



*Model for Early Intervention
and Integrated Solutions in
Eating Disorders*



THE VICTORIAN
CENTRE OF
EXCELLENCE IN
EATING
DISORDERS

Who are we?

The Victorian Centre of Excellence in Eating Disorders (CEED) is a peak support organization for the public mental health system providing eating disorder services and is funded by Department of Health and Human Services. CEED provides a variety of services, generally falling under the three categories of service development, training and professional development, and secondary consultations, including the attendance at complex case conferences when necessary.

What is Operation EAT?

Operation EAT (Early Action and Treatment) is a model of intervening early in eating disorders for a community. It is an approach targeting disordered eating, emerging eating disorders, and early-in-illness treatment to tackle these challenging and debilitating conditions and prevent long term morbidity and mortality. It uses multiple primary care settings, health practitioners, families and the wider community to provide integrated, coherent responses to the issue. It is suitable for primary health networks, area mental health services, local government areas and any other catchment based health promotion service.



FIGURE 1 OPERATION EAT LOGO

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Why intervene early in eating disorders?

Eating disorders are serious mental illnesses that can have significant impacts on the physical health of individuals affected. They have a high rate of mortality due to the medical complications associated with the disorders, and suicide has been identified as a major cause of death for people with a range of eating disorders (National Eating Disorders Collaboration 2010, p. 15).

The high morbidity associated with eating disorders can have lifelong impacts. People who develop eating disorders in childhood or adolescence may experience interrupted physical, educational and social development and a long-term risk of significant medical complications (National Eating Disorders Collaboration 2010, p. 15). Adults with eating disorders can experience significantly higher levels of anxiety disorders, cardiovascular disease, chronic fatigue, depressive disorders, neurological symptoms and suicide attempts (National Eating Disorders Collaboration 2012, p. 15).

Based on a recent meta-analysis (the gold standard of health research), mortality rates are almost twice as high for people with eating disorders than in the general population – and 5.86 times higher for people with Anorexia Nervosa (AN) (Arcelus et al, 2011). As such, in 2012 there were an estimated 1,863 deaths from eating disorders in Australia. The Burden of Disease (BoD) Australia-wide is estimated as \$52.5bn in 2012, higher than the BoD cost for anxiety and depression.

Early treatment is significantly more effective. Eisler et al (1997) performed a randomised controlled trial which showed 90% of patients given an effective

treatment (family therapy) for AN within three years of illness onset had a positive outcome at five years. This compared to 20% of people with eating disorders reporting a positive outcome when treatment was commenced after three years.

However, affected individuals and families often experience the health system for eating disorders as incoherent and difficult to navigate, with early help seeking often met with dismissal and lack of intervention until the illness is well entrenched, resulting in increasing impacts on morbidity and mortality.

Victorian Eating Disorders Strategy and funded projects

In July 2015, the Victorian Government provided the Victorian Centre of Excellence in Eating Disorders (CEED), Eating Disorders Victoria (EDV) and **headspace** with one-off funding of \$2,110,726, to develop and deliver a suite of projects intended to build the skills of school staff, GPs and clinical staff to enable early recognition of eating disorders, provide appropriate interventions and access to identified pathways to care for people of all ages. These projects are initiatives of the Victorian Eating Disorders Strategy 2014 (VEDS) that sets a joint agenda for working across the connected areas of prevention, early identification, treatment and support for people with eating disorders of all ages, stages and genders, and their families and carers.

The partnership between CEED, EDV and **headspace** to develop and implement the outlined projects represented true innovation in early identification, assessment and intervention programs for the management of eating disorders.

CEED was tasked with two projects

1. Development of a model of intervening early with people showing early warning signs or mild eating disorders in primary care settings – YOUTH and ADULT. This project became Operation EAT (Early Action and Treatment) and forms the background to this document.
2. Development of strategies to strengthen cross sector responses and flexible pathways for people with eating disorders within and across three networks in Victoria. ..

Operation EAT Project Summary

The project included several sub-projects with the overall objectives of ensuring early identification, early referral and early treatment for both young people and adults showing early warning signs or emerging eating disorders in the Victorian health service system. Specific areas of focus were to:

- Enhance the ability of health professionals from all sectors of health services to identify and appropriately refer people with or at risk of eating disorders
- Build / establish primary care targeted and indicated intervention responses to those at risk of eating disorders and their families
- Build / establish primary care clinical model of care for people with bulimia nervosa and binge eating disorder
- Improve early access to interventions and treatment for people with eating disorders requiring a complex and coordinated service response (e.g. AN, AN-like illness)

We developed a framework to inform our approach (see Appendix 1) and developed projects to address each identified group.

We developed a number of projects to address these foci and implemented a number of them in the City of Wyndham in partnership with the North Western Melbourne PHN and headspace services in the West of Melbourne. See Appendix 2 for summary of what we did in Wyndham.

Steps for implementation

Step 1: Define issue

Resources available

1. Prevalence data: CEED has population-based, indicative prevalence data available to provide PHNs with information on the extent of the issue in their areas. Typically, the extent of the problem, especially for Bulimia Nervosa, Binge Eating Disorder and Eating Disorders Not Otherwise specified are surprising. Data is available by gender, 5 year age groups and for whole population. It is also available by PHN region, AHMS/CAMHS regions. LGAs and postcode.

PREVALENCE	TOTAL	FEMALE	MALE
All ED types		5.11%	2.94%
	8,434	5,340	3,094
Anorexia Nervosa		0.16%	0.07%
	241	167	74
Bulimia Nervosa		0.70%	0.26%
	1,006	732	274
Binge Eating Disorder		2.32%	1.46%
	3,961	2,425	1,536
EDNOS		1.94%	1.16%
	3,249	2,028	1,221

FIGURE 2 SAMPLE OVERALL PREVALENCE DATA BY ONE LGA

2. Service mapping for your area (For Victoria, see CEED Strengthening Network Coordination Project report)

Step 2: Define the System of Care

Describing a system of healthcare as a three tier pyramid is a common approach worldwide. CEED has adapted this approach to describe the eating disorders system of care as a four-tier structure, as outlined in Figure 3. It is useful to separate the inpatient and emergency services from tier three into tier four due to the unique demands presented by a person with an eating disorder who is medically unstable and/or at risk due to their mental health,

and the workforce capacity they require. The outcomes of a well-resourced and coordinated four-tier service structure in metropolitan and regional areas of Victoria ensure that:

- early identification of an emerging eating disorder in tier one and/or tier two services, resulting in immediate access to early intervention treatment and support services to ensure optimal recovery and prevent the escalation of the condition and the resultant need to access tier three and four services;
- clarity about the criteria and pathways for admission into mental health and/or medical inpatient units as well as eating disorders specialist services;
- clear indicators of when tier one and tier two services need to escalate the person’s care and refer them to tier 3 and/or tier 4 services; and
- services in tier 1 and 2 would have seamless access to clinical and service decision-making consultation with services in tier 3 and tier 4.

