

you are
your body
your mind
your spirit

Healthy Attitudes Program

your body is only
part of the picture

Performance Snapshot 2011

K.C.'s Story

Intervention

KC is a 15yr old high school student whose **friends are worried** about her dieting and weight pre-occupation and approach school counselor

KC meets with the nurse and doctor at HAP and shares her feelings about eating. She is:

- Calorie counting,
- Has lost 5lbs and wants to lose more.
- Thinks about her body and food constantly so that it interfere with her school work

School counselor calls HAP to see the program could help KC with her feelings about eating and perception about her body

The **HAP team recommends that KC should attend the program** and see the RD and RCC weekly for 1:1 counseling sessions to address her body image concerns and her recent anxiety related to her body

Results

After 6 months at HAP:

- Her self esteem and body image improves
- She no longer feels anxious eating around others
- She is participating in all of her previous extracurricular activities
- Her weight is in a healthy range and she no longer diets

WHAT WE DO

We operate **the only** early intervention program for disordered eating for youth in Vancouver.



Eating disorders are now the third most common chronic illness in adolescent girls.

(Adolescent Medicine Committee, Canadian Paediatric Society)

Target Group: Children and youth aged 11-24 who reside in Vancouver/Richmond and are at risk of developing clinical levels of eating disorders and body image disturbances

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WHY IS EARLY INTERVENTION CRITICAL?

Vancouver Youth are showing risk for disordered eating

>40% of youth
don't like the
way they LOOK

48.9 % of youth have
BEEN ON A DIET

53.7% of youth
wanted to LOSE
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28.9 % of youth
engaged in
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SNAPSHOT OF VANCOUVER YOUTH

