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Mr Andrew Braddock MLA

Submission Cover Sheet

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Submission to the ACT Inquiry into the Auditor-General's Performance Audit Report of the ACT Childhood Healthy Eating and Active Living Programs

ACT Legislative Assembly's Standing Committee on Public Accounts

Butterfly Foundation

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[redacted]

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About us

Butterfly Foundation is the national charity for all Australians impacted by eating disorders and body image issues, and for the families, friends and communities who support them. Butterfly operates a National Helpline that that supports between 25,000-30,000 people each year. We also provide a wide range of individual and group-based programs for people in recovery, carers and family members, while our prevention programs address the modifiable risk factors in the development of body image issues and eating disorders.

Acknowledgements

As an organisation which works with people affected by eating disorders and body image issues, including families and carers, we recognise the value of lived experience as a form of knowledge and as a force for positive change. We acknowledge the insights shared with us by lived experience advocates which are reflected within this submission.

Introduction

Butterfly Foundation (Butterfly) welcomes the opportunity to contribute to the ACT Legislative Assembly's Standing Committee on Public Accounts Inquiry into the Auditor-General's Performance Audit Report of the ACT Childhood Healthy Eating and Active Living Programs.

In this submission we provide an overview of eating disorders and body image concerns in Australia and share research and program activity in several areas of focus for Butterfly that may be of interest to the Committee. Our submission responds specifically to the elements of the Auditor-General's Performance Audit Report which relate to weight stigma and the intersections between eating disorder prevention and treatment and physical health promotion. We have not provided responses to all issues raised in Auditor-General's Performance Audit Report due to competing demands on our time, however additional information on any of the matters raised in this submission can be provided on request.

We commend the Auditor-General and the ACT Audit Office for their diligence in seeking to understand the role of weight stigma and its role in health outcomes, including how this form of stigma can manifest in government programs developed to support healthy eating and physical activity.

Butterfly would welcome to opportunity to contribute to the improvement of the ACT Childhood Healthy Eating and Active Living Programs and a revised Healthy Canberra ACT Preventive Health Plan, including in an advisory role and/or through the commissioning of program review and development.

We recommend that the ACT Government implement all of the recommendations of the Performance Audit Report, and consider increasing investment in eating disorder prevention programs as part of new strategy development.

Overview of eating disorders and body image concerns in Australia

Eating disorders are serious psychiatric disorders with significantly distorted eating behaviours and high risk of physical as well as psychological harm. Left unaddressed, the medical, psychological and social consequences can be serious and long term. Once entrenched, eating disorders can impact on every aspect of an individual's life and for many, can be life-threatening.

Types of eating disorders include: Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder, Other Specified Feeding and Eating Disorders (OSFED), Avoidant/Restrictive Food Intake Disorder (ARFID), Unspecified Feeding or Eating Disorder (UFED), Rumination Disorder, and Pica.

Prevalence

At any one time, approximately 4 per cent of the Australian population – or more than one million people – is experiencing an eating disorder, while lifetime prevalence is 9 per cent (Deloitte, 2015). Of those with eating disorders: 47 per cent have Binge Eating Disorder, 12 per cent have Bulimia Nervosa, 3 per cent have Anorexia Nervosa and 38 per cent have other eating disorders – such as Other Specified Feeding and Eating Disorders (OSFED) (Paxton et al, 2012). When 'disordered eating' behaviours are included (that is, sub-clinical behaviours), using a 3-month prevalence point, a large-scale community survey found that 16.3 per cent of people in Australia have experienced an eating disorder (Hay, Girosi & Mond, 2015).

The actual prevalence of eating disorders and disordered eating behaviour in the community may be much higher. Research recently conducted for Butterfly shows that from a representative national sample of 3,030 people, 17 per cent of the population – almost one in five – either have an eating disorder or have greater than three symptoms of disordered eating (Butterfly Foundation, 2021b). The Covid-19 pandemic has had a significant impact on eating disorder presentations (McLean, Utpala & Sharp, 2021) and Butterfly's National Helpline has experienced a significant per cent increase (pre-Covid) in contacts from the 2019 to the 2020 and 2021 financial years.

