Sussex Partnership
NHS Foundation Trust

Culturally Informed Guides: to support clinicians with identifying, assessing and treating eating disorders in minoritised persons

*minoritised refers to the process of becoming a minority

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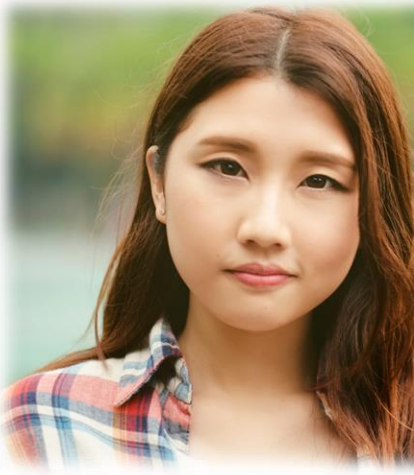
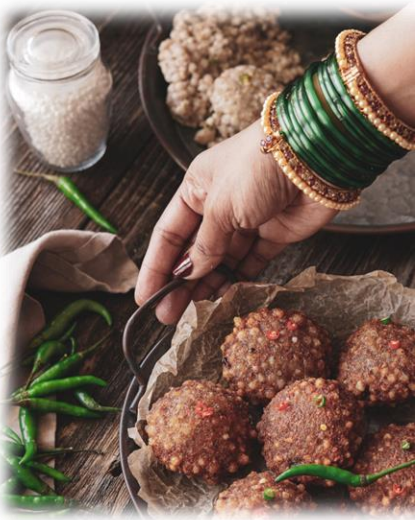
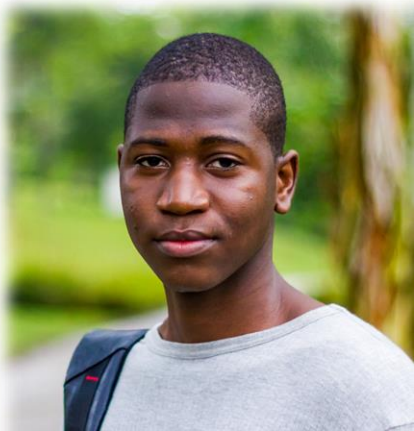
Factors to consider for intercultural assessment and treatment of minoritised persons with a suspected eating disorder

- Eating disorders affect all genders, ages, races, ethnicities, body shapes, and people of any sexuality and socioeconomic status (NICE Guidelines, 2017)
- Academy of Eating Disorders (2021) Medical Guide: All clinicians should work to mitigate the risk of missing an eating disorder when a patient presents who does not conform to the stereotype of someone with an eating disorder
- Eating disorders occur in diverse ethnic and cultural groups in the United Kingdom and globally and cause distress
- Barriers to help seeking: stigma, shame and a lack of understanding of eating disorders within cultural groups and families, somatisation of distress, and confidentiality issues,
- Consider religious festivals, celebrations and the implications of fasting for the sufferer as there may be pressure to conform to traditions if the family is unaware of/or does not understand the meaning of the eating issues
- The eating disorder may not be visible to clinician, yet someone may be at serious physical risk
- Racism, migration, trauma, slavery, loss, bereavement, famine, war, and family understanding of mental health may all impact on development of an eating disorder.

