

Dear (addressee),

[delete coloured paragraphs below as applicable]

As you may be aware, (child's name) is currently suffering from Anorexia Nervosa. (Parent's name) and I are thankful for the kindness and support that you have provided to our family during this particularly challenging time. As the prevalence of Anorexia Nervosa in the Australian population is less than 1%, this illness is thankfully not something that many families will experience. However, this does make it challenging for those who do as few people in the general population understand the disorder. Our intention for this letter is to tell you a bit more about what (child's name) is experiencing and what is needed for him/her to recover.

For the last (weeks/months/years), (child's name) has experienced an extreme fear of becoming overweight. She/he is restricting her food intake and has lost a considerable amount of weight as a result. Although she/he is currently underweight for her age, height, and gender, she/he does not see herself this way. (child's name) is not experiencing these symptoms by choice and is not doing it for attention. Instead, she/he is experiencing a severe mental illness with a mortality rate of approximately 20%. This is the highest mortality rate of any psychiatric illness, which is particularly frightening for our family. We are also frightened by statistics showing that only 60% of sufferers will make a full recovery. With an average illness duration of 5-7 years, we know that there is no quick and easy fix. Therefore, our number one priority and focus right now is ensuring that she/he has the best possible chance of being in that 60% who do make a full recovery.

As you may be aware, (child's name) is currently suffering from Bulimia Nervosa. (Parent's name) and I are thankful for the kindness and support that you have provided to our family during this particularly challenging time. As the prevalence of Bulimia Nervosa in the Australian population is less than 1%, this illness is thankfully not something that many families will experience. However, this does make it challenging for those who do as few people in the general population understand the disorder. Our intention for this letter is to tell you a bit more about what (child's name) is experiencing and what is needed for him/her to recover.

For the last (weeks/months/years), (child's name) has placed a significant emphasis on their body shape and weight in her/his self-evaluation. Although she/he may not appear to be under- or over- weight, she/he is engaging in disordered eating. This typically involves a binge eating episode followed by one or more compensatory behaviours. Compensatory behaviours commonly used by people suffering from Bulimia Nervosa include vomiting, use of drugs for the purpose of weight loss, fasting, excessive exercise, or using laxatives or diuretics. (child's name) is not doing this for attention or as a lifestyle choice. It is also not just a phase. Instead, she/he is experiencing a serious, often chronic, mental illness with severe associated risks.

Associated risks include but are not limited to a chronic sore throat or indigestion, rupturing of the oesophagus and stomach, stomach and intestinal ulcers, osteoporosis, irregular or slow heartbeat, infertility, or chronic irregular bowel movements. With an average illness duration of 6.5 years and statistics showing that only 55% of sufferers will recover within a 5 year period, we know that there is no quick and easy fix. Therefore, our number one priority and focus right now is ensuring that **she/he** has the best possible chance of being in that 55% who do make a full recovery.

As you may be aware, (**child's name**) is currently suffering from Binge Eating Disorder. (**Parent's name**) and I are thankful for the kindness and support that you have provided to our family during this particularly challenging time. As the prevalence of Binge Eating Disorder is approximately 6% in the Australian population and has only recently been recognised as a mental illness, it is still commonly under-recognised by health professionals and misunderstood by the general population. This makes it particularly challenging for those who are experiencing the disorder. Our intention for this letter is to tell you a bit more about what (**child's name**) is experiencing and what is needed for **him/her** to recover.

For the last (**weeks/months/years**), (**child's name**) has experienced a compulsion to consume a large amount of food in a small amount of time. While doing this, **she/he** experiences a loss of control in **her/his** ability to stop eating, followed by guilt and shame after the binge episode. **She/He** often hides food in secretive places such as **her/his** bedroom. **She/He** is not doing this for attention or as a lifestyle choice. It is also not just a phase. Instead, **she/he** is experiencing a serious, often chronic, mental illness with severe associated risks. Associated risks include but are not limited to strokes, heart disease, type two diabetes, cancer, asthma, irritable bowel syndrome, and sleep disturbances. With 80% of sufferers achieving recovery by a 3-5 year follow up, Binge Eating Disorder has the highest recovery rate of the three main eating disorders. However, there is no quick and easy fix for families and our number one priority and focus right now is ensuring that **she/he** has the best possible chance of being in that 80% who do make a full recovery.

Our lives have had to dramatically change for this to happen. Over the next couple of months we will need some privacy and ask that you check in with us before visiting in case we are unable to have guests at that time. Activities that we also previously enjoyed, such as social occasions, are events that we can no longer commit to with certainty of being able to attend. Everyday with a child experiencing **Anorexia Nervosa/Bulimia Nervosa/Binge Eating Disorder** is unpredictable and we need to be available for activities such meal times taking longer than initially planned. We understand that these changes can be frustrating for our family and friends, however, we hope that you appreciate the reasons why. We also understand that you may have an opinion about what we could be doing differently to support (**child's**

name). However, we are managing our situation guided by advice from health professionals and in the way that best suits our family.

Some of our close friends and family have reached out to us asking how they can best help. If this is something that you are wondering yourself, below is a list of actions we have found to be the most helpful when required:

- Taking other children to school, sport, or lessons
- Grocery shopping
- Organising home repairs
- Returning due library books
- Taking and picking up clothes from dry cleaner
- Taking pets to vet
- Minding pets
- Taking pets on walks
- Taking car for service
- Offering a short rest bite outing to either (parent's name) or I
- Educating inquisitive parents or acquaintances about eating disorders
- Researching evidence-based treatment options for adolescents (if requested)

Please do not hesitate to contact us with any questions that you may have about information included in this email. If you wish to learn more about eating disorders, we have also found the following websites helpful:

- [The Butterfly Foundation](#)
- [The InsideOut Institute](#)
- [Eating Disorders Victoria](#)
- [Eating Disorders Families Australia](#)
- [Families Empowered And Supporting Treatment for Eating Disorders \(F.E.A.S.T\)](#)
- [National Eating Disorders Collaboration](#)

Warm regards,
(parents names)