

2016

»»»»»»»»»» Back to School ««««««««««

OUTREACH TOOLKIT



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MHIA
Mental Health America
B4Stage4

INTRODUCTION

The 2016 Back to School Toolkit is designed for MHA Affiliates, advocates, and organizations of all types to use with parents, youth and school personnel to raise awareness of the importance of mental health issues that start during the adolescent and teen years.

By using the toolkit materials, you will help members of your community:

- Be aware of the risk factors and early warning signs for mental health disorders in youth;
- Access resources for finding treatment and help in times of crisis;
- Learn strategies for addressing common teen struggles and mental health concerns; and
- Increase understanding of next steps and treatment options available to help young people address their mental health.

This year's toolkit includes:

Media Materials

Key Messages

Drop-In Article for Parents

Drop-In Article for Students

Social Media and Web Components

Sample Facebook and Twitter Posts

Social Media Images/Things Adults Say Comic-Infographic

Crisis Widget

#MentalIllnessFeelsLike Call to Action Button

Fact Sheets/Handouts

Self-Injury

Eating Disorders

Body Dysmorphic Disorder

Hair Pulling and Skin Picking

In addition to the materials included in this toolkit, MHA has created a wealth of web content for young people and adults that can easily be linked to and shared in electronic newsletters and over social media.

Questions?

If you have further questions about Back to School, please contact Danielle Fritze, Director of Public Education and Visual Communication at dfritze@mentalhealthamerica.net.

KEY MESSAGES

- Heading back to school can be tough on young people, but you can help them cope.
- Sometimes it's hard to talk about mental health, but the conversation is too important not to have.
- For students, taking good care of your body and mind can make a difference in how well you do in school, how well you manage change, your productivity, and overall health
- The adolescent and teen years are a pivotal time for establishing a healthy body image and strong sense of self-esteem.
- Mental Health America has developed tools and resources to inform both students and parents about why mental health matters and how self-esteem, self-image and the disorders that affect the way young people see and treat themselves can affect a student's overall health.
- Promoting a young person's mental health means helping them feel secure, relate well with others and foster their growth at home and at school. Parents are pivotal in this support.
- Low self-esteem can lead to negative outcomes including depression, self-injury, bullying and risky behaviors like substance use and teen sex.
- Issues of low self-esteem, self-injury, body-focused repetitive behaviors, and distorted body image are treatable and should be addressed as soon as possible—before Stage 4.
- The adolescent and teen years are a time when young people start to question their identity and self-worth. Parents, caregivers, school personnel and young people can take steps to build self-esteem and foster body positivity to reduce risk of depression, self-injury and other negative outcomes.
- Young people should find someone they trust and start a conversation. Parents, be ready to listen and let them know you understand.

Feel free to supplement these key messages with language from the fact sheets and other materials included in this toolkit.

DROP IN ARTICLE: PARENTS

Use this article in your next e-blast or share with your local schools to include in their next parent newsletter.



If your child's thoughts, feelings or behaviors were causing them to struggle, would you know how to talk to them about it? What if you discovered they were engaging in activities that were potentially destructive or even harmful?

If they came to you looking for help, would you know what to do?

Recent studies have found as many as one-third to one-half of adolescents in the U.S. have engaged in some type of non-suicidal self-injury. Self-injury often begins around the ages of 12 to 14, and it is most commonly the result of feelings of sadness, distress, anxiety, or confusion. Many often use self-injury as a way to cope with these negative emotions.

Some may find themselves with a constant preoccupation with a perceived defect or flaw in his/her physical appearance, which may not be observable to others, or appears only slight. Some may focus on the numbers on the scale, and develop unhealthy eating habits that can put both mind and body at risk. Others may engage in body-focused repetitive behaviors like hair pulling or skin picking, which are related to obsessive-compulsive disorder and cause shame and isolation.

If you think your son or daughter is dealing with low self-esteem or poor body image, is feeling depressed or is engaging in risky behaviors like disordered eating, self-injury or body-focused repetitive behaviors, there is hope and there is help.

Mental Health America (MHA) has developed tools and resources to inform both students and parents about why mental health matters, and how self-esteem, self-image and the disorders that affect the way young people see and treat themselves can affect a student's overall health. Visit www.mentalhealthamerica.net/back-school to learn more.

There are also things as parents you should try to avoid.

Parents and caregivers often feel comfortable questioning or criticizing a young person's choices—and generally do so with the best of intentions. Sometimes though, the way the words come out ends up doing more harm than good. When it comes to self-esteem and body image, it is important to remember that words matter. Try not to criticize or point out flaws, but rather encourage your child to talk to you about his or her feelings about their body or self-image.

Know that issues of low self-esteem, self-injury, body-focused repetitive behaviors, and distorted body image are treatable and should be addressed as soon as possible—before Stage 4. Just like physical illnesses, treating mental health problems early can help to prevent more serious problems from developing in the future. If you are concerned that you or someone you know may be experiencing a mental health problem, it is important to take action and to address the symptoms early. Start the conversation. Your child will be glad you did.

There are also serious signs that someone is in crisis and needs more immediate help. If you or someone you know is in crisis, call 1-800-273-TALK (8255) or text "MHA" to 741741 to connect with a crisis counselor. In life threatening emergencies, go to your local emergency room or call 911.

DROP IN ARTICLE: STUDENTS

Share this article with your local schools to include in their next student newsletter.



Does the start of the new school year fill you with dread and anxiety? Do the academic and social pressures of high school make you want to run and hide? You're not alone.

