First Nations Perspectives:
Strengthening the Eating Disorder Safe Principles

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About the artwork

Guided by the Elder Bird

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The Black Cockatoo, Elder bird of Lutruwita, soars across sky and memory. It watches over us - the young, the vulnerable, and carries the stories that keep us grounded. In its chest, nestled close to its spirit, is the Child - made of Sun and Moon, carrying both light and shadow, joy and pain. The rays that extend from the Child are the teachings of culture: language, law, kinship, belonging, and connection to Country.

But the Child is not untouched.

Even in early life, we are surrounded by dark tendrils; trauma, racism, body shame, intergenerational pain, disconnection - all with silent poisons that sink deep. These forces whisper that we are not enough, that we are too much, that we must shrink ourselves to survive. These whispers become beliefs, and those beliefs become wounds.

But we are not alone.

Surrounding us is Kanalaritja, a cultural shield formed by Ancestors, Elders, and Spirit. It holds us in ceremony, in truth-telling, in love. It reminds us that culture does not shame our bodies, it holds them sacred.

The vibrational lines flowing through the work are the presence of Muyini, the Creator, and Mother Earth, holding our spirits close even when we feel lost. They guide the Elder, who in turn guides the Child - protecting, healing, witnessing.

This story is not just about struggle, it is about returning. Returning to self, to Spirit, to Culture.

Even when harm tries to reach us, we are never without protection. We carry the shield. We carry the stories. We carry each other.

Author's note: This story reflects my personal cultural interpretation as a Truwulway woman from Lutruwita. It is shared with deep respect for Elders past and present and is not intended to speak for all Aboriginal and Torres Strait Islander peoples nationally.

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Terminology

Throughout this document certain terminology has been chosen to ensure clarity of communication. The authors acknowledge that many of these terms do not have universally agreed definitions, or may not be the preferred terms of all First Nations people. We respectfully offer the following definitions of these terms to assist readers.

First Nations – is used throughout the document to respectfully refer to Aboriginal and Torres Strait Islander peoples, while acknowledging that they are not one homogenous group. There are over 250 different language groups across Australia, each with their own language, customs and culture.

ACCHO – is an abbreviation for 'Aboriginal Community Controlled Health Organisation.' A related term is Aboriginal Community Controlled Health Service (ACCHS). Community Controlled organisations work through processes of self-determination to ensure local First Nations communities can run and receive services that align with that community's protocols (NACCHO, 2024).

Country – is a term often used by First Nations people in Australia to describe the lands, waterways and seas to which they are connected. This connection encompasses dimensions of law, place, custom, language, spiritual belief, cultural practice, material sustenance (including food systems), family and identity (AIATSIS, n.d.).

Discrimination – refers to unfair treatment of a person based on characteristics such as racial or cultural background, disability, age, sex or gender, sexuality or carer status (Anti-Discrimination Act, 1977) as well as discrimination based on their body weight, shape or size (NEDC, n.d). First Nations people may experience multiple forms of discrimination, for example if they experience both racial and sex discrimination, which can have a compounding effect.

Eating Disorders – refers to a group of health conditions where a person's relationship with food and/or body image is negatively impacted, leading to distress and potentially harmful behaviours in relation to eating and/or exercise. While eating disorders are common among First Nations peoples, the language often used to describe or diagnose them by the Western health system may be a barrier to awareness and identification within communities.

Intersectionality – refers to the interconnected nature of social categorisations such as race, culture, class or gender, and the ways that these experiences overlap. The lived experience of multiple forms of discrimination or disadvantage, such as racism, sexism, homophobia or transphobia is implicated in eating disorder risk, and as such intersectional approaches to eating disorder prevention and harm minimisation are needed. The need for intersectional approaches when working with First Nations people and communities underscores the importance of centring holistic concepts of self, wellbeing, kinship and community.

