Government of **Western Australia**
South Metropolitan Health Service

Kara Maar
Specialist Community Eating Disorders Service

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South Metropolitan Health Service respectfully acknowledges the past and present traditional owners of this land on which we are meeting, the Noongar people. It is a privilege to be standing on Noongar country.

We also acknowledge that the Aboriginal population in the South Metropolitan Health Service is diverse and includes Aboriginal people from many communities across Australia.

We also acknowledge the contributions of Aboriginal and non-Aboriginal Australians to the health and wellbeing of all people in this country we all live on and share together.

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Acknowledgement

We acknowledge the experience and contribution of people with lived and living experience of eating disorders and other mental health challenges, and those that care and support them.

Introductions

- Fiona McCrystal - Program Manager (Kara Maar and YouthReach South)
- Serena Mariotti – Acting Team Leader Kara Maar

Eating Disorders in Australia

What Do We Know?

- Serious, complex mental illnesses.
- Physical and psychiatric complications
- Potentially severe and life threatening.
- Characterised by disturbances in:
  - ❖behaviours,
  - ❖thoughts and
  - ❖feelings towards body weight/shape and/or food and eating.

Paying the Price

Paying-the-Price_Infographic_PDF.pdf (butterfly.org.au)

Statistics in Australia

- Prevalence – 1.1 million Australians, 4% population
  - 47% Binge Eating Disorder, 38% Other Eating Disorders, 12% Bulimia Nervosa (BN), 3% Anorexia Nervosa (AN)
- Treatment sought on average 5-15 years after onset of disorder. Issues with stigma, access to evidence-based care
- AN has highest mortality rate of any mental health disorder – 450 people die from medical complications of AN each year, 90 from suicide, 200 from BN

Eating Disorders in Australia (nedc.com.au)

Barriers to Care (nedc.com.au)

Who typically develops eating disorders?

- Anyone in any body shape or size can have an eating disorder
- Up to 17% of population have an eating disorder or symptoms of disordered eating
- 63% female, however rates of males is often underreported
- Only 23.2% of people with eating disorders seek professional help

Diagnoses

- Anorexia Nervosa (AN)
- Bulimia Nervosa (BN)
- Binge Eating Disorder
- Avoidant/Restrictive Food Intake Disorder (ARFID)
- Other Food or Eating Disorder (inc. AN at a higher weight, night-eating)

Risk Factors

Biological

- Family History
- Higher weight as child (bullying; weight bias)

Psychological/Behavioural

- Current or history of dieting
- Temperament/Personality
  - Perfectionism
  - Harm/risk avoidant
  - Low self-worth
  - Heightened sensitivity
  - Cognitive rigidity/rules
  - Intolerance of uncertainty (need for control)
  - External validation motivation
- Co-morbidity
  - Obsessive-compulsive disorder; Anxiety; Mood disorders; Post-traumatic stress disorder; Substance use disorders

Populations at Higher Risk

- Female (63%) + Adolescents (average onset 12-25 years)
- Transitional Periods
  - Pregnancy/Postpartum
  - Puberty
  - Menopause
- Athletes (esp. weight centric sports)
- Hobbies with focus on body weight/shape
- Neuro-diverse populations
- LGBTQIA+ populations
- Individuals with medical issues which may led to weight-loss or restrictive eating behaviours (e.g., celiac, diabetes, thyroid issues, Polycystic ovarian syndrome)

Eating Disorder Statistics & Key Research | Eating Disorders Victoria

Stepped System of Care for Eating Disorders

National Eating Disorders Collaboration

Principles; Guidelines; Lived experience; Research and evaluation

Involvement of person, family/supports and community

Prevention

Actions, programs, or policies that aim to reduce modifiable risk factors for eating disorders, and/or bolster protective factors, to reduce the likelihood that a person will experience an eating disorder. Eating disorder prevention actions, programs or policies may also seek to address the broader factors which impact on health, known as the social determinants of health.

Contexts: Whole of community response including: government; public health; schools and education settings; health and community services including primary care; sports, cultural, youth and other settings; lived experience organisations; media and social media; individuals, families, and communities.

Identification

Identification of warning signs or symptoms, and engagement with the person who may be experiencing an eating disorder, to support access to an initial response. In some instances, warning signs or symptoms may be self-identified, and the person may seek out an initial response themselves.

Contexts: Individuals and families; community services; schools and education settings; sports, cultural, youth and other settings; lived experience organisations; helplines and digital tools; public and private health and mental health services including general practice, community health services, child and adolescent/youth and adult community mental health services, headspace, Head to Health, Aboriginal Community Controlled Health Services, emergency departments, eating disorder-specific services.

Initial Response

Completion of an initial assessment and preliminary diagnosis, and referral to the most appropriate treatment options based on the person's psychological, physical, nutritional, and psychosocial needs. This may include facilitating access to an appropriate intervention for a person experiencing sub-threshold eating/body image concerns. An initial response should also provide psychoeducation, support the person to engage with treatment, and encourage the involvement of the person's family/supports and community.