The start of a new school year can be difficult for a lot of young people—and many students work through those initial fears and have a great year. Starting off the school year right means taking good care of your body and mind. Doing both can make a difference in how well you do in school, how well you manage change, your productivity, and overall health.

We all know that adolescent and teen years are tough, and many young people struggle with low self-esteem and negative body image. Unfortunately, some decide to deal with those issues through destructive—and often dangerous—means.

Recent studies have found that as many as one-third to one-half of adolescents in the US. have engaged in some type of non-suicidal self-injury. Self-injury often begins around the ages of 12 to 14, and it is most commonly the result of feelings of sadness, distress, anxiety, or confusion. Many often use self-injury as a way to cope with these negative emotions.

Some may find themselves constantly preoccupied with a perceived defect or flaw in his/her physical appearance, which may not be observable to others, or appears only slight. Some may focus on the numbers on the scale, and develop unhealthy eating habits that can put both mind and body at risk. Others may engage in body-focused repetitive behaviors like hair pulling or skin picking, which are related to obsessive-compulsive disorder and cause shame and isolation.

If you or someone you love is dealing with low self-esteem or poor body image, and is feeling depressed or is engaging in risky behaviors like disordered eating, self-injury or body-focused repetitive behaviors, there is hope and there is help.

Mental Health America (MHA) has developed tools and resources to inform both students and parents about why mental health matters, and how self-esteem, self-image and the disorders that affect the way young people see and treat themselves can affect a student's overall health. Visit www.mentalhealthamerica.net/back-school to learn more.

Issues of low self-esteem, disordered eating, self-injury, body-focused repetitive behaviors, and distorted body image are treatable and should be addressed as soon as possible—before Stage 4. Just like physical illnesses, treating mental health problems early can help to prevent more serious problems from developing in the future. If you are concerned that you or someone you know may be experiencing a mental health problem, it is important to take action and to address the symptoms early.

Need to start a conversation about this with someone? MHA has tips and information to help you get started at www.mentalhealthamerica.net/starttalking. Remember there is nothing to be ashamed of and that there is help and hope.

There are also serious signs that someone is in crisis and needs more immediate help. If you or someone you know is in crisis, call 1-800-273-TALK (8255) or text "MHA" to 741741 to connect with a crisis counselor. In life threatening emergencies, go to your local emergency room or call 911.

SAMPLE SOCIAL MEDIA POSTS

Facebook

Are you and your kids ready to go #backtoschool? The Back to School toolkit is here! Download to spread awareness about self-image and self-esteem in your school and community bit.ly/learnmh

Want to discuss body image and self-esteem with your kids, but don't know where to start? The 2016 Back to School toolkit has tips and resources for both parents and young people on how to #starttheconversation #B4Stage4 bit.ly/learnmh

Going #backtoschool isn't just for kids and teens! Parents can also prepare for the school year with the Back to School toolkit. Promoting a young person's mental health means helping them feel secure, relate well with others and foster their growth at home and at school. Parents are pivotal in this support. Download the toolkit: bit.ly/learnmh

Low self-esteem in teens can lead to negative outcomes including depression, self-injury, bullying and risky behaviors like substance use and teen sex. The Back to School Toolkit has tips on how to improve your teen's self-esteem and can help foster honest conversations. Download the toolkit: bit.ly/learnmh

What does it really feel like to live with an #eatingdisorder? Share your thoughts using #mentalillnessfeelslike bit.ly/MHfeelslike

What does it really feel like to have #bodydysmorphia? Share your thoughts using #mentalillnessfeelslike bit.ly/MHfeelslike

Heading #backtoschool can create a lot of feelings about how you see yourself. Learn about self-esteem, self-image, & more bit.ly/learnmh

Share what life with an #eatingdisorder feels like for you. Tag your posts with #mentalillnessfeelslike [call to action img] bit.ly/MHfeelslike

Share what life with #bodydysmorphia feels like for you. Tag your posts with #mentalillnessfeelslike [call to action img] bit.ly/MHfeelslike

Body dysmorphia disorder is rarely talked about, even though it can disrupt people's lives. Do you know the signs? Learn the facts: bit.ly/2aVyVMZ

Here's what you need to know about body dysmorphia disorder and youth: bit.ly/2bcKmi8

Ever heard of #trichotillomania? You might know it better as hair pulling, and it's a real disorder. bit.ly/2aZfPy

Do you know these 7 important facts about eating disorders? You might learn something! bit.ly/2bp6RxW

14 Foolproof Ideas for Building a Healthy Self-Image and Improving Self-Esteem bit.ly/2b2ndgC

6 Things You Will Want To Know About Self-Injury bit.ly/2biM5zD

Body dysmorphia is NOT the same thing as self-obsession, and 7 other things you need to know about #BDD bit.ly/2aYDeCI

How much do you know about #excoriation? It's commonly known as skin picking, and it can have serious negative effects bit.ly/2bloyBu

#B4Stage4 means talking about what #mentalillnessfeelslike and acting on that information. bit.ly/MHfeelslike

8 Things You May Not Know About Body-Focused Repetitive Behaviors (BFRBs) bit.ly/2bB3pDz

Adults sometimes say things that hurt kids' self-esteem. Are you guilty of one of these? Find out and learn what to do instead bit.ly/2bcleXu

What does it feel like to have an eating disorder? Share your story on what #mentalillnessfeelslike to you. bit.ly/MHfeelslike

What does it feel like to have body dysmorphia? Share your story on what #mentalillnessfeelslike to you. bit.ly/MHfeelslike