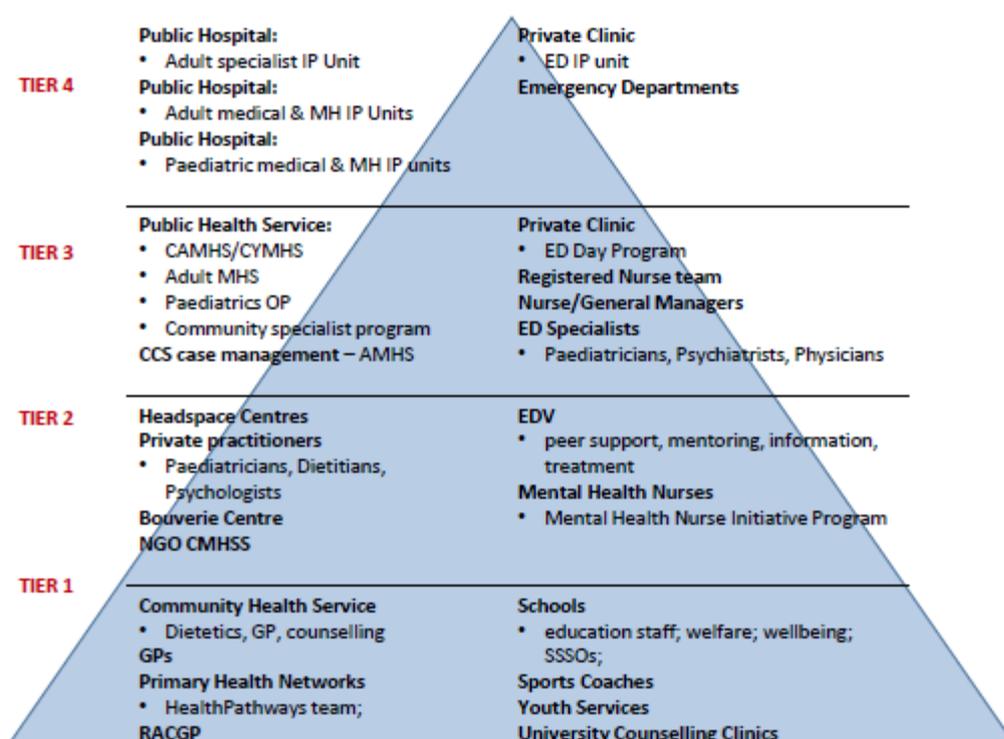


FIGURE 3: OVERVIEW OF THE SERVICE TYPES WITHIN THE FOUR TIERS IDENTIFIED IN THE SNC PROJECT ACTIVITIES

Step 3: Stakeholder engagement

Consult with local stakeholders and define localised referral pathways. Local stakeholders will generally comprise:

- Community mental health services e.g. CAMHS, AMHS
- Eating Disorders specialist services – inpatient and outpatient programs
- Paediatric/adult medical and psychiatric inpatient services
- Private allied health providers
- GPs
- Community health services
- **headspace**

Step 4: Increase primary care providers' awareness

1. GP education (early identification, prompt action and referral options). Eating Disorders Victoria and CEED provide GP and allied health education sessions in Victoria. There are a range of other providers in other states.
 - a. Face to face seminars
 - b. Active Learning Module
 - c. RACGP online learning module
 - d. Practice visits
2. Allied Health education
 - a. Introduction to Eating Disorders seminar
 - b. CEED online learning module

Step 5: Develop workforce/service capacity

headspace capacity building

- Localised referral pathway
- Upskilling of **headspace** clinicians in Eating Disorders and CBT guided self help
- Resource package for internal intranet

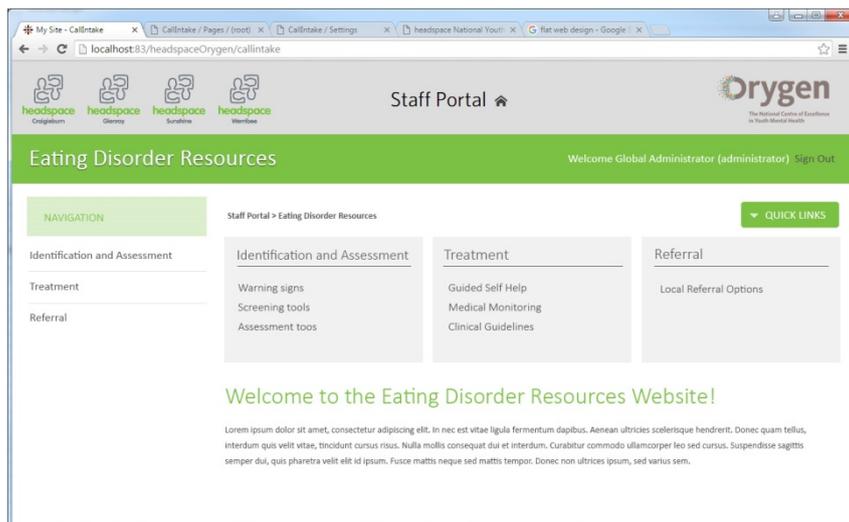


FIGURE 4 HEADSPACE INTRANET PAGE



FIGURE 5 SAMPLE VIDEO FROM CB GSH TRAINING

Allied health upskilling – CB Guided Self Help for Bulimia Nervosa and Binge Eating Disorder

- Private allied health
- Community health services
- ATAPS providers
- Mental Health Nurses

CHS or Private Allied Health run group interventions for disordered eating – Beyond Diets: a six week program for up to 8-10 participants with all the worksheets, a business model for MBS funding

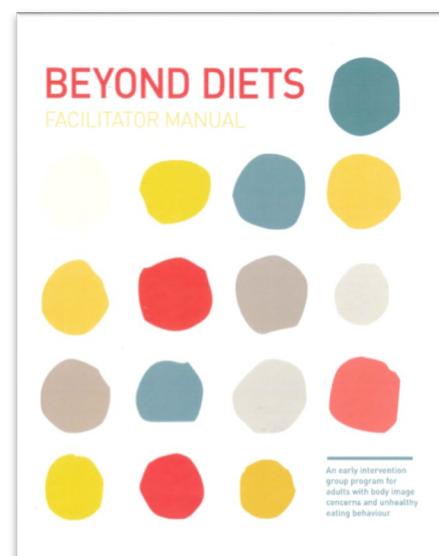
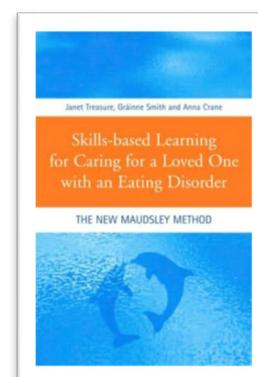


FIGURE 6 BEYOND DIETS FACILITATOR MANUAL

Train facilitators in Collaborative Carer Skills Workshop for Carers: training for community mental health clinicians or carers to learn how to run these evidence based groups for carers

FIGURE 7 JANET TREASURE'S SKILLS BASED LEARNING MANUAL



Step 6: Increase Community awareness and mobilise concerned loved ones

Increase mobilisation of loved ones in early identification

Eating Disorders can be challenging to get identified early as often the person experiencing the eating disorder can believe they have nothing wrong with them, or may be scared/ambivalent about seeking help. Mobilising concerned loved ones (parents, partners, friends) can be critical. Barriers to this can be lack of knowledge, dismissal of concerns by health professionals and other influential help sources (e.g. schools, other parents) and/or strong stigma which can be intimidating.