Contexts: Public and private health and mental health services including general practice, child and adolescent/youth and adult community mental health services, headspace, Head to Health, Aboriginal Community Controlled Health Services, emergency departments, eating disorder-specific services.

Treatment

Community-based Treatment

Evidence-based mental health treatment delivered in the community, ranging from self-help and brief interventions to longer courses of treatment, in conjunction with medical monitoring and treatment, nutritional intervention, and coordinated access to a range of services and transition support as needed.

Contexts: Digital interventions; public and private health and mental health services including general practice, child and adolescent/youth and adult community mental health services, headspace, Head to Health, Aboriginal Community Controlled Health Services, eating disorder-specific services.

Community-based Intensive Treatment

Evidence-based mental health treatment delivered in the community, at a higher level of frequency or intensity than community-based treatment, in conjunction with medical monitoring and treatment, nutritional intervention, and coordinated access to a range of services and transition support as needed. Community-based intensive treatment can be delivered in a number of forms, including day programs, intensive outpatient programs, and community or home outreach interventions.

Contexts: Public and private eating disorder-specific services; child and adolescent/youth and adult community mental health services.

Hospital and Residential Treatment

Admission to hospital for people who are at medical and/or psychiatric risk, or admission to a hospital or residential program for people who are medically stable but would benefit from a higher level of treatment and support than can be provided through community-based or community-based intensive treatment options. Hospital or residential treatment should also include coordinated access to a range of services and transition support as needed. Nutritional support and intervention are a key part of hospital and residential treatment.

Contexts: Medical and psychiatric inpatient units; eating disorder-specific inpatient units; emergency departments; hospital in the home; rehabilitation units; residential eating disorder services.

Psychosocial and Recovery Support

Psychosocial support refers to services and programs which support the broader psychological and social needs of the person experiencing or at risk of an eating disorder and their family/supports and community. Recovery support refers to services and programs which support a person experiencing an eating disorder to engage with or sustain recovery or improved quality of life and assist family/supports and community in their caring role. People experiencing eating disorders and their families/supports and communities may engage in a range of psychosocial and recovery support services and programs across the system of care, at different stages of their journey.

Contexts: Community and social services; health and mental health services including primary care, headspace, Head to Health; lived experience organisations; peer support services; helplines and digital resources.

Eating-Disorder-Stepped-System-of-Care-Factsheet-.pdf (nedc.com.au)