While eating disorders can affect anyone at any age, they remain more prevalent among adolescents and young people, with the average onset for eating disorders occurring during adolescence and young adulthood (Volpe et al,2016; Hart et al, 2011). While comprehensive data on prevalence at a state and territory level is not available it is estimated that prevalence is similar across different regions of Australia (Deloitte, 2019). For the ACT, the estimated number of people experiencing an eating disorder in any given year (as estimated in 2019) is 17,900, or 4.18 per cent of the Territory's population (Deloitte, 2019).

The prevalence of eating disorders is similar to substance use disorders, and higher than bipolar disorder and autism spectrum disorder (Santomauro et al., 2019).

Comorbidities

Eating disorders are frequently associated with other psychological and physical disorders such as depression, anxiety disorders, substance abuse and personality disorders (Hudson et al, 2007).

Mortality rate and suicidality

Eating disorders carry an increased risk of premature death due to long term medical complications and increased rate of suicide. With the exception of some substance abuse disorders, eating disorders have the highest mortality rate of any mental illness (Chesney, Goodwin & Fazel, 2014). The mortality rate for eating disorders is between one and half times to twelve times higher than the general population (Arcelus et al, 2011).

Gender differences

Eating disorders can affect women and men, however the highest prevalence rates in Australia occur in women and girls aged 15 to 29 years, with a prevalence rate of 13.6 per cent in the 20-24 age group (Deloitte, 2019: 3). In any given year, the majority of contacts to Butterfly Foundation's National Helpline are from girls and women under 25, with numbers of contacts particularly elevated during the height of the Covid-19 pandemic – overall contacts to Butterfly's Helpline in 2020-21 increased by 63 per cent from the year prior to the start of the pandemic (Butterfly Foundation, 2022). According to a large UK study, by mid-life 15 per cent of women have experienced an eating disorder, including through new onset and chronic disorders (Micali et al, 2017). According to a nationally representative study of

100,000 people in the USA, 1 in 5 women (19.7 per cent) will have had an eating disorder by the age of 40 (compared with 1 in 7, or 14.3 per cent of men) (Ward et al, 2019).

While approximately 90 per cent of people diagnosed with Anorexia Nervosa and Bulimia Nervosa in Australia are women or girls, there are significant numbers of men and boys affected by eating disorders and body dissatisfaction. National estimates produced in 2012 for Butterfly Foundation found that 36 per cent of those experiencing eating disorders identify as male. Instances of binge eating disorder are evenly represented across both women and men in Australia (Paxton et al, 2012), while body dissatisfaction (a risk factor for the onset of eating disorders) is a significant issue for younger men and boys. A 2017 Butterfly Foundation survey found that 40 per cent of respondents identifying as male were dissatisfied or very dissatisfied with their appearance (compared with 46 per cent of respondents identifying as female). Men and boys are subjected to specific cultural messages about appearance that can increase their vulnerability to eating disorders. These include an idealised physical body shape that is lean and muscular, and social norms that frame masculinity as about control and 'taking charge' (Griffiths, Murray, & Touyz, 2015). Eating disorders among boys and men may present differently than in girls and women, particularly with muscularity-oriented disordered eating (Nagata, Ganson & Murray, 2020). These features can mean that eating disorders among men and boys are overlooked or misdiagnosed by health care professionals.

While research into eating disorders among transgender and gender non-conforming people is limited, existing studies suggest that transgender people are more likely than cisgender people to have been diagnosed with an eating disorder, or to engage in disordered eating behaviours (Diemer et al., 2018; Parker & Harriger, 2020). Experiences of disordered eating are particularly high among young trans people. An Australian study found that two out of three young trans people have limited their eating in relation to gender dysphoria during puberty, while 23 per cent have a current or previous diagnosis of an eating disorder (Strauss et al, 2017).

Other demographic characteristics

Contrary to common stereotypes, large scale surveys show that eating disorders do not discriminate by income or education (Hay, Girosi, & Mond, 2015), while emerging research suggests Aboriginal and Torres Strait Islander people experience eating disorders and body image issues at a similar or higher rate than non-Indigenous people (Burt et al, 2020). People who are LGBTIQA+ are at greater risk for disordered eating behaviours (Calzo et al, 2017). Neurodiverse people have an increased risk of developing eating disorders (Biederman et al., 2007; Solmi et. al, 2021).

