



# Eating Disorders in Primary Care



Christine Morgan - 2018 NEDC Members'  
Meeting 1-2 June Sydney

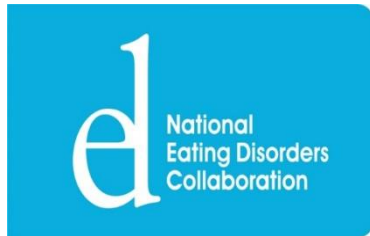


# Eating Disorders in Primary Care

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National Director, NEDC





# Eating Disorders – then, now and in the future

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## Eating Disorders in Primary Care

1<sup>st</sup> & 2<sup>nd</sup> June 2018

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Australian Government  
Department of Health and Ageing

**Eating disorders are serious mental health issues that impact every aspect of life from psychological and social wellbeing to physical health and medical complications**

**They are characterized by feelings of anxiety, hopelessness, depression, self-hatred, tormenting voice of a harsh inner critic**

*'There is a tyrant in my head screaming abuse at me 24/7'*

*'I was recently asked to sum up my experience of anorexia nervosa in one sentence—actually, I can do it in just one word — ISOLATION...you feel completely alone'*

*'I feel like I have been hit by a truck'*

*'I'm living a nightmare'*

# **EATING DISORDERS THEN – 2009 TO NOW - 2018**

## NATIONAL EATING DISORDERS COLLABORATION (NEDC)

### A nationally consistent, evidence-based approach to the prevention and management of eating disorders in Australia

- **Established 2009**
- **Collaboration** - between experts, clinical professionals and those with a lived experience
- **Steering Committee** - of leading Australian eating disorder experts
- **Evidence-based** effective practice within long term approach
- Presenting information that is **accessible and relevant**
- **Consensus** and ongoing in-put into the evidence base

## NATIONAL EATING DISORDERS COLLABORATION (NEDC)

- **Dissemination, engagement and implementation**
  - Membership - over 2,700 members (2012: 323; 2013: 504; 2014: 884; 2015: 1,227; 2016: 2,052; 2017: 2,784)
  - Websites – [www.nedc.com.au](http://www.nedc.com.au) with over 500,000 visitors this financial year and over 1.1million page views – significantly increasing international interest; [www.eatingdisordersinfo.org.au](http://www.eatingdisordersinfo.org.au) (youth focus) [www.storiesfromexperience.com.au](http://www.storiesfromexperience.com.au) (consumer participation resource)
  - Communications – social media; e-bulletins – 3 this year to over 4,600 subscribers
  - Workforce development – 35 introductory sessions to over 1,200 health professionals
  - Resource development - fact sheets, infographics, booklets – obesity, sport and fitness, dentistry, caring for someone, GP's, pharmacy, pregnancy, young people, nurses and midwives

## NATIONAL EATING DISORDERS COLLABORATION (NEDC)

- **Developing the evidence base:**
  - The Way Forward – first national framework
  - Resource Review
  - Evidence Review
  - Gap Analysis
  - Prevention and Early Intervention
  - Revised National Framework – first national standards
  - Evaluating the risk of harm of weight related public messages
  - Clarity in Complexity – strategic communication for prevention and early intervention
  - An Integrated Response – eating disorders and obesity
  - Systematic Review of eating disorders and obesity
  - Workforce Development Blueprint
  - Service Implementation Guidelines
  - Stepped Care Approaches



- 4 specified eating disorders
- All genders, ages, sizes, shapes & cultural backgrounds
- Symptoms & diagnosis may vary over time
- Affect approx. 9% of the population in their lifetime
- Rates increasing over last 30 years

FACT 1#

EATING DISORDERS  
ARE COMMON



➤ **ALL Eating Disorders:**

Significant physical & mental health consequences

Severe medical complications

Increased mortality rates; one of highest of all psychiatric illnesses; over 12 times higher than that for people without EDs