Structural Racism – describes the ways in which institutions, systems and structures discriminate against people, families or communities because of their racial or cultural background. Examples include failing to provide services, failing to uphold equal opportunities, enacting policies which have a direct discriminatory impact (such as requiring people to interact with a system which does not meet their cultural needs), and in the case of First Nations peoples, maintaining systems which have been established through dispossession and denial of sovereignty (Victorian Aboriginal Legal Service, 2022).

This point in the journey

Throughout the process of developing the National Eating Disorder Strategy 2023-33, First Nations peoples' needs were considered as part of the process. However, when it came to the development of the Eating Disorder Safe principles, it became apparent that simply seeking First Nations perspectives in the development of the principles would not be enough. There needed to be another space to set out the unique experiences and approaches which should brought into consideration when applying Eating Disorder Safe principles in contexts that affect First Nations people and communities. NEDC owes a debt of gratitude to Dr Alana Gall who, from her position on the Expert Advisory Group for the Eating Disorder Safe principles project, identified the need and put this Companion Document forward as an idea.

From those first few discussions, the work has burgeoned, and relationships and connections have grown. The team has conducted a policy scoping review to look at what information there is to guide prevention and management of eating disorders for First Nations peoples in Australia – and found that much more work is needed. This Companion Document is a step in that process, setting out the collective ideas generated by the Governance Group and the writing team, to reflect 'on paper' our thoughts so far about how to make the 'Eating Disorder Safe' idea work well for First Nations people and communities.

There will be more to do beyond this, beginning with culturally validated approaches to testing the contents of this Companion Document with a wider group of First Nations community members. We expect this Companion Document to evolve, as it brings in the knowledge, strengths and aspirations of more and more First Nations people, as well as allies in arenas such as healthcare and education. Together we will continue to tend the landscape for culturally safe and relevant approaches to eating disorder prevention and care.

About this Companion Document

This Companion Document to the Eating Disorder Safe principles addresses the unique cultural, historical, and social factors affecting First Nations communities, and the ways that these factors relate to First Nations people's experiences of health, food, mind and body. Current approaches to eating disorder prevention and harm minimisation often fail to consider the profound impact of colonial legacy, ongoing trauma, and cultural disconnection, or may acknowledge these issues without giving adequate guidance about how to respond (Gall et al., 2024). This Companion Document is a step towards addressing these oversights by embedding cultural safety into all Eating Disorder Safe initiatives, ensuring that the strategies and actions are respectful, informed, and responsive to the specific needs of community.

Crucially, the contents of this Companion Document must inform all work to implement the Eating Disorder Safe principles, not just interventions directly targeted at First Nations communities. Given the unique place of First Nations peoples within Australia's national population, it is imperative that efforts to improve the safety of messages about health, food, mind and body ensure cultural safety and respect in every context. A culturally safe approach ensures that, whether or not First Nations communities are the primary focus of an intervention, their cultural perspectives and needs are always considered and honoured. Implementing the Eating Disorder Safe principles without the comprehensive inclusion of the Companion Document compromises the effectiveness of these initiatives and fails to uphold the principles of equity, trauma-informed approaches and cultural safety, sensitivity and competence which underpin the National Eating Disorders Strategy 2023-33 (NEDC, 2023).

Cultural safety

The Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy (AHPRA, 2020) offers the following definition of cultural safety:

> **Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.**
>
> **Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.**

According to that Strategy, enacting cultural safety in the healthcare setting involves:

Acknowledging colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.

Health practitioners acknowledging and addressing individual racism, their own biases, assumptions, stereotypes and prejudices and providing care that is holistic, and free of bias and racism.

Recognising the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.

Fostering a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Implementing 'Eating Disorder Safe' principles needs to happen both within and beyond healthcare, into settings such as early childhood education centres, schools, family services, community services, sports clubs, media and online. In this sense, we are seeking to embed cultural safety in the ways that all messages about health, food, minds and bodies are conveyed.

