content in Eating Disorder promotion and prevention initiatives can potentially increase disordered eating or Eating Disorder risk factors in recipients. Clinicians and community based organisations in the Eating Disorders field have expressed concern that programs using education based interventions (i.e. directly teaching individuals about Eating Disorders and symptoms of Eating Disorders) may be harmful to participants. For instance, descriptions of the symptoms of Eating Disorders and morally-loaded eating messages (e.g. ‘good’ versus ‘bad’ foods) could negatively impact upon the child who is vulnerable to an Eating Disorder by promoting methods to achieve thinness and invoking fear of food and weight gain. Unhelpful information provided to children and adolescents, though typically well-intentioned, has the potential to cause harm. All prevention initiatives require thorough piloting and evaluation to ensure that they are safe.

There is evidence that some anti-obesity messages have contributed to conflicting advice and confusion around the issues of healthy body image and healthy eating.

There is both an imperative and a substantial need for a collaborative approach to Eating Disorders and obesity prevention. These
fields may disseminate potentially conflicting messaging and it is unclear whether messaging from one field inadvertently increases risk of illness in the contralateral field. Ideally, obesity and Eating Disorder prevention programs would be integrated, with experts from each field involved in development and evaluation of communication strategies. Obesity initiatives currently in use should be evaluated for their impact on Eating Disorder risk.

The emphasis must therefore be on an integrated and collaborative approach to the development and dissemination of Eating Disorder messages and information that targets different audiences while engaging them with consistent clear messages.

The development of a comprehensive and evidence based communication strategy will require:

- A wide range of coordinated strategies to meet the information and communication needs of diverse audiences
- Engagement, collaboration and coordination with other sectors to develop a consistent communication landscape

There is limited evidence to support the adoption of any one particular strategy for the promotion and prevention of Eating Disorders. Any communication strategy would require a strong evaluation component to determine whether the selected strategy contributed to increased awareness, early help seeking or reduced incidence of Eating Disorders.

**Participatory Client Centred Approaches**

A client-centred approach starts with an understanding of the health issue from the client’s point of view. Discussions with the potential audience provide insights about those health needs and the barriers to meeting the expressed needs. Through research, especially qualitative research, members of the intended audience can help shape appropriate messages and can offer insights for other communication-related decisions that need to be made. It is critical to involve the key stakeholders at the inception of the strategy design process. Building a sense of ownership will help ensure that the strategy will be implemented in a meaningful way.

A participatory communication strategy with emphasis on community participation needs to have a bottom-up approach. A key concern is to overcome communication gaps and social distance between service providers, patients and communities.

An effective communication strategy is one that promotes a dialogue between the communicating agency and their audience. An Eating Disorders communication strategy should focus on the dissemination of evidence based information, implementation of evidence based prevention strategies and the promotion of active collaboration that would contribute to a reduction in the negative stigma associated with Eating Disorders and to helping young people build resilience and engage in help-seeking behaviour. It will ensure that stakeholders and the community, including young people, have the opportunity to communicate with the Eating Disorders sector, contributing to the development and dissemination of evidence based messages.

**Summary of Key Issues**

- A broad definition of target audiences recognising the relationship between individual behaviour and the influence of family, friends, media, health professionals and community
- Representation of the complexity of Eating Disorders
- Collaboration with the key stakeholders that influence health messages including media, schools, health professionals, fitness and weight loss sectors
- A participatory dialogue approach to the development of communication that draws on consistent evidence based messages but adapts these in consultation with each target audience to meet audience needs
Meeting Audience Needs
The Communication Needs of Young People

Consultations with young people conducted by Inspire Digital have identified that young people have an awareness of Eating Disorders. Young people know that Eating Disorders start early in life and are a mental and/or physical health problem. They are aware of the symptoms of body image and eating issues and understand the negative health and social consequences for a person who has an Eating Disorder.

Despite this awareness, young people are confused about their bodies and healthy eating. This confusion is most pronounced in 12-17 year olds.

“it’s confusing one minute you’re told one thing the next something totally opposite, it’s like ‘who am I meant to be? What am I meant to look like?’”

Young woman, online focus group, ReachOut.com

Self-worth and the influence of friends and family are important influencers of young people’s behaviour but the extensive and conflicting messages from the media, including promotion of celebrities, diets and fashions play a part in the development of confused ideas about self-worth and good health.

A key finding of the Youth Consultation was the importance of digital communication. Access to and the daily use of the internet and other digital communication technology is now a routine part of life for most young people.

Digital technology provides an opportunity to innovate the dissemination of key messages, delivering personalised, meaningful and explorative messaging that engages the audience in a participatory conversation. This is a shift from the traditional top-down approach of broadcast messaging to the audience and embraces a ‘let’s talk’ approach to the understanding of Eating Disorders, which will challenge assumptions, unravel unhealthy attitudes and ultimately shift behaviour.

Understanding what matters to young people should shape the way an Eating Disorders communication strategy is delivered. There is a need to provide young people with access to tailored evidence based information, skills on how to have positive conversations with their friends about formal help-seeking and innovative pathways for accessing the direct support they need.

A comprehensive communication strategy would include a consistent approach to messages that challenge ‘risky eating behaviours’ and help in the identification of early symptoms of an Eating Disorder. An Eating Disorders communication strategy must ensure that the help-seeking experience is seamless, with consistent messages from friends, family, professionals, the community and media.

Services and supports must reach young people in the spaces and settings in which they spend time and young people must be given the opportunity to create services and supports that are relevant to them. Young people indicated that they want to be included in finding solutions. Young people understand the needs of other young people and their inclusion in creating communication strategies will enhance the effectiveness of any Eating Disorders communication strategy.

The Youth Consultation was not a research study. Further evidence is required to underpin a communications strategy targeting young people. In addition to developmental research through focus groups, a nationally representative youth survey would provide representative data regarding young people’s help-seeking, attitudes, awareness and understanding of Eating Disorders.

If baseline data is collected prior to the implementation of a communications strategy it would also allow tracking over time to determine the effectiveness of any strategies or campaigns put in place.
Recommendations for Youth Communications Strategies

The following recommendations are made on the basis of the findings of the Youth Consultation:

- Involve young people from the start. Youth participation is essential for social change. Young people want authenticity and ownership. They should be at the centre of the design, launch and delivery of any campaign, activity or service. Evidence shows that services developed in partnership with young people are authentic and appealing.

- Make young people feel part of something bigger. Young people want the chance to be part of social change. Recognise each individual’s involvement and demonstrate how their participation has contributed to something bigger than themselves. Focus on making healthy attractive. Young people’s primary motivation when it comes to their bodies is to be attractive. We need to repackage messages so that the messaging clearly shows that positive behaviours make you more attractive.

- Get the right messages to the right people. Messages and activities need to be designed specifically for and with groups of young people. For example, a campaign designed specifically for young men and delivered by people they admire and in settings in which they engage and interact; a campaign targeting stigmatising attitudes designed for 12–17 year olds that includes messaging for friends, family and teachers.

- Focus on what matters for young people. Messages for young people should be present oriented, focusing on the impact of body image and eating issues on their day-to-day life and the consequences for them as an individual. For example, for 12–17 year olds the impact that skipping breakfast will have on their school work.

- Leverage young people’s urge for social interaction. Make messages and activities fun, flexible and engaging. Give young people a reason to participate in services and activities by providing simple and effective ways to take action that are integrated with their everyday life.