Feed Your Instinct

Feed Your Instinct (FYI) is an interactive online early intervention tool designed to support parents or carers of young people experiencing eating and body image problems, or an emerging eating disorder.



FIGURE 8 FEED YOUR INSTINCT WEBSITE HOMEPAGE

FYI has been developed in response to parents insights into the challenges of seeking help with their child's eating and body image problems. It aims to Community Model of Early Intervention in Eating Disorders;

promote early identification of an eating disorder which will increase the likelihood of recovery.

The comprehensive tool provides education about eating disorders and their warning signs, self-help strategies and guidance on how to seek help. It also includes a checklist of behaviours which parents may have noted in their child. The responses to these checklist questions become the basis for the personalised GP and Parent/Carer report which can be taken to a GP for discussion and action

www.feedyourinstinct.com.au

Increase mobilisation of school staff in early identification

School staff, such as PE teachers, school nurses and welfare staff, can be critical early identifiers of disordered eating or emerging eating disorders. Including upskilling of school staff is a critical element in any whole of community approach to intervening early in eating disorders. In Victoria, **headspace** have a program called *Food For Thought* which is being rolled out across the state. Other organisations such as EDV and Butterfly offer training for school staff. It may be as simple as finding a local clinician to provide an information session at the schools in the community. Generation Next (<http://www.generationnext.com.au/>) have a series of videos for school staff on eating disorders which are an excellent resource and the NEDC have a resource called Eating Disorders in Schools: Prevention, Early Identification and Response

<http://www.nedc.com.au/files/Resources/Teachers%20Resource.pdf>

Support early help-seeking in adults

Adults will generally need to initiate help-seeking themselves, unless their families and friends are particularly mobilised. Barriers to help-seeking for this group are shame, lack of awareness of how serious problem is or how sick they are, and negative experiences with health professionals when they do seek help.

Reach Out and recover (ROAR)

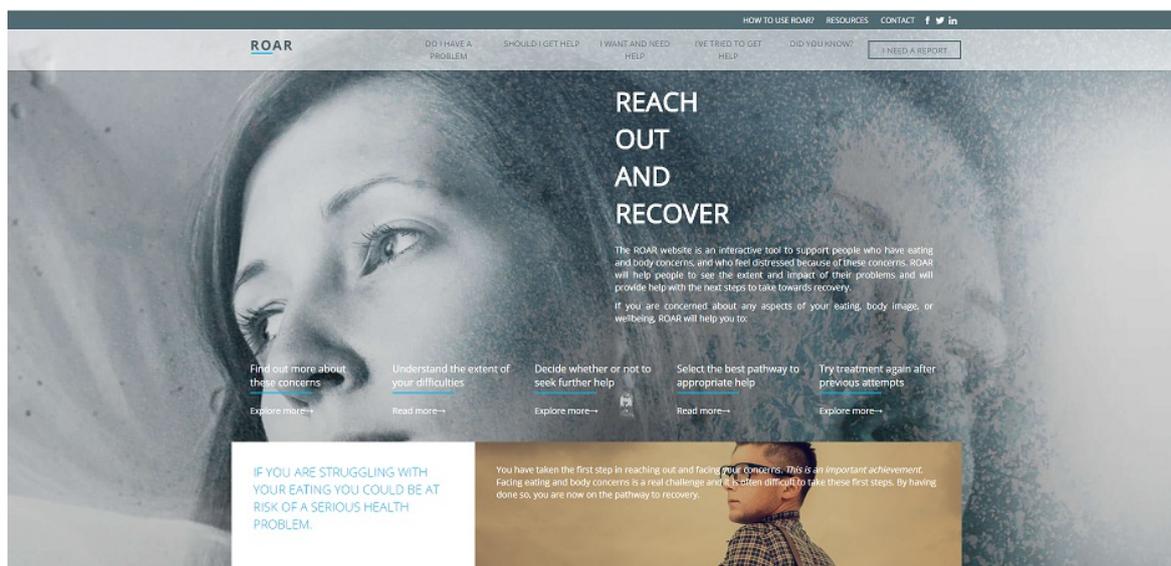


FIGURE 9 REACH AND RECOVER WEBSITE

ROAR is a web based interactive tool, devised to help adults recognise the early warning signs of eating disorders and take steps to address their disordered eating. This tool provides an individualised evaluation of the experiences of the consumer via a Q& A format. Once users progress through the Q& A, they can print a personalised report for themselves with suggestions for action and another which they can take to a GP to help explain their symptoms/need for help. The GP report refers GPs to current best practice assessment and referral. The website also provides information on disordered eating, eating disorders and body dissatisfaction, and possible treatment options for them to consider.

The resource includes short videos featuring 4 lived experience individuals, detailing their personal journey.

www.reachoutandrecover.com.au

Community Awareness

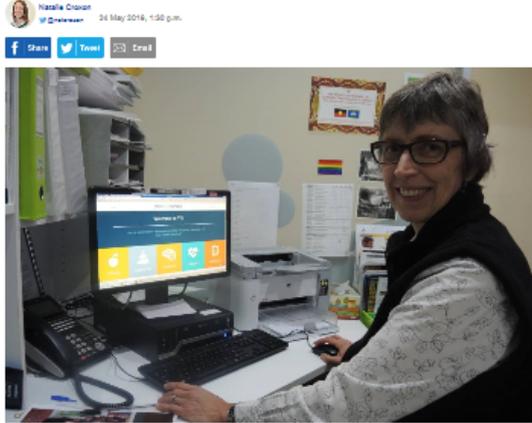
Media package (See appendix 2)

These materials were used in the promotion of Operation EAT Wyndham and the Feed Your Instinct resource.

- Feed Your Instinct (FYI) / Operation EAT Media release
- Warning signs

- 'In their own words' family survey
- Feed Your Instinct sample brochure
- Sample GP report

New online tool to help combat eating disorders



USEFUL: Bendigo GP Dr Christina Sesse says the new web-based tool is good for identifying warning signs of eating disorders.

A new tool has been launched in the hope it will break down the barriers people in regional areas face when seeking treatment for eating disorders.

Feed Your Instinct is a web-based tool targeted at families of people aged 10 to 20 years old, which contains a questionnaire parents or carers can fill out about warning signs their child is exhibiting.

They can then take the results to their GP to determine a course of action.

The **Feed Your Instinct** tool also provides GPs with best practice guidelines in testing, diagnosing and treating eating disorders, going some way to negating any lack of experience or expertise in the field.

Bendigo GP Dr Christina Sesse said specialised services for eating disorder patients were lacking in all regional areas.

Dr Sesse, who also worked with youth mental health service headspace, said people with eating disorders in regional areas faced difficulties finding clinicians and psychologists who were experienced in treating eating disorders.

Long waiting lists and the cost of accessing such specialists were also barriers, she said.

Locally people under the age of 18 with an eating disorder can be treated through the child and adolescent mental health service, while adults have access to an eating disorder service.

Feed Your Instinct aims to empower families to take action early in the course of the illness.

"The general challenge for everyone is recognising it, and recognising it early," Dr Sesse said.

She said the earlier an eating disorder was diagnosed and treated, the better the outcome.

