



VICTORIA UNIVERSITY
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Reach Out and Recover: intentions to seek treatment in individuals using online support for eating disorders

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Downloaded from VU Research Repository <https://vuir.vu.edu.au/39116/>

Health Professional Report

This report is produced by [Reach Out and Recover](#) (ROAR), an online tool for adults who are experiencing disordered eating and body dissatisfaction. The Victorian Centre of Excellence in Eating Disorders designed ROAR in consultation with experts in the field¹ and with consumers. It aims to: assist adults to identify problems with eating and body concerns; support and promote consumer help seeking; facilitate consumer-health professional collaboration; and guide health professional treatment responses.

Why is the person giving you this report?

This report is provided to facilitate the consumer-health professional collaboration and enhance the likelihood that the person will engage in an appropriate form of treatment for their concerns. Research has identified that only 23% of people with eating disorders seek treatment² and there are substantial barriers to treatment seeking for people with disordered eating and body dissatisfaction. Thus, care must be taken to respond appropriately to the person's needs.

What the person has identified

The following are the person's responses to questions in areas that they have difficulties with. Questions and responses from the ROAR online tool are not presented below if the person chose not to answer a question, or if the subject matter of the question was not a problem for them. A full list of questions is available at [ROAR](#).

DIETING AND EATING RESTRICTION BEHAVIOURS

I have been trying to limit the amount of food I eat to influence my weight, shape, or size	Most or all of the time
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I have tried to exclude (e.g., not eat) foods that I like in order to influence my weight, shape, or size	Sometimes
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I have followed strict food rules or dieting plans that dictate what, when, and/or how much to eat to influence my weight, shape, or size	Most or all of the time
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EATING BEHAVIOURS

I feel totally unable to control my urges to eat. I have a fear of not being able to stop eating voluntarily	Mostly true for me
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THOUGHTS ABOUT EATING

I feel like food, eating, and/or trying to control my eating rules my life	Mostly true for me
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Controlling what, and how much I eat is very important for how I think and feel about myself as a person	Mostly true for me
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I have strong feelings of guilt during or after eating	Most or all of the time
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BODY IMAGE

I am dissatisfied with my weight, shape, or size	Very true for me
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I wish I were thinner/smaller	Mostly true for me
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THOUGHTS ABOUT BODY IMAGE

My weight, body shape, or size is very important for how I think and feel about myself as a person	Very true for me
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I am afraid of gaining weight or becoming fat	Mostly true for me
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BEHAVIOURS TO CONTROL WEIGHT, SHAPE, AND BODY SIZE

I exercise specifically to improve my body shape or size and/or to try to control	Very true for me
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my weight

I feel extremely guilty if I miss an exercise session

Mostly true for me

I continued to exercise despite illness or injury, or if exercise interfered with important activities

Mostly true for me

EMOTIONAL WELLBEING

Made you feel guilty or ashamed

Mostly

Made you feel worse (bad / critical) about yourself

Very

Made you feel distressed

Mostly

THOUGHTS ABOUT MAKING CHANGE

How ready are you make changes in your eating and body concerns?

Unsure

How confident are you in your ability to change?

Not at all confident

FEELINGS ABOUT SEEKING HELP

I worry that health professionals would judge me if I revealed my eating and body concerns

Somewhat true for me

If I got help for my eating and body concerns I would be afraid of losing control

Mostly true for me

If I got help for my eating and body concerns I would be worried that I will feel too uncomfortable

Somewhat true for me

Immediate Actions

Clarify the problem

- What is the nature and extent of the person's disordered eating and body dissatisfaction and level of distress?
- Does the person meet diagnostic criteria for an eating disorder?

Consider medical and mental health risk

- Does the person have associated medical or mental health risks that require immediate or emergency care?
- Conduct a medical review including investigations to determine medical risk
- Go to www.caed.org.au for eating disorder and medical risk assessment guidelines

NEXT STEPS

Help the person access appropriate treatment (go to Health Pathways). Consider the person's eating disorder or mental health treatment needs, medical or psychiatric treatment, or emergency care needs.

Disordered eating, body dissatisfaction and eating disorders occur in adults of all genders, ages, and body sizes

Asking help for problems with disordered eating and body dissatisfaction takes considerable courage. There is significant stigma associated with eating disorders and with high weight (obesity) in the community and among health professionals. People who do not fit the stereotypical picture of an eating disorder may fear that their concerns will not be taken seriously or that they are not 'sick enough' to get help. It is imperative that the person's concerns are not dismissed. Convey to the person that you recognise that their concerns reflect serious health problems that require evidence-based treatment. People should not be left to feel as though they should be strong enough to fix their problems themselves

through sheer willpower.

People experience high levels of shame or embarrassment about disordered eating and body dissatisfaction

This report facilitates self-disclosure by providing a tool for the person to share their concerns. Further clarification of concerns will be required. It is crucial that health professionals take a non-judgemental stance and offer support to the person and allow them time to open up. Express to the person that they are not to blame for their concerns; the causes of disordered eating and body dissatisfaction are multifactorial and there are biological and psychosocial contributors.

People may be in two minds about seeking help or making changes

It is common for people to be hesitant about seeking help for mental health issues. This is especially the case for disordered eating and body dissatisfaction as some symptoms and behaviours in which people engage may be perceived to serve a positive or functional purpose. People often fear losing control, having to let go of coping strategies, and that treatment will cause weight gain. Communicate an understanding of the person's difficulties in taking steps to seek help under these circumstances.

Past help seeking experiences may have been negative and people may have received unhelpful responses from health professionals

Negative experiences can delay or prevent treatment seeking. Along with dismissing concerns as not being serious, one of the most unhelpful responses people with disordered eating and body dissatisfaction can receive is to be directed towards weight management services. This is not a suitable option for people with mental health concerns and is likely to exacerbate their problems. The person needs to be made aware of the importance of engaging in evidence-based treatment for their concerns. Convey to the person the need to seek treatment at any stage, whether it is an early intervention type approach or whether the person has been struggling with disordered eating and body dissatisfaction for many years. Offer hope that treatment for disordered eating and body dissatisfaction can be effective.

This report was generated on 09/Apr/2019 REACH OUT AND RECOVER



¹ Experts were Senior Clinicians at the Victorian Centre of Excellence in Eating disorders; Psychiatrists, Dietitians, and Psychologists with expertise in eating disorders

² Hart, LM, Granillo, MT, Jorm, AF, & Paxton, SJ. (2011). Unmet need for treatment in the eating disorders: A systematic review of eating disorder specific treatment seeking among community cases *Clinical Psychology Review*, 31, 727-735.