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Mental Health Professionals' Network

March 2023

ALL TOGETHER BETTER

Collaborative Mental Health Care in a Changing World

COLLAB LAB

Eating Disorders

Session purpose

At the end of this session, participants will:

- have increased confidence to participate in interdisciplinary collaborative care when responding to eating disorders mental health presentations.
- a better understanding of how interdisciplinary collaborative care can contribute to better outcomes for eating disorder mental health presentations.

Session format

Part	Description	Timing	Location
1	Eating Disorders Overview by Dr Sarah Trobe • Your role in the system of care • What are eating disorders? • Early identification • Initial response – screening and assessment • Treatment planning	30 mins 3 – 3.30 pm AEDT	This room
2	Moderated discussion of vignette	1 hour 3.30 – 4.30 pm AEDT	Breakout rooms
3	Feedback & session conclusion	30 mins 4.30 – 5 pm AEDT	This room

How to interact

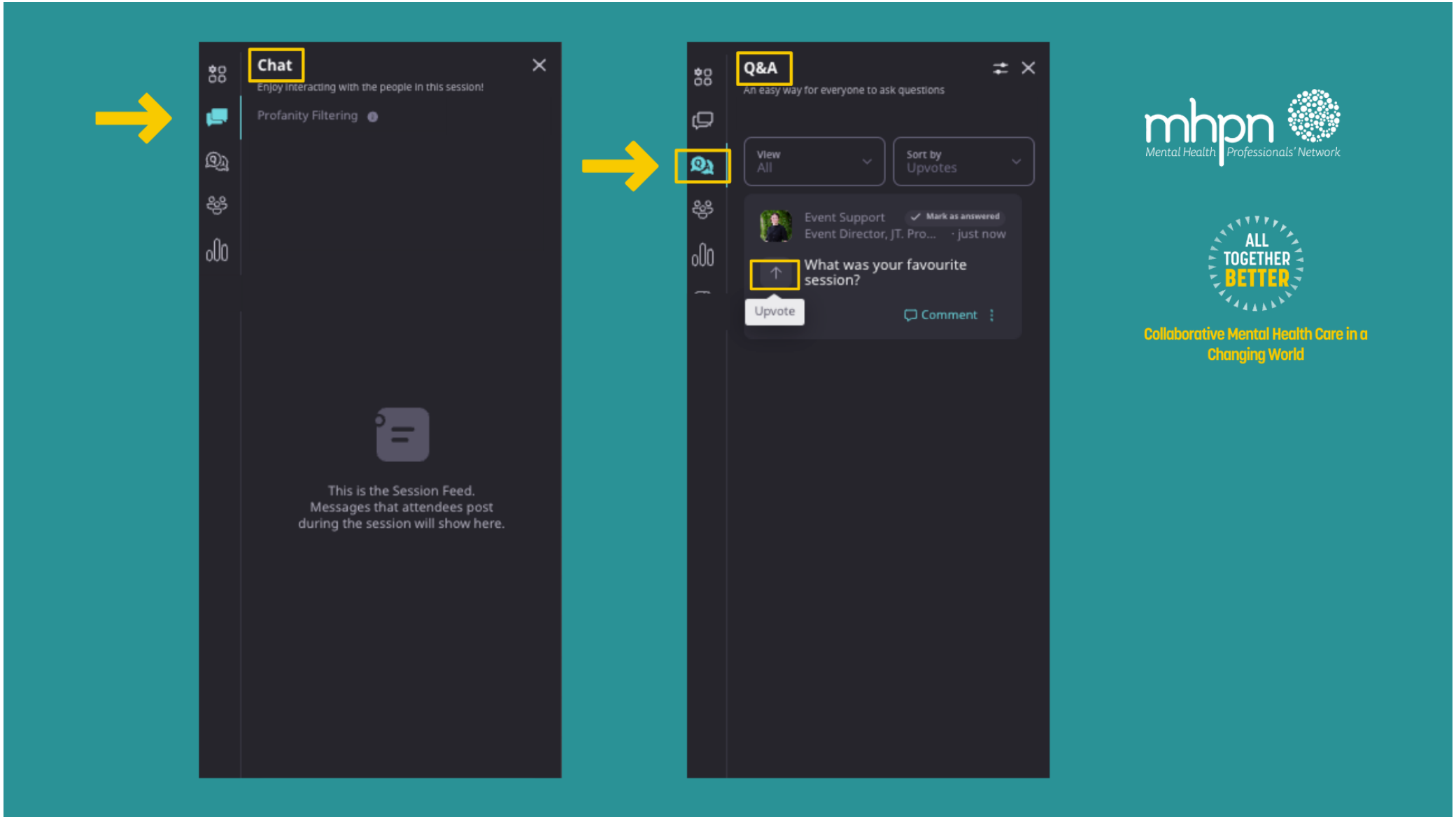
How to interact in Parts 1 & 3

Chat box

- Engage with other delegates (direct message to an individual or post to everyone)

Tech issues? Post in the Q & A tab to receive help,
or visit the Help Desk.

