

Briefing

Eating disorders

Date due to MO:	14 March 2024	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	H2024036864
To:	Hon Matt Dooney, Associate Minister of Health		
Consulted:	Health New Zealand: <input checked="" type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

Contact for telephone discussion

Name	Position	Telephone
Martin Chadwick	Acting Deputy Director-General, Clinical, Community and Mental Health Te Pou Whakakaha	s 9(2)(a)
Kiri Richards	Associate Deputy Director-General, Mental Health and Addiction, Clinical, Community and Mental Health Te Pou Whakakaha	s 9(2)(a)

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Eating disorders

Security level: IN CONFIDENCE **Date:** 14 March 2024

To: Hon Matt Doocey, Associate Minister of Health

Purpose of report

1. This briefing provides you with information on eating disorders, including historic context, current programmes and initiatives, and future opportunities. Functions and responsibilities within the health portfolio relating to eating disorders come within your Associate Minister of Health portfolio, but there is also a strong link with your Mental Health portfolio.
2. This briefing summarises and supplements previous information provided by the Ministry of Health and Health New Zealand on 28 and 29 February 2024 through weekly report items which covered eating disorders prevalence, services currently available, and opportunities to strengthen supports for people and whānau.

Summary

3. Prevalence data for eating disorders in New Zealand is outdated but international trends and local service access data shows there is an increase in people accessing support for eating disorders.
4. Eating disorders services start from early interventions delivered by primary care (eg, Health New Zealand Access and Choice providers) to specialist services. Primary and community providers play a critical role in the referrals.
5. Specialist services are delivered regionally by the four Regional Eating Disorders Services in Auckland, Hamilton, Wellington and Christchurch. They are supported by Infant, Child and Adolescent Mental Health Service (ICAMHS), adult mental health services, and a small number of inpatient and residential services.
6. Improving supports for eating disorders has been led by Health New Zealand and Whāraurau, one of the national workforce development centres which focused on infants, children and youth. Budget 2022 investment has increased funding for specialist eating disorders services by \$3.95 million over four years and this is currently on track to deliver extra support for 200 people per year. Whāraurau is leading a programme of work to upskill GPs and specialist health care workers, and strengthening youth development and Kaupapa Māori workforces.

7. s 9(2)(f)(iv)

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Recommendations

We recommend you:

- a) **Note** that demand for eating disorders services has been increasing and recent investment through Budget 2022 and the workforce development centres is improving available supports
- b) **Note** that there are opportunities for strengthening supports for eating disorders and that officials can provide further information at your request.



Martin Chadwick
Acting Deputy Director-General
Clinical, Community and Mental Health |
Te Pou Whakakaha

Date: 13/03/2024

Hon Matt Doocey

Associate Minister of Health

Date:

Eating disorders

Prevalence of eating disorders in New Zealand

1. Eating disorders are characterised by a severe persistent disturbance of eating behaviours and associated distressing thoughts and emotions. The two most known eating disorders are anorexia nervosa, which involves a persistent restriction of food intake leading to significantly low body weight, and bulimia nervosa which involves recurrent episodes of binge eating and purging behaviour.
2. New Zealand's most recent mental health epidemiological survey *Te Rau Hinengaro: The New Zealand Mental Health Survey* was published in 2006 and is now outdated. It found that around 1% of people aged 16 and over experienced either anorexia or bulimia nervosa in a 12-month period, with a lifetime prevalence of 1.7% for the whole population and 3.1% for Māori. Māori experienced similar rates of anorexia but were more likely to experience bulimia.
3. New Zealand prevalence data is likely to be an underestimate as *Te Rau Hinengaro* did not survey young people under the age of 16 years which is often the age group where eating disorders emerge. Specialist service data shows an increasing number of people of all ages experiencing eating disorders, and in particular an increase in the number of young people and an earlier age of onset. International epidemiological data suggests that the global lifetime prevalence of eating disorders has increased by 25% over the last 10 years which is likely to be comparable to New Zealand.
4. There is growing attention to binge eating disorder (different to bulimia as it does not include purging behaviour) which is now seen as potentially the most common eating disorder, accounting for almost half of all diagnoses. From international evidence, the prevalence of binge eating disorder is estimated to be 1.3%–3% for young people and 2.2% for adults. Binge eating disorder is defined as recurring episodes of eating significantly more food in a short period of time with episodes marked by feelings of lack of control.