“We need more group discussion on issues, with people who know stuff - and it needs to be fun”

Online focus group, Habbo

- Go to where young people are; don’t expect them to come to you. Reach young people in the settings in which they spend time, including the online environment, utilising mobile technology and via family and friends.

- Challenge the acceptance of risk-taking behaviour and educate young people about early warning signs. Young people tend to have a tolerance for risk-taking behaviours and many warning signs are considered acceptable for a short period of time. Peers and peer influence seems fundamental and creating spaces where bad behaviour is challenged and positive behaviour is reinforced should be included in any strategy.

- Give young people tools and the responsibility to use them. Provide young people with tools and resources they can use to create change in their peer groups and local community. Empower them to recommend and distribute evidence based content and messages to their networks, virally and through word of mouth.

“We should focus more on [positive] health [at school]. We focus a lot on learning about drugs but we should be focussing on eating healthy and something like that”

Young woman, face-to-face focus group

- Focus on friends as the key to help-seeking. Young people want to help their friends and solve problems together. Being seen to betray a friend’s confidence or to reject them by seeking help outside of a friendship circle is a very real concern. This, combined with young
people’s reported lack of confidence in the helpfulness, affordability and accessibility of formal help-seeking means we need to provide young people with:

- Access to tailored evidence based information
- Skills on how to have positive conversations with their friends about formal help-seeking
- Innovative pathways for accessing the direct support they need.

- Adopt a test and learn approach. Observe how young people are participating and responding to messages and activities, ask them what works and doesn’t work, share insights and demonstrate improvement. By involving young people continually in campaigns, activities and services, they own and share the outcomes.

Creating a supportive communication landscape

Working with the Media

Media, including news reporting, advertising, fashion, entertainment and social media, provides the common background to social beliefs and behaviour that potentially influences people across age groups, locations and life circumstances. The way in which media responds to issues can influence the type and level of response a community makes to an issue. Media support is therefore vital for any effective healthy eating and Eating Disorders promotion and prevention strategy.

“The media also has a responsibility. Media contributes to low self esteem which contributes to poor body image and Eating Disorder.”

Consumer & Carer Review Forum

The media includes all elements of media development, such as writers and photographers, plus the key influencers of media activity, which includes advertisers and, most particularly, industry sectors such as fashion, entertainment, food and weight loss.

Engaging with the various components of the media industry in voluntary collaboration offers the most effective approach for the development of consistent and viable national approaches to the representation of the human body and to the dissemination of evidence based messages about health, including physical and mental health. It is anticipated that these approaches would include the development of evidence based information resources and professional development resources for people in relevant roles.

A supportive media landscape would also be greatly enhanced by the adoption of the Media and Industry Code of Conduct which has recently been proposed for the national Body Image Strategy. The proposed code of conduct encompasses positive content and messaging; the digital alteration of images; realistic and natural images of a diverse range of people; selection of models who are of healthy weight; and promotion of fashions in a variety of sizes could also positively contribute to the development of a supportive media landscape.

Primary Communication evaluated the media landscape associated with Eating Disorders. The evaluation revealed a broader and more extensive relationship beyond the media to include all levels and affiliates (staff organisations and key influencers) of related industries that create, influence, control, write and distribute information identified as risk factors for Eating Disorders, body image and obesity.

Primary Communication characterised these in three groups: the wordsmiths, the image makers and the decision makers. All three groups are interconnected commercially and culturally and need to have individual strategies developed to meet their specific requirements and behaviours while empowering each group to make informed decisions which recognise commercial and cultural realities.
A communication strategy to engage, influence and monitor the portrayal, commentary, imagery and characterisation of Eating Disorders, body image and obesity is recommended.

The aim of the strategy would be to instigate self-determined behavioural change and empower understanding of the issues, the role that all three groups play in the identified risk factors for Eating Disorders and the positive influence they can have on changing the attitudes and behaviour of the community towards Eating Disorders, body image and obesity.

The following activities may contribute to meaningful self-determined behavioural change and a two-way engagement with the Eating Disorders sector, the community and the government on the identified issues.

The Wordsmiths

*Media professionals, stage and screenwriters, tertiary education public relations and journalism students*

These professionals have been successfully engaging with an extremely successful set of programs developed by Mindframe, to influence the editorial coverage of mental health issues in Australia and support the objectives of the National Mental Health Plan.

One approach to engage wordsmiths with Eating Disorders would be extending these programs, managed by the Hunter Institute of Mental Health, to encompass issues associated with Eating Disorders, body image and obesity reportage by the media. The Hunter Institute of Mental Health noted that Eating Disorders are already included as part of their work around mental illness.

The types of strategies and activities that could be covered in an expansion of the current *Mindframe* projects include, but are not limited to:

- Expansion of the *Mindframe* website to include more targeted information about Eating Disorders and body image for journalists and editors, the mental health sector and stage and screen, with links to the Knowledge Warehouse
- A quick reference card for media on Eating Disorders and related issues, to accompany the current suite of resources
- Targeted media briefings for magazines and other key media on the portrayal of Eating Disorders in features and editorial content
- Targeted professional development workshops for spokespeople and organisations working in this area about *Mindframe* and issues specific to Eating Disorders
- Targeted briefings with Australian television programs that may deal with body image issues or Eating Disorders
- Additional case studies on Eating Disorders and body image for the *Response Ability* journalism and public relations curriculum resources.

These programs could also be expanded to recognise and address the growing role social media commentators (e.g. bloggers, websites) play in the media. There is a need to:

- set up a two-way relationship with this new media group
- identify social media commentators who are reliable, have expert knowledge and who are popular with identified target groups
- develop new or amend appropriate resources
- provide a forum where new media representatives can engage in the issues, resource and contribute to the development of behavioural change associated with the key risk factors for Eating Disorders

As a complementary and supportive activity for the wordsmith group, the *Media and Industry Code of Conduct* proposed for the national Body Image Strategy could be extended to include Eating Disorders and obesity issues.
The Image Makers

Photographers, photo editors, graphic artists and designers, advertising and marketing creative teams, directors, producers, cameraman, cinematographers, artistic directors, stylists, model agencies, fashion designers and celebrity and talent agents

The role the ‘image makers’ play in contributing to the risk factors associated with Eating Disorders is significant. Individuals and teams working in this group create images that are instantly recognised, provide lasting influence and can reinforce negative stereotypes relating to Eating Disorders, body image and obesity associated with editorial, branding, advertising and marketing.

Identifying and working closely with industry representative organisations would provide a collaborative basis for the development of an appropriate media landscape to support Eating Disorders messages. Building these relationships will assist in establishing industry acceptance and provide a pathway for communication to the industry sectors. The following list is representative of image maker industry organisations:

- Media Arts Alliance
- Screen Producers Association
- Australian Cinematographers Society
- Australian Directors Guild
- Australian Association of National Advertisers
- Australian Fashion Counsel
- Photo Marketing Association International (Australia)
- Public Relations Institute of Australia
- Advertising Federation of Australia
- Australian Graphic Design Association

As this is a new target group that has not previously been engaged around mental health issues there will be a need for an initial scoping study to assess the industry’s willingness to participate in self-determined activity that contributes to their professions’ understanding and behavioural change activity associated with Eating Disorders.