How to interact



Eating Disorders Collab Lab

Presented by Dr Sarah Trobe, NEDC National Manager

Moderators:

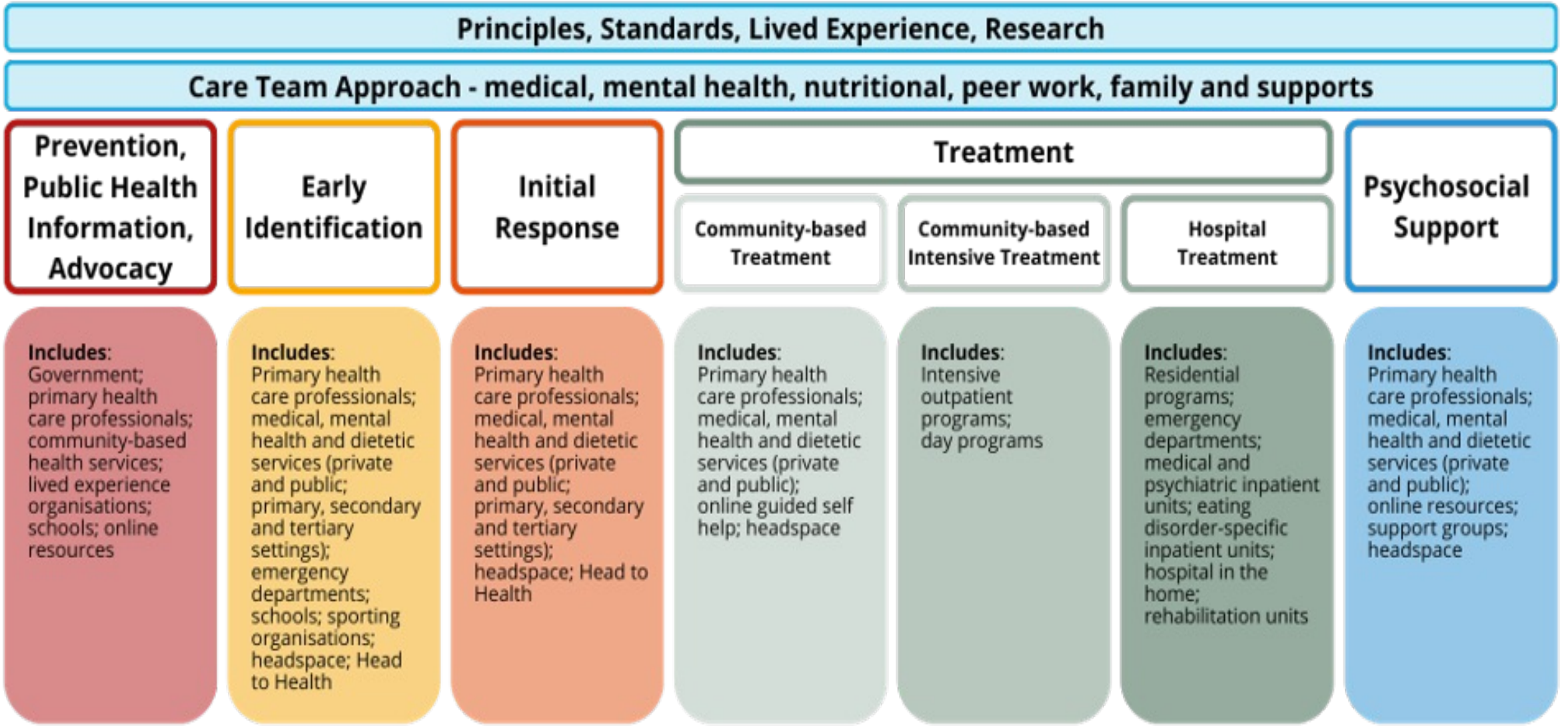
Amy Davis: Accredited Practising Dietitian

Dr Emma Spiel: NEDC Workforce Development Coordinator & Clinical Psychologist

Katryna Henry: Accredited Mental Health Social Worker

Rachel Knight: Mental Health Occupational Therapist

Eating Disorder Stepped System of Care



(NEDC, 2022)

Role in the system of care

Health and mental health professionals have a crucial role in the prevention, identification, response, and ongoing care and treatment of eating disorders.

In your role, you may:

- Identify people who may be experiencing eating disorders and proactively screening at-risk groups
- Assess for disordered eating and eating disorders
- [mental health professionals] provide evidence-based mental health treatment
- [GPs and other medical practitioners] provide medical management
- [dietitians] provide dietetic interventions
- Provide psychosocial support
- Refer people experiencing eating disorders to eating disorder-specific treatment
- Manage the care team across the course of treatment
- Prevent eating disorders through early intervention and patient education

Early Identification

- What are eating disorders?
- Types of eating disorders
- Prevalence
- Risk factors
- High risk groups and presentations

What are eating disorders?

Eating disorders are serious, complex mental illnesses accompanied by physical and psychiatric complications which may be severe and life threatening.

They are characterised by disturbances in behaviours, thoughts and feelings towards body weight and shape, and/or food and eating.

Types of eating disorders

Binge eating disorder (BED)	• Recurrent episodes of binge eating, where the person feels unable to stop themselves eating, associated with marked distress and guilt, however, not associated with compensatory behaviours.
Bulimia nervosa	• Recurrent episodes of binge eating followed by inappropriate compensatory behaviours to prevent weight gain, and body image disturbance.
Avoidant/ restrictive food intake disorder (ARFID)	• Lack of interest, avoidance and aversion to food and eating, not due to a body image disturbance.