Eating disorders can be complicated. Learn the facts about them and get tips on how to help someone with one: bit.ly/2aZgphu

Do you know the warning signs of #eatingdisorders in youth? Knowing them could save a life bit.ly/2bypa59

Do you know someone who #selfinjures? Here are some tips on how you can help them: bit.ly/2bs64wj

Self-injury and youth: here's what you should know bit.ly/2aYfIAR

Twitter

The Back To School toolkit is here! Download to spread awareness about self-image & self-esteem in your school and community bit.ly/learnmh

Going #backtoschool isn't just for kids & teens! Parents can also prepare for the school year with Back to School toolkit bit.ly/learnmh

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Write Your Own Posts

If you would rather write your own posts for social media as part of your Back to School outreach, we encourage you to get creative. Below is a list of the webpages that have been created and updated as part of the 2016 Back to School campaign, along with shortened bit.ly links (especially helpful when you're dealing with character limits on Twitter).

Page	Bit.ly
Things Adults Say that Hurt Instead of Help (Comic/Infographic)	bit.ly/2bcleXu
Body Dysmorphic Disorder	bit.ly/2aVyVMZ
Body Dysmorphic Disorder and Youth	bit.ly/2bcKmi8
8 Things You Should Know About Body Dysmorphic Disorder (Buzzfeed-Style Listicle)	bit.ly/2aYDeCl
Eating Disorders	bit.ly/2aZgphu
Eating Disorders and Youth	bit.ly/2bypa59
7 Important Facts About Eating Disorders (Buzzfeed-Style Listicle)	bit.ly/2bp6RxW
Self-Injury	bit.ly/2bs64wj
Self-Injury and Youth	bit.ly/2aYfIAR
6 Things to Know About Self-Injury (Buzzfeed-Style Listicle)	bit.ly/2biM5zD
Exoriation (Skin Picking or Dermatillomania)	bit.ly/2bloyBu
Trichotillomania (Hair Pulling)	bit.ly/2aZFyPy
8 Things You May Not Know About Body-Focused Repetitive Behaviors (Buzzfeed-Style Listicle)	bit.ly/2bB3pDz
Ideas for Building Health Self-Image and Self-Esteem (Buzzfeed-Style Listicle)	bit.ly/2b2ndgC
Back to School (main page)	bit.ly/learnmh

How #mentalillnessfeelslike Works:

Mental Health America has a page on our website at mentalhealthamerica.net/feelslike where special software collects Tweets, Pins (Pinterest), Vines and posts from Instagram and Tumblr tagged with #mentalillnessfeelslike that describe what it feels like when a person is living with a mental illness.

People are also able to go to mentalhealthamerica.net/feelslike and directly post images or words describing their personal experience with mental illness directly to the site (anonymously and outside of social media).

MHA launched #mentalillnessfeelslike during May is Mental Health Month and has collected content from tens of thousands of people about their first-hand experiences with anxiety, depression, bipolar disorder, psychosis, and recovery. **For our Back to School efforts, MHA has added categories for contributions about eating disorders and body dysmorphia.**

All content is reviewed by MHA staff prior to being displayed publicly to ensure that offensive or vulgar content is not included on the site.

IMAGES/INFOGRAPHIC

Download and save the images provided for use on your social media platforms or websites. All images (including social media profile and cover pics, screening buttons and the infographic) can be downloaded by visiting mentalhealthamerica.net/back-school-2016-toolkit-download, then right-clicking on the image and selecting "save image as."

Vertical Banner



Crisis Widget



Facebook Cover Images



Call-to-Action Image



Facebook or Twitter Cover Image



Shareable Image
(Formatted for Twitter, Facebook and Instagram)