A proposed definition for cultural safety in this context is:

> **Cultural safety is determined by Aboriginal and Torres Strait Islander people, families and communities, who are the experts in their unique and collective experiences of factors that affect their relationships with health, food, mind and body.**
>
> **Cultural safety upholds the strength of Aboriginal and Torres Strait Islander cultures, their ways of knowing, being and doing, and their holistic understanding of the interconnectedness of all things. It recognises and seeks to redress power imbalances. It is about how care is provided.**
>
> **Cultural safety is inherently relational, respectful and creates spaces where people can be comfortable being themselves. Everyone has a role to play.**

We invite you to hold this definition in your mind as you read the rest of this Companion Document, and whenever you are taking action to implement the Eating Disorder Safe principles.

Context and background

Before colonisation, Aboriginal and Torres Strait Islander peoples enjoyed a rich and sustainable relationship with the land and surrounding waters, which provided the foundation for their food, medicine, cultural practice, spirituality and overall wellbeing. Health practices were holistic, based on understandings that mind, body, spirit, community and Country were all inextricably linked, and nurtured by generations of traditional knowledge. This ancient wisdom, deeply embedded in the everyday lives of First Nations people, continues to be a living practice that sustains families and communities today.

The onset of colonisation marked the beginning of systematic efforts to erase or assimilate First Nations peoples via brutal, state-sanctioned means. This prolonged genocide led to a profound disconnection from Country, culture, language, and kin, attempting to permanently sever the ties that sustained communal health. The disruption extended to food systems and traditional medicines, critical components of First Nations peoples' health and healing systems. The forced removal of children from their families, the dispossession of land, combined with the imposition of new laws which actively disenfranchised First Nations peoples and communities, initiated a cycle of intergenerational trauma. This intergenerational trauma persists, alongside ongoing trauma from oppression and systemic racism which endures today. Both have lasting and continuing impacts on health and wellbeing.

Not all First Nations people experience these effects in the same ways, however all First Nations people experience the ongoing effects of colonisation profoundly. This shared history -- which includes resistance, resilience, strength and survival -- forms a backdrop against which ongoing health, social and economic disparities should be addressed. Recognising the historical and current contexts is crucial to implementing health and wellbeing initiatives that are not only culturally sensitive and appropriate but also effective in healing and supporting First Nations communities to thrive. Self-determination is a critical aspect of this.

Key issues in relation to health, food, mind and body

First Nations health and wellbeing is conceptualised according to holistic and collectivist worldviews, and influenced by many community and cultural factors, in addition to social and commercial determinants of health. While the Eating Disorder Safe principles seem to draw a circle around 'health, food, mind and body' to the exclusion of all else, recognising their interconnected nature with each other as well as with wider factors is central to understanding how to apply them for all people, and particularly for First Nations people and communities. This is shown at Figure 1.