Types of eating disorders

Anorexia nervosa	• Restriction of energy intake leading to significantly low body weight accompanied by an intense fear of weight gain and body image disturbance, or behaviours that reflect that.
Other specified feeding or eating disorders (OSFED)	• Presenting with many of the symptoms of other eating disorders, however, will not meet the full criteria for diagnosis of these disorders
Atypical anorexia nervosa	• All of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal range. • Restricting or binge/purge subtype

Types of eating disorders

Pica	• Persistent eating of non-nutritive, non-food substance. Inappropriate to the developmental level of the person and is not part of a culturally supported or socially normative practice.
Rumination disorder	• Repeated regurgitation of food. Not attributable to an associated gastrointestinal or other medical condition, and does not occur in the course of another eating disorder.
Unspecified feeding or eating disorder (UFED)	• Presenting with symptoms of other feeding and eating disorders, however, will not meet the full criteria for diagnosis of these disorders. Used when a clinician chooses not to specify the reason that the criteria are not met

Prevalence of eating disorders

Eating disorders are common and their prevalence is increasing.

- More than 1.2 million Australians are currently experiencing an eating disorder
- This is similar to the prevalence of diabetes with 1.2 million, or 1 in 20 Australians having diabetes in 2017–18

Eating disorders do not discriminate and can occur in any person, at any stage of their life.

- Deloitte Access Economics. Paying the price: The economic and social impact of eating disorders in Australia. Australia: Deloitte Access Economics; 2012.
- Australian Bureau of Statistics. National Health Survey: first results In: Australian Bureau of Statistics, editor. Australia 2018.
- State of Victoria. Royal Commission into Victoria's Mental Health System, Interim Report, Parl Paper No. 87 (2018–19). [Internet]: State of Victoria; 2019. Available from: https://finalreport.rcvmhs.vic.gov.au/wp-content/uploads/2021/02/RCVMHS_InterimReport.pdf
- Phillipou A, Meyer D, Neill E, Tan EJ, Toh WL, Van Rheenen TE, Rossell SL. Eating and exercise behaviors in eating disorders and the general population during the COVID-19 pandemic in Australia: Initial results from the COLLATE project. International Journal of Eating Disorders. 2020;53(7):1158-65. https://doi.org/10.1002/eat.23317
- Victorian Agency for Health Information (VAHI). Mental health, alcohol and other drug treatment services in Victoria - August 2022. [Internet]. State of Victoria; 2022. Available from: https://vahi.vic.gov.au/publications?field_publication_report_target_id=882

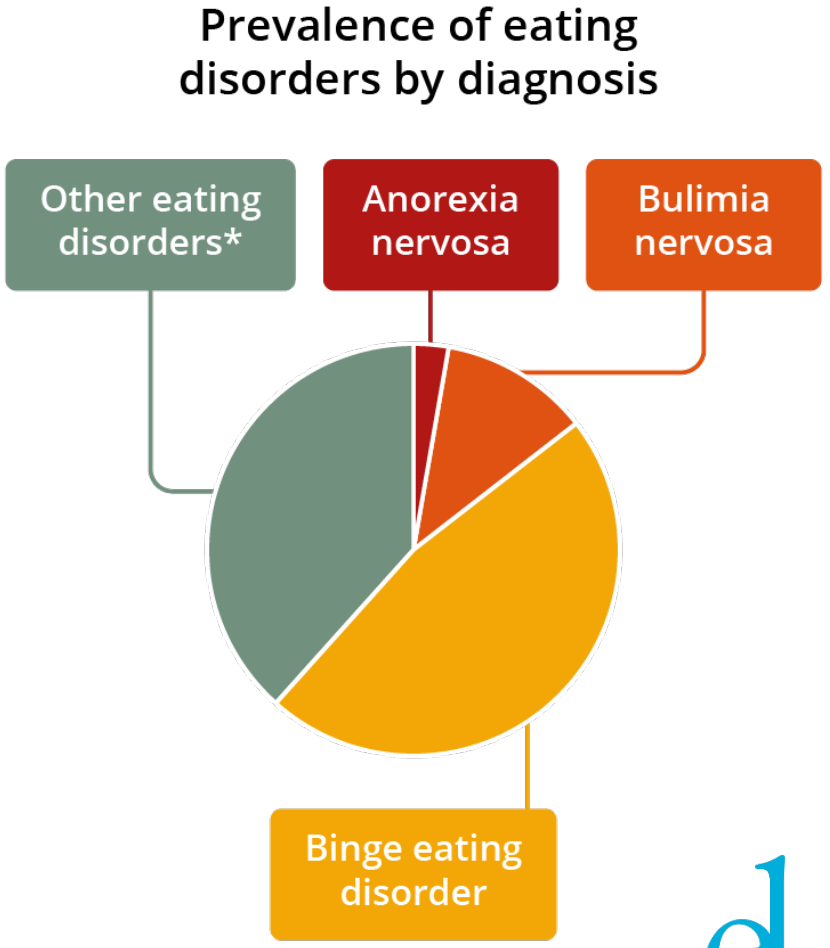
Prevalence of eating disorders

Diagnosis

Of people with an eating disorder, 3% have anorexia nervosa, 12% have bulimia nervosa, 47% have BED and 38% have other eating disorders* (1)

Gender

While females comprise approximately 80% of people with anorexia nervosa and 70% of people with bulimia nervosa, recent data suggests that the prevalence of BED may be nearly as high in males as in females (2)



1. Deloitte Access Economics. Paying the price: The economic and social impact of eating disorders in Australia. Australia: Deloitte Access Economics; 2012.
2. Hay P, Girosi F, Mond J. Prevalence and sociodemographic correlates of DSM-5 eating disorders in the Australian population. Journal of Eating Disorders. 2015;3(1):19-.