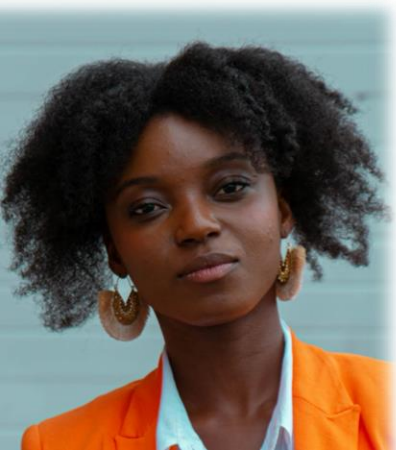


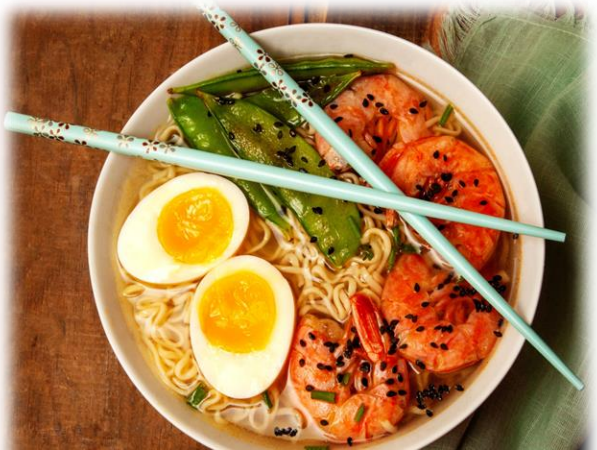


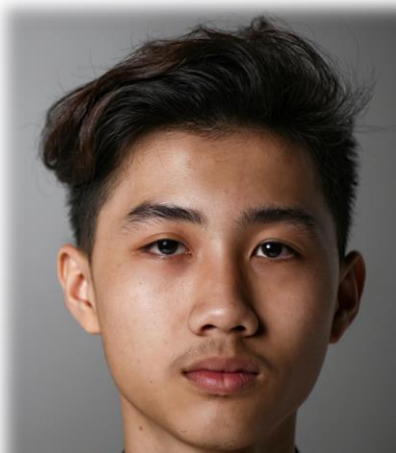


Identifying eating disorders amongst minoritised persons

- Variability of presentations, for example Asian and Chinese females may be of smaller stature, usual height and weight charts* may not apply (lower premorbid %weight for height/BMI)
- May continue to menstruate yet be seriously underweight
- May report distress, low mood but not report body image concerns, or desire for weight loss
- Reasons given for food refusal may be somatic, e.g. gastric complaints and bloating and loss of appetite
- The length and course of the illness may be different
- Many cultures remain unresearched
- Caution is needed in assuming homogeneity across cultures
- Are routine outcome measures cross-culturally applicable?







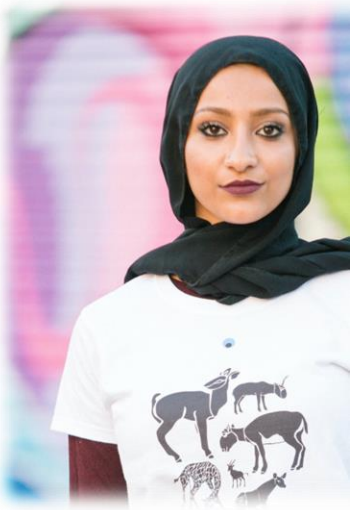
Assessment of eating disorders amongst minoritised persons

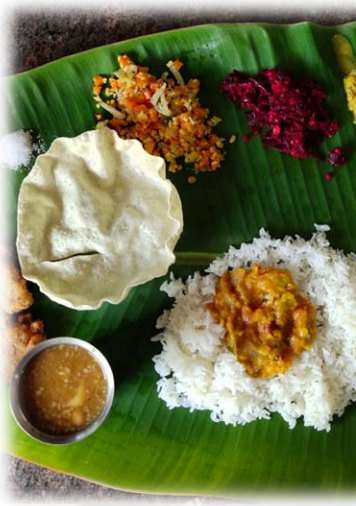
- Intercultural Assessment: Involves the following:
- Family Life Cycle: Use the Cultural Food* genogram and Migration Map** to consider life cycle events and experiences. Clinicians might consider a 5 or 6-generation genogram to capture trauma transmission from slavery/forced migration and history of famine and starvation. In practice this may be unrealistic, but clinicians can ask what the family/young person know of previous generations regarding migration etc. In warming the therapeutic context, asking about these histories of colonialism, slavery and racism and how these impact on identities in the family will aid the relationship and validate the family experience and history. Gather a rich story of the illness experience and its impact on the individual, family and wider relationships
- Cultural Psychoeducation: Offer standard psychoeducation about eating disorders as well as asking about and being aware of:
- Gender, power, racism, migration, acculturative stress and oppression impact on the development of the eating disorder
- Early eating behaviours
- Gender roles in the family
- Family view on their ethnic identity and how this may be changing
- Family view and knowledge of mental ill health
- Food preparation, roles and rituals
- Religion and spiritual beliefs
- Barriers to seeking help: fears regrading confidentiality, previous experiences, stigma
- Link between fasting for religious reasons and onset of eating disorder
- Different and changing views on body image
- Menu plans to reflect cultural/religious norms
- Many ethnic groups socialise through ritual of food, and this may present difficulties for those struggling with food
- Evidence of eating disorders being triggered by fasting.