Economic costs

The total social and economic cost of eating disorders in Australia in 2012 was estimated at $69.7 billion (Paxton et al, 2012). In today's figures, this number is $80.1 billion per year. This number includes health system costs, productivity cost and carer costs. In 2012, direct financial costs were estimated at $17.1 million, and the burden of disease costs were $52.6 million.

The estimated cost of eating disorders (in terms of disability-adjusted life years) is higher than that of depression and anxiety combined (Ibid).

If the social and economic costs of body dissatisfaction in Australia were to be included these figures would likely be much higher. Economic analysis recently conducted in the United States has found that each year body dissatisfaction incurs $84 billion in financial costs, with an additional $221 billion in loss of wellbeing (ears of life lost and years lived with a disability) (Dove with Deloitte Access Economics, 2022). Prepared with input from researchers at the Harvard T.H. Chan School of Public Health and Boston Children's Hospital, this analysis found that one-third (32 per cent) of the financial costs of body

dissatisfaction are borne by individuals and families, with government incurring 29 per cent of costs and employers incurring 14 per cent of costs. Estimates of appearance-based discrimination include $269 billion in financial costs, with an additional $233 billion in wellbeing losses.

The range of influences on body image and eating disorders

Body image and eating disorder thoughts and behaviours are influenced by a range of factors including individual characteristics such as personality traits, with higher levels of neuroticism and lower levels of extraversion associated with poor body image (Allen & Walter, 2016; Roberts & Good, 2010; Swami et al., 2013). Psychological risk factors include low mood or depression, low self-esteem and perfectionism (Sharpe et al., 2018; Murray, Rieger, & Byrne, 2013; Nichols et al., 2018). Another individual-level factor is subscription to hegemonic appearance ideals (such as leanness or muscularity), with upwards social comparison a contributing factor to poor body image (Fardouly, Pinkus, & Vartanian, 2017). Biological life events such as puberty and menopause have also been found to influence body image (Slater & Tiggemann, 2012; de Guzman & Nishina, 2014; Deeks & McCabe, 2001; and Erbil, 2018).

Sociocultural factors affecting body image include the influence of social media and traditional media. Butterfly is alerted to harmful trends on social media platforms and other online spaces by our community on a regular basis. Examples of harmful content include videos portraying young people engaging in dangerous restrictive dieting behaviours to lose excessive amounts of weight, which in theory could be demonstrative of an eating disorder. While this in itself is an issue, what is more concerning is that these behaviours are being shared with other users who may then engage in the same behaviours or make body, weight, shape, or appearance comparisons to the person in the original post (who may have or be at risk of experiencing an eating disorder). This type of content could encourage risky eating and exercise behaviours which are a known trigger for eating disorders. In addition, targeted advertising and machine learning can mean that people who are interested in appearance-related content (including those searching for help) may be exposed to such content at a higher rate, thereby increasing their risk for eating disorders (Rodgers et al, 2019). For someone at risk of, experiencing or recovering from an eating disorder, repeated exposure to this content can significantly stall recovery progress or reignite eating disorder thoughts and/or behaviours. However, the exact nature of the harm caused by such content is difficult to quantity.

While there is little that state and territory governments can to do alter online environments (given that online safety is regulated by the Commonwealth), there is much that can be done to develop alternative sources of information to educate and empower children, young people, and their families and carers. This includes campaigns and programs that can influence the modifiable risk and protectives factors involved in the development of body dissatisfaction, disordered eating and eating disorders.

Appearance-related teasing and weight stigma among children and young people

Sociocultural factors that influence the development of body image include appearance-related teasing or bullying (Menzel et al., 2010; Valois et al., 2019; Webb & Zimmer-Gembeck, 2014) and weight stigma.

Weight stigma refers to social devaluation of higher weight, which can lead to people in larger bodies experiencing prejudice and discrimination in the public sphere (including health care settings).