Prevalence of eating disorders

Aboriginal and Torres Strait Islander peoples

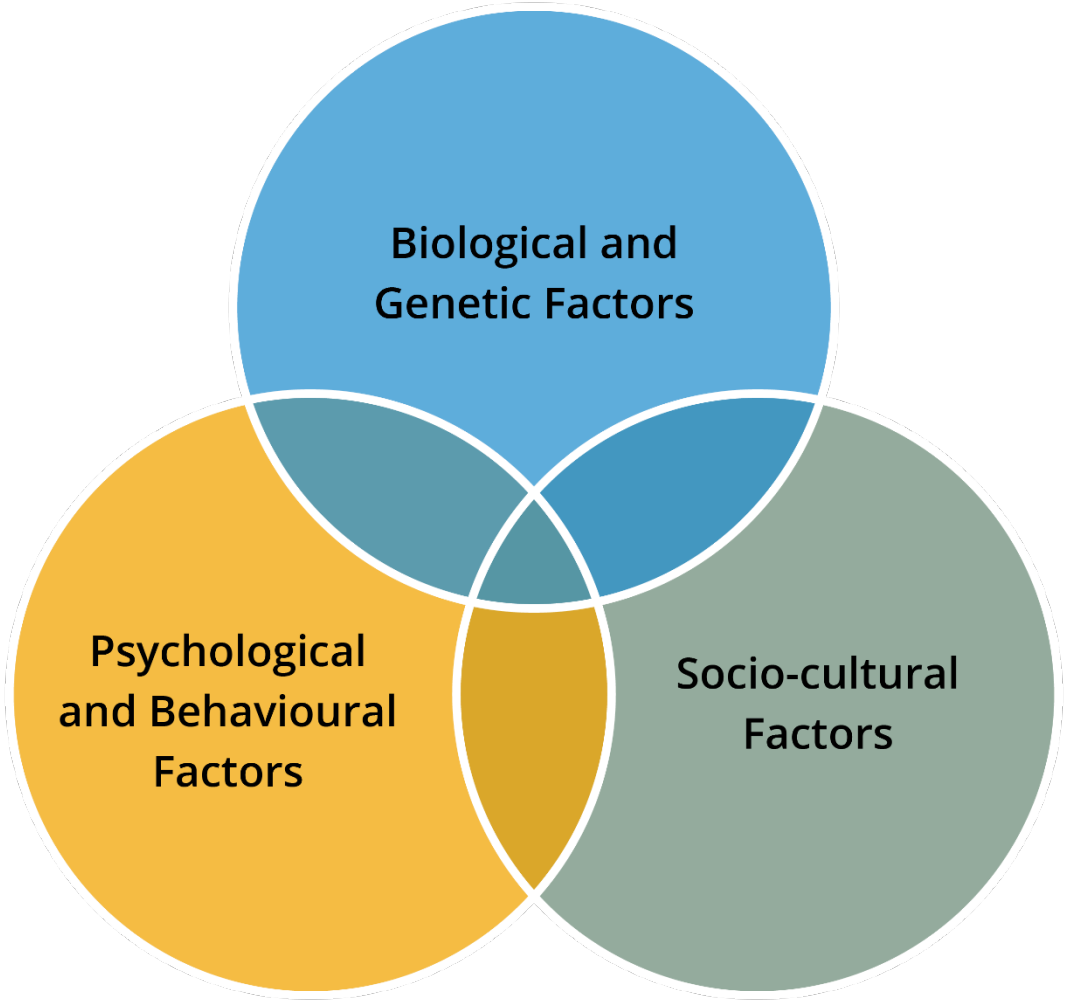
Research is limited, however, is emerging

Based on the data in the South Australian Health Omnibus Survey from 2015 and 2016.

In the study sample, 27% of Aboriginal and Torres Strait Islander peoples aged over 15 years are experiencing an eating disorder compared to 16% of non-indigenous Australians

1. Burt, A., Mannan, H., Touyz, S. et al. Prevalence of DSM-5 diagnostic threshold eating disorders and features amongst Aboriginal and Torres Strait islander peoples (First Australians). BMC Psychiatry 20, 449 (2020). https://doi.org/10.1186/s12888-020-02852-1
2. Burt, A., Mitchison, D., Dale, E. et al. Prevalence, features and health impacts of eating disorders amongst First-Australian Yiramarang (adolescents) and in comparison with other Australian adolescents. J Eat Disord 8, 10 (2020). https://doi.org/10.1186/s40337-020-0286-7

Risk factors for eating disorders



High risk groups and presentations

High-risk groups

- Females
- Children and adolescents
- People engaging in competitive occupations, sports and performing arts
- LGBTIQ+
- First Nations people
- People who are neurodivergent