The **Feed Your Instinct** website also contains information, resources and other online tools.

"It's really well set-out and does highlight common warning signs," Dr Sesse said.

The tool is part of Operation EAT (Early Action and Treatment), an initiative recently launched by the Victorian Centre of Excellence in Eating Disorders.

Operation EAT also includes a pilot training program for "whole of community" care and the release of the results of a survey of affected families.

Dr Sesse said the warning signs of an eating disorder were many and varied, but common signs included limiting the variety of foods eaten, eating to strict food rules, talking about weight, moodiness, instability around meal times, anxiety, physical pains and complaints, and an increase in exercise.

For help or support with an eating disorder or body image issue, call the **Eating Disorder Victoria** helpline on 1300 550 236 or the **Butterfly Foundation** helpline on 1800 334 673.

SAVE UP TO \$12

Family Fun Deal!

TWISTED TEACHER **\$99**

1 hour paddling boat hire & 2x hours science adventure

See your ad here

WHAT'S HAPPENING IN BENDIGO

Seeking unfit jogging buddy!
I'm keen to get back into the habit of jogging in the morning but I do love comp...

Got a spare fridge?
I just moved and desperately need a fridge, if anyone has one they don't need an...

Over sixties singles group
Would be great to have a singles group for the over sixties, must be plenty of u...

Noisy neighbours
Hi! How can I deal with neighbours who insist on playing music at a deafening ...

Morning walking group
I'd like to do early morning walk couple of days a week, who'd like to join?

Enter your suburb **Find**

(C) powered by nabo

HEALTH AND SAFETY MONTH 2016
Helping to learn life

WorkSafe

Register Now

See your ad here

WYNDHAM

Disease targeted

TRIAL TO COMBAT ANOREXIA

Caroline Schelle

A MUM who watched her teenage daughter battle anorexia has backed an innovative trial to combat the disease.

The Operation E.A.T. trial will take a community approach with a strong focus on early intervention for people showing key signs of an eating disorder and body image issues.

Wyndham will pilot the three-month program to provide dietitians, psychologists, clinicians and GPs to



Michelle and Emily Pond.

nosed," Ms Pond said.

Emily, who is now 15 and healthy, weighed just 32kg.

Her family was "ecstatic" about the early intervention and diagnosis program.

"If it helps just one person,

Leader Community ePaper - Moonee Valley Leader - 18 May 2016 - Page 9#

FIGURE 10 SAMPLE MEDIA STORIES – OPERATION EAT 2016

ASCOT VALE

A new web tool is helping parents recognise the signs of eating disorders. **Linh Ly** reports

Identifying red flags of a disorder

Christine Naismith has been through the struggle of having a child with an eating disorder. Picture: DAVID SMITH

CHRISTINE Naismith knows all too well the fear and frustrations of watching her child battle an eating disorder.

The Ascot Vale mother watched daughter Alana lose 17kg in seven weeks when she was in Year 11 three years ago.

"It's not knowing who to turn to and where to go that is extremely stressful for the parents because they know what's wrong, but they don't know who they

should go to," Ms Naismith said.

Alana, who was hospitalised, was able to recover after her family went through a family-based treatment program at The Royal Children's Hospital.

"I feel very fortunate. It was 16 months of hell and it was very tough but certainly worth all the effort that we got her through to," Ms Naismith said.

She has now got behind a free online tool launched by

the Victorian Centre of Excellence in Eating Disorders which helps parents assess warning signs of eating disorders through an easy-to-use questionnaire.

"It's such a great thing to be able to go through these questions and be able to print it out and take it to the doctor, so you can say 'Please don't dismiss me'," she said.

Ms Naismith said she did not expect her "lucky" daughter to have an

eating disorder and there was no logic behind why people were affected.

"This is a child who loved school, who loved her friends, and all of a sudden she's hating school and hating her friends," she said.

"She was like a skeleton lying in bed, she had no energy at all."

Ms Naismith said while the signs were apparent for Alana because of her drastic weight loss, anorexia affected people differently and

others could hide their problems. Centre manager Claire Duffey said the new online tool called **Feed Your Instinct** was aimed at early intervention.

"A web-based tool like **Feed Your Instinct** is freely accessible to anyone, anywhere, which is important to families when they are feeling so frightened and uncertain about where to turn to next," Ms Duffey said.

Details: feedyourinstinct.com.au

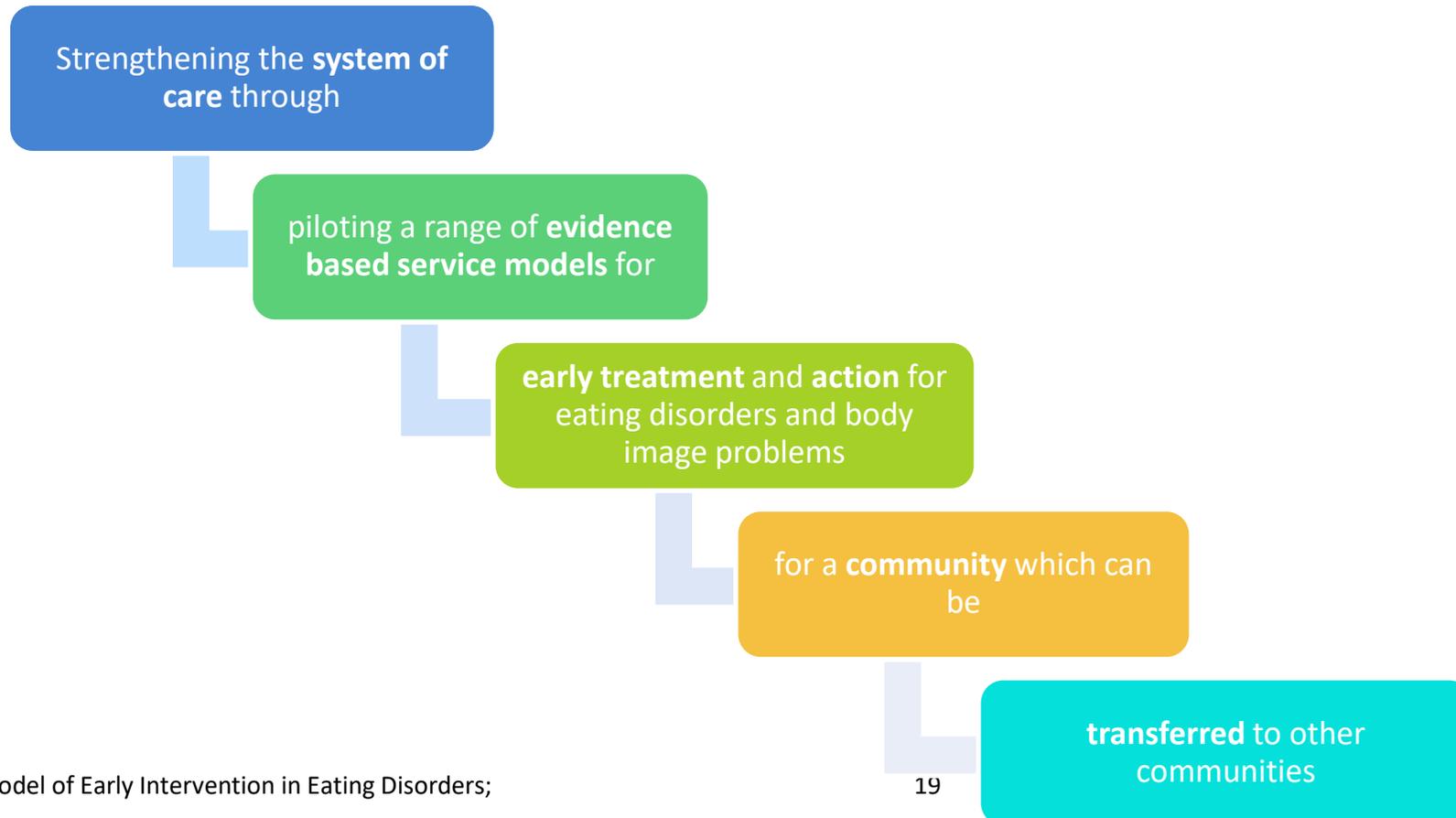
Community awareness (see Appendix 3)