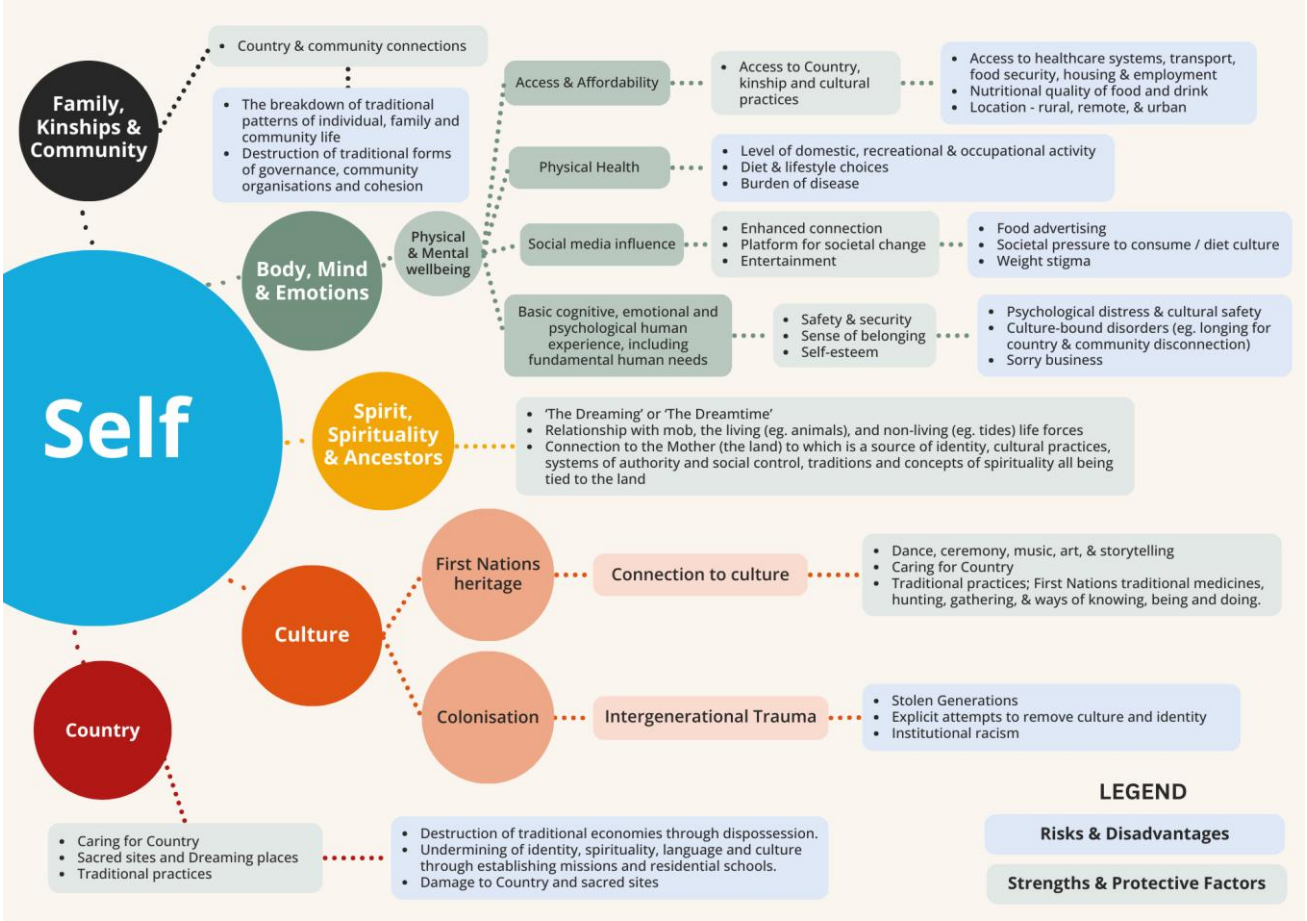

Figure 1: Systems map showing the interrelationship between First Nations ways of Knowing, Being and Doing, historical factors, and the social and commercial determinants of health

Some discussion of key issues that particularly effect First Nations peoples and communities follows on the next pages. This is, inherently, not an exhaustive list.

Structural racism

Structural racism and discrimination present significant barriers to accessing essential services such as healthcare, housing, food, education, and employment opportunities. These barriers contribute to both physical and mental health disparities between Aboriginal and Torres Strait Islander peoples and the wider Australian population.

The Western healthcare system can reflect a carceral approach to care, with policies and practices that do not account for the cultural needs and contexts of First Nations peoples, which can prevent access to necessary care. This is also seen within eating disorder care, including involuntary psychiatric care, where treatment approaches can include punitive methods and a loss of consent and choice, rather than culturally responsive, community-driven approaches. This compounds a lack of trust between the person and the provider, which can lead to patients being disbelieved, receiving inappropriate treatment and experiencing further negative impacts on their mental health and wellbeing.

Material disadvantage

The healthcare cost gap makes it even more difficult for many First Nations people and families to afford the care they need. This financial barrier is compounded by the broader context of economic disadvantage that stems from systemic discrimination and unequal access to education and employment.

Food insecurity occurs within many First Nations communities, with the specific drivers and challenges varying according to factors such as level of remoteness or urbanisation. The impact of food insecurity is significant: it greatly increases household stress, makes it harder for children to learn or adults to work, and increases current and lifetime risk of disordered eating and eating disorders, particularly binge-type disorders. While not the fault of the individual or family, experiences of food insecurity can evoke feelings of shame. This sense of shame can be exacerbated by well-intended nutrition programs that are often poorly targeted and fail to address the lived realities of communities. A lack of food sovereignty -- self-determination in relation to food systems -- further disempowers communities from sustaining health through traditional and culturally appropriate means.