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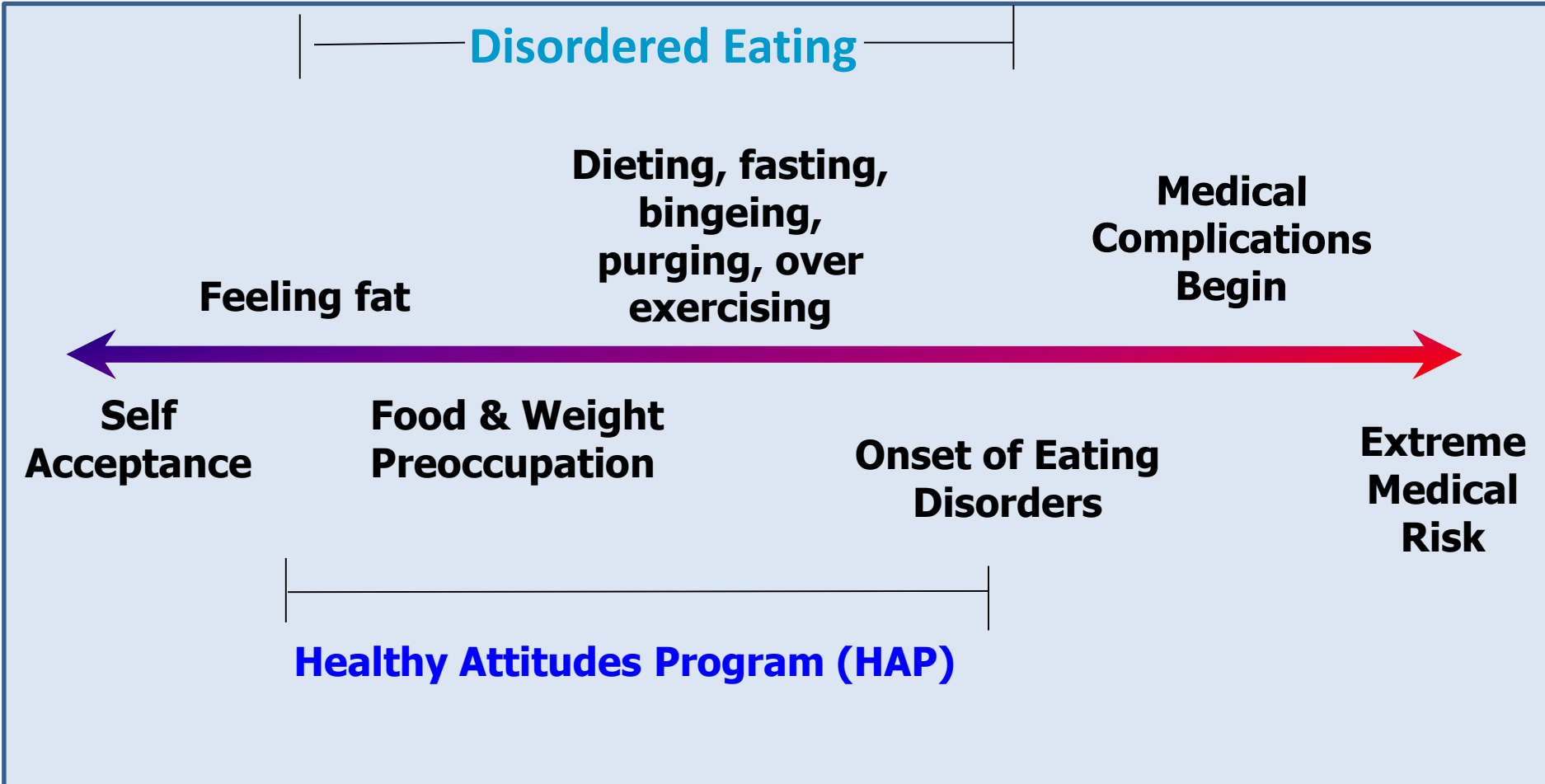