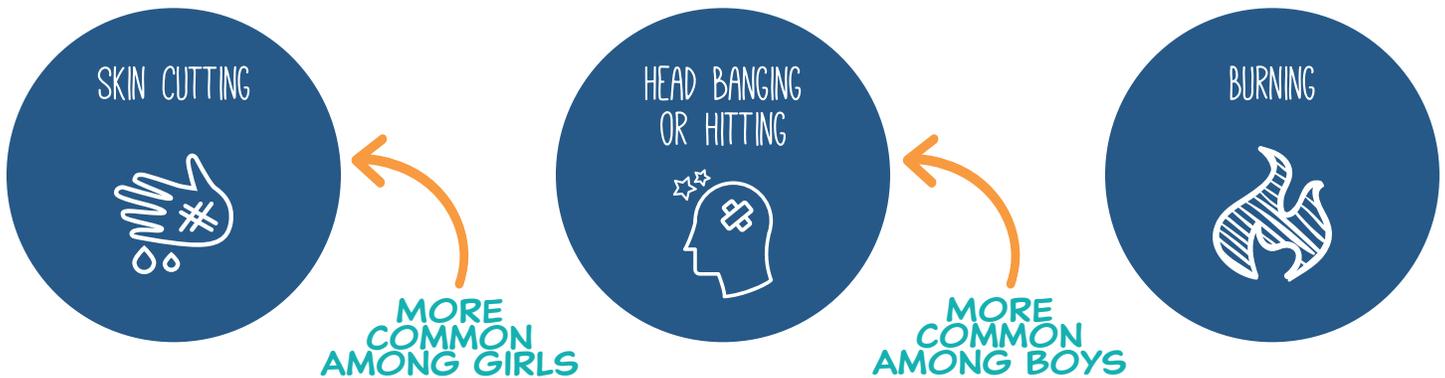
Horizontal Banner



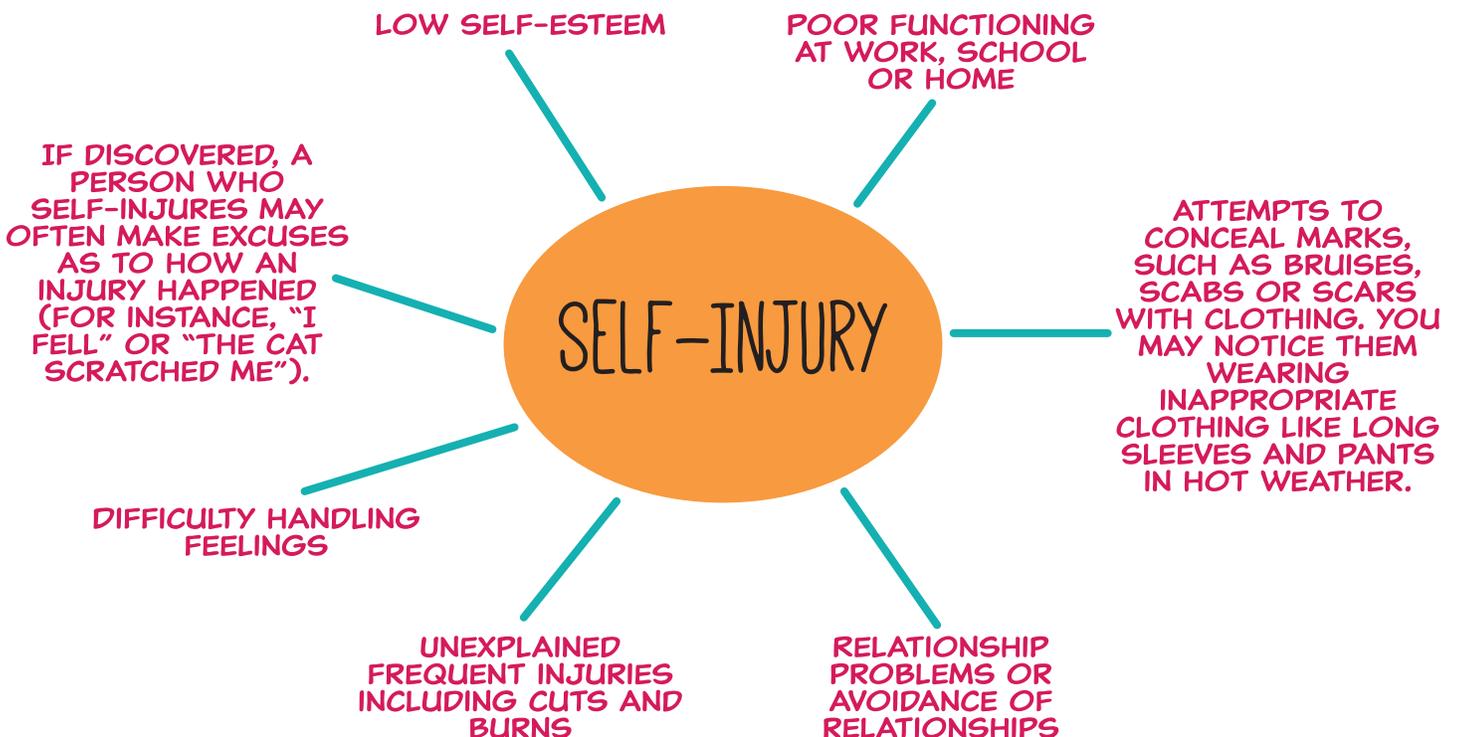
Self-Injury

SELF-INJURY OFTEN BEGINS AROUND THE AGES OF 12 TO 14, AND IT IS MOST COMMONLY THE RESULT OF FEELINGS OF SADNESS, DISTRESS, ANXIETY, OR CONFUSION. SELF-INJURY IS USED AS A WAY TO COPE WITH THESE NEGATIVE EMOTIONS.

The most common methods are:¹



Risk Factors and Warning Signs



SOURCES

1. SELBY, E. A., KRANZLER, A., FEHLING, K. B., & PANZA, E. (2015). NONSUICIDAL SELF-INJURY DISORDER: THE PATH TO DIAGNOSTIC VALIDITY AND FINAL OBSTACLES. CLINICAL PSYCHOLOGY REVIEW, 3879-91. DOI:10.1016/J.CPR.2015.03.003

How Can I Help Myself?

KNOW YOU ARE NOT ALONE.

BECAUSE SELF-INJURY IS RELATIVELY COMMON, IT'S LIKELY THAT THERE ARE PEOPLE AROUND WHO UNDERSTAND AND CAN HELP. TRY TALKING TO A PROFESSIONAL PERSON AROUND YOU, SOMEONE LIKE YOUR SCHOOL PSYCHIATRIST, SCHOOL NURSE, OR GUIDANCE COUNSELOR. IF YOU'RE NOT COMFORTABLE WITH THAT, THINK ABOUT CONTACTING YOUR LOCAL MHA AFFILIATE OR CHECKING OUT THE S.A.F.E. ALTERNATIVES WEBSITE AT SELFINJURY.COM.

KNOW YOU CAN GET BETTER.

THIS IS A DIFFICULT TIME IN YOUR LIFE. HOWEVER, WITH HELP, YOU CAN GET TO THE POINT WHERE YOU DON'T HURT YOURSELF ANYMORE.