Poorly targeted interventions

Inappropriate approaches to health promotion and health literacy development also contribute to lower health status for First Nations communities. To effectively build health literacy among First Nations peoples, culturally relevant and community-centred strategies are essential. This includes co-developing programs which reflect local languages, cultural practices and health beliefs and use culturally valid methods such as artwork, storytelling and yarning. Unfortunately, culturally safe and relevant approaches are often not implemented due to a lack of engagement and consultation before the program is developed, assumptions that programs will work without testing them with community, and low investment in culturally informed practices within Western health services. This limits the success of these initiatives, and can have unintended consequences such as causing shame or offense and disengagement from health services.

Lack of representation

Body image distress is also notably prevalent within First Nations communities, influenced by external stereotypes and internalised pressures that are often magnified by mainstream media and narratives that do not reflect the diversity of Indigenous bodies and experiences. Experiences such as body checking, body comparison and attempts to control body composition have additional layers of meaning for communities where racialised bodies are less safe. Experiences such as body positivity or body neutrality are inherently privileged and may be much less accessible to First Nations peoples who experience body image distress in direct connection to racism, weight stigma and other forms of discrimination.

Non-communicable diseases

There is a higher incidence of non-communicable diseases and metabolic conditions among First Nations communities when compared to the wider Australian population. These health issues may be influenced by disrupted access to traditional foods and medicines, changes in lifestyle that are imposed rather than chosen, the structural factors mentioned above and the stress felt in relation to these. Well targeted and culturally safe approaches to prevention and ongoing care may be available in some communities and not others, or for some health conditions and not others. A high degree of 'lifestyle stigma' exists within some communities in relation to metabolic conditions which may be seen as being the fault of the individual.

Addressing these issues requires a multifaceted approach that considers the holistic nature of health and social and emotional wellbeing as understood by Aboriginal and Torres Strait Islander peoples. Implementation of enforceable policies that directly tackle both the symptoms of these disparities and their root causes is urgently needed. Cultural safety and self-determination are crucial to achieving health and social equity. Implementation of the Eating Disorder Safe principles may contribute to several of these efforts.

Listening to First Nations wisdom: key principles and frameworks to inform action

First Nations peoples are the oldest continuing culture in the world. They have over 65,000 years of knowledges that have been passed down through the generations. Whenever First Nations peoples choose to share this knowledge with others, it is a gift, and should be acknowledged as such. Indeed, listening to and integrating First Nations wisdom into the implementation of the Eating Disorder Safe principles has the potential not only to ensure that culturally safe and relevant approaches are used within First Nations communities, but also to bring a much more holistic, interconnected and integrated view of health, food, mind and body to all Eating Disorder Safe initiatives.

First Nations ways of Knowing, Being, and Doing

First Nations ways of Knowing, Being, and Doing encapsulate the holistic framework through which Aboriginal and Torres Strait Islander peoples understand and interact with the world, themselves and each other (Martin & Mirraboopa, 2003). This encompasses ancestral knowledge, cultural practices, and spiritual beliefs that guide daily lives and health practices. This holistic approach naturally extends into the concept of Social and Emotional Wellbeing (SEWB).

Social and Emotional Wellbeing (SEWB)

SEWB underscores the understanding that individual wellbeing is deeply connected to the community, spiritual, cultural, and ancestral health (Gee et al., 2014). SEWB promotes a balanced state of wellbeing that includes the physical, social, emotional, cultural, and spiritual dimensions of a person's life within their family and community.

The Fabric of Aboriginal and Torres Strait Islander Wellbeing

Building on the SEWB model is the Fabric of Aboriginal and Torres Strait Islander Wellbeing model (Garvey et al., 2021), which uses the metaphor of traditional basket-weaving practices to reflect the beauty and strength of Aboriginal and Torres Strait Islander cultures and worldviews. The Fabric of Wellbeing model highlights the ways in which all important aspects of health and wellbeing are interwoven with their family, community and culture, and that wellbeing of the person is connected to the strength of these threads.