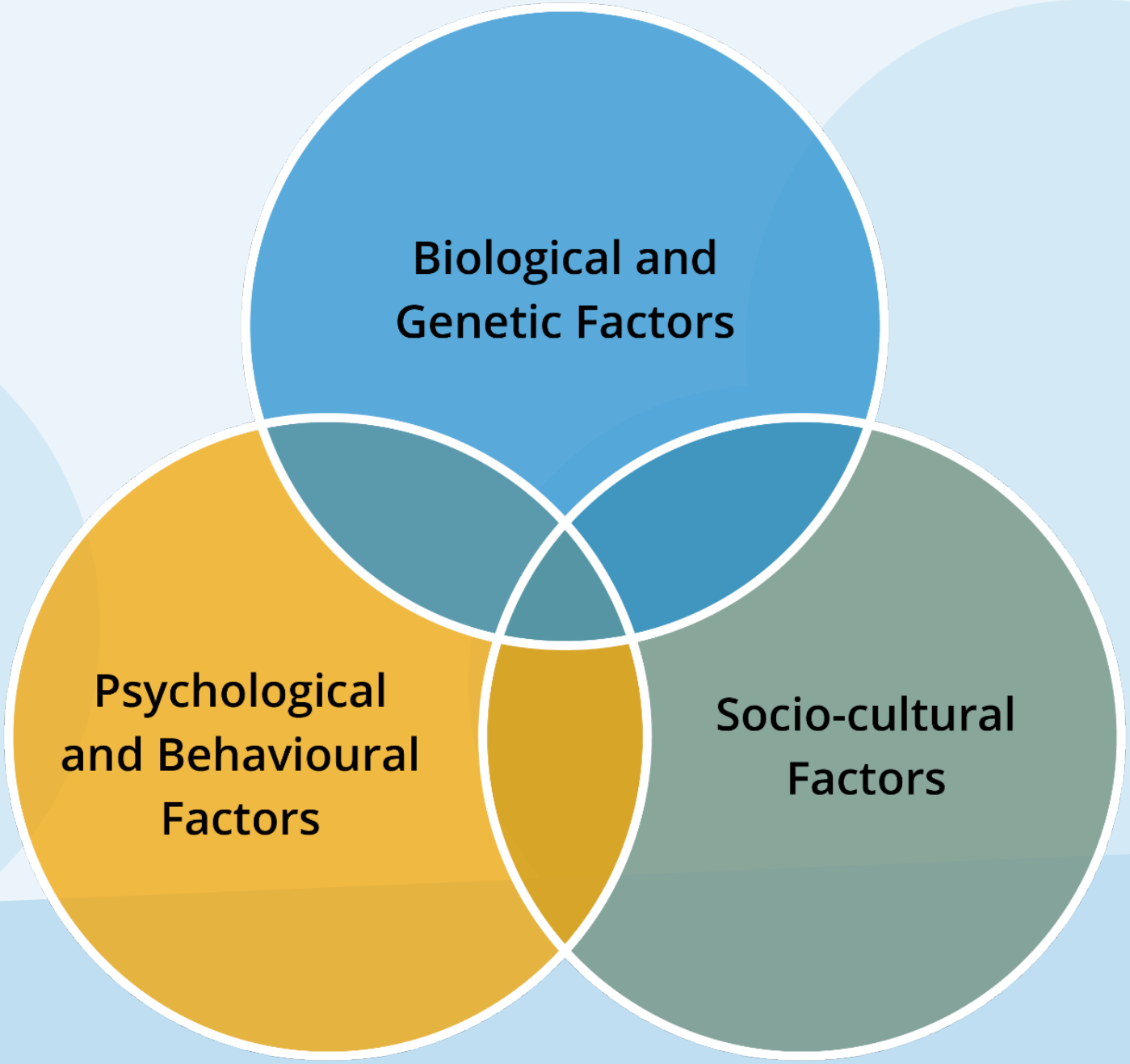
High-risk presentations

- Seeking to **lose weight**
- Experiencing **weight loss**, intentional or unintentional
- Following a **diet**
- Following a diet due to **food allergies or intolerances**
- Experiencing **co-occurring** medical or mental health conditions
- Experiencing or have a history of **trauma**
- Experiencing **low self-esteem**
- Experiencing **substance misuse**
- Experiencing current or historical **food insecurity**

Eating Disorders and People with Higher Weight

- An eating disorder diagnosis may be missed for people with higher weight as the perceived traditional stereotype of a person with an eating disorder is not observed. Weight stigma (discrimination or stereotyping based on a person's weight) may also be experienced.
- People who are of higher weight and experiencing an eating disorder have often experienced delayed identification of the eating disorder, misdiagnoses in assessment, subsequent inappropriate and inadequate treatment and widespread stigma.
- This population comprises more than half of all people with an eating disorder in Australia with rates of eating disorders increasing most in people with higher weight (Da Luz et al., 2017)