Evidence based resources will be required to inform and educate the image makers. These resources would need to be developed in consultation with an image makers’ reference group.

The Decision Makers

Product development managers, marketers, business development and brand owners, sponsorship, events and marketing agencies (including brand developers, direct marketing agencies, image consultants, and media buying firms)

The decision makers play a critical role in determining the direction a company, brand and product will take. They set budgets, guide marketing and positioning and approve all activity undertaken by the image maker group on their behalf. They also play a key role in influencing the wordsmith group through advertising budgets, corporate social responsibility programs and the placement of their activity and brand within the community.

The role that the decision makers play in the media landscape cannot be underestimated. An effective Eating Disorders communication strategy would require active engagement with industry representative organisations for this group to establish industry acceptance and provide a pathway for communication to the industry sectors. The following list is representative of decision maker industry organisations:

- The Marketing Association of Australia and New Zealand
- The Australian Marketing Institute
- Australasian Professional Services Marketing Association
- The Direct Marketing Association of Australia
Communicating with Health Professionals

As for other target audiences, there is a need to develop a dedicated communication strategy specifically targeting and meeting the needs of health professionals. There is a need to identify and actively engage with key stakeholders in professional groups engaged in, or potentially engaged in, the early identification or management of people with Eating Disorders in order to:

- Map current levels of awareness and professional development in Eating Disorders and identify any critical gaps or inconsistencies
- Develop and implement a communication strategy for professionals, disseminating consistent evidence-based information to all professional fields
- Identify need for professional development and learning programs or resources
- Develop professional learning resources to meet identified gaps in current programs

The emphasis would be on the development of resources suitable for broad dissemination to health professionals, emphasising a collaborative multidisciplinary approach to the prevention and management of Eating Disorders that is consistent between the various health professions.

The development of professional learning packages that are appropriate for practitioners across a variety of disciplines may help to promote and support the multidisciplinary approaches required by Eating Disorders.

Families and the Community

In discussing the various target audiences and key stakeholders for an Eating Disorders communication strategy, it is important not to lose sight of the important role that families and the general community play in informing and supporting people who have or are at risk of an Eating Disorder.

Parents and extended family members provide early education on health, achievement and well-being; act as role models and can, often inadvertently, place pressure on children and young people to achieve unrealistic standards. Parents and family are in a position in which they can work with and reinforce the messages that children and young people receive from school programs and from the media, or contradict these messages thus reducing their effectiveness. Consultation with young people indicates that family and friends strongly influence their beliefs about themselves and their behaviours.

Parents and families require information and training to enable them to support healthy development for their children and work cooperatively with school programs, delivered in formats that are accessible and compatible with their parenting role. There is a need to develop a new language around dieting and appearance issues that challenges the way in which Australian communities currently approach these issues.

“Most of the concentration needs to be on helping parents, teachers, coaches learn the signs”

Consumers and Carers Review Forum
Communicating with Governments

There is a need for federal and state government to be informed and engaged in order to create the environment for social change that is required to reduce the impact of Eating Disorders in Australia.

Communication with government must inform national health coordination and prevention strategies, state and territory health policy and service planning, and public health service delivery.

Governments require consistent information on evidence based, reliable, sustainable and cost-effective approaches to the prevention and management of Eating Disorders, which take into consideration the local context.

Information may be required by governments to:
- Support policy review and development
- Provide guidelines for language and appropriate messaging changes for associated communication material
- Develop and implement specific health promotion campaigns to the broader community
- Support inter-governmental communication e.g. COAG Ministerial Council communiqués, interdepartment and ministerial briefing
- Support the Department of Health and Ageing communication and promotion requirements.

Specific information resources that may be required by governments include evidence based background materials and information packs developed as requested, fact sheets and information packs for government departments with regular updates to this information based upon evidence, policy and program announcements, and the development and deployment of national communication and promotion milestones.

Decision makers must know where to find information on a needs basis and be readily able to access information in an appropriate format. Information requires contextual support including the strength of the evidence base, the relevance to the Australian context, and indications of support from the Eating Disorders sector and the community.

A communication strategy for governments should commence from a collaborative perspective, engaging with government at all levels to identify information needs and priorities. Written information should be supported by access to expert opinion to support and provide in-depth information as required.

The Importance of National Data

Information on the incidence and progression of Eating Disorders is essential for both service planning and the evaluation of effective communication strategies.

At present there are no data collection strategies in Australia that capture the full national picture including the diagnosis of all Eating Disorders and information on people who receive treatment outside the hospital system.

There is an urgent need for a national data collection strategy on Eating Disorders that will provide the basis for national survey on the prevalence, aetiology, epidemiology of Eating Disorders, barriers to help-seeking and pathways through treatment.

Data collection on prevalence is of particular significance for communication strategies as it provides a measure of the impact of communication actions. While the development of health data collection systems of this magnitude is not a part of a communications strategy it should be noted as a factor for the effective promotion and prevention of Eating Disorders.
A Multi-strand Approach to Communication

There is little evidence at present that supports public health promotion campaigns (e.g. media advertising) designed to reduce risk factors for body dissatisfaction. This is partly because there are very few promotional approaches that have been used for Eating Disorders. Those approaches which have been used in Australia exist in Victoria. They have been the first of their kind and designed with risk factors in mind. However, they have only been available briefly and have not been evaluated systematically with respect to impact.

No single approach to communication is likely to reach all of the target audiences or achieve all of the desired outcomes in terms of reduced risk, reduced stigma, and earlier identification and intervention. Effective strategic communication uses a variety of means. Research has shown that the effectiveness of messages being understood and acted upon often increases with the number and type of channels used to disseminate them. This is sometimes called the ‘dose’ effect.

Eating Disorders communication strategies require a multi-strand approach that includes, but is not limited to:

- Media literacy - teaching intended audiences (usually young people) to deconstruct media messages so they can identify the sponsor’s motives
- Media advocacy - changing the social environment in which individual health decisions are made by influencing the mass media’s selection of topics and by shaping the debate about those topics
- Social marketing - placing health promotion messages in the media or in public spaces to increase awareness of Eating Disorders
- Education entertainment - embedding Eating Disorders messages into entertainment and news programs
- Collaboration - increasing support and channels for positive communication through partnerships within the Eating Disorder sector and with other sectors.
Summary of Key Issues

- Diverse audiences have distinctly different information needs. No single communication strategy will suffice to achieve the Eating Disorders communication goals.
- Training and skill development is an important component of an Eating Disorders communication strategy.

- An enduring dialogue with each audience is essential to maintain the relevance of any communication strategy.
- Communication is one part of a bigger picture of response to Eating Disorders that includes the development of referral pathways and national data collection.

Conversations with young people from the NEDC youth consultation
Key Messages
**Key Messages**

For the purpose of the NEDC project a key message has been defined as an evidence based, preventative message developed for the purpose of mass communication, marketing and advertising use. The aim of such key messages is to promote evidence based information to change the behaviours and attitudes of people in the community regarding their health and well-being by addressing the key risk factors of Eating Disorders.