Strengths-based approaches

Strengths-based approaches shift the focus from too often-cited deficits to the inherent strengths within people, families and communities. Strengths-based approaches recognise the strengths and values inherent within First nations communities, such as family and kinship systems, social relationships, collective identities and cultural practices (Fogarty et al, 2018). Strengths-based approaches acknowledge that First nations ways of knowing being and doing are best for achieving strong health outcomes for First Nations communities. Crucially, this must involve equipping First Nations peoples with the skills and resources to empower self-determination, rather than being led by non-First Nations people's perspectives.

Trauma-informed approaches

Trauma-informed approaches recognise and address the widespread impact of historical and ongoing trauma on individuals and their communities (Tujague & Ryan, 2021). These approaches are designed to prevent re-traumatisation by creating services that are accessible, understanding, and appropriate to those who have experienced trauma and its effects.

Healing-informed approaches

Healing-informed approaches go a step further by integrating traditional healing practices with contemporary health services to support recovery and wellbeing (Hewlett et al, 2023). These approaches acknowledge the healing power of cultural practices, traditional medicines, and community rituals, which are essential in restoring balance and health according to Aboriginal and Torres Strait Islander worldviews.

Lifespan approaches

Lastly, Lifespan approaches consider the health needs of individuals across all stages of life, from infancy to elderhood, within the context of extended family groups and wider communities. Attention to varying needs across the lifespan ensures that supports are relevant, timely, and support a continuous journey of health and wellbeing.

These principles and frameworks are not isolated; they are deeply interrelated, each reinforcing and supporting the others. By embedding these interconnected First Nations frameworks, the Eating Disorder Safe principles can be truly transformative, both for First Nations communities and the wider Australian landscape in respect of health, food, mind and body.

In practice

At the core of this Companion Document is the recognition that health, food, mind, and body cannot be disentangled from the cultural, historical, and social contexts of First Nations peoples. These elements are not standalone facets but are interconnected within the holistic worldview upheld by First Nations communities, a perspective that deeply enriches and informs the 'Eating Disorder Safe' principles. Implementing these principles without integrating First Nations perspectives would undermine the effectiveness of health initiatives and perpetuate cycles of disempowerment and trauma. Instead, embracing a culturally safe, informed and relevant approach will ensure that Eating Disorder Safe initiatives are grounded in history, tradition, self-determination and community-led solutions.

By ensuring that the Eating Disorder Safe principles, including this Companion Document, are embedded across various settings—from healthcare to education, from community services to media—we can transform practices to be responsive to the needs and preferences of Aboriginal and Torres Strait Islander peoples in their own communities. This in turn, will improve the responsiveness of the Eating Disorder Safe principles within broader Australian society as well.

We offer the following suggestions to support deep integration of First Nations perspectives in any efforts to implement the Eating Disorder Safe principles, as well as considerations for culturally safe, informed and relevant prevention and care of eating disorders generally.