Weight stigma starts developing early in childhood, with children as young as 3 years old attributing negative qualities (such as 'lazy' and 'mean') to images of children with larger bodies and attributing positive qualities (such as 'nice' and 'clever') to images of children with thinner bodies (Musher-Eizenman et al., 2003; Damiano et al., 2015a; Spiel et al., 2012).

At age 5, 90 per cent of boys and 92 per cent of girls have indicated a preference for not inviting children in a larger body to their birthday party, and perceiving thin-to-average sized children as 'good' (Children's Body Image Development Study, cited in Butterfly Foundation, N.D.).[i]

Intersecting experiences of gender, race, ethnicity, age and sexuality also have an impact on body image (for an overview of this literature, see Centre for Appearance Research, 2020). Poor body image is, in turn, a risk factor for a range of mental health conditions including – but not limited to – eating disorders. Butterfly's forthcoming Body Kind Youth Survey Report (2023) documents impacts on several domains of life, including schooling, social activities and participation in sport and physical activity.

Body dissatisfaction and dieting among children and young people

Body image concerns are consistently ranked within the top 3-5 personal concerns of young people aged 15-19 (Mission Australia, 2022). In 2021, 33 per cent of those surveyed were 'extremely' or 'very concerned' about their body image. A national survey of 12–18-year-olds was recently conducted by Butterfly; results show widespread prevalence of body concerns and several significant impacts of body dissatisfaction among Australian young people. Findings are scheduled for publication in May 2023, and Butterfly would be pleased to provide the survey results to the Committee when they are available.

Body dissatisfaction can begin early in life and is common among children under 12. As part of the development of our primacy school program, Butterfly Body Bright, Butterfly conducted a survey with 165 Australian adults, ranging in age from 19-65, who developed body image and/or eating concerns during primary school. This survey found that:

- 93 per cent of respondents indicated that their primary school body concerns worsened in adolescence
- A range of serious and unhealthy behaviours developed during primary school:
    - 64 per cent started restrictive dieting (most frequently at ages 10-12)
    - 77 per cent engaged in disordered eating behaviours (with ages 8, 10-12 most frequent ages of onset)
    - 33 per cent engaged in excessive exercise (most frequently at ages 10-12
- 43 per cent of respondents reported developing an undiagnosed eating disorder between the ages of 5 and 12 (highlighting the need to make more primary schools aware of these serious issues in childhood).

Stigmatising weight attitudes form very early in childhood, and are related to appearance-based teasing, which are linked to the development of body dissatisfaction and unhealthy behaviours (Spiel et al, 2012; Damiano et al, 2015a; Puhl et al, 2021; Damiano et al, 2015b; Rancano et al. 2021). Body dissatisfaction is an important risk factor for negative physical, mental and social outcomes including unhealthy dieting and muscle building behaviours, depression, anxiety, higher weight and eating disorders (Paxton & Damiano, 2017). In one study, nearly 50 per cent of girls aged 9 to 12 years old reported feeling dissatisfied with their body (Clark & Tiggemann, 2008). Another study found that found that 54.8 per cent of boys aged 12 to 18 expressed a desire to alter their body in some way (Lawler and Nixon, 2011).

Importantly, greater body concerns from ages 5 and 7 have been shown to predict dieting by age 9 (Evans et al., 2013; Dohnt & Tiggemann, 2006). By the time they reach adolescence,1 in 6 girls have already employed at least one potentially dangerous method of weight reduction (Field et al, 2003).

This research underscores the importance of working to address the social determinants of negative body image and disordered eating – such as weight stigma and the negative impacts of social media usage – with children and adolescents before thoughts and behaviours become entrenched. Without preventative strategies and early intervention, interrupted physical, educational and social development can pose risk of significant medical complications in the long-term, along with other mental health issues.

Impact of Covid-19

The Covid-19 pandemic has had a significant impact on eating disorder presentations (McLean, Utpala & Sharp, 2021). In one study, the number of annual eating disorder presentations among children and adolescents increased by 62 per cent in 2020 compared to the two years prior (Chadi et al., 2021).