- NGO run events
- Mail out to GP practices, sporting clubs, community organisations and schools

Appendix 1: What did we do in Operation EAT Wyndham?

Purpose

Strengthening the System of Care for Eating Disorders and Body Image Problems



Outcomes

Youth and adults of Wyndham with early signs of eating disorders and body image problems identified early and enter a coordinated and accessible system of care

Clinicians and service providers within Wyndham are able to identify, refer and/or treat early signs of eating disorders easily and effectively

Youth and adults with AN are identified and referred rapidly into specialist services

Youth and Adults with Bulimia Nervosa and Binge Eating Disorder are identified and referred to CBT guided self help treatment options

Youth with early warning signs of eating disorders and body image problems are identified in primary care settings and their families offered family resource

Adults with early warning signs of eating disorders and body image problems are identified and offered evidence based group interventions.

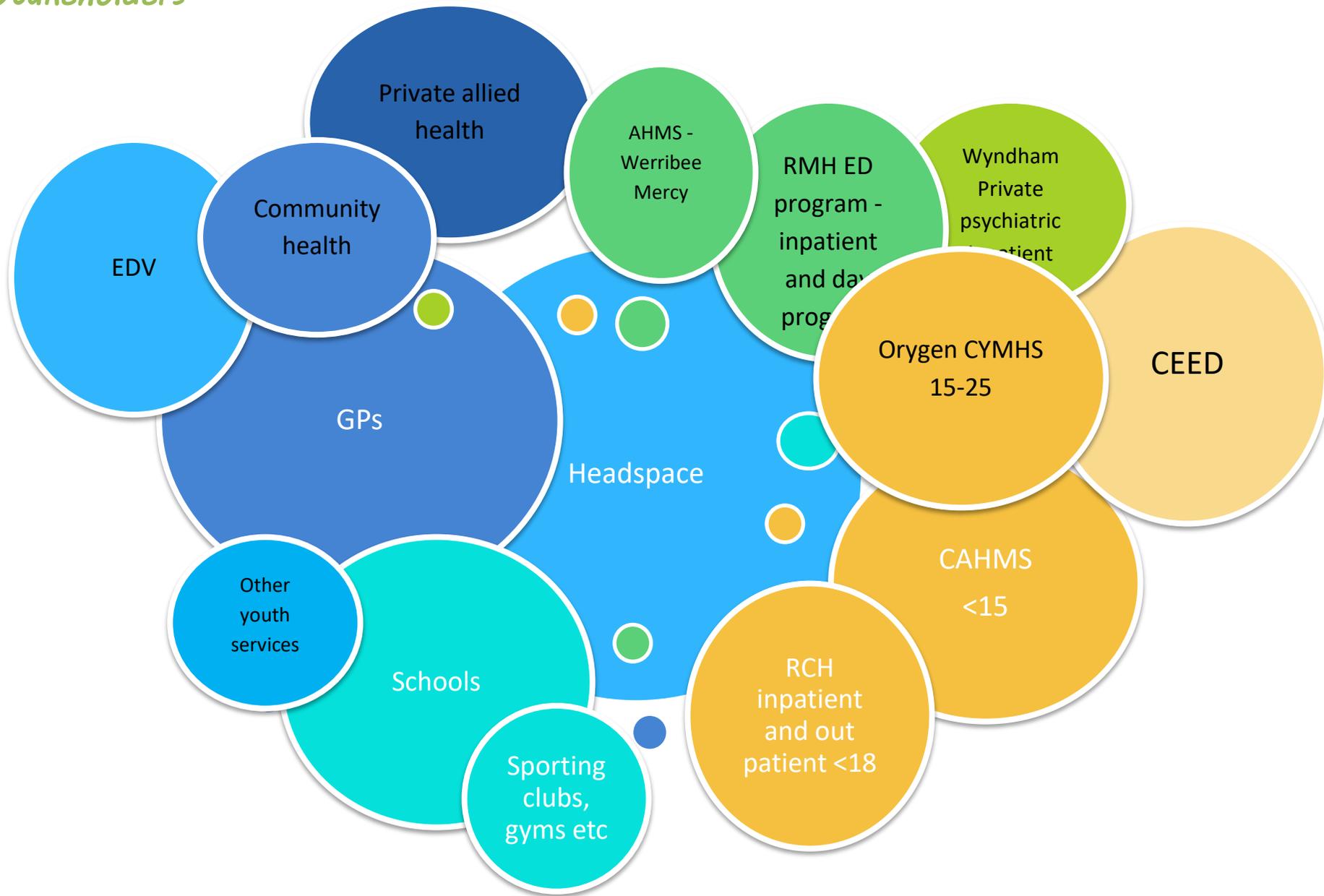


Community Model of Early Intervention in Eating Disorders;

PREVALENCE	TOTAL	FEMALE	MALE
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Bulimia Nervosa	1,006	732	274
Binge Eating Disorder	3,961	2,425	1,536
EDNOS	3,249	2,028	1,221

20 **FIGURE 31 PREVALENCE EATING DISORDERS IN WYNDHAM**

Stakeholders



Council:

- Wyndham (Werribee)

DHHS Offices:

- North West Metropolitan (Fitzroy)

Primary Health Network – North Western Melbourne:

- Melbourne Primary Care Network (Parkville)

Health Services:

- Werribee Mercy Hospital
- Wyndham Private

Mental Health Services – adult and CAMHS:

- Adult – South West Adult Mental Health Service
- Child – RCH CAMHS (AN)
- Youth – Orygen Youth Mental Health

Emergency Services:

- Werribee

- Werribee Mercy Hospital
- Royal Melbourne Hospital
- Royal Children’s Hospital

Eating Disorders Specialist Services:

- Adult – Royal Melbourne Hospital
- Child and Youth – Royal Children’s Hospital (AN)