CONSIDER WIDENING YOUR SOCIAL CIRCLE.

IF CUTTING OR SELF-INJURING IS AN ACTIVITY THAT YOUR FRIENDS DO, OR IF YOU FIND YOURSELF COMPARING SELF-HARM BEHAVIORS, IT COULD BE HELPFUL TO START HANGING OUT WITH OTHER PEOPLE. THIS DOESN'T MEAN YOU HAVE TO ABANDON YOUR CURRENT FRIENDS; IT JUST MEANS MAKING NEW ONES WHO DON'T REMIND YOU OF SELF-INJURING.

FIGURE OUT WHAT DRIVES YOU TO SELF-INJURE.

AVOID THE THINGS THAT STRESS YOU OUT IF THEY ARE GOING TO MAKE YOU CUT OR HURT YOURSELF. THINK ABOUT OTHER THINGS YOU COULD DO TO MANAGE STRESS WITHOUT TURNING TO SELF-INJURY. CHECK OUT THIS LIST OF DISTRACTIONS AND ALTERNATIVES AT: BECAUSEWECANDOTHISTOGETHER.TUMBLR.COM/ALTERNATIVESFORSELFHARM

SEEK PROFESSIONAL HELP.

EFFECTIVE TREATMENT IS AVAILABLE FOR PEOPLE WHO INJURE THEMSELVES. YOU'LL HAVE TO TALK TO YOUR PARENTS TO GET STARTED. FOR TIPS ON HAVING A CONVERSATION, CHECK OUT, *TIME TO TALK: TIPS FOR TALKING ABOUT YOUR MENTAL HEALTH* AND *TIME TO TALK: TALKING TO YOUR PARENTS* ON MENTALHEALTHAMERICA.NET.

HARM YOURSELF LESS.

IT COULD TAKE SOME TIME TO SEE A DOCTOR OR OTHER TREATMENT PROVIDER. IN THE MEANTIME, TAKE STEPS TO REDUCE THE HARM YOU ARE DOING TO YOURSELF. THIS COULD MEAN HURTING YOURSELF FEWER TIMES THAN YOU NORMALLY WOULD, TAKING PRECAUTIONS TO MAKE SURE YOU DON'T GET INFECTIONS, OR FINDING ALTERNATIVES THAT ARE LESS HARMFUL (LIKE HOLDING AN ICE CUBE, OR SNAPPING YOURSELF WITH A RUBBER BAND).

Find Help Near You

LOCATE AN MHA AFFILIATE IN YOUR AREA BY VISITING MENTALHEALTHAMERICA.NET/FIND-AFFILIATE

FIND TREATMENT PROVIDERS USING SAMHSA'S TREATMENT LOCATOR AT FINDTREATMENT.SAMHSA.GOV

How Can I Help a Friend?

ASK ABOUT IT.

IF YOUR FRIEND IS HURTING HIM/HERSELF, THEY MAY BE GLAD TO HAVE YOU BRING IT UP SO THEY CAN TALK ABOUT IT. IF SOMEONE IS NOT INJURING THEMSELF, THEY ARE NOT GOING TO START JUST BECAUSE YOU SAID SOMETHING ABOUT IT.

ENCOURAGE THEM TO GET HELP.

OFFER OPTIONS, BUT DON'T TELL ANYONE WHAT THEY SHOULD DO, OR HAVE TO DO. IF A PERSON IS USING SELF-INJURY AS A WAY TO HAVE SOME CONTROL, IT WON'T HELP IF YOU TRY TO TAKE CONTROL OF THE SITUATION. HELPING YOUR FRIEND SEE WAYS TO GET HELP - LIKE TALKING TO A MENTAL HEALTH PROFESSIONAL, PARENT, TEACHER, OR SCHOOL COUNSELOR - MAY BE THE BEST THING YOU CAN DO FOR THEM.

SEEK SUPPORT.

KNOWING A FRIEND IS HURTING THEMSELF CAN BE FRIGHTENING AND STRESSFUL. CONSIDER TELLING A TEACHER OR OTHER TRUSTED ADULT. THIS PERSON COULD HELP YOUR FRIEND GET THE HELP HE OR SHE NEEDS. YOU MAY FEEL THAT YOU DON'T HAVE THE RIGHT TO TELL ANYONE ELSE, BUT REMEMBER; YOU CAN STILL TALK TO A MENTAL HEALTH PROFESSIONAL ABOUT HOW THE SITUATION IS AFFECTING YOU, OR YOU CAN GET MORE INFORMATION AND ADVICE FROM ANY NUMBER OF ORGANIZATIONS.

DON'T BE TOO HARD ON YOURSELF.

REMEMBER YOU'RE NOT RESPONSIBLE FOR ENDING THE SELF-ABUSE. YOU CAN'T MAKE YOUR FRIEND STOP HURTING THEMSELF OR GET HELP FROM A PROFESSIONAL. THE ONLY SURE THING YOU CAN DO IS KEEP BEING A GOOD FRIEND.

IN CRISIS?

TEXT "MHA" TO 741741

CALL 1-800-273-TALK (8255)

to be connected to a crisis counselor

IN A LIFE-THREATENING SITUATION
GO TO YOUR LOCAL EMERGENCY ROOM OR CALL 911!