Negative body image outcomes due to Covid-19 include increased shape and weight concerns, increased drive for thinness/muscularity, increased body and appearance dissatisfaction, and decreased self-esteem (Schneider et al., 2022). Worsened disordered eating behaviours include binge eating, dietary restriction, and compulsive exercise, along with increases in stress, anxiety and depression among people living with eating disorders (Ibid.)

Studies have also documented disruptions to social support networks and access to treatment and support (Vuillier et al., 2021).

Low help-seeking among people with eating disorders

Less than one in four people (23.2 per cent) with eating disorders seek professional help (Hart et al, 2011). Barriers to help-seeking include: stigma; feelings of shame; denial of and failure to perceive the severity of the illness; practical barriers such as cost of treatment; low motivation to change; negative attitudes towards seeking help; lack of encouragement from others to seek help; and lack of knowledge about help resources (Ali et al, 2017).

Preventive health policy must align with eating disorder prevention policy

Butterfly recognises the need for preventive health policy, including investment in promoting good nutrition and physical activity to reduce the incidence of diabetes, heart disease and stroke. However, we have concerns in relation to the concepts and language that are often employed in anti-obesity initiatives. We frequently observe public health promotion activity in this area which: shows insufficient understanding of eating disorders; employs weight stigmatising language; shows a lack of understanding of weight science (presenting weight as a personal choice which is easily controlled); uses ambiguous definitions of 'healthy'; and features an over-reliance on population health measures such as Body Mass Index.

Nutrition education and messaging in schools is a particular area of concern for Butterfly. A recent Australian study has found that children's discourses of health and nutrition are heavily influenced by biophysical and obesity discourses, and are potentially problematic given their focus on 'avoidance of fatness' and negative judgement in relation to overweight (Verlardo & Drummond, 2019). A small study conducted with participants either currently or previously diagnosed with an eating disorder found that anti-obesity campaigns had the potential to confirm eating disorder thoughts and behaviours, and could act as potential triggers (Bristow et al, 2022). As part of developing the any new preventive health strategy in the ACT a review of nutrition education within school and sporting environments should be conducted with regard to how they may be contributing to dichotomous thinking. If food is being framed as 'healthy/unhealthy' or 'good/bad' it may be contributing to disordered attitudes and behaviours around eating. There may also be broader wellbeing initiatives in schools that impact body image and eating disorder risk and protective factors (e.g., self-esteem and resilience programs). Evaluations of such programs should include body image, disordered eating and eating disorders in their outcome measures.

Response to Auditor-General's Performance Audit Report

Based on the content reviewed in the Auditor-General's Performance Audit Report, Butterfly supports the Report's conclusions that the current strategy, *Healthy Canberra ACT Preventive Health Plan 2020-2025,* is lacking in relation to:

- professional learning support and practice guidelines for ACT Government staff to prevent weight stigma and discrimination;
- the needs and priorities of the population groups with the most to gain from increased healthy eating and active living; and
- early access to treatment for children with atypical eating or activity behaviours, atypical weight gain and related health concerns.

In particular, we support the finding that weight stigma and discrimination can have serious negative impacts on peoples' health and wellbeing, and that the development of a new strategy is an opportunity to provide a comprehensive policy and program response. Any new preventive strategy in the ACT should include actions directed towards addressing weight stigma and discrimination, noting evidence cited above in relation to its impact on children from a young age. Strengthening practice guidance and professional development in this area would build the knowledge and capacity of the ACT workforce to approach issues of healthy eating and physical activity in ways which do not inadvertently cause harm to the body image of children and young people.

We also recommend that the new strategy invest in the development of awareness, knowledge and skills in relation to weight stigma among parents/caregivers, primary and secondary school staff, and among other professionals who work with children (such as in sport, recreation and wellbeing programs).

