

Vignette: Meet Alex

Alex is a 32 year old trans man, who lives with his partner in rural Qld and works as an oncology nurse at the regional hospital.

- His partner owns and operates their macadamia farm.
- Alex saw his GP after experiencing episodes of “out of control eating”.
- He said that this has been going on for about 3 months, after the recent uncharacteristically dry growing season had ruined their entire crop.
- He found that he was eating at night in secret after his partner went to bed.
- He described eating until he felt uncomfortably full, at times eating a whole loaf of bread or multiple packets of chips.
- He felt immense guilt and shame afterwards at having lost control again.
- He decided making promises to himself to “try better tomorrow” and would plan a “healthy diet” to adhere to.



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Vignette: Meet Alex

- Unfortunately Alex kept finding himself in the same position each night and was feeling more and more hopeless about being able to stop.
- Alex would usually run 2-3 times per week but has stopped physical activity completely.
- He is not sleeping well, finding it hard to wind down in the evenings and waking multiple times through the night.
- When asked, Alex said he hasn't ever vomited but had been thinking about taking laxatives or diet pills to try and lose weight or suppress his appetite.
- He'd heard of a new medication used in behavioural weight loss treatments and wanted to give it a try.
- Alex has been taking hormones as part of a biological gender transition process and is considering adjusting this as he has heard it might help to reduce his appetite.
- Alex tells the GP he has a trauma history but does not wish to disclose anything further.



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- He hasn't experienced binge eating before though has had periods of time where he has used food to self soothe, though never for this long.
- He describes that he is very worried that his current behaviour will impact his experience of his body as masculine as he has noticed changes in his body composition since the binge eating
- He is well connected with his family and friends and is highly motivated to stop binge eating



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Discussion Prompts

1. What does food/eating mean to Alex? How has his relationship with food and eating impacted on his physical health / mental health / social interactions, engagement in vocational and or educational life? How does understanding this help you better understand the skills and resources that he has to respond to life's challenges, both past and present?
2. In what ways do Alex's family, peers and/or networks, impact and/or influence his eating habits? What role can and should health professionals play in working with parents, significant others etc to foster better outcomes for Alex?
3. From your point of view what interventions and/or supports may be the most appropriate for Alex, his family and networks?
4. How would you work with Alex to identify a recovery plan? How might you help him prioritize his needs and wants? What are some of the things you could do to ensure all services/providers involved with Alex are working towards the same priorities and goals?



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Vignette: Meet Evie

- Evie is an 18-year-old female who lives with her mother, her mother's partner and a younger brother (16yo). The family live in suburban Brisbane. Mum is very supportive and protective of Evie. She does not see her biological father.
- Evie has commenced working in retail after finishing school at the end of last year and is heavily committed to her fitness and sport. She has always been very good at soccer throughout school and is playing at a high level in a local club, sometimes playing in games at a state level. She has a great community of friends through soccer.
- Evie has had previous FBT treatment for Atypical Anorexia Nervosa which ceased 2 years ago. Evie has a history of restriction, intrusive thoughts, excessive exercise, amenorrhea (past 4 years), osteopenia and constipation. She also has asthma and eczema.



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Vignette: Meet Evie

- Evie undertakes soccer training twice and a soccer game once per week; CrossFit 4 times per week in the mornings and is standing for most of her workday. She has made new friends at CrossFit and really enjoys the classes.
- During COVID, Evie was completing her senior years at high school. Academic endeavours did not come naturally to Evie, and she found it very stressful and difficult going through these years with the overlay of COVID anxieties. Evie did not manage to get good results in Senior.
- Evie avoids gluten and fruit due to gastrointestinal symptoms which include bloating and nausea. She has previously trialled a FODMAP elimination protocol for her GI problems. She currently aims for a calorie intake of 2000kcal per day. She often skips morning tea and afternoon tea and dislikes carbohydrates.
- On presentation at a private psychologist for anxiety treatment, Evie has a BMI of 20 and her highest weight was at a BMI of 23 at the start of year 9.



Discussion Prompts

1. What does food/eating mean to Evie? How has her relationship with food and eating impacted on her physical health / mental health / social interactions, engagement in vocational and or educational life? How does understanding this help you better understand the skills and resources that they have to respond to life's challenges, both past and present?
2. In what ways do Evie's family, peers and/or networks, impact and/or influence her eating habits? What role can and should health professional's play in working with parents, significant others etc to foster better outcomes for Evie?
3. From your point of view what interventions and/or supports may be the most appropriate for this client, their family and networks?
4. How would you work with Evie to identify a recovery plan? How might you help her prioritize her needs and wants? What are some of the things you could do to ensure all services/providers involved with Evie are working towards the same priorities and goals?



