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## Early Intervention Picking Cases up Early and Responding



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### Session Outline

- Early intervention and the Service Plan
- Local early intervention model
- Discussion and questions



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### The Importance of Getting in Early

**Eating disorders**

- mental illnesses with multiple and often severe complications
- high morbidity and mortality
- significant medical complications, increased psychiatric comorbidity, long term impairment of social and functional roles and quality of life
- financial impact on clients, families/carers, society and the health system is significant
- often not detected or referred on to appropriate care

Clients are often referred well into their illness trajectory



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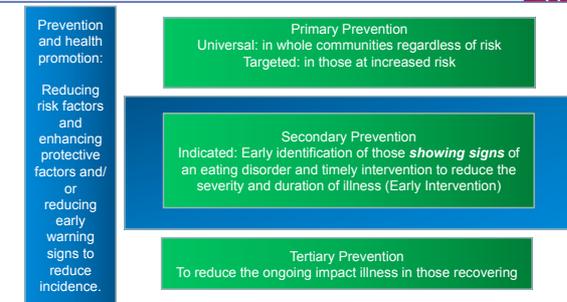
### The Importance of Getting in Early

- People showing warning signs are at much higher risk of developing an eating disorder
- Partial syndromes carry heightened risk of impairment
- Recovery is possible
- Prevention and evidence-based treatments exist
- When delivered early in the course of illness or illness episode, severity, duration and impact of an eating disorder can be reduced
- Timely and appropriate care may reduce morbidity and mortality, improve treatment outcomes and moderate demands on other parts of the health system



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### What is Early Intervention?



Prevention and health promotion:  
Reducing risk factors and enhancing protective factors and/or reducing early warning signs to reduce incidence.

**Primary Prevention**  
Universal: in whole communities regardless of risk  
Targeted: in those at increased risk

**Secondary Prevention**  
Indicated: Early identification of those *showing signs* of an eating disorder and timely intervention to reduce the severity and duration of illness (Early Intervention)

**Tertiary Prevention**  
To reduce the ongoing impact illness in those recovering

Adapted from NEDC 2010 and HIMH



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### Early Intervention and the Service Plan

**The Service Plan includes:**

1. Prevention through the promotion of positive self image and healthy behaviours
2. Early recognition of risk behaviours and early signs of physical and psychological distress related to eating and body image and access to appropriate interventions
3. Responsiveness to levels of need with evidence-based interventions to promote recovery
4. Early access to acute intensive and integrated care to minimise harm, including medical, psychological and psychiatric treatments



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## Two Key Areas to Support

- Early engagement (throughout all illness stages)
- Prevention and health promotion

## Supporting Early Engagement

- Identifying and working with our key partners to build capability for:
  - screening
  - assessment
  - where appropriate provision of early intervention
  - utilising appropriate referral pathways to more intensive treatment
  - shared care during treatment and recovery

## Supporting Early Engagement

### Key partners may include:

- internal: medical and mental health wards, community-based teams, perinatal, diabetes
- external: Primary Health Network, GPs, Headspace, schools, private practitioners
- Education and training (knowledge and skill)
- Protocols and resources
- A clear service map (service entry points and evidence-based treatments offered)

## Primary Care

- Role in early intervention and shared care, particularly for mild to moderate symptoms
- Require systems that incorporate service engagement, support and transition from primary care to more intense and specialist treatment for people with moderate to severe levels of clinical need
- Partnering to develop strategies to improve service integration and delivery
- HealthPathways

## Supporting Prevention and Health Promotion

- Poor body image predicts reduced mental and physical health and is an identified risk factor
- Those with poor body image are more likely to engage in dangerous weight control methods (extreme dietary restriction, purging behaviour, excessive exercise), substance abuse, and unnecessary surgical interventions to alter appearance
- Disordered eating is the single most important indicator of eating disorders onset, and is associated with a range of mental, physical, and social impairments
- Stigma (weight and eating disorders) impacts on help-seeking behaviour

## Supporting Prevention and Health Promotion

- Services that engage at risk groups can provide opportunities for:
  - detection
  - facilitating help-seeking
  - providing positive health messages
  - challenging stigma
- Increasing health professional engagement to facilitate the development of a skill workforce

## Supporting Prevention and Health Promotion

- Support information around:
  - understanding eating disorders and stigmatisation (weight and eating disorders)
  - safe and effective communication that promotes health and wellbeing, positive body image, prevention of disordered eating and engagement with appropriate services
  - counteracting modifiable precursors – over-concern with weight, appearance concerns, dieting, unhealthy eating behaviours, low self-esteem

## Supporting Prevention and Health Promotion

### First do no harm:

- Avoid overt discussion of eating disorders or disordered eating behaviour
- Suggestibility, individuals may learn extreme weight control practices
- Content can be delivered in a way that intensifies eating, weight or shape concern
  - “good” and “bad” food (not balanced eating, moderation)
  - attention to individual body weights
  - inappropriate personal attitudes of weight or shape

## Supporting Prevention and Health Promotion

- Potentially valuable prevention initiatives:
  - public awareness and media campaigns
  - media literacy, promoting media advocacy and critical evaluation of the thin body ideal and media body ideals
  - mental health literacy (enable prevention, identification, and management)
  - training and education health and education professionals
  - whole-of-school or community-based programs
  - integrated initiatives which encourage body esteem, healthy eating and lifestyle behaviours without prompting fad diets or weight loss attempts

## Supporting Prevention and Health Promotion

### Indicated prevention programs may assist those with early warning signs:

- cognitive-behavioural therapy
- self-help cognitive-behavioural interventions
- cognitive dissonance
- media literacy
- family-based interventions

## References

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