

Eating disorders — Levers for Reform

Australia and New Zealand Eating Disorders Conference 2015

21 August 2015

Welcome and acknowledgements

Thank you for the invitation to be here this year.

I respectfully acknowledge the traditional owners of the land upon which this event is taking place. I pay my respects to the Elders, both past and present.

I would also like to acknowledge

- Sloane Madden (ANZAED President)
- Uncle Ted Williams for the welcome to country
- Susan Paxton, from the AED Partnership, Chapter and Affiliate Committee.

Eating disorders

What we know:

- The rate of eating disorders in the Australian population is increasing.
- Eating disorders occur in both males and females; in children, adolescents, adults and older adults; across all socio-economic groups; and from all cultural backgrounds.
- Eating disorders are estimated to affect approximately 9% of the total population
- These rates are higher for women – with an estimated 15% of women experiencing an eating disorder that requires clinical intervention during their lifetime.
- These are conservative estimates that do not account for the many cases where people do not seek help or acknowledge they have an eating disorder.

Focusing our attention across the spectrum

Given the magnitude of the problem, in terms of both its social and economic cost, we must take care to ensure we do not concentrate our focus and investment solely on acute clinical and treatment services.

While it is vital that the appropriate mix of clinical and other support services are available when and where they are needed — our best opportunity to make a meaningful difference is through increasing awareness, and using prevention and early intervention strategies to reduce the onset, the duration and the severity of eating disorders.

Despite the high prevalence of eating disorders in Australia, there is still a low level of understanding in our community about eating disorders and mental illness, with a number of misleading and damaging myths still prevalent in our communities.

- Eating disorders are not confined to young women – they also affect men and older women.
- Eating disorders are not a phase to be ‘snapped out of’ – they are a complex and serious mental illness that causes significant physical complications and impairment together with an increased risk of morbidity.

Part of our energy must focus on dispelling these myths by improving the understanding of mental health and eating disorders among the community, which will not only lead to a more aware and accepting community but will pave the way to prevent and intervene as early as possible when issues arise.

Improving community awareness will also serve to reduce stigma and promote help seeking.

Levers for reform

I note that the key note speaker this morning, Dr Ivan Eisler, puts a very strong focus on family in the treatment of eating disorders.

This is one area that the Mental Health Commission continually hears about – why wasn’t the family listened to? If you look at Queensland’s new mental health Bill you will find much greater requirements to involve family, where this is in the best interests of the person with the mental illness.

Just as the Australian and New Zealand Academy for Eating Disorders is *committed to leadership and collaboration in research, prevention, treatment and advocacy* in the field of eating disorders, the Commission has a similar role at a system level for mental health reform.

So we are on the lookout for the right levers for reform.

Greater involvement of family is one lever that is almost universally agreed.

Building the capacity of community is another.

In 2014, the Commission provided a Community Wellbeing Enhancement Initiative grant to *ISIS—The Eating Issues Centre* in Brisbane. *ISIS* work with people over the age of 16 with serious eating issues, such as anorexia, bulimia and compulsive over-eating. This funding was used to develop a network of trained mentors with a lived experience of recovery from eating issues with whom mentees are paired.

This is one example of a local and grass-roots promotion, prevention and early intervention strategy.

The lever that has been difficult to find is the one that ensures **specialised statewide services, like eating disorders, are up to date, high quality and fairly resourced in a devolved health environment.**

The Hunter review of Queensland Health highlighted a problem shared by most public health systems in Australia, when making the following critical observation — that: “devolved control and decision making requires increased accountability and responsiveness to risk... an awareness of the system wide risks and both the department’s role in managing those risks and the Hospital and Health Services obligation to inform the Department and act in accordance with instructions”.

Some of the risks associated with state-wide services, like eating disorder services, include:

- existing resources may be concentrated in the area easiest to serve rather than the area of highest need
- accountability for outcomes, based on best practice, is unclear
- responsibility for developing a business case for service expansion is unclear.

The lever that is required is:

- a clear statement about the structures and processes that identify and govern those services which will be managed in a state-wide rather than a devolved framework
- the accountability requirements of the managers of those services and of the Hospital and Health Services accessing those services
- clear business rules about how new state-wide services may be initiated and existing services expanded or devolved.

For eating disorder services in Queensland, the Mental Health, Alcohol and Drug Services Plan is currently being developed. This is the process – it is the lever you can use now. And fortunately Eating Disorders are already supported by a hub of expertise.

Conference opening

As I look through the agenda for the Conference, I can see many interesting and challenging issues. The challenge from all conferences is to take this knowledge and the networks you have made back to the workplace. In whatever role you have, knowledge and networks can enhance your ability to use whatever levers you can find to make a difference, to improve lives of people affected by eating disorders.

Thank you for your time and attention. Best wishes for your conference.