NEDC Review Forums have identified a need to communicate several core themes to the community:

- Eating Disorders are a chronic and serious illness
- Eating Disorders are both a mental and a physical illness
- Eating Disorders are not a lifestyle choice
- Eating Disorders are not limited to Anorexia Nervosa—developing awareness of disordered eating, Bulimia Nervosa, Binge Eating Disorder, and EDNOS
- There is more to Eating Disorders than food
- All ages and genders have Eating Disorders
- Knowledge of key symptoms/behaviours and risks
- How controllable the onset, progression and consequences of the illness are
- Eating Disorder prevention is a community responsibility
- How to access credible information and appropriate services
- Dieting without medical supervision is a health risk, differentiating between dieting and sensible eating
- Recovery is possible if you seek appropriate help
- Prospects for recovery are increased if you seek help early.

**Criteria for Developing Key Messages for Eating Disorders**

From these core themes, more specific key messages have been formulated focused on the evidence based risk factors for Eating Disorders. The consultation process in developing these preliminary key messages has been unique. The NEDC utilised the consultation process adopted for the development of the National Framework to prioritise messages, test language sensitivity and establish an inclusive process.

In formulating potential key messages, the consultation process identified criteria for the development of all key messages regarding Eating Disorders. Messages should:

- Address quality of life/ health and well-being
- Meet the needs of different audiences including culturally diverse audiences
- Address one or more of the known key risk factors for Eating Disorders:
  - eating and dieting
  - perfectionism
  - internalisation of the thin ideal
  - low self-esteem
  - external pressures (social and media)
- Identify Eating Disorders as critical illnesses with serious consequences
- Foster or enhance known protective factors:
  - high self-esteem
  - positive body image
  - critical processing of media images
  - emotional well-being
  - school achievement
  - being self-directive and assertive
  - successfully performing multiple social roles.
Reducing the Risk of Harm

Research suggests that there are some approaches that should be avoided in public health campaigns. Harm could inadvertently be done by public health campaigns if they describe in detail what an Eating Disorder does, which may give young people ideas for unhealthy weight loss.

Similarly, some practices should be avoided in the development of communication messages regarding Eating Disorders. These include:

- The use of negative words such as the use of “do’s” and “don’ts”
- Use of physical appearance language that addresses weight such as ‘thin’ and ‘fat’
- Focus on eating as the only issue contributing to the development of Eating Disorders

Sample Messages

A sample of the potential key messages developed through the NEDC consultation process appears below:

1. Feed your body. Feed your mind. Feed your soul.
2. Every day is your day. Celebrate your life with healthy eating and exercise.
3. Nurture it, don’t run it down.
4. Every body needs to eat.
5. Life changes so does your body. Embrace the change.
7. Different is good. Reward your body.
8. Skinny thinking is a waste of energy.
9. Happiness comes in all shapes and sizes, say yes to your body.
10. Value yourself from the inside out.
11. You are more than your dress size.
12. Mirror, mirror on the wall, You are not the measure of me at all.
13. Fashion is fantasy so is having a perfect body.
14. Friends and family come in all shapes and sizes. Celebrate the body in all its variations.

These messages are indicative of possible key messages for future communication campaigns. All potential key messages would require independent market research testing. Attributing any form of evaluation metrics to these preliminary messages would provide biased results as the current messages reflect the attitudes of one community: people who are already involved in some way with Eating Disorders.

There is a need for methodical and independent investigation and market testing to ensure that messages will effectively engage and impact on the various target audiences.

One key message will not address all of the risk factors and resolve the various target audiences understanding of the Eating Disorders. An Eating Disorders communication strategy will require a multi-faceted approach.
Integrated Communication
Prevention & Early Intervention
**Prevention Initiatives**

The goals of an Eating Disorders communication strategy include reducing the risk factors for Eating Disorders and promoting early help-seeking behaviour. These are goals of prevention and early intervention strategies. The three strategic areas of intervention must develop to work together to achieve the common goals.

Prevention initiatives aim to reduce the incidence of Eating Disorders. They communicate with selected audiences who are identified as having risk factors for the development of an Eating Disorder. Prevention strategies have a stronger evidence base than promotion strategies for the Eating Disorders field and should be considered a priority within any communication strategy.

Prevention approaches are most likely to produce sustainable long-term benefits when they are supported by broader community and health professional communication strategies that disseminate the same consistent messages about Eating Disorders.

To be effective prevention needs to be early in life, early in illness or early in episode. A key target in prevention is to ‘capture’ someone when they are in the contemplation phase of the ‘stages of change’ model in terms of thinking about their weight and body image, particularly young people.

There are three levels of prevention:

- Universal prevention which aims to avoid the development of Eating Disorders
- Selective prevention which aims to prevent progression of the illnesses by recognising symptoms as soon as possible and intervening
- Indicated prevention focuses on reducing the negative impacts of the illnesses by providing treatment and rehabilitation.

In terms of universal prevention, the key issues are identifying and reducing or modifying the impact of known risk factors. Population based health activities and mental health promotion can be used effectively in targeting such risk reduction and in building resilience or otherwise enhancing factors that will protect against the development of an Eating Disorder. The various risk and protective factors include internalisation of the thin ideal, negative emotionality, body dissatisfaction, self-esteem, and shape and weight concerns. These initiatives tend to be focused on the ‘early in life’ aspect of prevention.

Within the field of Eating Disorders there are evaluated prevention programs that successfully reduce risk at each of the three levels of universal, selective and indicated.

Universal prevention initiatives target the general community with no known risk factors. The most validated initiative in this spectrum is media literacy which encourages and teaches people to challenge the media-driven thin body ideal. These programs also encourage media advocacy – challenging the messages that are being delivered.

Selective prevention initiatives have as their target audience population groups with an elevated risk of developing an Eating Disorder. For these initiatives, the most validated are psycho-education and cognitive behavioural therapies which encourage and teach people how to have a more balanced approach to body image, shape, eating, weight management and exercise. They also focus on developing social support structures, increasing self-esteem and encouraging coping skills.
Indicated prevention initiatives focus in on people with early warning signs of emerging symptoms of an Eating Disorder and are therefore more appropriately addressed as early intervention strategies.

The underlying principle of all prevention programs and initiatives is that they must do no harm. Non-evidence based initiatives may be harmful, particularly if they include content on Eating Disorders and disordered eating, or if the delivery takes a moral stance on food, eating or weight and shape. If those at risk are exposed to or participate in such initiatives they may in fact learn and apply practices that will manifest into an Eating Disorder.

One of the most difficult but urgent areas is addressing the impact of the anti-obesity messages and the interface of these with messages about Eating Disorders. So much has been said to address obesity that there is a serious risk, and emerging evidence of a present reality, that many people including young people are not sure what constitutes healthy eating and healthy lifestyles.

While some people who are obese are suffering from an Eating Disorder it is not correct to say that obesity per se is an Eating Disorder. Given the incidence of obesity in the Australian community, and the need to address this, it is important that Eating Disorders information be presented alongside in a complementary but clearly distinguishable fashion. One way of doing this is to communicate the serious mental illness component of an Eating Disorder. Another is to have a strong partnership with the anti-obesity campaigners, recognising the different contribution of each sector and engaging professional skills in articulating those differences. There also need to be partnerships with the media, the fitness industry and other sectors involved in health, well-being and body image.

The ‘common ground’ may well be in addressing the general risk factors of disordered eating and dieting, and body image dissatisfaction.

The balance is between reducing the exposure to the negative and raising awareness of and educating about Eating Disorders. There is a need to have a whole of community recognition of Eating Disorders and a reduction in the stigma that is still associated with someone with an Eating Disorder.