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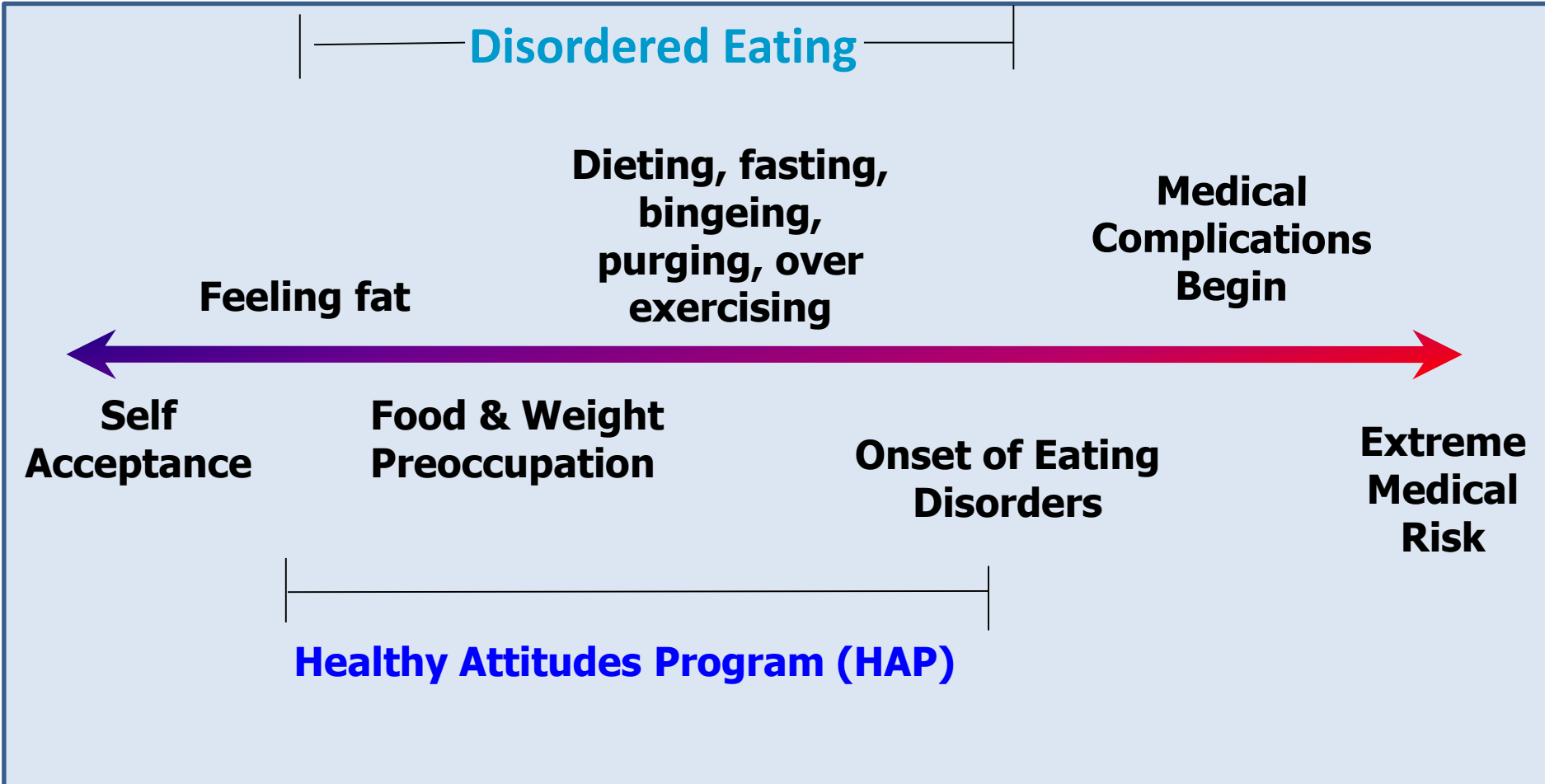
AT WHAT POINT DO WE INTERVENE?