Butterfly notes the finding that ACT childhood healthy eating and active living programs have focused on improving food and activity environments and building child and family skills and knowledge, with limited effort directed to supporting the food security needs of families. The Performance Audit Report notes there is a risk that:

> 'significant numbers of children in the ACT cannot access healthy eating and active living because of poverty and food insecurity. These children and their families are unlikely to benefit from childhood healthy eating and active living programs focused on building skills and knowledge.' (3.139)

Butterfly would add that there is emerging evidence that food insecurity is cross-sectionally associated with higher levels of overall eating disorder pathology, binge eating, compensatory behaviours, binge-eating disorder, and bulimia nervosa (Hazzard et al., 2020). Weight stigma is also associated with food insecurity (Becker et al., 2017).

At Butterfly we are mindful that Aboriginal and Torres Strait Islander people's experiences of food occur within a context of colonisation. As the authors of a report on Aboriginal and Torres Strait Islander people and nutrition research note:

> 'Today, many Aboriginal peoples associate food, in general, with traumatic colonization practices that are centered around the control of food and food systems which are then passed between generations. This cannot be ignored, and further research is required to explore and document what nutritional colonization looks like, and how it affects Aboriginal and Torres Strait Islander peoples' engagement with food and the food system today.' (Wilson, et al., 2020)

To respond to the needs and priorities of this population group, strategies to encourage healthy eating and active living under ACT preventive health policy must take into account this foundational difference, and be developed in genuine collaboration with Aboriginal and Torres Strait Islander people, including engagement with community-controlled health organisations.

Butterfly notes the limitations of the Body Mass Index as an indicator of health and cautions against reliance on this measure; we support its exclusion from the Year 7 Health Survey. Questions about body image may be suitable for inclusion in the Year 7 Health Survey.

Butterfly supports all eight recommendations of the Performance Audit Report and recommends that the revised *ACT Preventive Health Plan* be developed to work in harmony with best practice in the prevention and treatment of eating disorders and body image issues. All public health promotion in the area of obesity prevention and physical activity should be informed by an understanding of eating disorders, including the experiences of eating disorders among people in larger bodies.

As noted earlier in this submission, body image and eating concerns can start early in life. The more preventive measures that can be made during this time, the greater the return in terms of positive health outcomes and associated health system cost savings. Recent modelling on various interventions has shown that universal eating disorder prevention programs deliver substantial health system savings over a 30-year horizon (Long et. al., 2022). Implementing the recommendations of the Performance Audit Report, coupled with an increase in investment in eating disorder prevention, will support improved health outcomes for children and adults within the ACT for many years to come.

Appendix

Overview of Butterfly prevention programs

Butterfly is delivering a range of evidence-informed programs across Australia. Our offerings include:

Prevention presentations and resources for schools – Body Kind Education:

- Student presentations to students from Grade 5-Year 12 and tertiary settings
- Staff professional development
- Parents seminars
- Curriculum resources, fact sheets and digital clips.

Primary school body image program:

- Butterfly Body Bright – an evidence-informed, whole of school program to support children's developing body image including supporting healthy eating and physical activity attitudes and behaviours. Mapped to the Victorian curriculum, the program has four components:
  1) School culture guidelines to build a positive body image community.
  2) Online staff training that educates staff about body image in children and how to effectively implement the program in their school.
  3) Age-appropriate lesson plans for Foundation to Year 6 students that align with the Health and Physical Education curriculum.
  4) Information and resources for families.

Body Kind Schools:

- Free campaign every September for professionals working in primary and secondary schools, as well as other youth organisations, to come together to celebrate diversity and build body confidence in young people.

Prevention presentations and resources for sporting groups:

- Presentations to students for young people
- Coaching and support staff workshops
- Parents seminars

Prevention programs for the community:

- Our prevention programs can be tailored to different communities and to other groups of professionals who are working with children and young people. community-based approach to the prevention of body dissatisfaction, disordered eating and eating disorders. We work with different community members — young people, professionals and parents — to increase understanding of risks, while also promoting protective factors to support body confidence in young people.

  Many of the communities we work with are in regional and remote areas, so we emphasise building capacity to create lasting impact.

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[i] A comprehensive summary of children's body image has been prepared by Butterfly and is available here: https://static1.squarespace.com/static/60a212b84e9cf244cb678799/t/60ee3fe6b1dcdf258da813b3/1626226663346/Butterfly+Body+Bright+Relevant+Research.pdf