

Nip it in the bud

Young people and eating disorders

Not a 'phase' or a 'lifestyle choice', eating disorders are serious illnesses with a high risk of recurrence and chronicity which can affect the health and the quality of an individual's life and contribution for the whole life span.

The financial and emotional costs of supporting treatment and bearing witness to the impacts of the illness also place considerable strain on families and loved ones.

KEY ISSUES

Eating disorders are complex. They are not one diagnosable illness but a set of neuropsychiatric illnesses, with biological, psychological and socio-cultural risk factors. They include anorexia nervosa, bulimia nervosa, binge eating disorder and other feeding and eating disorders.

Eating disorders are prevalent. It is estimated that approximately nine per cent of the population in Australia have an eating disorder and there is data to indicate that the prevalence of binge eating disorder may continue to rise. Conservative estimates of disordered eating behaviours (similar to eating disorders but less severe) indicate almost one in five females are affected.

Eating disorders are treatable. There is a significant body of evidence for effective intervention models and treatments for eating disorders if provided early into the illness. Treatment for eating disorders is intensive and extended with a long period of recovery. It also requires the provision of medical, psychological and nutritional treatments. However, there is a good likelihood of recovery.

Yet young people are not seeking help and treatment or if they do, struggle to access these interventions via a systematic, guaranteed pathway of medical, psychiatric and nutritional care as would be provided if they were experiencing another form of serious, life threatening illness. Studies suggest that only around one quarter of people with eating disorders access specialist treatment.

Barriers to accessing evidence-based early intervention and treatment for eating disorders include:

- Low rates of identification and ineffective referral processes from first-line responders;
- A lack of clinicians and services with the knowledge and skills to treat eating disorders;
- An inadequate level of mental health funding to provide for the duration and dosage of evidence-based treatment required;
- A significant gap across Australia in local service systems that can provide the multidisciplinary continuum of care required.
- Stigma and low mental health literacy in the community regarding all eating disorders; and
- Social and cultural norms reinforcing disordered eating behaviours and body dissatisfaction.

KEY RESPONSES

Increase access for young people to evidence-based early interventions for eating disorders.

This includes:

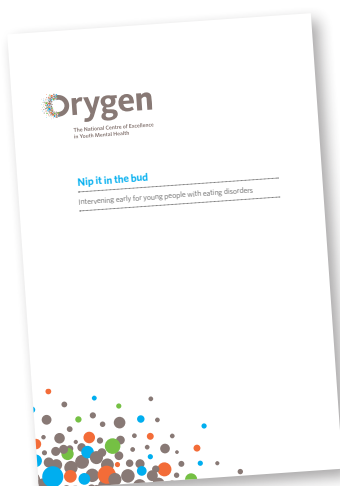
- Increasing the number of Better Access MBS sessions for a person with a diagnosed eating disorder to match the evidence base for the treatment dosage and duration required over one year.
- Improve access to coordinated care by clarifying with primary health care professionals that eating disorders are eligible for a Chronic Disease Management Plan.
- Development of an eating disorders service map and gap analysis by Primary Health Networks and identify opportunities to respond to gaps in local treatment pathways.
- Development of online and offline awareness-raising information and resources for young people and their families, to improve understanding of the dangers of dieting, disordered eating, all eating disorders (including a focus on binge eating disorder) and over-exercise. These should be developed in partnership with young people (including those who do not identify as having an eating disorder) and their families.

Increase the capacity of relevant sections of the workforce to deliver evidence-based early interventions and prevention. This involves:

- Training of all staff in youth mental health and youth health organisations in basic eating disorder responses. A subset of staff should be trained in advanced practice to deliver evidence-based treatments.
- Resource a project which involves young people with a lived experience of an eating disorder in the development and delivery of effective early intervention and prevention programs.
- Funding agreements with deliverers of school-based mental health and wellbeing programs should require the inclusion of evidence-based eating disorder prevention activities.

Provide national coordination and leadership. This should focus on:

- Responding to current gaps in the continuum of care for eating disorder service provision and treatment.
- Requiring that all government funded youth mental health services are able to identify an early intervention response to eating disorders and disordered eating as part of their core business.
- Improving data collection on the community prevalence of eating disorders through the inclusion of eating disorder questions in ABS and Australian Institute of Health and Welfare population surveys on health, wellbeing and mental health. Considerations should also be given to the harmonisation of current diagnostic data collection occurring across jurisdictions.
- Addressing research gaps including understanding the nature, risks and effective eating disorder interventions for young men and Aboriginal and Torres Strait Islanders.



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