 /MENTALHEALTHAMERICA
 @MENTALHEALTHAM
 @MENTALHEALTHAMERICA
 /MENTALHEALTHAM
 /MENTALHEALTHAMERICA
WWW.MENTALHEALTHAMERICA.NET


Mental Health America
B4Stage4

Eating Disorders

EATING DISORDERS—SUCH AS ANOREXIA, BULIMIA, AND BINGE EATING DISORDER—INCLUDE EXTREME EMOTIONS, ATTITUDES AND BEHAVIORS SURROUNDING WEIGHT AND FOOD ISSUES. EATING DISORDERS ARE SERIOUS EMOTIONAL AND PHYSICAL PROBLEMS THAT CAN HAVE LIFE-THREATENING CONSEQUENCES FOR FEMALES AND MALES. ANYONE CAN DEVELOP AN EATING DISORDER REGARDLESS OF THEIR GENDER, AGE, RACE, ETHNICITY, CULTURE, SIZE, SOCIOECONOMIC STATUS OR SEXUAL ORIENTATION.

THE AVERAGE AGE OF ONSET FOR EATING DISORDERS IS 12- TO 13-YEARS-OLD¹, WITH DOCTORS REPORTING AN INCREASE IN THE DIAGNOSIS OF CHILDREN, SOME AS YOUNG AS 5 OR 6 YEARS OLD.²

Types of Eating Disorders

ANOREXIA NERVOSA

IS CHARACTERIZED BY SELF-STARVATION AND EXCESSIVE WEIGHT LOSS.

BINGE EATING DISORDER

IS CHARACTERIZED BY RECURRENT BINGE EATING WITHOUT TAKING ACTION TO COUNTERACT THE BEHAVIOR.

BULIMIA NERVOSA

IS CHARACTERIZED PRIMARILY BY A CYCLE OF BINGE EATING FOLLOWED BY BEHAVIORS, SUCH AS SELF-INDUCED VOMITING, IN AN ATTEMPT TO COUNTERACT THE EFFECTS OF BINGE EATING.

OTHER SPECIFIED FEEDING OR EATING DISORDER (OSFED)

IS A FEEDING OR EATING DISORDER THAT CAUSES SIGNIFICANT DISTRESS OR IMPAIRMENT, BUT DOES NOT MEET THE CRITERIA FOR ANOTHER FEEDING OR EATING DISORDER.

Risk Factors and Causes

- ▶ LOW SELF-ESTEEM
- ▶ PRESSURES TO BE THIN OR TO LOSE WEIGHT
- ▶ CULTURAL NORMS OF ATTRACTIVENESS AS PROMOTED BY POPULAR CULTURE
- ▶ USE OF FOOD AS WAY OF COPING WITH NEGATIVE EMOTIONS
- ▶ RIGID THINKING (“BEING FAT IS BAD” AND “BEING THIN IS GOOD”)
- ▶ OVER-CONTROLLING PARENTS WHO DO NOT ALLOW EXPRESSION OF EMOTION
- ▶ HISTORY OF SEXUAL ABUSE
- ▶ HISTORY OF MENTAL ILLNESS IN THE FAMILY
- ▶ CERTAIN PERSONALITY TYPES
- ▶ BALANCE OF BRAIN CHEMICALS

SOURCES

1. SWANSON, S., CROW, S., LE GRANGE, D., SWENDBSEN, J., MERIKANGAS, K. (2011). PREVALENCE AND CORRELATES OF EATING DISORDERS IN ADOLESCENTS. ARCHIVES OF GENERAL PSYCHIATRY, ONLINE ARTICLE, E1-E10.

2. NATIONAL EATING DISORDERS ASSOCIATION. (2016). PARENT TOOLKIT. RETRIEVED FROM WWW.NATIONALEATINGDISORDERS.ORG/SITES/DEFAULT/FILES/TOOLKITS/PARENTTOOLKIT.PDF

Warning Signs

SIGNS AND SYMPTOMS MAY VARY BASED ON THE PERSON AND TYPE OF EATING DISORDER, BUT HERE ARE SOME OF COMMON ONES:

SUDDEN WEIGHT CHANGE IN A SHORT TIME

COMPLAINTS OF ABDOMINAL PAIN

FEELING FULL OR "BLOATED"

STRICT RITUALS BEFORE OR AFTER MEALS

FEELING FAINT, COLD, OR TIRED

DARK CIRCLES UNDER THE EYES

BLOODSHOT EYES

PREOCCUPATION WITH BODY SIZE OR FOOD

CALLUSES ON THE KNUCKLES FROM SELF-INDUCED VOMITING

DRY HAIR OR SKIN, OR OTHER SIGNS OF DEHYDRATION

BLUE-TINTED HANDS/FEET

FAINTING OR DIZZINESS UPON STANDING

FREQUENT FATIGUE

Getting Help

TELL A TRUSTED ADULT

THE FIRST STEP TO GETTING HELP IS LETTING SOMEONE KNOW THAT YOU NEED IT. ASKING FOR HELP IS A SIGN OF STRENGTH, NOT WEAKNESS. GET TIPS FOR STARTING THE CONVERSATION AT MENTALHEALTHAMERICA.NET/STARTTALKING.

EDUCATE YOURSELF

LEARN ABOUT EATING DISORDERS AND HOW THEY ARE TREATED. THE MORE INFORMED YOU ARE, THE MORE YOU WILL KNOW WHAT TO EXPECT DURING TREATMENT. MENTALHEALTHAMERICA.NET AND NATIONALEATINGDISORDERS.ORG ARE GOOD PLACES TO START.