➤ **Main causes of mortality:**

Suicide

Gastrointestinal complaints

Infection

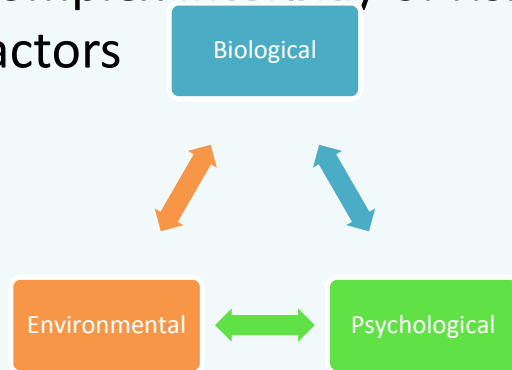
Severe emaciation

**FACT 2 #**

**EATING  
DISORDERS  
ARE SERIOUS**



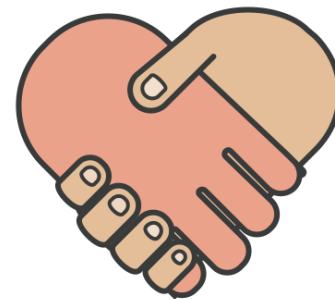
- Complex interplay of risk factors



- Psychiatric Comorbidity
  - Depression, anxiety, OCD, personality disorders

**FACT 3#**

**EATING  
DISORDERS  
ARE  
COMPLEX**



## **FULL RECOVERY is POSSIBLE**

- Path of recovery is a unique, personal journey
- Patient led – finding a treatment program that ‘fits’ them (options for treatment are critical!)
- Optimum treatment - long term, patient focused, involving family or circle of support
- 90% of patients given an effective treatment within 3 years of illness onset have a positive outcome at 5years

## **FACT 4#**

**EATING  
DISORDERS  
ARE  
TREATABLE**



# EATING DISORDERS 2015 - 2017

## PRIORITISING EATING DISORDERS – HOW??

- 5<sup>th</sup> National Mental Health & Suicide Prevention Plan – we didn't fit!
- Eating disorders not core business

But ..... the evidence supports:

- Early intervention is critical and life changing – eating disorders are not self limiting
- **Serious** long term health **consequences**, chronicity, **mortality** risk and health care **costs**
- **Impacts** on the safety and effectiveness of other treatment
- Overlap with three **priority areas** for preventative primary health care: mental illness, obesity and diabetes
- Most effective **treatment is early** in illness
- Treatment needs to be integrated, multidimensional and multidisciplinary and **in community**
- **Recovery** is possible

## CHANGING THE LANDSCAPE – NEDC INFORMED

- **Identifying next steps** – urgent need for policy change at the national level
- **National and state-based eating disorder standards and practices** – how can these inform the development of new policy
- **Expert Advisory Group** – harnessing the expertise
- **Consultation** - + 700 people with lived experience + carers provided input on key priority areas of need
- **Collaboration** - with state organisations, NEDC and other peak stakeholders – ANZAED, RANZCP
- **Co-production approach** – involve representatives of all key stakeholders working together in equal reciprocal partnership

## IDENTIFYING NATIONAL AGENDA PRIORITIES

1. Establishing a base line of evidence based care as core business for anyone working in mental health and allied roles
2. Creating safe and early access to treatment for eating disorders
3. Enabling sustainable recovery

***INTEGRAL ROLE OF COMMUNITY BASED PRIMARY HEALTH CARE .....***



## PRIORITY ACTION AREA 1: The right type of treatment

### Standard

- Evidence-based treatment - specific to illness, responsive
- Evidence-based dosage and duration sufficient to support sustainable recovery
- **Integrated care - multi-disciplinary; primary and allied health**
- Meeting physical, psychological, behavioural, nutritional, occupational and social needs

### Needs and Challenges

- A **skilled workforce** – implementation of core competencies
- Integrated physical and mental health care
- Affordable treatment – Medicare and private health

## PRIORITY ACTION AREA 2: Earlier access to treatment

### Standard

- **Early access** - in help-seeking, in episode, in recurrence
- Identification and diagnosis at first points of contact
- Continuum of services that is connected and coherent
- **Community integrated approaches – community settings**

### Needs and Challenges

- **Capacity for early identification and diagnosis in primary care**
- Gaps in continuum of care - regional/rural lack of services; separation of care (state, local, public, private)
- Needs of young adults – falling between child & adolescent and adult services