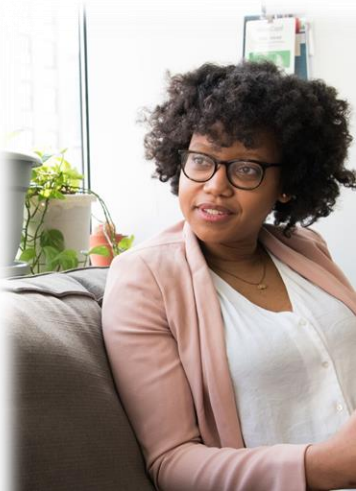
*Cultural food stories are those stories that connect the person to their culture. These questions might also highlight the absence of cultural food due to it not being available. Stories therefore may be further back in family storytelling and invoking these stories may bring forth a sense grief and loss.

Intercultural Therapy for minoritised persons with eating disorders

- After assessment: Intercultural Therapy: Consider
- Shame and culturally held beliefs about mental illness by family members may work against a successful engagement and may lead to non-attendance and therefore place the individual at increased risk
- If parent/s did not attend initial assessment, how will the clinician consider engaging with them and taking into account their cultural context?
- Continue to develop the narrative of the Cultural food genogram/Migration Map and the mini ethnography
- Be aware you may trigger previously untold or unheard stories that do not initially appear to be connected to the presenting eating issue but are relevant and useful for engagement
- Be sensitive in your exploration of the history of cultural food stories* as they may carry strong and ambivalent meanings and may tap into multiple losses, hunger, trauma or abuse
- Stories of cultural heritage and racism often are underplayed. Consider how these conversations can be made transparent
- Give consideration to collectivist cultures, it is a developed nations narrative that it is desirable for a young person to have independence at aged 18
- Continue with NICE Guidance treatments and integrate culturally informed intercultural practices
- Treatment approaches that are effective for white European families may not fit for BAME families/young people
- Families may be unsure about sharing private matters with a stranger.







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Cultural Food Genogram and Migration Map

Cultural food stories are those stories that connect the person to their culture. These questions might also highlight an absence of cultural food due to it not being available. Stories therefore may be further back in family storytelling and invoking these stories may bring forth a sense grief and loss.

The cultural genogram* is a useful template for undertaking this genogram. The guide below is a prompt to develop a cultural narrative of the family history regarding food and migration. I recommend a five or six generation genogram to allow for the long view, to enable the continued scaffolding of knowledges and skills as the therapist zooms in and out of the family context, looking more closely at the present whilst also zooming to the past, renaming, remembering and knowing stories in a different, more appreciative way. It is within these stories that the legacy of colonialism, slavery and racism can be privileged alongside stories of illness narratives and a different understanding becomes available. Clinicians can then begin to formulate how these narratives are implicated in the eating disorder.

A Migration Map is an additional tool to help families/young persons to contribute to their migration journey by plotting visually knowledges of where their ancestors came from and the journeys they took. A world map that can be written and drawn upon will aid this process

* Hardy, K and Laszloffy T (1995) The cultural genogram: key to training culturally competent family therapists *Journal of Marital and Family Therapy*. 21, 227-237.

Cultural Food Genogram and Migration Map

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- What do you remember of the food you ate when you were a young child? Did you eat food from your parent/s cultural heritage?
- If not, why not?
- What did you like/not like?
- What kind of food did you and your family eat to celebrate (explore festivals and religious dates that are important to the family)
- Who shopped for the food, was it available locally, who prepared it and served it? How was this talked about?
- What were the emotions associated with this food, what do you remember about how cultural food was talked about
- What kind of foods were they able to buy here and what kinds of foods were unavailable to them?
- Did anyone go hungry or experience famine?
- How do your parents refer to food when they were growing up? (Availability, were they ever hungry, did the community help to feed families)
- How did you celebrate with food before you became unwell?
- What did you first notice about your changing eating behaviour?
- What do you know about how your parent/s came to this country?
- Where are their ancestors from? How many moves have they made?
- How would your parents or people form your culture understand anorexia or bulimia? What would it mean to them? Would they recognise it as linked to emotional or psychological states?

Develop these questions with additional generations, grandparents, great grandparents, great, great grandparents. You may learn of multiple migrations as you go further into history and therefore of multiple losses, deprivations and traumas including language, hunger and famine.