FIND OUT WHAT FEELS GOOD

EXPLORE OTHER WAYS TO FEEL GOOD. MAYBE IT'S LISTENING TO YOUR FAVORITE SONGS OR WORKING ON A SKILL OR HOBBY. FIND THINGS OUTSIDE OF EATING HABITS THAT MAKE YOU FEEL GOOD AND GIVE YOU A SENSE OF CONTROL.

BE HOPEFUL

WITH TREATMENT AND SUPPORT (AND PROBABLY A FEW UPS AND DOWNS), PEOPLE DO RECOVER FROM EATING DISORDERS. IT WILL TAKE TIME AND IT WON'T BE EASY, BUT IT WILL BE WORTH IT TO GET HELP AND BE HEALTHY.

#MENTALILLNESSFEELSLIKE

SHARE WHAT LIFE WITH AN EATING DISORDER FEELS LIKE FOR YOU BY TAGGING YOUR SOCIAL MEDIA POSTS WITH #MENTALILLNESSFEELSLIKE.

POSTS WILL BE DISPLAYED AT MENTALHEALTHAMERICA.NET/FEELSLIKE WHERE YOU CAN ALSO SUBMIT ANONYMOUSLY IF YOU CHOOSE.

- ▶ SPEAK UP ABOUT YOUR OWN EXPERIENCES
- ▶ HELP OTHERS WHO MAY BE STRUGGLING TO EXPLAIN WHAT THEY ARE GOING THROUGH TO FIGURE OUT IF THEY ARE SHOWING SIGNS OF A MENTAL ILLNESS
- ▶ BREAK DOWN THE DISCRIMINATION AND STIGMA SURROUNDING MENTAL ILLNESSES
- ▶ SHOW OTHERS THAT THEY ARE NOT ALONE IN THEIR FEELINGS AND THEIR SYMPTOMS

Find Help Near You

LOCATE AN MHA AFFILIATE IN YOUR AREA BY VISITING MENTALHEALTHAMERICA.NET/FIND-AFFILIATE

FIND TREATMENT PROVIDERS USING SAMHSA'S TREATMENT LOCATOR AT FINDTREATMENT.SAMHSA.GOV

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IN CRISIS?

TEXT → "MHA" TO 741741

CALL → 1-800-273-TALK (8255)

to be connected to a crisis counselor

IN A LIFE-THREATENING SITUATION

GO TO YOUR LOCAL EMERGENCY ROOM OR CALL 911!


Mental Health America
B4Stage4

Body Dysmorphic Disorder

BODY DYSMORPHIC DISORDER (BDD) TYPICALLY BEGINS DURING ADOLESCENCE, OFTEN BY 12-13 YEARS OLD.¹

PEOPLE WITH BODY DYSMORPHIC DISORDER OBSESS ABOUT THEIR APPEARANCE, ARE OVERLY CRITICAL OF PERCEIVED MINOR FLAWS WHICH ARE NOT OBVIOUS TO OTHERS, AND EXPERIENCE SEVERE DISTRESS AS A RESULT.

CONCERNS OR PREOCCUPATIONS ARE UNWANTED, USUALLY DIFFICULT TO RESIST OR CONTROL, AND ON AVERAGE OCCUR 3-8 HOURS PER DAY.²



PREOCCUPATIONS CAN FOCUS ON ANY PART OF THE BODY, BUT THE MOST COMMON AREAS ARE THE SKIN, HAIR, AND NOSE.



Signs and Symptoms

SPENDING EXCESSIVE TIME IN FRONT OF THE MIRROR OR PURPOSELY AVOIDING MIRRORS

GOING OUT OF THE WAY TO AVOID CONTACT WITH OTHERS, ESPECIALLY IN SITUATIONS THAT ARE PERCEIVED TO BE SOCIALLY INTENSE (SPECIAL OCCASIONS LIKE BIRTHDAYS, CROWDED EVENTS, CLASSROOM SETTINGS, PUBLIC SPEAKING)

EXPRESSING HATRED, DISGUST, OR GENERAL DISSATISFACTION WITH ONE'S GENERAL PHYSICAL APPEARANCE OR SPECIFIC BODY PARTS

EXPRESSING A STRONG DESIRE TO GET COSMETIC SURGERY OR OTHER COSMETIC PROCEDURES

SPENDING MORE MONEY THAN THE AVERAGE PERSON ON GROOMING OR MAKEUP PRODUCTS

BEING HESITANT TO GO OUT DURING THE DAY

ATTEMPTING TO HIDE OR CAMOUFLAGE PARTS OF THE BODY BY USING MAKEUP, CLOTHES, HATS, SCARVES, ETC.

LATENESS OR ANXIETY IN THE MORNING

SEEKING REASSURANCE ABOUT PHYSICAL APPEARANCE

MAKING COMPARISONS TO OTHERS

WITHDRAWING FROM PREVIOUSLY ENJOYED OR VALUED ACTIVITIES

EXPRESSING THOUGHTS OF SUICIDE AND/OR USELESSNESS

SOURCES

1. BJORNSSON, A. S., DIDIE, E. R., GRANT, J. E., MENARD, W., STALKER, E., & PHILLIPS, K. A. (2013). AGE AT ONSET AND CLINICAL CORRELATES IN BODY DYSMORPHIC DISORDER. *COMPREHENSIVE PSYCHIATRY*, 54(7), 893-903. RETRIEVED FROM [HTTP://WWW.NCBI.NLM.NIH.GOV/PMC/ARTICLES/PMC3779493/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3779493/)