The Continuum of Food & Weight Preoccupation



WHERE DOES HAP FIT IN?

The Continuum of Food & Weight Preoccupation



HOW WE HELP

Clients are supported to change unhealthy behaviours with the support of a clinical counsellor, community health nurse, dietitian and physician.



HAP GOALS are to:

- provide early intervention
- reduce disordered eating behaviour
- support normal adolescent psychosocial development
- empower youth to participate in their own health care
- decrease referrals to tertiary care programs

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PROGRAM STRENGTHS

- **Proven approach** – “Cognitive behavioural therapy, coupled with careful attention to medical and nutritional needs is the most promising prevention approach” (Wadell, et.al)
- **Flexible** – The program responds to client’s specific situation and needs including co-morbidity with addictions and mental health, and refers clients to acute care if they have serious eating disorders.
- **Accessible** – HAP is a community based program, which has been operating for 15 years, that accepts client self-referrals.

"[The program] is needed. There is nobody else. I prefer that this type of program be at the health unit than at the hospital. It is accessible to non-medical professionals like school counselors and parents to refer as there is no doctor referral needed"

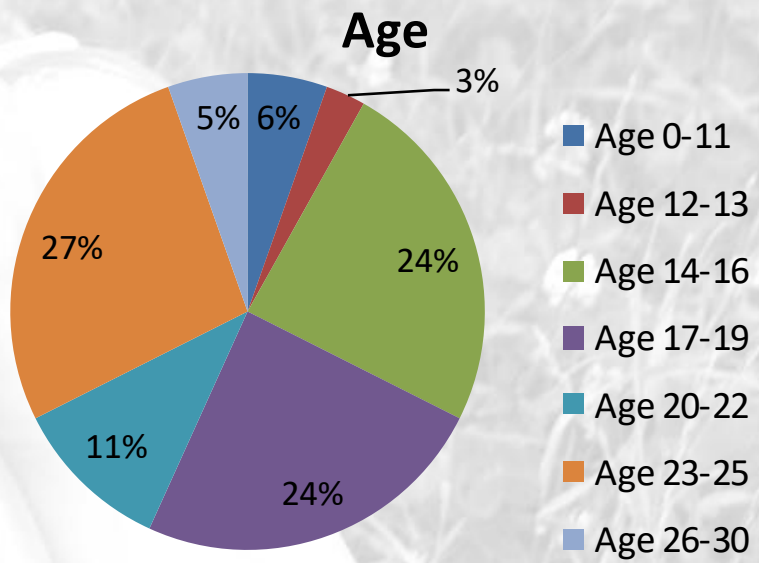
-Clinical Youth Counsellor,

Margaret A. Suchonska

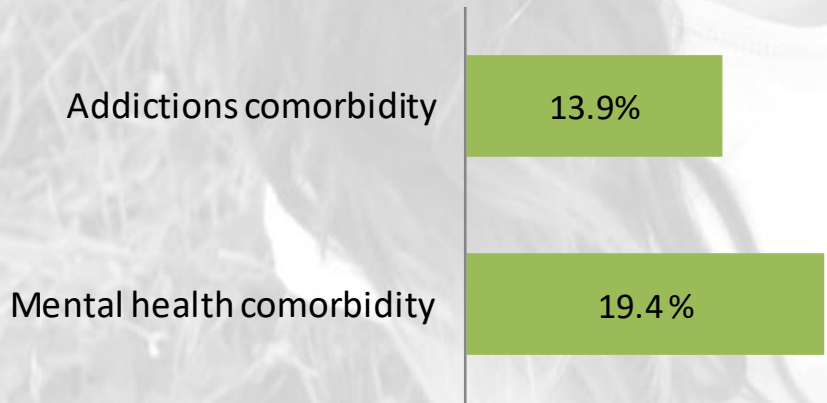


PROFILE OF INCOMING CLIENTS

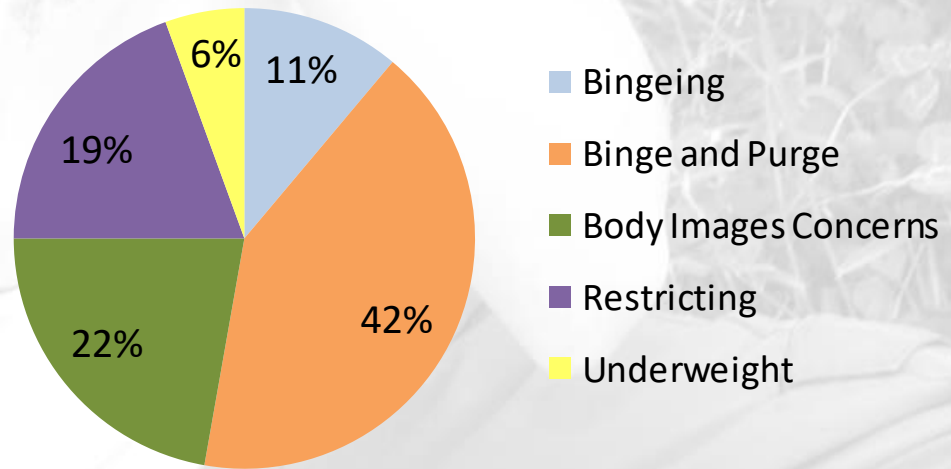
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- 48% are under 19 years old



Complexity of Cases



Referral Reason (Chief Complaint)

