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

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

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

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

For more details see case study at: heretohelp.bc.ca/publications/first-responders-young-people/prog/5
**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 WEIGHT
- 28.9% of youth engaged in BINGE-EATING

SNAPSHOT OF VANCOUVER YOUTH

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At what point do we intervene?

The Continuum of Food & Weight Preoccupation

- Feeling fat
- Dieting, fasting, bingeing, purging, over exercising
- Onset of Eating Disorders
- Medical Complications Begin
- Extreme Medical Risk

Healthy Attitudes Program (HAP)

Disordered Eating
WHERE DOES HAP FIT IN?

The Continuum of Food & Weight Preoccupation

Disordered Eating

Feeling fat
Self Acceptance
Food & Weight Preoccupation
Dieting, fasting, bingeing, purging, over exercising
Onset of Eating Disorders
Healthy Attitudes Program (HAP)
Medical Complications Begin
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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

- 97% of clients were female
- 48% are under 19 years old

Complexity of Cases

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addictions comorbidity</td>
<td>13.9%</td>
</tr>
<tr>
<td>Mental health comorbidity</td>
<td>19.4%</td>
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</tbody>
</table>

Referral Reason (Chief Complaint)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bingeing</td>
<td>11%</td>
</tr>
<tr>
<td>Binge and Purge</td>
<td>22%</td>
</tr>
<tr>
<td>Body Images Concerns</td>
<td>42%</td>
</tr>
<tr>
<td>Restricting</td>
<td>19%</td>
</tr>
<tr>
<td>Underweight</td>
<td>6%</td>
</tr>
</tbody>
</table>

Age Distribution

- Age 0-11: 3%
- Age 12-13: 5%
- Age 14-16: 24%
- Age 17-19: 27%
- Age 20-22: 11%
- Age 23-25: 6%
- Age 26-30: 3%
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Share of referrals by CHA

Referral Source

- Parent/loved one: 31%
- Van. School Board Counsellor: 28%
- Family Dr (GP): 19%
- Other: 22%

Referral Source

- Parent/loved one: 22%
- Van. School Board Counsellor: 19%
- Family Dr (GP): 17%
- Other: 10%
PROFILE OF INCOMING CLIENTS

Share of referrals by CHA

- CHA 1: 7%
- CHA 2: 7%
- CHA 3: 10%
- CHA 4: 38%
- CHA 5: 17%
- CHA 6: 20%
PROGRAM IMPACT - CLIENTS

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

Total Score

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
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Changes in Quality of Life

Average Change in Total Score & Domain Scores

- Total Score, 40%
- Future Outlook, -4%
- Education/Vocation, 100%
- Appearance, 33%
- Cognitive, 6%
- Family & Close Relationships, 67%
- Leisure, 30%
- Values & Beliefs, 2%
- Relations with Others, 83%
- Emotional, 93%
- Physical, 67%
- Psychological, 100%
- Eating Disorder, 39%
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
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 & Addiction, Simon Fraser University
Prevalence of Eating Disorders

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Relative Cost

- **Secondary (HAP)**
  - 4-5 visits
  - $971

- **Tertiary (Estimated Avg. Treatment Cost)**
  - Average stay 3-30 days
  - $17,714

Average waitlist time for HAP ranges from 2-16 weeks.

Body Dissatisfaction > 2,507 youth

Where are Vancouver Youth going?

HAP’s Reach 40 youth/yr
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- 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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