## PRIORITY ACTION AREA 3: Enabling sustainable recovery

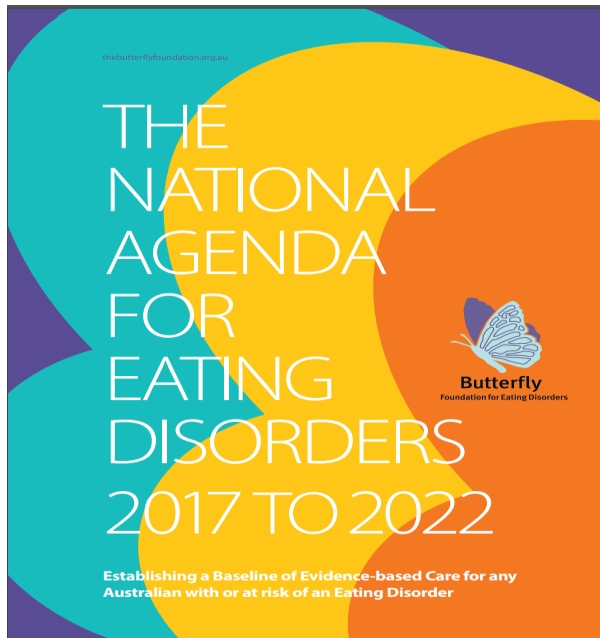
### Standard

- Treatment and support based on an integrated understanding of individual lives = their recovery
- Person-centred tailored to circumstances/needs not just illness
- Recovery-oriented
- **Relapse and recurrence support – for the duration**
- **Family support recognised as integral**

### Needs and Challenges

- Challenges of moving from treatment to self management
- Lack of services for recovery support
- Lack of services for family support

# [www.thebutterflyfoundation.org.au](http://www.thebutterflyfoundation.org.au)



Download the Agenda from the 'About Us' section of the Butterfly Foundation website.

Or contact [info@thebutterflyfoundation.org.au](mailto:info@thebutterflyfoundation.org.au) to discuss obtaining hard copies.



# **EATING DISORDERS 2018 & BEYOND**

## CHANGING THE FUTURE – FOUNDATIONS FOR CHANGE

- **Core Business** - Eating Disorders 'within scope' in all mental health policy, initiatives and service provision.
- **National Standards** – guidelines and standards reflect the evidence for treatment and recovery
- **Evidence based** - policy initiatives, service provision, medical benefits based on evidence-based treatment
- **Accountability** – monitoring and reporting implementation of National Agenda
- **Lived Experience** – involved in all reform initiatives, including families and carers

**Goal: Development of community-integrated, evidence based approaches to eating disorders in primary care nationally**

**Through: Support to PHNs by providing individually planned and tailored:**

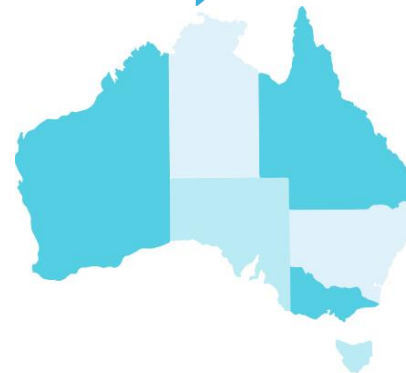
**Dissemination** of information and resources

**Implementation** of evidence-based through introductory professional development and workshops

**Consultation** with local services and professionals on their experiences and needs

**Collaboration** with state services, experts and training providers to engage communities and deliver available programs

**NEDC PHN  
CAPACITY  
BUILDING  
PROJECT**



## PRIMARY CARE SERVICE ELEMENTS

### Entry Points

- Outreach and prevention
- Information and education
- Screening, assessment and referral

### Self Directed Care

- Guided self-help
- Recovery and family support

### Integrated Programs

- Outpatient treatment
- Community-based clinicians and practitioners

### Coordination

- Case coordination and professional collaboration
- Referral pathways



# CURRENT RESPONSE & CALLS TO ACTION

- National Agenda for Eating Disorders = **federal government policy** with encouragement through COAG to be adopted by states and territories
- Inclusion of eating disorders digital services – ED HOPE - in Head to Health and digital gateway development = **service expansion**
- Federal government commitment to **workforce development** – in conjunction with states and territories
- Inclusion in Million Minds **research initiative** – priority area including appointment to the Board / Steering Committee of Prof Tracey Wade
- Medicare Review – towards **affordable care**



# THE END OF THE BEGINNING.....

- Goal = affordable, accessible, evidence based care for any Australian at risk of or with an eating disorder
- Evidence base = continuing to evolve – critical contributory role of all NEDC members including those with a lived experience
- Champions for change – it is people who make the difference for people



The National Eating Disorders Collaboration (NEDC) is a collaboration of people and organisations with expertise in the field of eating disorders, individuals from a range of healthcare and research sectors and people with a lived experience of an eating disorder.

Through the contribution of its members, the NEDC has the resources to lead the way in addressing eating disorders in Australia.

[nedc.com.au](http://nedc.com.au) 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.

**Change the way you think about eating disorders.**

[nedc.com.au](http://nedc.com.au)



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