Private practitioners

- GPs
- Private allied health

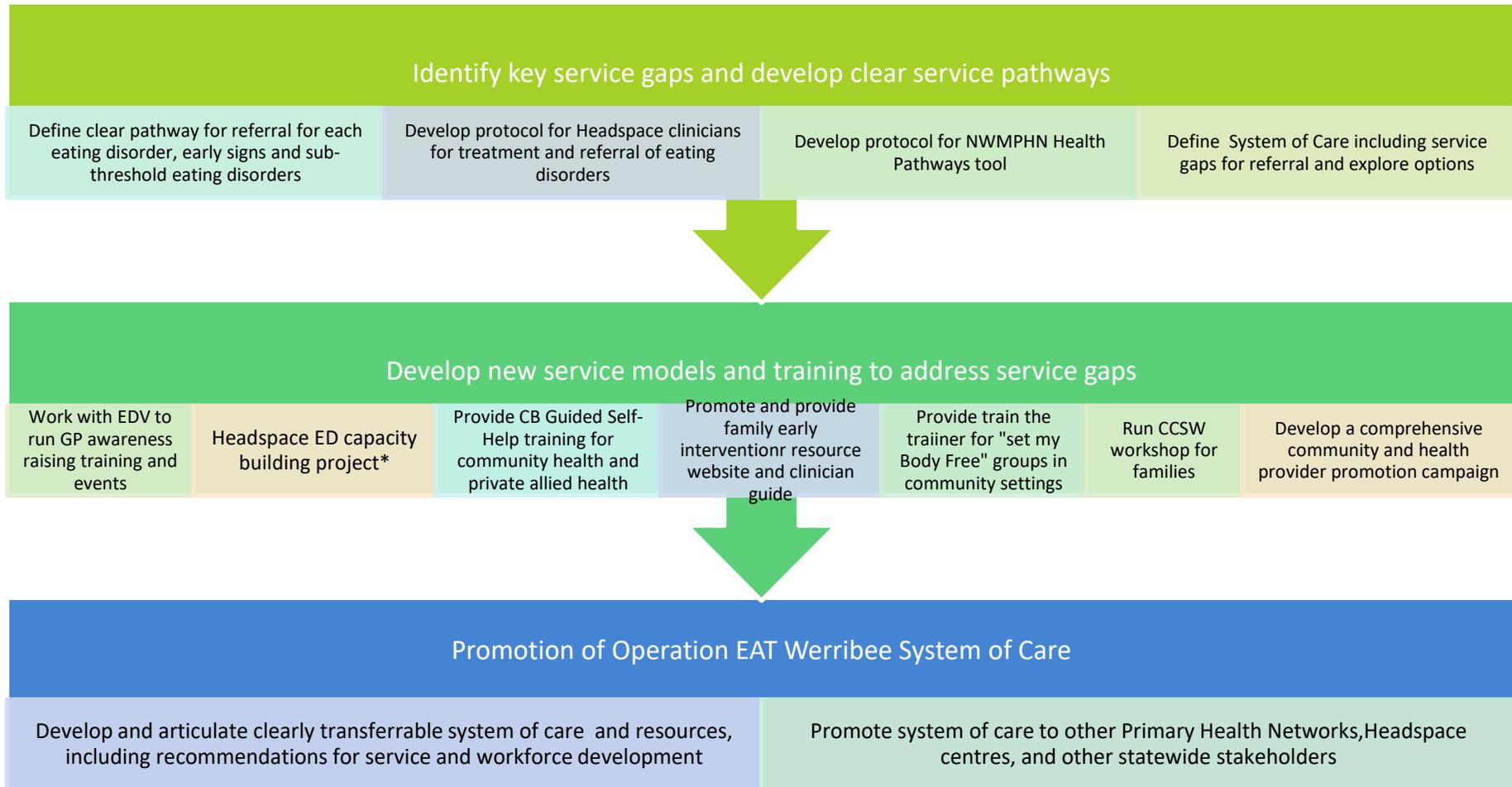
Primary Care Partnership:

- HealthWest PCP (Footscray)

headspace:

- **headspace** Werribee

Key activities

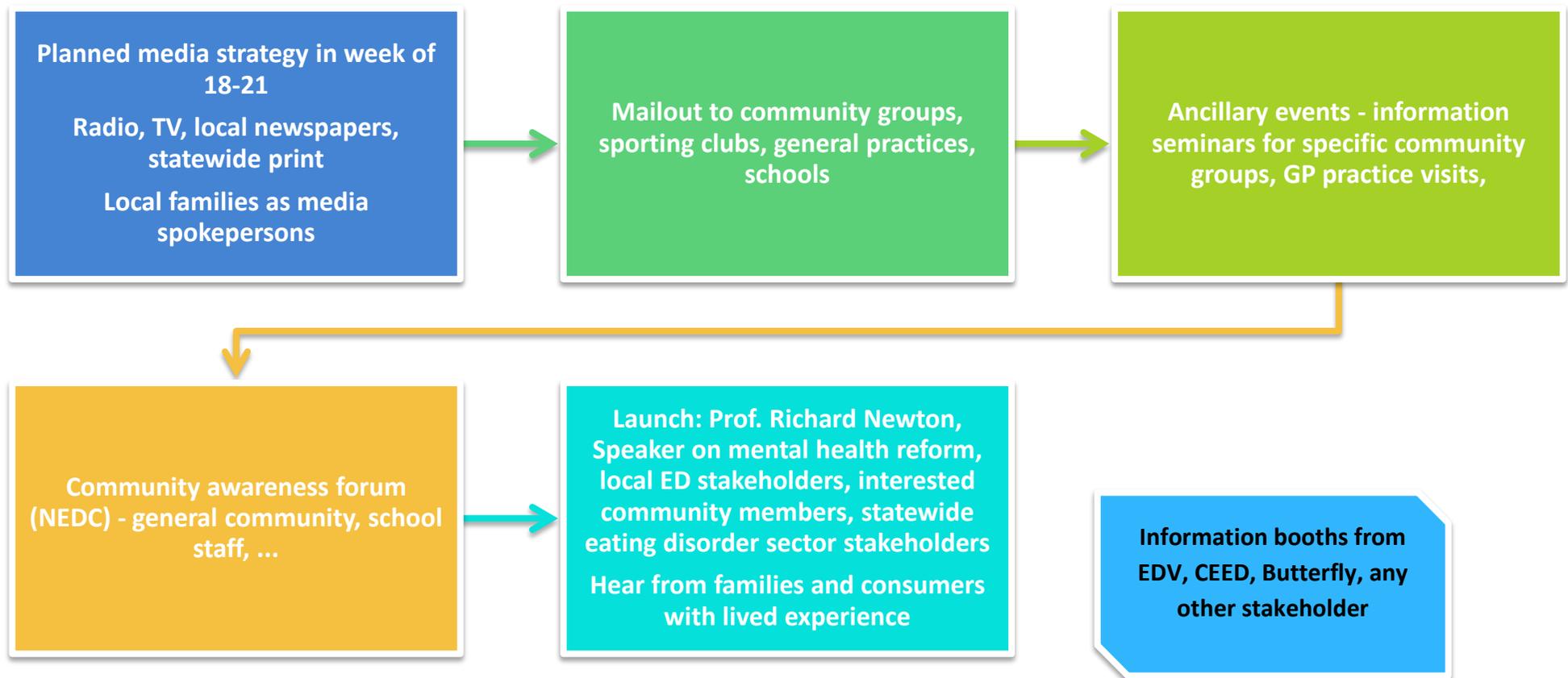


***headspace** ED capacity building project included CB Guided Self Help training for all clinicians; internal resources on an intranet and localised referral pathway



Timelines

Launch Week April 18-21 2016



Appendix 2: Marketing collateral

Feed Your Instinct Brochure



FIGURE 4 BROCHURE FOR FEED YOUR INSTINCT WEBSITE

Brochure print file available from CEED

Media Release



LAUNCH OF OPERATION E.A.T. TO HELP FIGHT EATING DISORDERS

EMBARGOED FOR 21 APRIL 2016

A ground-breaking project – **Operation E.A.T.** - is being launched in Melbourne to strengthen the system of care for eating disorders and body image problems, and empower clinicians and service providers to identify, refer and/or treat early signs of eating disorders.