Selective prevention programs targeting young people at risk are highly recommended. In addition to raising awareness of the reality of Eating Disorders and the fact they are a mental and physical illness, and not a lifestyle choice, young people need to be aware of the impact of the media, societal pressure and the views of their peers on the way they perceive themselves, and how this translates into certain behaviours that can lead to risky practices such as dieting and disordered eating. A whole of school and whole of community approach is essential, involving parents, teachers, students, the fitness industry and media. The emphasis needs to be on health and well-being, knowledge of what constitutes healthy lifestyles including healthy eating, and awareness that there are avenues for getting help if a young person is concerned about their behaviours. Schools and workplaces are important settings for improving mental health literacy, building resilience and fostering coping skills.

Another difficulty is in measuring the effectiveness of prevention programs, particularly ones such as public awareness and media campaigns. Randomised controlled trials (RCTs) are not always appropriate for measuring the impact of these programs, although they are generally recognised as being valuable.

Other initiatives of this genre include the development of media codes of conduct, mental health literacy campaigns for the general community, workforce development programs for health and education professionals, and whole of school or community programs on developing self-esteem and positive body image.
Chapter 5 / Integrated Communication - Prevention & Early Intervention

Principles for the development and implementation of Prevention strategies

1. Identify safe and effective evidence based initiatives

All promotion and prevention initiatives require thorough piloting and evaluation to ensure that they are safe, drawing on a wide range of evaluation approaches to identify effective promotion interventions.

Prevention approaches should be developed and evaluated that target relevant social and environment factors, including peers, teachers, parents, and the wider school community. Programs that aim at local community change, such as whole-of-school health promotion programs, can potentially make a powerful and important contribution to the prevention of disordered eating but require appropriate evaluation to identify their effectiveness in reducing the risk factors for Eating Disorders.

2. Assertive Dissemination

Effective prevention approaches need to be assertively disseminated to schools, service providers and community groups over an extended time period in order to maximise both reach and effectiveness. Dissemination strategies should include appropriate training for teachers and other community groups in both the conduct and content of effective prevention approaches.

Early Intervention

One of the most significant barriers to early intervention is the lack of self-reporting of symptoms, particularly for Eating Disorders other than Anorexia Nervosa, which tends to be more difficult to conceal from others. The average disclosure time for an Eating Disorder is eight years.

It is imperative that the stigma associated with Eating Disorders in the community are significantly reduced, and that help is offered in a positive way, if people are going to be effectively encouraged to seek help as early as possible.

The community needs to be aware of Eating Disorders, their seriousness and the role that community members can play in helping identify when someone is at risk (in a way similar to the role the community can play in identifying when someone is at risk of suicide). People need to know what to do and say if they suspect someone of engaging in the early signs of Eating Disorder behaviour.

Effective prevention and promotion campaigns will lead to an increase in enquiries to health professionals. The success of communication strategies is therefore to some extent dependent on access within the community to informed professionals.

Improved Eating Disorder health literacy of medical, educational and other professionals, such as those working in the weight-disorder and exercise sectors, is imperative to improving early identification of individuals in the early stages of their Eating Disorders or at risk of developing Eating Disorders.

Being able to pick the early signs of an Eating Disorder is key to early intervention strategies. As such, the training of front line primary health workers such as general practitioners is essential, together with teachers, youth workers, fitness coaches and parents. This education should be mandatory for health professionals. There is currently limited education and training on Eating Disorders for students of medicine, nursing, psychology, clinical psychology, dietetics, and other allied health areas.

It is also important that the initial approach is one that encourages the person to be open to treatment or to continue to seek help. Eating Disorders are not only very complex illnesses; they are also ones where the person suffering may not actually want to be well, at least in the initial stages. As such, they need to have a positive experience of being supported, understood, not judged and encouraged to see the potential damage they are doing, rather than to be coerced into treatment.

If early identification is to have a positive impact on outcomes in Eating Disorders, pathways into
care also need to be improved. How and when to access help is poorly understood by those living with an Eating Disorder and particularly families and carers of those with the most severe and early onset illness of Anorexia Nervosa. Barriers such as perceived and actual stigma and fear of weight gain (as well as the desire to lose weight) need to be reduced but as yet there is little evidence of ‘what works’.

Identified challenges for the development of early intervention in Australia include:

- Raising public and professional awareness of risk factors and early signs of Eating Disorders
- Communicating the importance of identification and early identification of Eating Disorders
- Engagement of professionals outside the Eating Disorder sector
- Dissemination of current knowledge of identification and early intervention
- Guidelines and standards for identification and early intervention

In planning communication strategies for Eating Disorders it is important to take into consideration the range of related initiatives that are required to ensure the most effective outcomes. Some of the issues involved for early intervention include the accessibility and availability of treatment, and the skills and attitudes of frontline workers.

Communication strategies can contribute to early intervention by providing:

- Access to information through a clearinghouse for prevention and early intervention resources
- Access to training and professional development resources
- Access to early intervention services utilising technology such as video conference, email and online services.

**Summary of Key Issues**

- Evidence based prevention approaches that target audiences known to have risk factors for developing an Eating Disorder should be the cornerstone of any communication strategy
- Communication that encourages help-seeking should be developed in parallel with appropriate referral pathways, professional development and e-health strategies
- Prevention and early intervention programs must be sustainable and accessible by audiences in different locations, including rural and remote settings. This also has implications for the delivery of other communication approaches which support prevention. An integrated communication strategy will have a long-term focus and disseminate information throughout Australia.
- The dissemination of resources for workforce development will be a significant component of any Eating Disorders communication strategy
- Communication strategies can support prevention and early intervention by disseminating evidence based information on symptom recognition, referral pathways, training resources and by providing broader access to the evidence base through an Eating Disorders clearinghouse.

“As a society we need to understand and de-stigmatise Eating Disorders so people do get noticed and can access treatment without shame”

“As a society we need to understand and de-stigmatise Eating Disorders so people do get noticed and can access treatment without shame”

“Consumer & Carer Review Forum

“It is like searching for a needle in a haystack to find help”

“Consumer & Carer Review Forum

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Digital Opportunities
The Digital Opportunity

The development of a significant and robust online presence as the primary port-of-call for Eating Disorders information, resources, interaction and communication is strongly recommended.

The internet provides an effective vehicle to support real-time participatory engagement. Digital technology has the capability to support a social, decentralised communication strategy that is transparent, dynamic and continuous and which facilitates knowledge building and sharing and consensus building.

The digital landscape provides the opportunity for individuals to choose to participate in those conversations that are most relevant to them, and to collaborate in areas that are most beneficial to them. A digital strategy must therefore allow the audience to select the subject matter and conversations that are most relevant to them.

Research suggests that the internet supports social networks and existing social connections both online and offline. In doing so the internet has the ability to support increased community participation and increase the likelihood of help-seeking.

The Youth Consultation identified that young people have a marked preference for accessing information online.

An Eating Disorders website could be promoted as the primary portal for evidence based information on Eating Disorders. However, youth specific information sites would also need to be engaged in a partnership approach that would make Eating Disorders information available on these sites, linked back to the Eating Disorders website. This would provide young people and their families with seamless access to consistent information. The example below is indicative of a linked information dissemination strategy based on a collaboration between the Eating Disorders sector, Reach Out and Beacon.