Protective factors



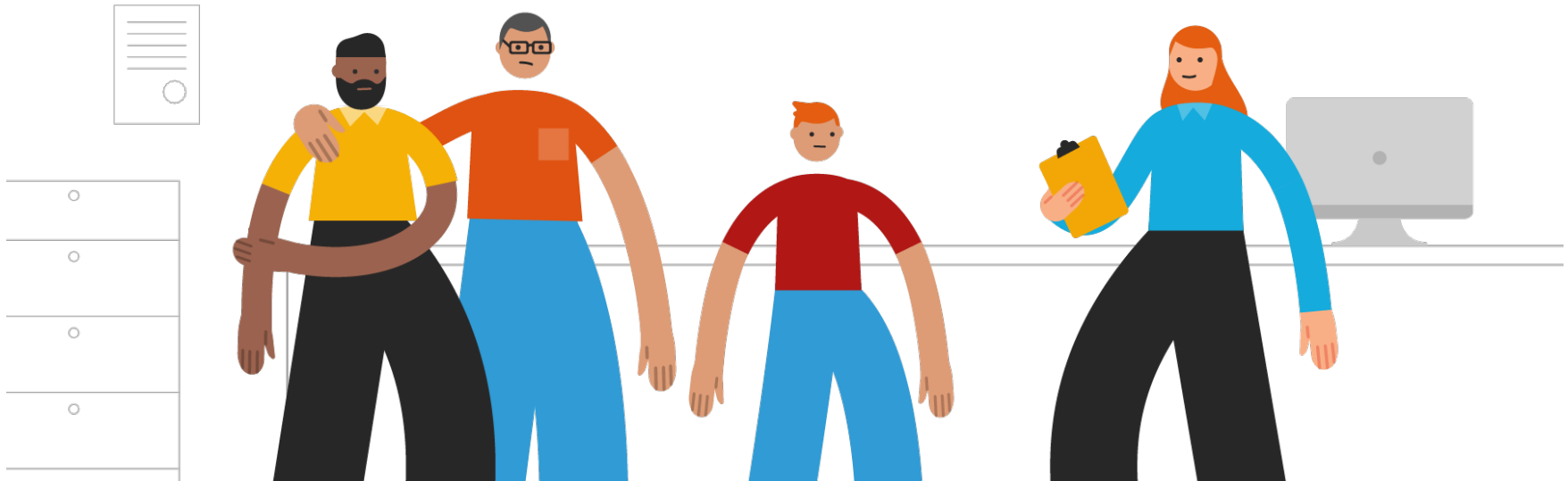
Prevalence & COVID

Isolation	Stress	Anxiety
Depression	Food insecurity	Environmental changes
Changes to routine	Social media usage	Developmental disruption

Impact of eating disorders

Early identification

- Knowledge of the warning signs
- Everyone has a role
- Support pathways



First response: Screening & assessment

- High risk groups and presentations
- Having a conversation about bodies and eating
- Screening and assessment tools
- Engagement
- Comprehensive assessment, including risk
- Referral pathways – supporting a person to access the care they need

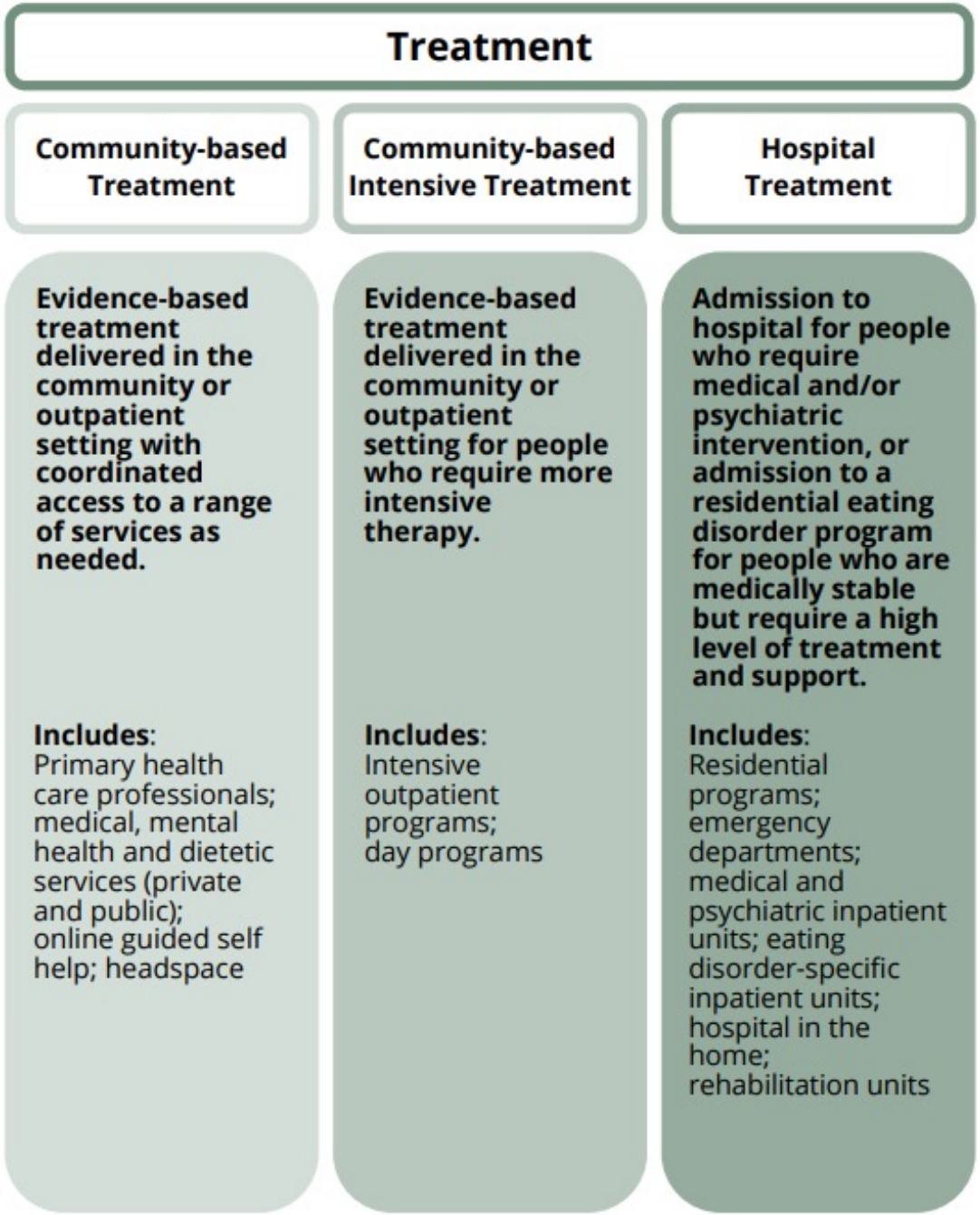
Further information: NEDC's eLearning for MH Professionals

