Food For Thought
Executive Summary

headspace
National Youth Mental Health Foundation
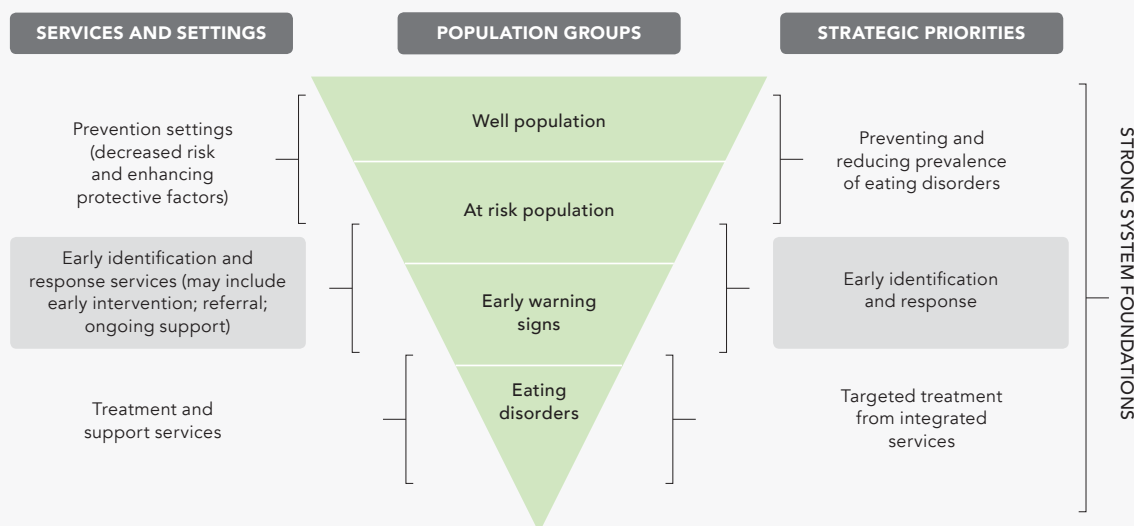
VICTORIA
State Government

Project Purpose

The aim of *Food For Thought* is to increase the **confidence, skills** and **knowledge** of key staff in secondary schools to enable them to **identify early, intervene appropriately** and **support** young people who may be experiencing disordered eating and other early warning signs of an emerging eating disorder. *Food For Thought* uses the *NIP It In The Bud!* model of early intervention from *SAFEMinds*.

Project Context

Food For Thought is one of five foundational projects funded by the Victorian Department of Health and Human Services (DHHS) as part of The Victorian Eating Disorders Strategy (2014), and is aligned with the 'early identification and response' strategic priority of The Strategy (see Figure 1 below).

Eating Disorders are serious, prevalent and on the rise[2]

Figure 1. An integrated view: the Victorian eating disorder strategy

SERVICES AND SETTINGS	POPULATION GROUPS	STRATEGIC PRIORITIES	
Prevention settings (decreased risk and enhancing protective factors)	Well population	Preventing and reducing prevalence of eating disorders	STRONG SYSTEM FOUNDATIONS
Early identification and response services (may include early intervention; referral; ongoing support)	At risk population	Early identification and response	
Treatment and support services	Early warning signs	Targeted treatment from integrated services	
	Eating disorders		

1. https://mhfa.com.au/sites/default/files/MHFA_eatdis_guidelines_A4_2013.pdf
2. NEDC (2012) An Integrated Response to Complexity – National Eating Disorders Framework, 2012

9% of Australians will experience an eating disorder[14]

Defining 'Normal' Eating and Disordered Eating

'Normal' eating refers to the attitude a person holds in their relationship with food, rather than to the type or amount of food they eat[3]. 'Normal' eating is flexible: it varies in response to hunger, schedule, proximity to food and feelings[4]. In contrast, disordered eating is a 'disturbed and unhealthy eating pattern that can include restrictive dieting, compulsive eating or skipping meals.'[5] Many disordered eating behaviours are shared with diagnosed eating disorders; the main difference between them is in the severity and frequency of the behaviours[6]. Dieting is one of the most common forms of disordered eating and while not everyone who diets will develop an eating disorder, it would be hard to find a person with an eating disorder who has not been on a diet themselves[7]. Disordered eating can have a destructive impact on a person's life and has been linked to a reduced ability to cope with stressful situations. There is also an increased incidence of suicidal thoughts and behaviours in adolescents with disordered eating[8]. Further information about disordered eating can be found in the *Understand* module of this resource kit.

Severity of Eating Disorders

Eating disorders are serious mental illnesses with high levels of psychological distress, risks of long-term medical complications and an increased risk of premature death[9]. Eating disorders can be fatal[10]. The mortality rate for people with eating disorders is the highest of all psychiatric illnesses, and over twelve times higher than for people without eating disorders[11]. People who develop eating disorders in childhood or adolescence may experience interrupted physical, educational and social development as they face the long-term risk of serious medical complications. Eating disorders have been shown to have one of the highest impacts on health-related quality of life of all psychiatric disorders: Australian data indicates that they represent the second leading cause of disability due to mental disorders in females aged 10-24 years (with anxiety and depressive disorders the leading single cause)[12]. Deloitte Access Economics (2012) estimate the burden of disease costs for eating disorders as $52.6 billion, comparable to the estimates for anxiety and depression ($41.2 billion) and obesity ($52.9 billion)[13]

Prevalence of Eating Disorders

Eating disorders are relatively common when compared with other priority health issues such as Type 1 diabetes or asthma, with eating disorders estimated to affect approximately 9% of the total population (with prevalence in any one year of about 2.94% in males and 5.11% in females)[15]. The rate of eating disorders in the Australian population is increasing. It is estimated that there are currently approximately 1,000,000 people living with an eating disorder in Australia[16]. Developing evidence at Victorian **headspace** centres suggests that between 25-40% of young people presenting to **headspace** have a complex relationship with food. One of the challenges in establishing the prevalence is that people experiencing eating disorders often keep the problem hidden. It is estimated that on average only 23% of people with an eating disorder seek treatment for their disorder[17].