A young person Googles the search term “friend not eating”. The Google search brings up the ReachOut website with a fact sheet “Eating Disorders: When to seek help for a friend”. The fact sheet provides useful advice and support for the young person specifically talking about appropriate help-seeking.

“Technically you haven’t betrayed [your friend’s] trust by going online and checking.”

Young woman, face-to-face focus group

For more information and advice the Reach Out website links to Beacon to join an innovative ‘live online chat’ facility that provides support and advice around Eating Disorders. The online chat facility is partially automated – drawing on a continuously improving database of ‘frequently asked questions’ – but part of the chat delivers personal advice and support.

The chat facility alerts our young person to the importance of surrounding his or her friend with the support of family, friends and others, such as teachers and GPs. The chat facility directs the young person to a) Reach Out Pro where the young friend can print off and find fact sheets to give to the teacher, and b) to the Eating Disorders website that has material on early symptoms identification and information for parents.

(Example and recommendation from the Inspire Digital e-strategy report to the NEDC)
An Eating Disorders website should give equal priority to information for health professionals, teachers and parents to ensure that young people and their families have access to consistent evidence based information from all sources.

Sections of the website could specifically address the information needs of the target audiences e.g.:
- Primary schools
- Secondary schools
- Tertiary Institutions
- Young teens
- Young adults
- Families and carers
- Health professionals
- Sport and fitness professionals
- Media

An Eating Disorders website would have to be developed to meet the highest standards of the Australian National Universities Beacon project, a portal to health online applications for mental and physical disorders, and/or the HonCode standard for trustworthy health information.

The proposed website would require an investment in technology that equals and is compatible with national and international health sector websites. As a minimum this would include:
- Web 2.0 - 3.0
- Appropriate storage and retrieval capacity of information
- Social media integrated applications and functionality
- Database controlled information for management, personalised communication and profile building to support targeted marketing, promotion and communication strategies
- Robust IT security architecture compliant with the Australian Government’s Information Security Manual and the Government’s information sharing guidelines and future e-health strategies
- Scalable in capacity, design and functionality
- A content management system and appropriate content management applications as appropriate to the size and functionality scope
- Links to related health websites and resources
- Designed to facilitate access for sight-impaired people and to meet the information and access needs of people from diverse communities including Indigenous people.

**Eating Disorders Clearinghouse**

The absence of an Australian clearinghouse of information and resources on Eating Disorders reduces the opportunities for people to respond proactively to prevention and promotion activities.

There is a need for a central and easily accessible source of information that any individual – young person, parent, teacher, media representative or health professional – can readily access for guidance and information on Eating Disorders.

The clearinghouse brief should cover all resources, services and activities relevant to the prevention, promotion and management of Eating Disorders. Topics should be wide ranging, recognising the physical, social, emotional impact of Eating Disorders, the diversity of pathways into Eating Disorders and the overlap between Eating Disorder risk factors and risk factors for other health conditions.

An Eating Disorders clearinghouse would give priority to information that:
- Has an identifiable target audience and clientele and meets known information needs
- Is relevant to the promotion, prevention, early intervention and management of Eating Disorders
- Is relevant to promoting healthy eating and positive body image
- Can be utilised by a wide range of people
- Is publicly accessible
- Is produced or operated by reputable organisations
- Is referenced to quality evidence where this is available or contributes to the development of quality evidence
- Meets acceptable standards for clarity, accuracy and currency of information, and contains minimal typographical, spelling or grammatical errors
- Is available for free or at low cost
- Demonstrates appropriate cultural sensitivity and accessibility, including the needs of Indigenous Australians.

**Communicating through Social Media**

Providing and facilitating access to helpful, evidence based information to young people and their families on the prevention and management of Eating Disorders and healthy eating is a primary objective of the NEDC.

Information and messages should be conveyed in a variety of media including the use of technology, particularly social media as a priority strategy for accessing youth; books, and opportunities for personal contact and discussion.

For young people digital communication is part of everyday life. Ninety-five percent of 18-25 year olds are online. Four-in-ten young people say they can’t live without the internet. Their entertainment, education, work and relationships are increasingly augmented by technology and the internet.

Young people spend more time using the internet than they do watching television and playing video games combined.

Young people blog more, comment more and create and consume more user-generated content than any other group. Nearly all young people regularly maintain at least one social networking profile.

Increasingly the answer to the question, ‘where is the audience online?’ is ‘everywhere’. The power of social networks and the ability to share and disseminate content across those networks is replacing traditional mass media as the predominant communication channel.

This trend is not limited to young people. It is evident from the success of digital mothers’ networks, such as Essential Baby (www.essentialbaby.com.au) that mothers trust the advice of other mothers.
A social media strategy to communicate about Eating Disorders with mothers would need to locate relevant content where mothers are online (digital mum networks, Facebook etc). This content could then be expected to develop and flow across social networks. Digital strategies enable these conversations to be tracked providing feedback to adapt and change communication tactics in real time, as the need arises.

An engaging and collaborative digital technology strategy would enable the Eating Disorders sector to trial and gather feedback from multiple stakeholders on key messages relating to the promotion and prevention of Eating Disorders. Digital conversations enable messages to be co-created with the audience that the message seeks to engage and support. For example, young people tell us that they wish to be spoken to in a manner that is meaningful to them, this is not in a clinical voice that speaks at them but in a friendly, peer-to-peer voice that understands their context, has insight into their challenges and speaks to them where they feel most comfortable. Developing and testing messages via a digital framework is a quick, cost-efficient and effective means of trialling message, gauging quick and early audience feedback and reporting back to its members.

Developing and testing messages in a collaborative, participatory way will begin to engage diverse population segments in the creation of authentic, relevant conversations that can lead to the direct development of audience-generated content, stories and campaigns.

The task of the Eating Disorders sector will be to locate and promote the content, stories and campaigns out to where the audience are online.
Future Potential: E-health

Beyond collaboration and communication, digital strategies include the opportunity to develop campaigns and services that seek to enhance or provide clinical services. In this sense the internet and related technologies become not only a setting for mental health promotion and prevention, but also an adjunct to clinical care and a tool for increased treatment engagement both online and offline.

There are opportunities within the treatment standards and strategies domain to increase presentations to care by developing tools and services with a focus on:

- **Early identification** - for example evidence based self-assessment tools distributed via social networks and consumer-focused websites with clear calls to action regarding help-seeking.

- **Barriers to help-seeking** - including pathways to appropriate online services and direct support. For example an online question and answer service that enables consumers to submit questions from multiple web based locations, priorities questions based on topic, need and risk and automatically routes the question to an appropriate organisation or professional for a response. This linkage service could be directly supported by professionals.

- **A reduction in stigma** - for example evidence based educational tools that include evidence based messages relating to Eating Disorders, body image and healthy eating.

- **Compliance to treatment and continuity of care** - this can be encouraged via the development and inclusion of consumer appropriate tools in service delivery. For example:
  - Reminder messages via SMS relating to medication and appointments and healthy behaviours
  - Moderated online forums that encourage positive thinking and behaviours to aid in the maintenance of well-being and which can be accessed and used as a source of support outside of treatment sessions.

- **Professional care** - providing additional training and support for professionals in the early symptoms of Eating Disorders and ongoing support in the management and treatment of their patients

- **Coordination** - between key stakeholders in order to reduce duplication of effort and deliver cost savings to the industry as a whole.