Treatment & support

- Person centred care
- Culturally safe
- Early intervention
- Recovery oriented
- Trauma informed
- Professional responsibility

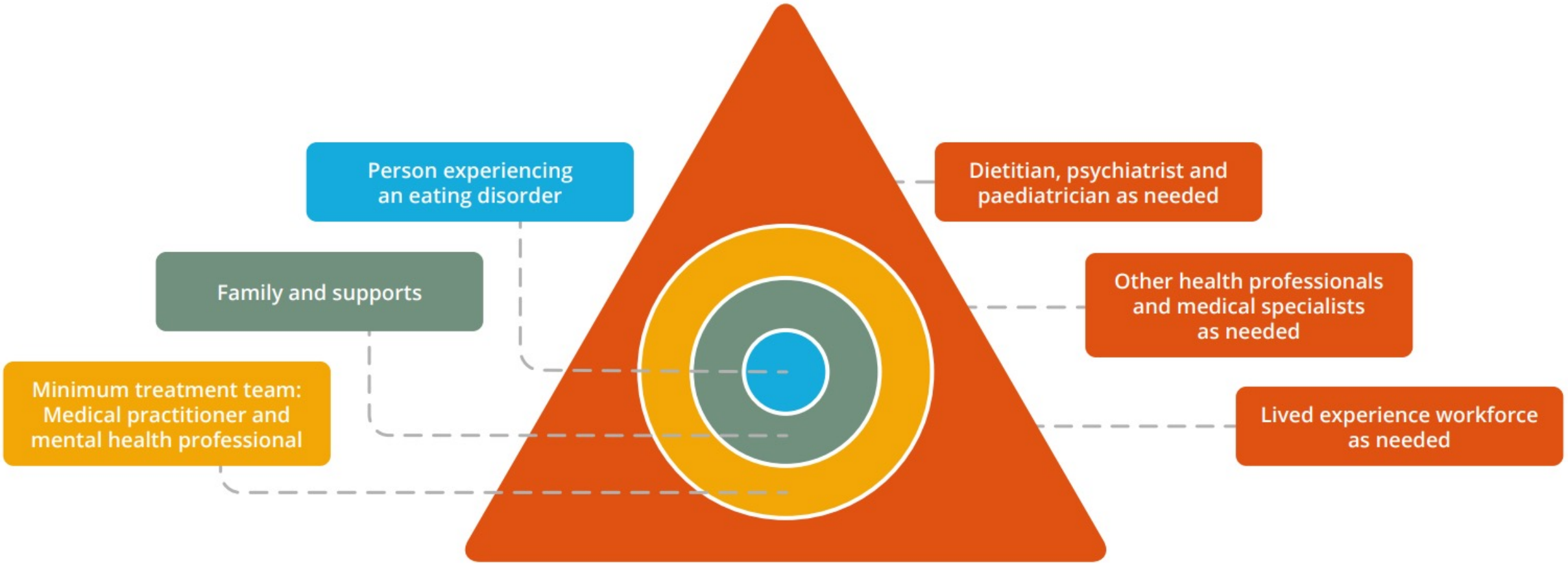
Where and how does treatment happen?

- Mental health
- Medical
- Psychosocial
- Family and other supports
- Community
- Co-occurring conditions
- Functional recovery
- Quality of life



The eating disorder care team

National Eating Disorders Collaboration



Treatment pathways using MBS

People experiencing an eating disorder are eligible for mental health and dietetic support through Medicare.

1. Eating Disorder Treatment and Management Plan (EDP)
    - 40 mental health sessions + 20 dietetic sessions
    - Anorexia nervosa or severe presentations of other eating disorders
2. Mental Health Treatment Plan (MHTP)
    - 10 mental health sessions
3. Dietetic treatment can be accessed through an EDP or a Chronic Disease Management (CDM) Plan
    - 5 sessions

Meet the Moderators

Four breakout rooms

Amy Davis

Katryna Henry

Rachel Knight

Dr Emma Spiel

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Part 2: Moderated Vignette Discussion