Overview of Health New Zealand eating disorders services

Services are available across a continuum of care from primary to specialist services supported by the Regional Eating Disorders Services

5. The current provision of specialist eating disorders services is through a hub and spoke model with hubs led by the Regional Eating Disorders Services based out of Auckland, Hamilton, Wellington, and Christchurch. These services deliver specialised support for people with moderate to severe eating disorders and provide clinical advice to other services and areas through Eating Disorders Liaison roles working in partnership with the district specialist mental health and addiction services.
6. Clinical pathways are in place in all regions to provide guidance on the treatment of eating disorders. This enables a continuum of care for both adults and young people experiencing eating disorders, and interventions are tailored to the needs of individuals and their family/whānau. The care continuum includes:

- a. GPs and other primary-level services (eg, Access and Choice providers) that provide early interventions for many people with eating disorders and referral to specialist services when required. They also provide ongoing treatment and monitoring for patients known to the regional specialist services. For example, for GPs with Integrated Primary Mental Health and Addictions services, Health Improvement Practitioners and/or health coaches can provide support for people with disordered eating as part of early intervention approaches
- b. Regional specialist eating disorders services delivered by Health New Zealand provide intensive clinical treatment in four main centres as well as specialist support and advice to local services across the country. These services are provided on a day programme and outpatient setting basis generally
- c. Youth eating disorders services also draw from the capacity of Infant, Child, and Adolescent Mental Health Services (ICAMHS) delivered by Health New Zealand to provide treatment for young people and their family/whānau
- d. residential services in Auckland and Wellington, and Christchurch has a mixed-purpose inpatient unit, which also serves as a mothers and babies inpatient unit. Hamilton does not have an inpatient or residential setting
- e. medical refeeding treatment and other treatment where physiological compromise occurs is provided in paediatric and general medical settings at Health New Zealand hospitals where associated medical complications can be best managed
- f. private providers and non-government organisations such as Eating Disorders Association of New Zealand (EDANZ) who provide educational resources and other supports for both individuals and their families.

New Zealand's previous strategic document to strengthen service provision for eating disorders was published in 2008

7. A focus on strengthening eating disorders services has not been an explicit priority since the *Future Directions for Eating Disorders in New Zealand* was published in 2008 by the Ministry of Health. This strategy outlined key areas to improve provision of eating disorders services and included:
 - a. increasing the number and widening the range of eating disorders services
 - b. establishing tertiary eating disorders services
 - c. supporting seamless service delivery, easy transitions between services and continuity of care by providing care coordinators and designated eating disorders liaison in each district health board
 - d. building and upskilling the workforce in primary, secondary and tertiary eating disorders services.
8. The 2008 strategic focus led to subsequent targeted investment in eating disorders services through Budget 2009 which created the basis for the current service configuration across New Zealand and included:
 - a. developing new services for children and young people and increasing the number of beds available for high needs including medical stabilisation
 - b. strengthening existing community services by expanding capacity and coverage

- c. establishing eating disorder liaison positions to provide care for people’s physical and mental health needs in each district health board
 - d. training and workforce development in clinically-effective support for eating disorders (including family therapy).
9. Further strategic documents have followed, such as the *Oranga Hinengaro System and Service Framework* in 2023. While these are not unique to the eating disorders system of care, they are relevant because they speak to the wider arena of unmet need for mental health services.
10. Eating disorders do not exist in isolation of other psychological difficulties so expansion of the specialist services both inpatient and community, as well as early intervention availability through primary care, all play a role in a contemporary system of care.

