Disordered eating in first-year undergraduate students

Developing support mechanisms and health promoting outreach

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Theoretical Basis

- Positive Psychology
- Spectrum theory
- Liminality
- Salutogenesis
Disordered eating represents an over focus on body shape and weight with abnormal and disrupted attitudes to food patterns and eating (Quick and Byrd-Bredbenner 2013).

Can form part of the **spectrum of disturbed eating patterns** and behaviours with evidence of significant disability (clinical anorexia nervosa, Bulimia etc.) (Sanlier et al. 2008; Dissing et al. 2011).

Or as **subclinical and possibly concealed** but with significant psychological social and physiological risk (Boyd 2006; Sanlier et al. 2008; Dissing et al. 2011).
Stigma & Concealment

- Disordered Eating like classic eating disorders caries a stigma = Concealment = Non-disclosure (Eisenberg et al. 2011)
Figures

Perhaps 90% of disordered eating occurs in individuals up to 25yrs (Sanlier et al. 2008)

Studies suggest variation

Simon-Boyd and Bieschke (2003), suggest possibly 36.6% of sample reflected evidence of disordered eating

Eisenberg et al. (2011) possibly 13.5% (F) 3.6%(M) college students reflected eating disorder symptoms.

Petrie et al. (2008) suggested evidence of disrupted eating patterns/disordered eating amongst almost 20% of the undergraduate male student population.
The Study

- A qualitative study exploring disordered eating in a small group of first-year undergraduate students studying for professional health care related degrees
- Nursing, midwifery and medical students
- (n=12)
- Illustrating what support mechanisms and services are required for those 1st year students experiencing or at risk.
Methodology

- In-depth Interviews
- Thematic analysis
- Narrative analysis
- Conceptual Framework drawn from theory of Salutogenesis
- A sense of Coherence
  - Comprehensibility
  - Manageability
  - Meaningfulness
Salutogenesis

- Salutogenesis addresses our understanding of health, health outreach and health promotion
- Focuses within the positive promotion of health (including mental health)

and

- Building Resilience
  - With emphasis less on pathogenesis and more on the social matrix which sustains, supports or helps to restore a sense of health and wellbeing (Antonovsky 1984; 1996)
  - Equipping for "The River of Life"
A Sense of Coherence

- Salutogenesis in developing and sustaining a SOC uses social, psychological and cultural resources to promote health and to resist illness; which Antonovsky (1979) = Generalised Resistance Resources (GRRs).
- The extent of an individual's sense of coherence is substantially reflected in their GRR’s Antonovsky (1979).
- Include material resources, cognitive, emotional and interpersonal resources (including knowledge and understanding and their sense of self (their ego identity) and their inter-social and inter-relational attachments and support.
- The development of a strong SOC reflects the growth of GRR’s within the individual (Antonovsky 1979;1993).
Comprehensibility

Comprehensibility reflects an individual’s sense of comprehension and understanding of significant issues in health and their lived experience, together with an internalized assurance/reassurance of a sense of existing order and social balance (Antonovsky 1996; Johnson 2004; Darling et al. 2007; Sanftner 2011).
Manageability

Manageability reflects a particular focus upon the individual’s perception, understanding and sense of control.

Manageability also reflects an individual’s response to stressors and an individual's access to and choice of coping skills and coping support.

Coping support is significantly reflective of prior experience and perceptions of the supportive matrix in which an individual might find themselves at a particularly stressful period (Antonovsky 1987; 1996; Cilliers and Kossuth 2002).
Meaningfulness reflects life as having a sense of purpose that it is understandable,
That the individual has value and primacy

and

There is real worth in the individual investing time and resources into significant challenges (Antonovsky 1979; 1987; 1996).
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The Conceptual Framework-Undergraduate Students and Disordered Eating
Psychiatry or psychology

- The 1st year and significant stress
- Pre-existing drivers
- Mad or troubled/struggling
- Control, Chronic Stress

and

- Disordered Eating (NICE 2004:BEAT 2014)
- Early outreach
- A sense of wellbeing
- Positive psychology (Seligman and Csikszentmihalyi 2000)

University the 1\textsuperscript{st} year and a \textit{Liminal Opportunity}
Key issues emerging

- Lack of understanding to the nature/risks associated with disordered eating
- The use of disordered eating as a stress coping mechanism
- Stress & Isolation
- Disordered eating perceived negatively as a mental health issue carried stigma and reticence to acknowledge = being wary of the academic/ professional consequences.
- Possibly reflected in a sometimes concealed /sub-clinical experience.
- Students wary of eating in more public refectories.
- Students felt very positive about their arrival at university

and

- That their experience with disordered eating could potentially add to their repertoire as future health care professionals.
Impact!

- On self
- On first and later years of study
- Unstable self image/self efficacy
- Waste of resources
- ↓ Scholarly focus
- ↑ Acute /chronic stress
The University could

- Further develop its outreach to new students with a more consistently supportive program including stress training and more support via student buddying.
- Enhance education/awareness of student support facilities particularly in terms of mental health stressors/resilience and the assurance of confidentiality.
- **Extend its program on positive mental health to reduce a sense of stigma within the student population.**
- Consistent more training in the understanding and person-centered approach to students experiencing disordered eating, particularly the sub-clinical group.
- **Consider some small changes and adaptations to the refectory eating areas to better facilitate at-risk students.**
- Finally, the University could perhaps better use the first few months of student's arrival at university to help embed a program to develop a stronger sense of coherence and wellbeing.
Reference List

THANK YOU & OUR BEST WISHES!
Issues

- How to relabel mental distress rather than mental illness
- Addressing stigma and the student population
- Building an early stage resilience in the young undergraduate
- The public health outreach to young students