Being culturally safe to be Eating Disorder Safe

- **Integrate cultural safety across all Eating Disorder Safe initiatives**: Ensure that the principles of cultural safety and cultural responsiveness are embedded in all activities aimed at making health, food, mind and body interactions Eating Disorder Safe, not just those directly targeting First Nations communities. This includes health policy, education, media, social media, sports, and community engagement strategies.
- **Comprehensive training and education**: Provide comprehensive training and ongoing professional development for professionals across sectors to understand and implement culturally safe, eating disorder safe practices in their work. This training should cover the historical contexts, contemporary issues, and the importance of cultural sensitivity in relation to all discussions of health, food, mind and body.
- **Policy development and review**: Involve First Nations leaders and communities in the development and continuous review of health and social policies to ensure they are culturally safe, eating disorder safe and supportive of First Nations perspectives.
- **Culturally inclusive messaging in media**: Media outlets and social media platforms to convey messages about health, food, mind and body in ways that are respectful and culturally informed as well as reducing eating disorder risk and harm. Encourage the portrayal of diverse body images and stories that reflect the realities of First Nations peoples, including a focus on strengths and social and emotional wellbeing. Observe and follow cultural protocols for respectful communication.
- **Safe spaces in education and sports**: Work to ensure that all environments in educational and sports settings are safe and inclusive for all minds and bodies, and that they honor and reflect First Nations cultures. This could include curriculum to include First Nations histories and knowledge, as well as culturally appropriate support systems for students and athletes.
- **Community engagement and empowerment**: Actively engage (and appropriately remunerate) First Nations communities to co-design, co-implement and co-evaluate programs related to health, food, mind, and body. Prioritise community-driven solutions and leadership.
- **Resource allocation for cultural safety**: Allocate resources specifically for the enhancement of cultural safety in all areas impacted by the Eating Disorder Safe principles. This includes funding for community-led health initiatives, culturally relevant educational materials, and support for First Nations media representation.

Case study: Body image and media representation

The workers at the local youth program for First Nations kids observed rising levels of body dissatisfaction among the young people they support. They recognised that negative stereotypes, as well as a lack of representation in mainstream media, were contributing to these issues.

To address this, the youth program launched a media literacy program aimed at helping First Nations youth critically assess media messages about body image and develop self-esteem. Through workshops and yarns, youth were encouraged to share their experiences, question harmful media narratives, and embrace diverse body types.

Prompted by the young people, the youth program collaborated with local media outlets to increase positive representation of First Nations people in reportage, advertisements and public service announcements. As a result, the program helped young people build resilience against harmful body image pressures, as well as building advocacy skills. They reported increased confidence and a better understanding of how to challenge negative stereotypes in media. The program also succeeded in creating a supportive network of community members who continued to promote positive body image within the community and challenge negative stereotypes. Members of the wider community saw media stories which showed the strengths of First Nations people, as well as representing body diversity within the local community as a normal part of life.

Tips to be a good ally in the eating disorder space

- **Educate Yourself**: Deepen your understanding of how eating disorders and body image issues manifest uniquely within First Nations communities. Recognise the role of cultural, historical, and social factors and educate yourself about the specific challenges faced in different communities. Refer to the Further Reading and Resources section of this document.
- **Promote and support culturally informed research**: Advocate for and support research that specifically explores eating disorders and body image issues within First Nations populations. This is an area of critical need (to understand why, see Gall et al., 2024). Ensure that this research respects community knowledge and protocols and seeks to understand these issues within cultural contexts.
- **Amplify First Nations voices**: Actively seek out and amplify the voices of First Nations leaders, experts and advocates in discussions about eating disorders and body image. Ensure First Nations perspectives are central in conferences, panels, policy discussions, and media stories.
- **Challenge stereotypes and stigmas**: Work to challenge and dismantle stereotypes and stigmas around eating disorders and body image that disproportionately affect First Nations peoples. This includes addressing harmful narratives in healthcare, media, and public discourse.
- **Support culturally tailored programs**: Support the development and implementation of prevention and treatment programs or healing approaches that are tailored to the cultural, social, and spiritual needs of First Nations communities. This might involve providing resources, sharing networks, or providing or advocating for funding.
- **Provide accessible and inclusive care**: Work to ensure that healthcare services and support systems for eating disorders are accessible to First Nations people and sensitive to their cultural needs. This can involve advocating for policy changes, improving service delivery, ensuring that healthcare professionals receive appropriate training in cultural competence and finding ways to work alongside and be led by Aboriginal and Torres Strait Islander Health Workers and Practitioners or other workers and providers from the Community Controlled sector.
- **Practice active listening and humility**: When engaging with First Nations people, families and communities, practice active listening and humility, or find out about approaches to deep listening. Recognise that their experiences and knowledge are paramount in understanding the nuances of eating disorders and body image issues in their contexts.
- **Support economic and social policies that reduce inequity**: Advocate for broader social and economic policies that reduce the inequity for First Nations communities relative to eating disorder risk and harm. This includes policies aimed at improving food security, improving housing access, reducing poverty, lowering child removal rates, lowering incarceration rates, and enhancing overall health and wellbeing.