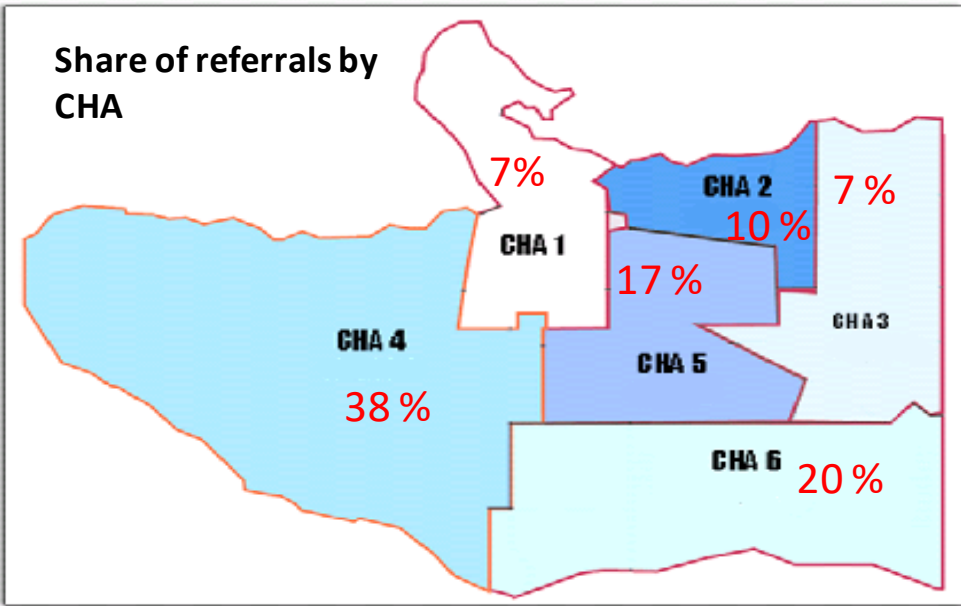


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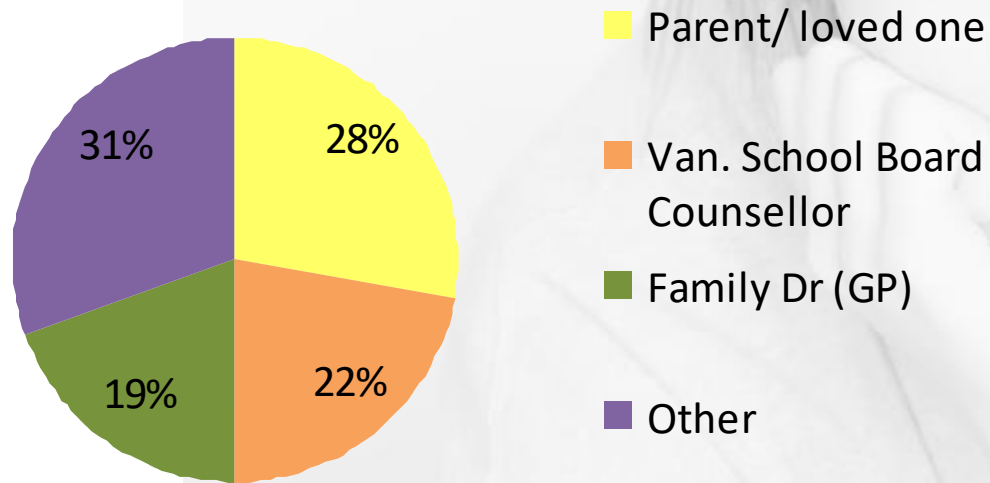
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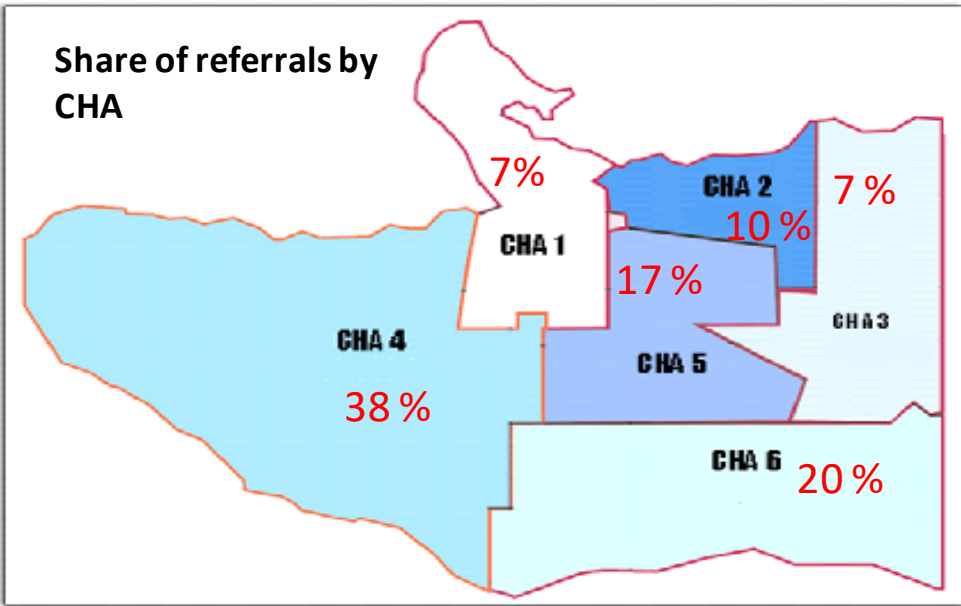
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Referral Source