The development of e-health strategies for Eating Disorders requires further investigation and review as part of the development of the National Framework.

Summary of Key Issues

- Digital technology is able to support participatory development and dissemination of information to diverse audiences

- Digital technology offers a scalable, adaptable and cost-effective solution to the complexity of communication needs for the promotion and prevention of Eating Disorders

- A strong web-presence and recognisable brand would be necessary to support an integrated communication strategy for Eating Disorders.
Reported daily use of the internet by young people

Daily Use of the Internet

- 5% don't use the internet regularly
- 34% use for up to 1 hour per day
- 34% use for 1-3 hours per day
- 24% use for 3-6 hours per day
- 3% use for 6 hours +

Reference: Youth Consultation Report
“Voices of Young People in the promotion, prevention, and early intervention of Eating Disorders”
The Way Forward
Towards a Comprehensive Communication Strategy
Towards a comprehensive Communication Strategy

The preceding chapters have demonstrated that a complex, multi-faceted approach, closely integrated with the development of other Eating Disorder initiatives, will be required for an effective Eating Disorders communication strategy.

Principles for communication have emerged during the NEDC review and consultation processes. Underpinning these principles is the primary vision that Eating Disorders are recognised as ‘a priority mainstream health issue in Australia.’

Achieving this recognition will require the development of a clear identity for Eating Disorders. Up to this point, there has been a tendency for information on Eating Disorders to be disseminated with information on other mental illnesses or addressed as one of the many issues of interest to youth.

These points of access to information on Eating Disorders are important and should be continued. However, they tend to diminish the recognition of Eating Disorders as a separate and serious health condition. There is a need to establish a clear, recognisable identity for Eating Disorders that enables all of the target audiences to readily identify and access reliable information.

The first steps

The following steps have been identified to bring together the themes and recommendations from this report into one comprehensive strategy. These steps outline the priority areas for action to initiate a national communications strategy for Eating Disorders.

1. **Communicate a national commitment** and position Eating Disorders as a broad public health concern with an easily identifiable and accessible national portal for access to evidence based information on Eating Disorders. A branding identity could be employed to create familiarity and immediate recognition of the issue.

   The first step towards this identity would be launching the National Framework in a way that creates a powerful call to action, symbolic of the commitment of the whole of government and the whole of community to finding a cure for Eating Disorders.

2. **Establish a strong web presence**
   a. Provide access to the research, resources and review outputs from the NEDC
   b. Promote the existence and purpose of the website through peak health professional bodies, youth websites (e.g. Reach Out) and other relevant professional peak bodies

3. **Establish an online clearinghouse** to ensure that the information on the website continues to represent the current best quality information on Eating Disorders

4. **Develop the evidence base** to support effective, innovative communication; working with target audiences to identify their information needs and preferences and the effectiveness of Eating Disorder key messages including:
   a. A national youth survey and youth consultation
   b. Investigation of prevention and early intervention strategies in the Australian context
c. Innovation group to explore digital approaches to message dissemination including e-health and social media

5. **Establish a strong ongoing dialogue with key stakeholders** outside the Eating Disorders sector to identify their information and communication needs
   
a. Engage with key stakeholders through the website, working groups and regional, state and national networking activities
   
b. Develop appropriate communication campaigns targeting different professional groups
   
c. Collaborate to develop a supportive media environment
   
d. Coordinate Eating Disorders communications with other health promotion sectors and other mental health initiatives
   
e. Develop information and professional development resources to extend and support the impact of these campaigns
   
f. Conduct annual national workshops combining professional development with opportunities to contribute to the work of the NEDC

6. **Assertively disseminate evidence based programs and resources**
   
a. Prevention approaches for schools and young adults
   
b. Training and skill building resources for teachers, parents and others engaged with children and young people
   
c. Professional development resources for health professionals

7. **Integrate communication with other development strategies** ensuring that changes in behaviour are supported by:
   
a. Referral pathways to appropriate Eating Disorder services
   
b. E-health strategies
   
c. National data collection

8. **Review emerging evidence**, including evidence of audience information and communication needs, and integrate into one comprehensive strategy. Review the benefits and risks of a mass media approach to disseminating key messages

9. **Ensure program sustainability.** Strategic communication is not something that is done once. A good strategy continues over time as it reaches new audience members and adapts to changes in the environment. Continuity must be in place at the organisational level, among leaders, and in policy and funding, to ensure that strategic communication efforts achieve long-term impact.

This approach will enable immediate action to be taken, through the development of a strong web presence disseminating information resources developed by the NEDC, while the more complex approaches to target specific audiences are developed collaboratively with key stakeholders and audiences. Together these actions form the basis for a future communication strategy for Eating Disorders that is comprehensive, integrated, sustainable and responsive to social change.
Communication Principles

First do no harm – the development and dissemination of messages about Eating Disorders, risk factors and related health promotion issues such as obesity, must be reviewed for ‘risk of harm’

Evidence based – all promotion and prevention strategies must be grounded in evidence and evaluated in the Australian context

Monitored and adapted – to reduce the risk of harm, all communication strategies should be monitored on an ongoing basis and adapted as issues are identified

Multiple target audiences - adopting a broad definition of the target audience, communicating with young people and families plus the communities which influence them including health professionals, media, schools and the broader community

Multiple communication channels – to meet the needs of diverse audiences different messages delivered through multiple communication channels will be required

Consistent – despite the need for diversity in messaging there is a need for consistent factual messaging to all audiences and clear links between each communication activity

Participatory – direct engagement with target audiences, particularly young people, will ensure the most effective messaging, active engagement in the process of change. It will also facilitate monitoring the impact of messages in real-time

Collaborative – engaging key stakeholders such as health professionals, schools, the media and other health promotion campaigns in collaborative development of communication strategies is most likely to ensure consistent and effective messaging

Integrated – communication is an integral part of the development of consistent and effective national approaches to Eating Disorders. Communication strategies should therefore be developed alongside, and actively promote, other Eating Disorders strategies

Prevention - assertive dissemination of evidence based prevention programs through schools, supported by appropriate staff and parent education, is supported by the evidence base as a priority response to the reduction of risk factors for young people

Long-term – once started, communicating about Eating Disorders must be a long-term commitment if it is to significantly change social norms and influence successive groups of young people
## Strategic Communication Framework

The following strategic communication framework summarises the goals, target audiences, key messages and strategies discussed in this report.

**Goal 1: Recognition** – broad community awareness and understanding of Eating Disorders as a priority mainstream health issue increases support and reduces stigma

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Audience</th>
<th>Key Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eating Disorders are recognised as a priority</strong></td>
<td>Community, Young people</td>
<td>Myths &amp; misconceptions</td>
</tr>
<tr>
<td><strong>mainstream health issue</strong></td>
<td>Families, Health professions</td>
<td>Competing health messages</td>
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<td></td>
<td></td>
<td>Conflicting media messages about health and appearance</td>
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<tr>
<td></td>
<td></td>
<td>Inter-relationship between community and media</td>
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<tr>
<td></td>
<td></td>
<td>Risk of harm in promotion of ED</td>
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<tr>
<td><strong>Eliminate the stigma associated with</strong></td>
<td>Media, Fashion</td>
<td>Strong socio-cultural bias towards the ‘thin ideal’</td>
</tr>
<tr>
<td><strong>Eating Disorders</strong></td>
<td>Entertainment, Weight loss industry, Fitness industry</td>
<td>Market forces</td>
</tr>
<tr>
<td><strong>Develop a media landscape that supports and</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>promotes healthy eating and body image</strong></td>
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<td></td>
</tr>
</tbody>
</table>
## Strategic Communication Framework

The following strategic communication framework summarises the goals, target audiences, key messages and strategies discussed in this report.