Case study: Being an ally in eating disorder prevention

Eli, a dietitian, had always been passionate about promoting healthy eating habits, but he realised he had much to learn about how eating disorders impacted First Nations communities. He began by listening carefully to First Nations community members' experiences with eating disorders and body image issues. He heard stories about how healthcare services often failed to consider cultural differences, resulting in treatments that did not meet the needs of First Nations patients. He also learned about the pressures these communities faced from systemic barriers that affected their health.

Eli reached out to a local Aboriginal Community Controlled Health Organisation (ACCHO) and proposed collaborating on a project to improve the cultural relevance of nutritional guidance and eating disorder prevention programs. By working closely with the organisation's leaders, Eli helped develop educational materials and workshops that incorporated traditional foods and respected the holistic approach of First Nations healthcare. He shared his knowledge of medical nutrition therapy with the SEWB team, so that they could deliver safe messages to community in culturally relevant and respectful ways.

In addition to the education program, Eli advocated for systemic changes in his own workplace. He lobbied for cultural competence training among his colleagues and for better and fairer representation of First Nations voices in policymaking. This led to several First Nations-led research projects related to eating disorders, ensuring that First Nations perspectives and expertise were embedded in studies focused on preventing eating disorders.

Specific notes for First Nations people, communities, workers and organisations

- **Strengthen community networks**: Build and maintain networks among First Nations health workers to share knowledge, strategies, and support around eating disorder prevention and care. Involve other community members where needed, particularly community members who are well placed to spot early warning signs, such as in schools or sports groups.
- **Engage youth**: Find ways to involve First Nations children and young people in promoting positive social and emotional wellbeing, positive body image and healthy relationships with food, which are informed by cultural values and teachings.
- **Document and disseminate success stories**: Document successful initiatives within communities and share these practices widely to provide models that can be adapted by others.
- **Know the signs**: Help ensure the people in your community know what kinds of signs to lookout for; it's more than just crash dieting. There are resources in the section below that you can use and share. Yarn about them within your community, including thinking about ways that the signs might show up for community members at different ages and stages, as well as all genders.
- **Look out for each other**: One of the best ways to prevent eating disorders is to help everyone in the community feel that they are valued and accepted for who they are, no matter what they look like and no matter what their mind and body can do. Lay these foundations early, and then keep reinforcing them as part of the strength of your culture and community.
- **Care for carers**: When someone in the community does have an eating disorder, disordered eating or body image distress, they need a lot of support. So do the people who are supporting them. Help break the silence around eating disorders in your community, so that carers don't feel they have to keep their loved one's struggles a secret. That will make it easier for them to get support and breaks, too.

Case study: Culturally safe healthcare for eating disorders

Sarah, a 25-year-old woman from a remote First Nations community, had bulimia nervosa for several years. The difficulties accessing a steady supply of affordable and nourishing food meant that she would eat a lot of food very quickly when she could get it. Then she would feel shame about not being able to save food, and about what it would do to her body if she ate so much, so she would then try to make up for everything she had eaten by exercising way too much.

Her previous experiences with Western healthcare had left her feeling misunderstood and judged, which stopped her from seeking help for her bulimia. This changed when a regional clinic nearby launched a culturally safe healthcare initiative specifically aimed at First Nations patients with eating disorders. The program was designed in consultation with Elders, community members and First Nations healthcare professionals, integrating traditional healing practices alongside evidence-informed models of care. The program also included nutritional counselling that respected traditional food practices, as well as dealing directly with strategies to address food insecurity.

When Sarah began attending the clinic, she found herself in a welcoming environment where she felt respected and understood. The combination of traditional healing and evidence-informed treatment helped her address the root causes of her disorder while improving her overall health. The culturally safe approach was key to her positive experience, and she felt empowered and supported on her journey toward recovery.

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