Recent progress to strengthen supports for eating disorders

11. In 2021, Whāraurau, the child and adolescent mental health workforce development centre, prioritised \$200,000 towards eating disorders to provide training for health professionals who work with children and young people. Training initiatives included the following, which are still being provided:
- a. Family Based Therapy (FBT) trainings for infant, child and adolescent mental health clinicians alongside professional supervision for those clinicians who receive the training
 - b. training and resources for general practitioners and other primary care practitioners
 - c. upskilling workforces across other sectors, including school counsellors.
12. A specialist mental health and addiction services package was progressed as part of Budget 2022 which provided \$100 million of funding over four years to increase the availability and trial new models of specialist mental health and addiction services to support people with specific needs in targeted areas across the country.
13. As part of this initiative funding of \$3.95 million over four years was allocated to increase the availability of eating disorders services. A breakdown is provided in **Table one**. This additional investment will increase investment in regional eating disorders services from approximately \$15.5 million per annum in 2021/22 to approximately \$17 million per annum by 2025/26.

Table one: Investment in regional eating disorders services

Source	2022/23 (\$ m)	2023/24 (\$ m)	2024/25 (\$ m)	2025/26 and outyears (\$ m)
Baseline investment	15.50	15.50	15.50	15.50
New investment (from	0.70	0.75	1.00	1.50

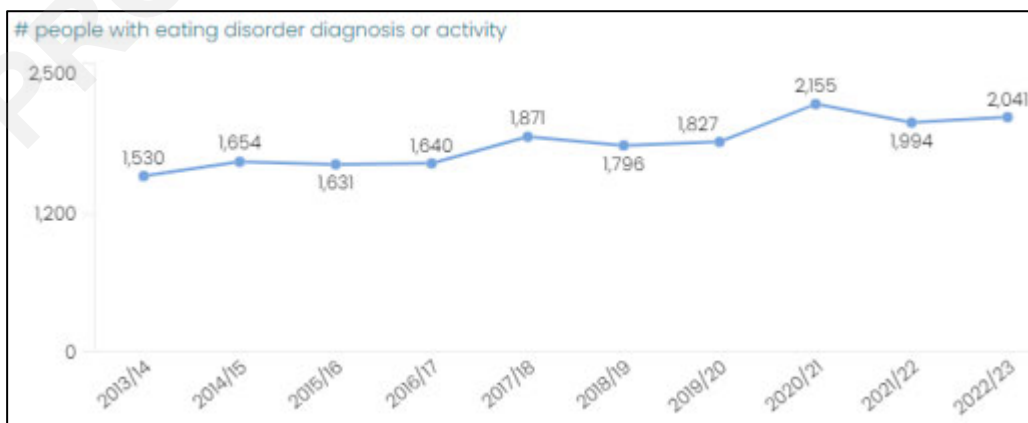
Budget 2022)				
Total investment	16.20	16.25	16.50	17.00

14. Reporting from Health New Zealand about the new investment through Budget 2022 indicates there was a small underspend in 2022/23, with \$0.599 million spent of the \$0.700 million available in 2022/23. However, Health New Zealand has fully committed the \$3.95 million over four years.
15. The funding will provide 12.5 additional FTE nationally, who are expected to support an extra 200 people per year. As at 31 December 2023, 4.7 FTE have been recruited out of an expected 6.6 FTE.

Data on access to treatment for eating disorders

16. Data is collected by Health New Zealand on the provision of specialist eating disorders services nationally. Demand for services has increased significantly over the past 10 years, but has been more stable over the past three. Similar to other countries, there was a significant increase in people needing support for an eating disorder in 2020/21 which may be partially explained by the increase in anxiety related symptoms reported during COVID-19.
17. Data shows that many services responding to eating disorders are under significant demand pressure. The regional specialist model offers high quality support, but requires some people to travel away from family and other support to receive treatment and at times struggles to meet demand in a timely manner. Medical re-feeding services provided in general hospitals are often not well-equipped to manage the demand and complexities related to people who experience an eating disorder.
18. Available data provides a limited view of people who receive treatment for eating disorders as it only includes people who engage with specialist services. Additionally, there is poor completeness for diagnosis data as it only captures people whose primary treatment is for an eating disorder. Many people may receive treatment through ICAMHS or adult specialist mental health services where their diagnosis may not be recorded.