3. http://www.eatingdisorders.org.au/eating-disorders/disordered-eating-a-dieting
4. Ellyn Satter Institute http://ellynsatterinstitute.org/index.php
5. http://www.nedc.com.au/files/Resources/Disordered%20Eating%20and%20Dieting%20Fact%20Sheet.pdf
6. http://www.eatingdisorders.org.au/eating-disorders/disordered-eating-a-dieting
7. http://www.nedc.com.au/files/Resources/Disordered%20Eating%20and%20Dieting%20Fact%20Sheet.pdf
8. http://www.nedc.com.au/files/Resources/Disordered%20Eating%20and%20Dieting%20Fact%20Sheet.pdf

9. Investing In Need: Cost-effective interventions for eating disorders, The Butterfly Foundation, 2015, p16
10. Paying The Price: The economic and social impact of eating disorders in Australia, The Butterfly Foundation, 2015, p16
11. http://www.nedc.com.au/myths
12. https://www.mja.com.au/journal/2011/194/5/what-are-major-drivers-prevalent-disability-burden-young-australians
13. Investing In Need: Cost-effective interventions for eating disorders, The Butterfly Foundation, 2015, p16
14. NEDC (2012) An Integrated Response to Complexity – National Eating Disorders Framework, 2012

15. Investing In Need: Cost-effective interventions for eating disorders, The Butterfly Foundation, 2015, p16
16. http://www.eatingdisorders.org.au/key-research-a-statistics
17. Paying The Price: The economic and social impact of eating disorders in Australia, The Butterfly Foundation, 2015, p20

> ## Only one in six people with an eating disorder will get treatment[18]

Why Early Intervention?

Without early intervention, the long-term prospects for people with eating disorders are relatively poor. Recovery from an eating disorder is a long-term process, lasting on average for one to six years[19]. Nevertheless, recovery from an eating disorder is possible. Eating disorders form a distinct group of complex illnesses that have different treatment requirements from other types of mental illness. The complexities of eating disorders require a long-term multi-disciplinary team approach to treatment, integrating medical, nutritional and psychological expertise, delivered in a supportive environment[20]. Early detection and intervention are crucial to successful outcomes[21]. People who have had an eating disorder for less than two years are likely to respond far more quickly to treatment, and experience fewer health consequences. Death outcomes from initial assessment increase with age (from 7.3% of 18 year olds to 23.5% of those aged over 40)[22]. Early identification and prompt intervention are required to reduce the severity, duration and impact of eating disorders[23].

> ## Eating disorders affect males and females of all backgrounds and ages[24]

Why Secondary Schools?

The onset of eating disorders usually occurs during adolescence, with Anorexia Nervosa's median age of onset 17 and Bulimia Nervosa's median age of onset between 16 and 18 years[25]. The seriousness of eating disorders and their tendency to surface during adolescence requires early intervention, referral and ongoing support; key staff in secondary schools are well-placed to provide this response. Key school staff are in a privileged position to notice the physical, behavioural and psychological warning signs that may indicate the early stages of a developing eating disorder. Nevertheless, anecdotal reports from carers suggest that currently, staff in schools do not always possess the knowledge and skills required to effectively assist and support young people, their families and friends when disordered eating or eating disorders surface.

Health and Wellbeing

This project aligns with DET's targets for the Education State, one of which is to increase the resilience, health and wellbeing of young people[26]. As well as teaching academic skills, it is the core business of schools to promote student wellbeing, resilience and positive social attitudes. Social and emotional skills help students develop the resilience to deal with change, challenge and unpredictability.

Whole School Approach to Healthy Eating

The 'whole school approach' is the framework that guides the development of a healthy food culture in schools. The approach ensures consistency: so what is taught about food and healthy eating in the classroom is reflected and reinforced in the daily life of the school, including in policies, the physical, social and emotional environments and the services and partners the school chooses to work in partnership with. Students, school staff and the school community are empowered to help guide the process, with the results reaching out beyond the school gates.

> ## Recovery is possible. Early support is critical.

18. Investing In Need: Cost-effective interventions for eating disorders, The Butterfly Foundation, 2015, p16
19. Investing In Need: Cost-effective interventions for eating disorders, The Butterfly Foundation, 2015, p16
20. Investing In Need: Cost-effective interventions for eating disorders, The Butterfly Foundation, 2015, p16
21. Investing In Need: Cost-effective interventions for eating disorders, The Butterfly Foundation, 2015, p16
22. Investing In Need: Cost-effective interventions for eating disorders, The Butterfly Foundation, 2015, p20
23. Investing In Need: Cost-effective interventions for eating disorders, The Butterfly Foundation, 2015, p44
24. NEDC (2012) An Integrated Response to Complexity – National Eating Disorders Framework, 2012
25. http://www.eatingdisorders.org.au/key-research-a-statistics
26. http://www.education.vic.gov.au/Documents/about/educationstate/launch.pdf