Four breakout rooms

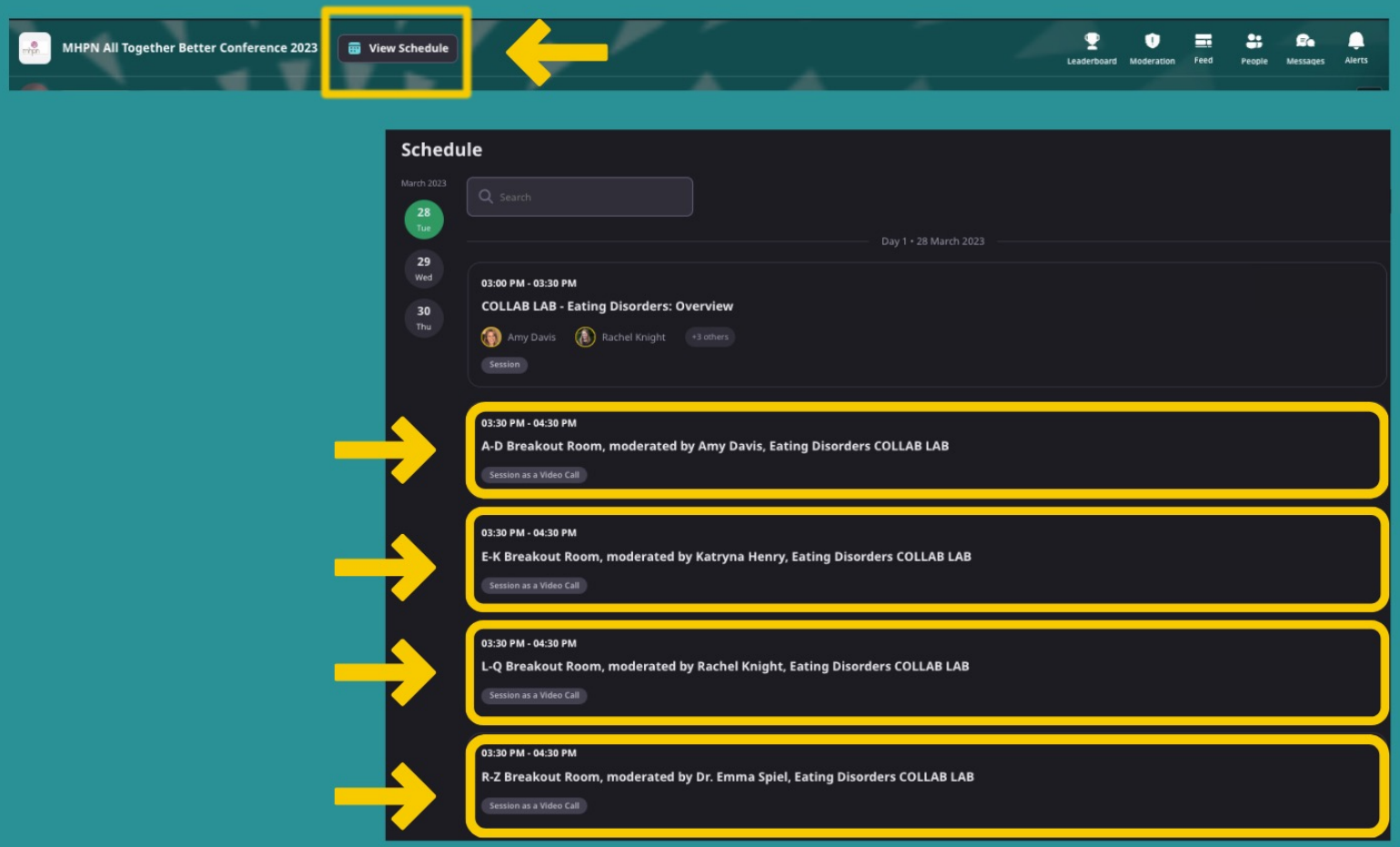
Moderated by	Go there if your surname start with:
Amy Davis	A – D
Katryna Henry	E – K
Rachel Knight	L – Q
Dr Emma Spiel	R - Z

How to get to your breakout room

- Navigate back to the Program Schedule
- Join the appropriate breakout room based on your surname

In the breakout room please have your camera on

How to get to the breakout room



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Part 3: Feedback

Please get settled.

We'll start in a few minutes when everyone has arrived.

Part 3: Breakout Room Feedback

From breakout rooms discussions, identify:

- what ideas were generated about improving capacity and or increasing the opportunities to engage in collaborative care for eating disorder presentations
- what hurdles or challenges were noted in how we currently work together in the eating disorders field
- how collaborative care contributes to better outcomes for eating disorder presentations
- key message/s which resonated with participants in your room.

Building a safe, consistent and accessible system of care for people with eating disorders

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JoinNEDC
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NEDC_Australia
the-national-eatingdisorders-collaboration

National Eating Disorders Collaboration

Evidence Experience Expertise

Coming Up . . .

- **Eating Disorders Networking Hub** tomorrow at 10 am AEDT
    - MHPN supports networks that bring together practitioners with a shared interest in perinatal mental health to engage in interdisciplinary professional development, peer support and networking in their local area.
        - **Drop in** to the Networking Hub to learn more.
        - **Can't make it,** but want to learn more? Scan the QR code and leave your details and we'll send you some information.
- Guided Mindfulness starting now (starts 5.00 pm AEDT)
- Don't miss tonight's **Hypothetical**, live from 7 pm AEDT

Thanks for Participating

Before you log off, please complete the Feedback Survey by clicking on the Survey tab to the right.

Plus, we'll email a survey about the entire Conference next week. Please complete it – it will help inform future Conferences.