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PROGRAM IMPACT - CLIENTS

Eating Disorder Quality of Life Scale (EDQLS): Average 40% improvement in total score. Global Quality of Life score tripled.



HAP Client:

“ I felt really supported and validated. I wasn't judged and I felt understood. ”

“It actually helped me feel better about myself, having a team to work with who specialized in eating disorders/negative body image. It validated my illness and gave me dignity. ”

*Survey administered at 1st visit and about 1 month later

CLIENT QUALITY OF LIFE

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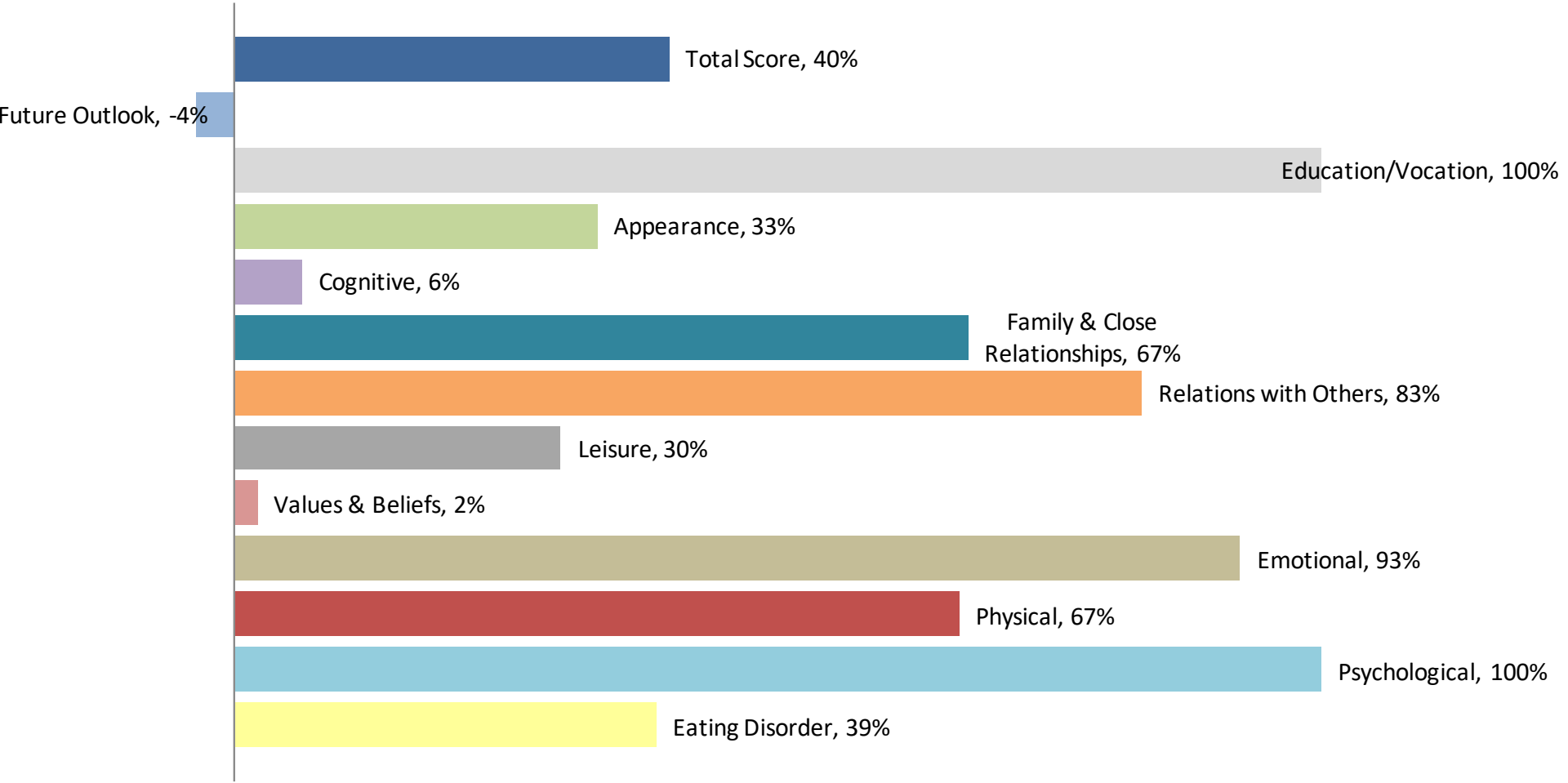
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CHANGES IN QUALITY OF LIFE