The Victorian Centre of Excellence in Eating Disorders (CEED) is launching Operation EAT (Early Action & Treatment) at a symposium at Victoria University on 21 April 2016.

With Anorexia Nervosa having the highest mortality rate of any mental illness (including depression or schizophrenia) CEED aims to use Operation E.A.T. to teach parents and professionals to trust their instinct and act early.

Alarming, currently about 9% of Australians will experience an eating disorder in their lifetime – and only one in six will seek treatment for it.

This “**whole-of-community**” **care model** is a multi-pronged approach to early intervention. Operation EAT includes three main elements:

- Release of a **research survey** (conducted in late 2015) of 344 families with a child or loved one with an eating disorder. Its findings provided critical insights into the challenges families face too often in detecting an eating disorder, and achieving an accurate early diagnosis and

appropriate treatment pathway. This invaluable information shaped the other key elements.

- The launch of ***FeedYourInstinct.com.au*** – a ground-breaking web-based interactive tool, targeted at families of 10 – 20 year-olds, which families can use to assess the warning signs in their particular situation. As users progress through the website Q&A format, they emerge with a printable PDF report personalised to their child’s experience, which they can take to their local GP for further action. The aim of ***Feed Your Instinct*** is to empower families to take action earlier and reach diagnosis as the illness is emerging.
- A **Treatment Pilot** which targets clinicians and service providers within the City of Wyndham – to be conducted in partnership with **headspace** and Eating Disorders Victoria. In this three-month Pilot, youth and adults with early signs of eating disorders and body image problems are identified early and enter a co-ordinated and accessible system of care. Throughout this Wyndham Pilot, **headspace** clinicians and other private & community allied health professionals, as well as local GPs via Eating Disorders Victoria, are trained and equipped for early treatment and action.

“Operation EAT has the potential not just to change lives – it can save lives,” said Ms Claire Diffey, Manager of the Victorian Centre of Excellence in Eating Disorders (CEED). She believes that early intervention is key to recovery.

“Having a tool like ***Feed Your Instinct*** is invaluable for a family because it gives you reinforcement that your gut feeling as a parent is right – and the printable GP Report empowers you to act quickly”.

“No one should have to battle an illness like this on their own, and the goal of Operation EAT is to develop a ‘care team’ model which closes the time gap between the first red flags, and getting your child onto the appropriate treatment pathway,” said Ms Diffey.

CEED was funded for the development of Operation EAT via the Victorian Eating Disorders Strategy of the Department of Health & Human Services.

Ends.

Media backgrounders:

- Fact Sheet: About Eating Disorders
- Fact Sheet: “In Their Own Words” Family Survey Results
- Red Flags: Top Twenty Warning Signs of Emerging Eating Disorders

For further information or interviews please contact: Rosemary Vine, 0409 120 540. Spokespeople available for interview:

- Ms Claire Diffey, Manager of the Victorian Centre of Excellence in Eating Disorders
- Ms Belinda Caldwell, Project Manager, Operation EAT, at CEED
- Dr Paul Denborough, Consultant Psychiatrist CEED and Head, Alfred Child and Youth Mental Health Service

***Source:** The Butterfly Foundation 2012. *Paying the Price – The Butterfly Report The economic and social impact of eating disorders in Australia.* Deloitte Access Economics.

MEDIA FACT SHEET 1: OPERATION E·A·T.

“In their own words”: Survey of families’ experience of seeking help for their child with an eating disorder prior to diagnosis

What is it?

A quantitative & qualitative survey of 344 families (Australian and international), whose loved ones were experiencing an eating disorder. The survey tracked the families’ endeavours, experiences and reactions in their search for professional assistance prior to an accurate diagnosis being given.

Key findings:

Families and carers overwhelmingly reported at this pre-diagnosis stage feeling confused, frightened, uncertain about their options, underequipped to deal with the challenge, uncertain about where to go next for help.

Families reported a strongly consistent set of warning signs or behaviours which many observed in the early stage, pre-diagnosis.

More than 40% of families reported a long timeframe (i.e. several months) from point of serious concern about their child to accurate diagnosis:

- 28% reported 3-4 months
- Approximately 14% reported 5-6 months
- For Bulimia Nervosa in particular, the delay was longer with approximately 15% taking 1-2 years to get a diagnosis

Overwhelmingly, once concerned, families’ first point to seek help was their GP (86%), and many families also sought advice from other professionals:

- More than 40% sought help from a psychologist

- About 27% sought help from school counsellor

These families consistently reported critical learnings and insights about their experiences in observing the early stages of the illness. These common themes can be shared to assist other families who may be concerned about their child:

- Look for the “Red Flags” – strong need for a clear list of most common warning signs for parents/carer. These warning signs have been brought together as a simple checklist for families, as described on ***Look for the Red Flags: Warning Signs of Eating Disorders***.
- Trust your instinct and don’t second-guess yourself – if you notice the signs, act on it
- If you delay, your loved one could end up in worse shape
- Act early, seek professional help
- There are support services out there – don’t hesitate to use them
- If you’re not satisfied with a professional’s response, go elsewhere

Quotes from Participants

“Not being taken seriously by our GP was horrifically distressing”

“Worried, confused, uneducated. Because my daughter was 11 and didn't talk about desire to lose weight, I didn't realize she could have anorexia”

“Horrorified, desperate, terribly afraid for the physical and mental health of my child”

“Scared - fearful the personality changes were permanent, that I had lost my daughter to this disease”

“Terrified that my child could die and I was unable to stop her weight loss”

“Confused about what was happening; nobody seemed to see the red flags I was seeing”

“Listened to my instincts better”...*and*...”went with my gut feeling and acted earlier”

“Sought help sooner”...*and*...”get help earlier”

**For more information on “*In Their Own Words*”, please contact: Rachel King,
Senior Clinician, Victorian Centre of Excellence in Eating Disorders,**

Email: Rachel.king@mh.org.au

MEDIA FACT SHEET 2- OPERATION E.A.T.