2. PHILLIPS, K. A., STEIN, D. J., RAUCH, S., HOLLANDER, E., FALLON, B. A., BARSKY, A., ... LECKMAN, J. (2010). SHOULD AN OBSESSIVE-COMPULSIVE SPECTRUM GROUPING OF DISORDERS BE INCLUDED IN DSM-V? *DEPRESSION AND ANXIETY*, 27(6), 528-555. [HTTP://DOI.ORG/10.1002/DA.20705](http://doi.org/10.1002/da.20705)

Body Dysmorphia is NOT:

BEING CONCEITED, VAIN OR FULL OF
ONESELF

WANTING TO LOOK NICE OR
PRESENTABLE

HAVING CONCERNS ABOUT AN OBVIOUS
PHYSICAL DEFORMITY

A CHARACTER FLAW

OCCASIONALLY FEELING INSECURE

A CHOICE

A NORMAL PART OF BEING A TEEN WITH
A CHANGING BODY

EASY FOR A PERSON TO LIVE WITH

AN ISSUE THAT ONLY AFFECTS GIRLS
AND WOMEN

JUST A MATTER OF WILLPOWER

A PHASE

BUYING AN EXPENSIVE COSMETIC OR
GROOMING PRODUCT EVERY ONCE IN A
WHILE

Getting Help

TELL A TRUSTED ADULT

THE FIRST STEP TO GETTING HELP IS LETTING
SOMEONE KNOW THAT YOU NEED IT. ASKING FOR
HELP IS A SIGN OF STRENGTH, NOT WEAKNESS. GET
TIPS FOR STARTING THE CONVERSATION AT
MENTALHEALTHAMERICA.NET/STARTTALKING.

EDUCATE YOURSELF

LEARN ABOUT BODY DYSMORPHIC DISORDER (BDD).
THE MORE INFORMED YOU ARE, THE MORE YOU WILL
KNOW WHAT TO EXPECT AS YOU WORK TOWARD
RECOVERY.

BE PATIENT

GENERALLY, TREATMENT FOR BDD INCLUDES A
COMBINATION OF THERAPY AND MEDICATION. THERAPY
IS A PROCESS, AND WON'T MAKE YOU FEEL BETTER
OVERNIGHT. IT WILL ALSO TAKE TIME FOR
MEDICATIONS TO KICK-IN, AND YOU MAY HAVE TO TRY
A COUPLE KINDS BEFORE YOU FIND THE ONE THAT
WORKS BEST FOR YOU. TRY TO HAVE PATIENCE WITH
YOURSELF AND THE TREATMENT PROCESS-IT WILL ALL
BE WORTH IT.

BUILD SELF-ESTEEM

YOU ARE MORE THAN JUST A BODY! YOU'RE A
WHOLE PERSON WITH TALENTS AND ABILITIES THAT
MAKE YOU WONDERFUL. FOR SOME TIPS ON HOW TO
GET STARTED, CHECK OUT
MENTALHEALTHAMERICA.NET/BUILDSELFESTEEM.

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Hair Pulling and Skin Picking

HAIR PULLING (TRICHOTILLOMANIA) AND SKIN PICKING (DERMATILLOMANIA OR EXCORIATION) ARE CONDITIONS RELATED TO OBSESSIVE-COMPULSIVE DISORDER THAT CAN GREATLY DISRUPT A PERSON'S LIFE.

THESE CONDITIONS OFTEN START AROUND THE SAME TIME AS PUBERTY, AND AFFECT MORE FEMALES THAN MALES.

It's more than just plucking a stray hair, picking a scab or popping a zit.

HAIR PULLING AND SKIN PICKING DISORDERS:

CAN TAKE UP HOURS OF A PERSON'S DAY

TEND TO BE FOCUSED ON A SPECIFIC PART OR AREA OF THE BODY

ARE LIKELY TO OCCUR TOGETHER

OFTEN RESULT IN BALD SPOTS OR BLEEDING WOUNDS, WHICH MAY CAUSE A PERSON TO ISOLATE THEMSELVES OUT OF SHAME OR EMBARRASSMENT

ARE CONSUMING AND MAKE IT DIFFICULT TO THINK ABOUT OR DO OTHER THINGS

GENERALLY REQUIRE PROFESSIONAL HELP TO GET UNDER CONTROL

MAY LAST MONTHS OR YEARS IF UNTREATED

Getting Help

TELL A TRUSTED ADULT

THE FIRST STEP TO GETTING HELP IS LETTING SOMEONE KNOW THAT YOU NEED IT. ASKING FOR HELP IS A SIGN OF STRENGTH, NOT WEAKNESS. GET TIPS FOR STARTING THE CONVERSATION AT MENTALHEALTHAMERICA.NET/STARTTALKING.

PREPARE FOR TREATMENT

TREATMENT FOR HAIR PULLING, SKIN PICKING, AND OTHER BODY-FOCUSED REPETITIVE BEHAVIORS (LIKE NAIL BITING AND MIRROR CHECKING), GENERALLY INCLUDES A COMBINATION OF THERAPY AND MEDICATION.

THERAPY IS A PROCESS, AND WON'T MAKE YOU FEEL BETTER OVERNIGHT. IT WILL ALSO TAKE TIME FOR MEDICATIONS TO KICK-IN, AND YOU MAY HAVE TO TRY A COUPLE KINDS BEFORE YOU FIND THE ONE THAT WORKS BEST FOR YOU.

LEARN MORE ABOUT MENTAL HEALTH TREATMENT AT MENTALHEALTHAMERICA.NET/TREATMENTTYPES.

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