<table>
<thead>
<tr>
<th>Goal 1: Recognition</th>
<th>Potential Approaches</th>
<th>Potential Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating Disorders are recognized as a priority mainstream health issue</td>
<td>Dissemination of messages through Social Media</td>
<td>Social discussion measured by social media activity</td>
</tr>
<tr>
<td></td>
<td>Website to act as portal for access to evidence based information on ED</td>
<td>Information seeking measured by visits to key websites</td>
</tr>
<tr>
<td></td>
<td>Social Marketing to ensure broad recognition of ED as a mainstream health issue</td>
<td>Evaluation of social attitudes pre and post communication campaign</td>
</tr>
<tr>
<td></td>
<td>Evaluation of community knowledge pre and post communication campaign</td>
<td>Survey of people with ED</td>
</tr>
</tbody>
</table>

### Message Focus

- Eating Disorders are a chronic and serious illness
- Eating Disorders are both a mental and a physical illness
- Eating Disorders are not a lifestyle choice
- Eating Disorders are not limited to Anorexia Nervosa – developing awareness of disordered eating, Bulimia Nervosa, Binge Eating Disorder, and EDNOS
- There is more to Eating Disorders than food
- All ages and genders have Eating Disorders
- Eating Disorder prevention is a community responsibility

### Potential Approaches

- A participatory development process to shape messages and communication approaches to directly meet audience needs
- Collaboration with key stakeholders to develop new approaches and a new language for the promotion of healthy eating, appearance and ED
- Standards and codes of conduct on treatment of ED and related risk factors in the media

### Potential Indicators

- Evaluation of community knowledge pre and post communication campaign
- Media content measured against agreed standards and codes
- Perceptions of media content measured through focus groups of target audiences
**Goal 2: Resilience** – young people are able to resist pressures towards high risk behaviours for Eating Disorders

<table>
<thead>
<tr>
<th>Objectives</th>
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<th>Key Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children, young people and families have access to evidence based prevention programs</td>
<td>Children, Youth, Young Adults, Families, Schools, Tertiary Education, Youth Services, Media</td>
<td>Lack of evaluation and research evidence to support prevention programs; Schools implementing un-evaluated programs</td>
</tr>
<tr>
<td>Children, young people and families have access to consistent evidence based information on healthy eating</td>
<td></td>
<td>Conflicting messages about healthy eating and Eating Disorders</td>
</tr>
<tr>
<td>Message Focus</td>
<td>Potential Approaches</td>
<td>Potential Indicators</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Critical evaluation of the thin body ideal and media messages</td>
<td>Evaluation of promising prevention programs in the Australian context</td>
<td>Long-term reduction in risk factors for ED and disordered eating</td>
</tr>
<tr>
<td></td>
<td>Assertive dissemination of evidence based programs to schools and youth services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integration of messages with wider mental health promotion initiatives</td>
<td></td>
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<tr>
<td></td>
<td>Training for teachers and other community groups in both the conduct and content of effective prevention approaches</td>
<td></td>
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<tr>
<td>Dieting without medical supervision is a health risk; differentiating between dieting and sensible eating</td>
<td>Collaboration with other health sectors including obesity and mental health</td>
<td></td>
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<tr>
<td>Promote healthier and balanced thinking on body image, shape, eating and weight, nutritional and exercise knowledge and behaviours</td>
<td>Evaluation of the impact of health messaging on risk factors for ED</td>
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</tr>
<tr>
<td></td>
<td>Coordinated social marketing approaches to dissemination of health messages</td>
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</tbody>
</table>
**Goal 3: Help-seeking** – Eating Disorders and risk factors are identified at an early stage leading to early intervention and reduction in the impact of the illness

<table>
<thead>
<tr>
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<th>Key Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people seek help early in the development of an Eating Disorder</td>
<td>Families</td>
<td>The nature of the illness makes people with ED reluctant to seek help</td>
</tr>
<tr>
<td></td>
<td>Youth</td>
<td>Confidentiality – the need to protect relationships with peers</td>
</tr>
<tr>
<td>Clear and accessible referral pathways facilitate access to intervention and support</td>
<td>Health services</td>
<td>Difficulty accessing credible information</td>
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<tr>
<td></td>
<td>Schools</td>
<td>Lack of referral pathways in some locations</td>
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<tr>
<td></td>
<td>Youth and community services</td>
<td>Need to meet specific diagnostic criteria to access services</td>
</tr>
<tr>
<td>Skilled frontline professionals identify early indicators of Eating Disorders and provide appropriate support</td>
<td>General health</td>
<td>Lack of time for professional development in all fields</td>
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<tr>
<td></td>
<td>Mental health</td>
<td>Lack of professional training in ED as standard part of training</td>
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<td></td>
<td>Allied health</td>
<td></td>
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<td></td>
<td>Educators</td>
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<tr>
<td>Message Focus</td>
<td>Potential Approaches</td>
<td>Potential Indicators</td>
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<tr>
<td>---------------------------------------------------</td>
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<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td>▪ How to access credible information and appropriate services</td>
<td>A website presence providing guidelines for young people, families and consumers</td>
<td>Increase in early identification of ED measured by referrals</td>
</tr>
<tr>
<td>▪ Recovery is possible if you seek help</td>
<td>Digital conversations: multiple communication channels and participatory approach to engage youth</td>
<td>Numbers accessing information resources</td>
</tr>
<tr>
<td>▪ Prospects for recovery are increased if you seek help early</td>
<td>e-health strategy to promote information on referral pathways and choices</td>
<td>Numbers participating in digital conversations</td>
</tr>
<tr>
<td>▪ Knowledge of key symptoms/behaviours and risks</td>
<td>A website presence providing guidelines for health professionals</td>
<td>Numbers accessing referral information</td>
</tr>
<tr>
<td>▪ How controllable the onset, progression and consequences of the illness are</td>
<td>Online professional development modules and resources</td>
<td></td>
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<tr>
<td></td>
<td>Health specific communication messages</td>
<td></td>
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<tr>
<td></td>
<td>Evaluation of health professional's awareness of identification and early intervention for ED</td>
<td>Numbers accessing professional development resources</td>
</tr>
</tbody>
</table>
References

National Eating Disorders Collaboration publications:

Eating Disorders Prevention, Treatment and Management: An Evidence Review
Eating Disorders Information and Support for Australians: Resources Review
Eating Disorders: The Way Forward – An Australian National Framework
Eating Disorders: The Way Forward - A Strategic Communication Framework

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- Voices of young people in the prevention and early intervention of Eating Disorders, Inspire Digital, 2009
- A vision for e-Health: Submission to the National Eating Disorders Collaboration, Inspire Digital, 2009
- Communicating and Promoting Eating Disorders as a key public health issue to Australians, Primary Communications, 2009

For further Information on these publications and unpublished reports please contact the Butterfly Foundation.