LOOK FOR THE RED FLAGS: THE MOST COMMON WARNING SIGNS OBSERVED

BY PARENTS IN EMERGING EATING DISORDERS

	<i>General Warning Signs</i>	<i>Warning Signs Most Specific to Anorexia Nervosa</i>	<i>Warning Signs Most Specific to Bulimia Nervosa</i>
1	Weight significantly changed	Weight significantly changed	Vomiting after meals
2	Increased anxiety	Increased anxiety	Weight significantly changed
3	Increased social isolation	Did a lot of physical exercise or sport	Avoided eating/delayed coming to dinner table
4	Avoided eating/ delayed coming to the table	Increased social isolation	Claimed to be too fat, regardless of weight loss
5	Did a lot of physical exercise or sport	Avoided eating/ delayed coming to the dinner table	Increased anxiety
6	Increased irritability	Increased irritability	Increased irritability
7	Became increasingly 'healthy'	Became increasingly 'healthy'	Increased social isolation
8	Preferred diet products (with low calorie content)	Seldom mentioned being hungry	Eating alone or secretly
9	Seldom mentioned being hungry	Complained of physical symptoms;	Did a lot of physical exercise or sport

		dizziness, cold, stomach pain	
10	Complained of physical symptoms; dizziness, col, stomach pain	Preferred diet products (with low calorie content)	Concealed or hoarded food in own room or elsewhere
11	Liked to cook or help in the kitchen but avoided tasting and/ or eating	Liked to cook or help in the kitchen but avoided tasting/eating	Had difficulty stopping eating or ate unusually large amounts of food or sweets
12	Increased perfectionism	Increased perfectionism	Spoke often about slimming, dieting or ideal body forms
13	Picked at food or ate very slowly	Picked at food or ate very slowly	Complained of physical symptoms; dizziness, cold, stomach pain
14	Showed signs of tension at mealtimes	Showed signs of tension at mealtimes	Showed signs of tension at mealtimes
15	Complained that there was too much food or that the food was too rich / fattening	Watched cooking shows and/ or searched for recipes	Showed anger/hostility at mealtimes

These Warning Signs were compiled from parent responses in ***“In Their Own Words”***, a quantitative & qualitative survey of 344 families (Australian and international), whose loved ones were experiencing an eating disorder. The survey (conducted in October 2015) tracked the families’ experiences and reactions in their search for professional assistance prior to an accurate diagnosis being given.

For more information about eating disorders, see these invaluable websites and contact points:

- **Eating Disorders Victoria** which provides services to anyone in Victoria affected by eating disorders, such as counselling, education and information for people with eating disorders, their families. We provide a Helpline, psychological assistance, support groups, website, skills-based learning programs, schools programs and community education. To find out more, visit the comprehensive website www.eatingdisorders.org.au
- **EDV Helpline:** 1300 550 236 or help@eatingdisorders.org.au
- **The Butterfly Foundation** is a leading national voice for all people experiencing eating disorders and negative body image. Its website is www.thebutterflyfoundation.org.au
- **Butterfly Foundation Support Line:** 1800 ED HOPE / 1800 33 4673
- The **National Eating Disorders Collaboration (NEDC)** brings research, expertise and evidence from leaders in the field together in one place. It's a one stop portal to make eating disorders information a lot more accessible for everyone. To find out more visit their website www.nedc.com.au

For more information on “*In Their Own Words*”, please contact: Belinda Caldwell, Carer Consultant & Project Manager, Victorian Centre of Excellence in Eating Disorders, phone: 03 8387 2897 OR Email: Belinda.Caldwell@mh.org.au

Appendix 3: Community Awareness

Eating Disorders Victoria

Options

- Community workshops
- Parent workshops
- Fitness professionals
- School students, staff and families
- Speakers Bank – Stories of Recovery
- For more information go to www.eatingdisorders.org.au

Butterfly Foundation

Options

- Range of Community workshops for families, school staff and young people
- For more information go to www.thebutterflyfoundation.org.au

headspace Schools Project – Food for Thought

Currently (now until mid 2017) rolling out a school staff early intervention in eating disorders upskilling program called *Food For Thought* in the following regions:

1. South West Victoria:

- Warrnambool

- Moyne
- Corangamite
- Colac-Otway

2. Northern Metropolitan Melbourne

- Wyndham
- Hobson's Bay
- Maribyrnong
- Melbourne
- Moonee Valley
- Moreland
- Hume

3. East Gippsland

- Latrobe
- Wellington
- East Gippsland

For more information contact Martina Holland on 03 9278 0208 or mholland@headspace.org.au

Letter to practice managers

Dear Practice Manager/Practice Principal,

The Victoria Centre for Excellence in Eating Disorders (CEED) is undertaking a whole of community project in the City of Wyndham entitled Operation EAT – Wyndham, aimed at improving early identification and early treatment of eating disorders and body image problems.

Operation EAT is funded by the Victorian Department of Health and Human Services as part of the Victorian Eating Disorders Strategy. As part of the project we have been working on a number of initiatives including development of a website tool (Feed Your Instinct) for concerned families of ‘under 18s’ which will result in a letter they can take to the GP if their concerns are validated. In addition we have been working with the local **headspace** services to upskill their clinicians on eating disorders and train them in evidence based treatment for bulimia nervosa and binge eating disorder. We also have provided local allied health (public and private) with a version of the same training. We have developed a clear referral pathway for the region for all eating disorders which will be available to clinicians and consumers/carers.

During the week of the 11-14 April 2016 we will be running a strong community awareness campaign on the importance of early identification, the warning signs and the website tool. We are partnering with other organisations to run a range of events for the community that week e.g. National Eating Disorder Collaboration will be running a community forum. If you practice in interested in making the promotional material available in your practice, please email us on ceedprojectadmin@mh.org.au.

We have been working closely with Eating Disorders Victoria and NWMPHN to ensure that the EDV education program for GPs will be available for City of Wyndham GPs. This will provide a refresher before the community awareness raising campaign and let them know the details of the new services being provided in the local area. EDV will be running a 2hr education session on March 9 2016 in the evening (2 QI&CPD points) and a workshop on April 16 2016 from 8.45am-3.45pm (40 QI&CPD points), which we encourage your GPs and relevant practice staff to attend.

I have attached the flyer for the March 9 education session and more information on the April 16th workshop will be promoted through the PHN communications and RACGP website.

We encourage you to embrace this exciting project which promises to make a significant difference to the journeys of those with an eating disorder and their families.

Yours sincerely

References

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Eisler I, Dare C, Russell GFM, Szukler GI, Dodge L and Le Grange D (1997). Family and individual therapy for anorexia nervosa: A 5-year follow-up. Archives of General Psychiatry, 54, 1025-1030

National Eating Disorders Collaboration 2010 Eating Disorders: the way forward. An Australian National Framework www.nedc.com.au

Useful articles or documents

The Butterfly Foundation for Eating Disorders, 2012, Paying the Price, the economic and social impact of eating disorders, Deloitte Access Economics.

Department of Health, Victoria. (2014) Victorian Eating Disorders Strategy. www.health.vic.gov.au/mentalhealth

Evans, E., Hay, P., Mond, J., Paxton, S., Quirk, F., Rodgers, B., Jhapp, A., Sawoniewska, M. (2011). Barriers to Help-Seeking in Young Women with Eating Disorders: A Qualitative Exploration in a Longitudinal Community Survey. Eating Disorders, 19: 270-285,

Haines, J., Ziyadeh, N.J., Franko, D.L., McDonald, J., Mond, J.M., & Austin, S.B. (2011). Unmet need for treatment in the eating disorders: A systematic review of eating disorder specific treatment seeking among community cases. Clinical Psychology Review, 31,

A comprehensive list of research underpinning the strategies outlined in this document is available from CEED