Average Change in Total Score & Domain Scores



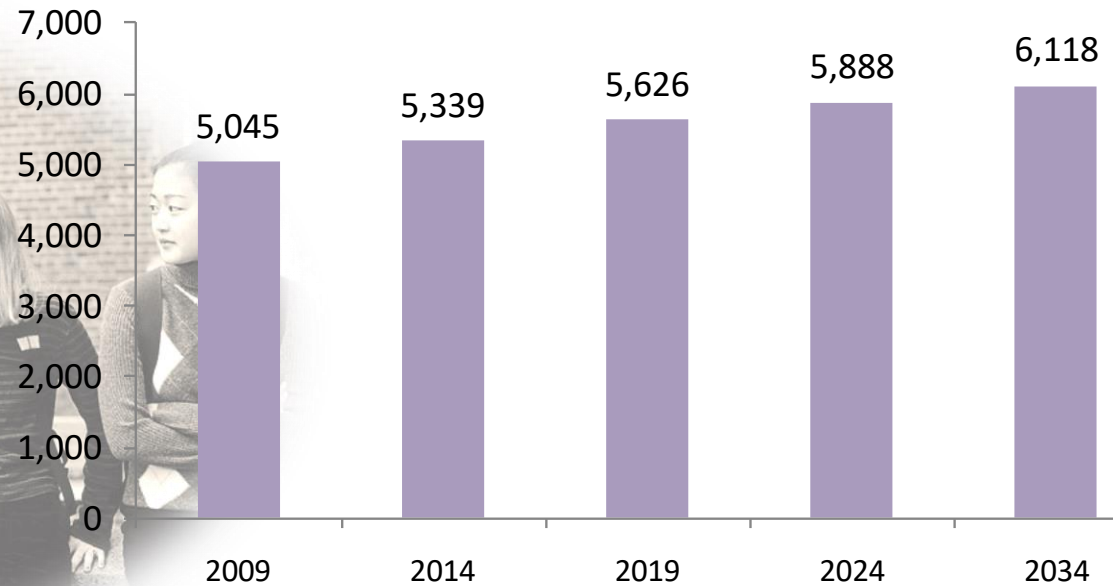
EDQLS TOOL CONCLUSIONS

- Effective tool to measure clients progress in 12 areas of clients life
- Continue to pilot tool for a longer time period (1 year) to increase sample size and administer after more counseling sessions
- Continue to trial tool to determine feasibility of ongoing evaluation of clients experience in HAP on a long term basis

PREVALANCE OF EATING DISORDERS

Young women **15-19** years old are at greatest risk of developing eating disorders, followed by girls **10 -14** years old (Gucciardi et al., 2004).

