NEDC discusses Eating Disorder prevalence, management and treatment in Aboriginal communities with Oliver Tye, Policy Officer at NACCHO, the National Aboriginal Community Controlled Health Organisation based in Canberra, Australia.

1. What is your experience of eating disorder management in Aboriginal and Torres Strait Islander communities?

Aboriginal and Torres Strait Islander people hold a holistic view of health, wellbeing and healing. Eating disorder management is therefore viewed in light of the physical, social and emotional conditions surrounding the individual.

In our communities, eating disorders, although not as disproportionately represented in our people as other conditions, are nonetheless serious. We mostly see eating disorders presenting in the form of binge-eating and over-consumption of refined carbohydrates and saturated fats.[1] This results in a high burden of Type 2 Diabetes, Cardiovascular Disease and Renal Disease. The holistic flow-on of these ailments in our communities manifest in poor self-image, stigma, low self-esteem both individually and collectively.

Hay, P. J., Carriage, C., 2012. Eating Disorder features of indigenous Aboriginal and Torres Strait Islander Australian peoples. BMC Public Health, 12:233

2. What does eating disorder management look like in the communities that you work within?

Eating disorder management, like most community-led solutions, is tailored to what works locally. However, they mostly share a common theme of team-based treatment with a holistic focus. The clinical treatments of conditions and symptoms occur alongside the wellbeing and culturally appropriate healing to treat the individual as a whole. Dieticians, physiotherapists, GP's and specialists, counsellors, Aboriginal Health Workers, cultural and traditional healers team up in the Aboriginal Community Controlled Health Service to address the symptoms, the clinical causes and the mental, social and emotional causes in a culturally appropriate way.

3. What do you see as barriers to management, treatment, education and support?

Barriers are two-fold: structural and cultural. Structural barriers include the lack of healthy food availability in remote communities, the capacity of ACCHOs to meet the growing need, the possibility of billing for holistic health teams (e.g. episodes of care based funding that financially disincentivises multiple treatments in one visit; the basis of holistic treatment which is crucial for hard to reach transient patients in our communities)… the list goes on. Cultural barriers extend to racism, stigma, lack of cultural understanding in treatment plans, lack of trust in our people of mainstream services (especially for our people who continue to suffer the effects of the Stolen Generation and child removal).

More….

4. How could we improve this?

Aboriginal Community Controlled Health services are best placed to overcome these barriers and deliver the right services where and when they are needed. For nearly 50 years, the Community Controlled Sector has been accountable to Aboriginal and Torres Strait Islander people, embedded within the communities and earning the trust of our people. The only way to overcome these barriers is to recognise the expertise of ACCHOs, properly resource them and put *Aboriginal health in Aboriginal hands*.

5. What cultural differences do you see as important for consideration in best practice treatment and management?

As outlined above, cultural safety is paramount. It is important for frontline workers to understand that our people think and feel differently about health and wellbeing. We also have a history of traumas, many of which continue to this day.

6. How do these cultural differences influence the management of eating disorders?

Culturally appropriate management informs diagnosis, treatment, and follow-up. Very often causes of eating disorders stem from conditions relevant to the individual, due to their Aboriginality. Holistic treatment must be culturally relevant by definition, meaning that the things you say and do with the patient must be acceptable to both them and their community by the standards of the relevant Aboriginal and Torres Strait Islander culture. This may deviate significantly from what is considered normal in a mainstream Western, Anglo-Australian setting. Follow-up is also critical as our people can be highly mobile, staying with family in many different locations depending on seasons, cultural business and recreation. These cultural behaviours must be understood when reaching out to patients.

7. Are specialist services available that are adapted to support people from Aboriginal and Torres Strait Islander cultures that are living with an eating disorder?

Yes, there over 170 ACCHOs around Australia from metropolitan Sydney to the very remote Pilbara. There are also mainstream services with culturally appropriate programs and services. Despite our reach, there is still a huge unmet need in eating disorder management and healthcare more broadly. We continue to strive for the expansion of the sector to deliver services like this to our people in parity with what the broader, non-Indigenous population receives.

For further information about Aboriginal Community Controlled Health Organisations, please visit the NACCHO website at https://www.naccho.org.au/

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