Vignette: Meet Jodie

Jodie is a 26 year old woman who lives on her own.

- She had a full-time administration position at a company close to her home. She does not enjoy her work, but completes it to an acceptable standard.
- Her family live interstate in a regional town and while Jodie keeps in regular contact with her parents and siblings, she is not close to them.
- Jodie has few friends and spends most of her time at home watching TV.
- As a teenager, Jodie was sexually assaulted. The perpetrator was a respected local community member and family friend. Jodie did not disclose the incident to anyone, nor did she make any official report to the police.
 - Since the sexual assault, Jodie has experienced flashbacks, had difficulty sleeping and has intense feelings of low mood. Jodie started binge eating, often at night when she was unable to sleep, in order to try manage her feelings and push any thoughts of the assault from her mind. Jodie gained a substantial amount of weight.
 - After completing high school Jodie decided to move interstate and try start a fresh.

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Vignette: Meet Jodie

- Jodie's symptoms continued, including her episodes of binge eating. She discussed her difficulties with her GP, who prescribed her with some anti-depressant medication, referred her to a dietitian and suggested she join a weight loss program.
- The medication had little effect and Jodie gained more weight. Her binge eating continued, despite seeing the dietitian and participating in the weight loss program. She felt like a complete failure.
- Jodie heard news that the perpetrator of her sexual assault had lost his family home in a bushfire that had resulted in significant loss of homes near where she grew up. Her parents told her he is temporarily staying with her sister and her young family. Jodie found this news distressing and it resulted in her flashbacks about the assault becoming more frequent and intense. Her mood declined further and she attempted to take her own life.
- Jodie was hospitalised and then discharged to the care of an adult community mental health team. Here, she was allocated a key clinician who conducted an initial assessment. Jodie was embarrassed and reluctant to disclose her binge eating or speak about the sexual assault. She felt hopeless, guilty and out of control. She has asked to stop taking her prescribed anti-depressant medication so she can lose weight.



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2. In what ways do Jodie's family, peers and/or networks, impact and/or influence her eating habits? What role can and should health professional's play in working with parents, significant others etc to foster better outcomes for Jodie?
3. From your point of view what interventions and/or supports may be the most appropriate for Jodie, her family and networks?
4. How would you work with Jodie to identify a recovery plan? How might you help her prioritize her needs and wants? What are some of the things you could do to ensure all services/providers involved with Jodie are working towards the same priorities and goals?



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Vignette: Meet Katie

Katie is a 12 year old female. Lives with father, Brad, mother Bec, sister Ella (16yrs) and brother Zac (10yrs).

- Father works in construction full time and mother in marketing. Father works away at times and mother works from home mostly but also travels for work at times.
- The family live on the Central Coast and have maternal grandparents that live nearby and often look after the children if parents are away.
- Katie is currently in year 7 and mother reports since remote learning during COVID Katie has found it difficult to reconnect with her peers and reports some previous bullying around her weight. Katie has always been very tall for her age and feels that she is different to her peers.
- Mother reports that during COVID lock down and with sport stopping that Katie had gained a bit of weight and was looking a little “overweight” but thought that this was maybe because she had stopped training and was eating more at home and possibly eating more junk food. Grandmother, Judy is a very slight build herself and has made a number of comments to Katie about “getting back into shape”.



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- Mother reports that Katie is generally an anxious child and her brother and sister are very different to Katie and very outgoing in their personalities.
- Mother has noticed that since commencing high school this year that Katie has started skipping breakfast before going to school and not wanting to take a lunch box to school as “none of my friends eat at school”.
- Mother has noticed that when Katie returns home from school she is more cranky than usual and retreats to her room.
- Mother has noticed that since commencing high school this year that Katie has started skipping breakfast before going to school and not wanting to take a lunch box to school as “none of my friends eat at school”.
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- Sister Ella is a dancer and brother Zac plays representative soccer and both are very busy and active with training. Katie plays netball at a representative level.
- Mother reports that Katie has become very withdrawn and she has noticed that she seems very distracted and flat in her mood.
- Mother is unsure if Katie has lost any weight but has noticed that her clothes that she was wearing during school holidays appear baggy on her.
- The family are all very active and generally eat a balanced diet, however mother has noticed that Katie has started cutting out dairy, meat, bread, pasta and all “junk food”.
- Mother is worried about Katie and has contacted the school counsellor to see what she can do as she is unsure how to help Katie.



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2. In what ways do Katie's family, peers and/or networks, impact and/or influence her eating habits? What role can and should health professional's play in working with parents, significant others etc to foster better outcomes for Katie?
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