Estimated Cases of Eating Disorders in VCH by Year



Source: Based on PEOPLE33 Population Projections and Prevalence Rates estimated by the Centre for Applied Research in Mental Health & Addition, Simon Fraser University

Prevalence of Eating Disorders

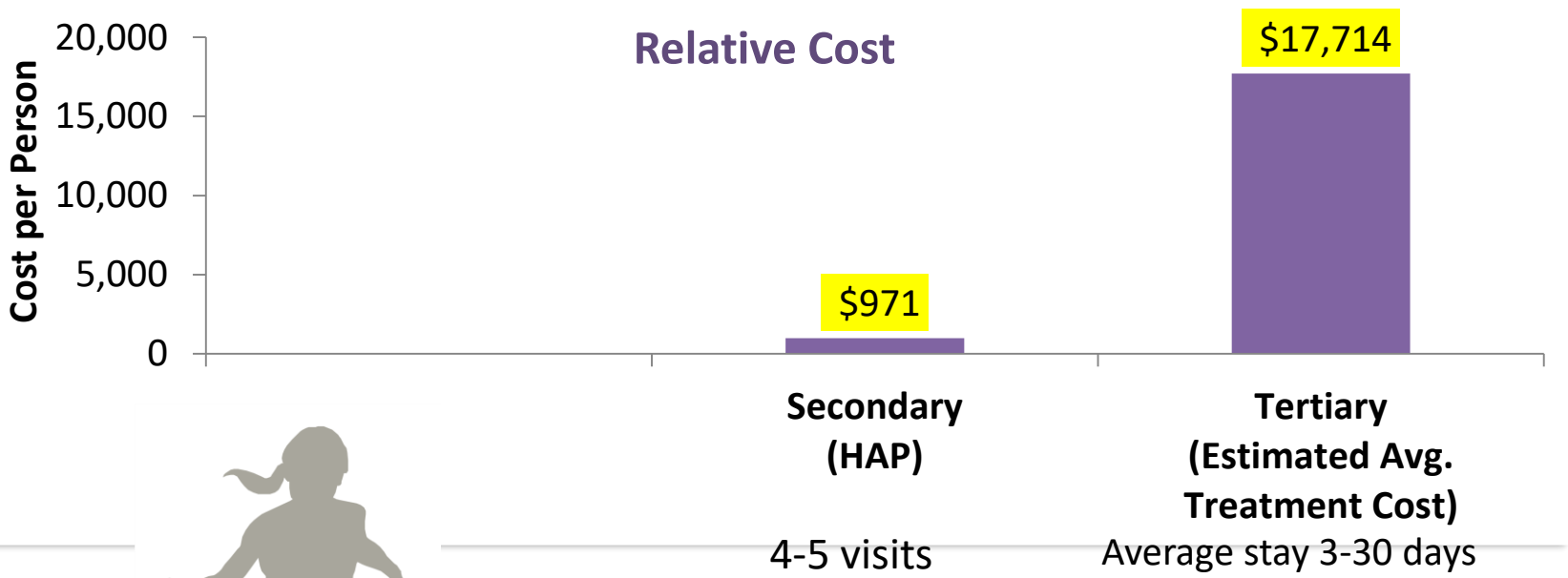
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COST OF PREVENTION AND INTERVENTION

Over the past 20 years, hospitalizations for eating disorders in Canada have risen by **34%** among children **under 15**, and by nearly **30%** in **15 to 24** year olds (PHAC, 2002).



Body Dissatisfaction > 2,507 youth



Where are Vancouver Youth going?



HAP's Reach 40 youth/yr

Average waitlist time for HAP ranges from 2-16 weeks

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Where are
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Youth going?

4-5 visits



HAP's Reach
40 youth/yr

Average stay 3-30 days

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HOW CAN WE REACH MORE YOUTH AT RISK?

- Improve continuum of services with expansion of both prevention and early intervention services
- Increase capacity of HAP to support those who are identified early and are at risk of developing eating disorders
- Increasing services would allow for necessary program planning and on-going evaluation
- Collaborate more with tertiary and primary prevention programs

CHALLENGES: Future of program uncertain due to current restructuring of eating disorder services in Vancouver



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