Number of people with eating disorder diagnosis or service use



People receiving treatment for eating disorders by age, ethnicity, and gender (2022/23)

Age group	# people	Ethnicity	# people	Gender	# people
0-24	1501	Māori	222	Female	1825
20-64	525	Pacific	33	Male	202
65+	15	Other	1786	Other	14

Source: Specialist Services (PRIMHD) Qlik app, extracted 08/03/24

Current programmes strengthening eating disorders services

19. Officials have engaged with Health New Zealand to provide an update on programmes underway to strengthen eating disorders services.
20. Health New Zealand has partnered with Whāraurau to enhance workforce capacity and capability to support service delivery to individuals experiencing eating issues/eating disorder, alongside their whānau. A refreshed contract with Whāraurau for workforce development specifically for eating disorders started in June 2023.
21. A December 2023 update from Whāraurau highlighted a comprehensive programme of work including:
 - a. creating an e-learning package with strong bicultural perspective which is currently being tested and expected to go live in 2024
 - b. delivering online training for GPs with further engagement with GPs expected this year for example through providing a keynote presentation at the 2024 Goodfellow conference for GPs
 - c. continuing Family Based Therapy courses for ICAMHS clinicians through online and face-to-face training days
 - d. working on understanding the role of youth peer support workforce within eating disorders services
 - e. expanding the Māori expert group to develop into a community of practice for Māori practitioners across the country.
22. Health New Zealand acknowledges that there have been challenges in recruiting FTEs funded through the Budget 2022 investment however they are on track to have all FTE filled by the end of 2025/26. Further information on how the Regional Eating Disorders Services are responding to increased demand and addressing workforce shortages can be provided through a future update from Health New Zealand as part of a briefing or weekly report item.
23. Additionally, Whāraurau facilitates an Eating Disorders Advisory Group made up of key stakeholders including clinical experts, family, and people with lived experience, as well as Māori and Pacific People. Its primary purpose is to advise health agencies on workforce development initiatives, but it also provides proactive advice to the health system on eating disorder issues and escalates issues to health agencies it thinks need raised.

24. The Eating Disorders Advisory Group continues to meet monthly, and you may be interested in attending one of these meetings in future.

Opportunities for improving eating disorders services

25. There is a strong link between your role as Associate Minister of Health responsible for eating disorders and your Minister for Mental Health portfolio. Your three policy priority areas for the mental health and addiction system are applicable to improving eating disorders services.

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27. **s 9(2)(f)(iv)** [Redacted]
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Equity

34. *Te Rau Hinengaro* reported lifetime prevalence for any eating disorder for Māori females was 4.4% compared to 1.6% for Māori males. This is considerably higher than the lifetime prevalence in the whole sample of 2.9% for females and 0.5% for males.
35. An updated epidemiological survey would give a better indication of prevalence of eating disorders for Māori and any other population groups that may have greater needs. Despite the lack of up-to-date prevalence research, we anticipate that a similar equity difference between Māori and non-Māori will remain.
36. New Zealand research from 2020 suggests that Māori do not receive treatment in specialist eating disorders services at a level in line with the lifetime prevalence data. Pacific people experience eating disorders at similar rates to the general population but are also underrepresented in access to services.
37. There are additional equity considerations for Māori who access eating disorders services, as they are more likely to live in the most deprived quintiles and have higher rates of psychiatric comorbidity and self-harm hospitalisation compared to non-Māori.

Next steps

38. You are meeting with officials on 18 March to have an extended discussion on areas that fall within your Associate Health portfolio which includes eating disorders. Officials can discuss any points relating to eating disorders at this meeting. Officials are available for a focused discussion on eating disorders at another upcoming weekly meeting and can provide further advice at your request.

ENDS.

Minister's Notes

PROACTIVELY RELEASED