First line treatment

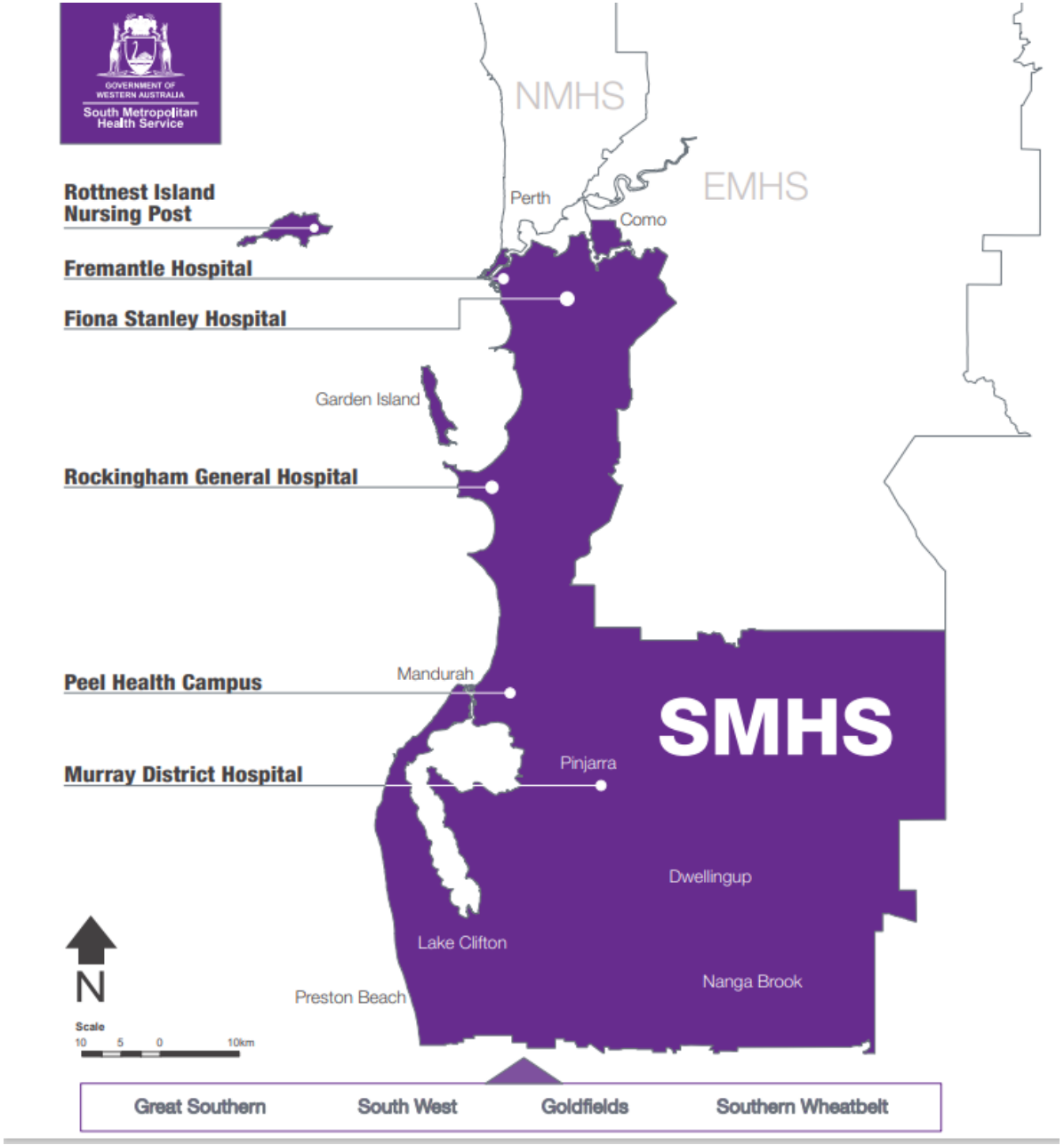
- Eating Disorder Care Plans

Eating Disorder Core Skills: eLearning for GPs (nedc.com.au)

Western Australia Context

Challenges

- Minimal Community Government Funded specialist services (Centre for Clinical Interventions, Body Esteem Program)
- Private providers (Swan Centre, Hollywood Private Hospital)
- Long wait lists
- Gaps and fragmentation
- Forging an integrated multidisciplinary teams
- Funding



South Metropolitan Health Service - About SMHS

Kara Maar

Specialist Community Eating Disorders Service

Kara is the Noongar name for the milk-maids plant. The roots of this plant can be eaten raw or baked over coals.

Maar is the Noongar name for hand. Hands symbolise connection, support, and healing.

The service name was chosen in consultation with the Aboriginal Health Strategy team and community stakeholders.

Kara Maar

SMHS Specialist Community Eating Disorders Service is under the governance of Fiona Stanley Fremantle Hospitals Group Service 5 (Fremantle Hospital Mental Health Community Services).

The hours of operation are 0800 to 1630, Monday to Friday.

Triage service is contactable between 0830 to 1600, Monday to Friday

There are 2 hubs, based in Cockburn and Peel.

Cockburn Health & Community Facility

Peel Health Hub

Kara Maar service overview

Aligned with nationally recognised best practice of National Eating Disorder Collaboration framework and guidelines.

Multidisciplinary team

Eligibility

- 16+ years of age
- A diagnosis or signs and symptoms of an Eating Disorder (primary concern)
- SMHS catchment & WA Country Health Services links area

Referrals

From GPs, private psychiatrists and WA Health services

Care coordination

- Ensuring continuity of care provided by nurses, occupational therapists, social workers and clinical psychologists.

Peer Work

- Engagement and recovery enhanced through lived experience.

Therapeutic intervention

- Evidence based individualised therapeutic treatment including CBT-E, FBT, SSCM.

Specialist multidisciplinary clinic

- Integrated multidisciplinary input and approach. Consultant Psychiatrist provide specialist assessment of eating disorders, diagnostic clarity and medication management. Dieticians are available for dietetic assessment and meal planning/support.

Physical health monitoring

- Providing physical monitoring and intervention for clients with no identified GP.

Intensive clinical monitoring

- Weekly (at least) monitoring of health indicators in phases of increased medical risk to stabilise physical health.

Meal support

- Meal support at every opportunity.

Referral and Triage

- Referrals are accepted from GPs, private psychiatrists and WA health services
- Triage Clinical Nurse Specialist (CNS) based at Cockburn and Mandurah
- Available for consultation and information prior to referral
- Triage CNS will work up referral and contact the consumer
- All referrals presented to multidisciplinary team Clinical Intake where a decision is made
- Triage CNS will contact the referrer and consumer with outcome

GP Shared Care

- GPs play important role throughout continuum of care.
- Consumers are encouraged to maintain contact with GP during their care at Kara Maar
- Kara Maar can provide diagnostic clarification.
- Kara Maar will provide ongoing updates and communication with GP throughout consumer journey.
- Physical health monitoring: two-way communication between GP and Kara Maar.

Contacts

Kara Maar
Specialist Community Eating Disorders Service

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Resources

- https://ahs.health.wa.gov.au/~/media/HSPs/SMHS/Corporate/Files/Gnl/SMHS-Kara-Maar-GP-pack.pdf
- https://ahs.health.wa.gov.au/~/media/HSPs/SMHS/Corporate/Files/Gnl/SMHS-Kara-Maar-GP-referral.pdf

- Butterfly Foundation
- Inside Out
- NEDC – National Eating Disorder Collaboration
- ANZAED – Australia New Zealand Academy of Eating Disorders
- EDFA – Eating Disorders Family Australia

Any questions?