

Guide for Primary Care Teams



Prevalence

Eating disorders are a significant public health issue in Canada:

- An estimated 2.9 million Canadians had an eating disorder before the pandemic and this has increased substantially!
- Eating disorders are the 3rd most prevalent mental illness in Canada
- Eating disorders are the 3rd most common chronic health condition among adolescents
- The age of onset is between 13 and 23 years old
- The incidence of eating disorders among adolescent girls in Canada is 18%
- Approximately 10-25% of individuals with eating disorders are male
- Transgender young adults are 15 times more likely than their cisgender peers to report being diagnosed with an eating disorder
- These disorders have one of the highest impacts on health-related quality of life of all psychiatric disorders
- Eating Disorders carry the highest mortality rate of all psychiatric illnesses, including a high risk of suicide
- Eating Disorders disrupt developmental trajectories, contributing to sufferers' delayed or non-entry into the workforce and increasing dependence on social assistance.

With early intervention and rapid access to quality treatment, approximately 75% of people with eating disorders recover. Despite this, it is estimated that only one in ten people with eating disorders receive appropriate treatment and even fewer receive early intervention.

COVID-19 created the perfect storm for eating disorders. Isolation, lack of structure, uncertainty create crisis among many - including youth.

Hope & Healing Happen Here...

Start the Conversation

Questions to Consider

The **SCOFF Questionnaire** is a valid and reliable screening tool for detecting the existence of an eating disorder. The questions focus on some key characteristics of **anorexia** and **bulimia**.

- **Q** Do you make yourself **S**ick because you feel uncomfortably full?
- **C** Do you worry that you have lost **C**ontrol over how much you eat?
- Have you recently lost more than One stone (14 lb) in a 3-month period?
- **F** Do you believe yourself to be **F**at when others say you are too thin?
- **F** Would you say that **F**ood dominates your life?

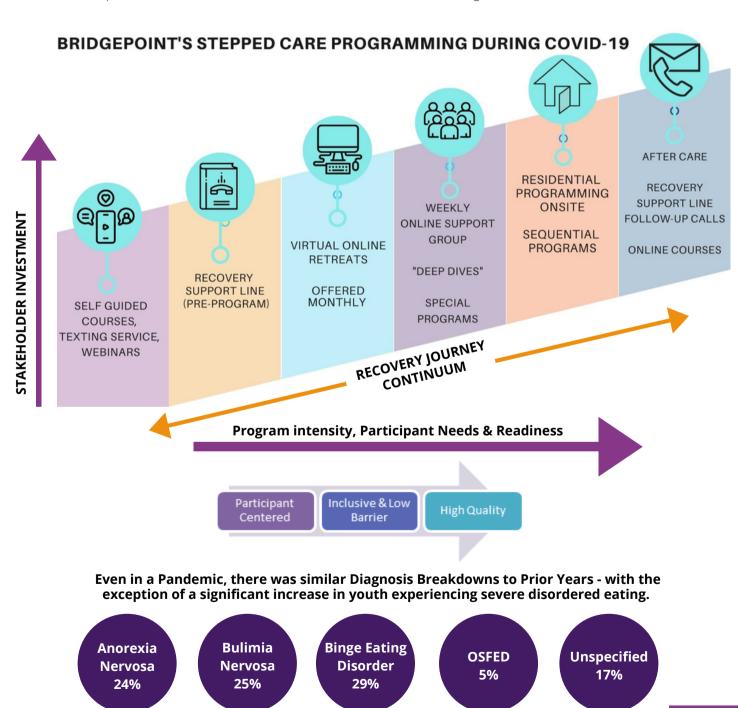
If **NO** to every question, the test indicates the unlikelihood of an eating disorder.

If **YES** to **one** question, it may be useful to further examine eating patterns and the presence of body image issues.

Adapted from Morgan J.F., Reid F., and Lacey, J.H. (1999) The SCOFF Questionnaire: assessment of a new screening tool for eating disorders. BMJ 319: 1467-1468, Dec.

Programs Onsite & Virtual

We provide support to Saskatchewan residents who are experiencing eating disorders and their support networks. Our approach is holistic embracing the biopsychosocial model of recovery. Virtual and onsite programs are available for ages 16+. New virtual programs are available for youth. We also have a 2-day online workshop for Parents and Caregivers. Programs are available as part of the continuum of healthcare in Saskatchewan for free of charge.





Click here for all Intake Forms

Intake & Admission Guidelines for Residential Care

APPLICATIONS:

- · Participants are eligible to self-refer for retreats if there are no concerns with medical or psychiatric stability.
- Participants must complete the full application package. Participants will receive verbal or written confirmation from BridgePoint team to secure a bed. We currently offer 8 private bedrooms onsite.
- Medically and psychiatrically stable and able to function in, and benefit from a holistic group-based recovery program is required.
- Relationships and support from a doctor/nurse practitioner and counsellor are required for Modules 1 & 2 and special programming; and as determined by BridgePoint team once applications are reviewed. An intake interview may be scheduled to determine suitability.
- Participants are required to fill out their own application package with full transparency.
- Virtual program options may exist for applicants while on the waiting list or during periods where a participant requires acute care or has concerns of stability.
- Participants must abide by the <u>Workplace & Participant Safety Related to COVID-19 Policy</u> outlining COVID-19 vaccination and testing requirements .

BOOKING:

- The program may be suitable for those with a DSM-5 diagnosis or on the continuum of disordered eating behaviors. A diagnosis is not required.
- Participants must complete an application for assessment and review prior to confirmation of a bed. Intake interviews may be set up to determine fit for the program.
- Medical stability is required to participate in onsite programming as approved in conjunction with a primary care team.
- All BridgePoint Clients will provide consents and SHA Terms of Service prior to admission.

ADMISSIONS:

- · Admissions are coordinated based on scheduled program intake dates. We do not offer continuous programming.
- Participant intake is typically at 3:00pm unless otherwise scheduled. Due to reduced access to the BridgePoint Client's family physician and to accommodate staffing scheduling, a participant may be denied admission if they are considerably late and miss the intake process.
- Admission may be refused if the participant is under the influence of drugs or alcohol or there is risk of detoxing or deemed medically unstable by nursing staff.

PARTICIPANT CRITERIA:

The BridgePoint Participant must demonstrate the following upon admission:

- Is attending voluntarily and is a resident of Saskatchewan or has a valid Saskatchewan Health Card and must be at least 16 years of age;
- Must be fewer than twenty (20) weeks pregnant for the duration of stay;
- Must be able to carry out adequate basic personal hygiene; be ambulant and must remain medically stable for the duration of programming;
- Cannot be using the center as respite or to detox of any kind;
- Cannot be under the influence of drugs or alcohol. Participants will not be cleared for admission until they are capable of understanding all directions that are given, as deemed by staff; including medication compliance as prescribed by their primary care team. A review of PIPs and eHRviewer will be completed upon admission for the purposes of self administration.
- · Does not display any abusive, violent or aggressive behaviours;
- Must not breach any legal orders (e.g., restraining order against staff);
- Medical marijuana usage and attendance of service animals must have preapproval and with support of primary care team documentation.
- If the participant has been unstable in the last 6 months a for longer programs, the primary care team is required to confirm stability by completion of Part B and Part C of the module intake package to confirm stability and support participation in the program; including review and signoff of requested labs.
- Assessed as medically stable at intake, in that the BridgePoint Client is not:
 - 1. detoxing from psychiatric prescribed medication or PRNs without a physician's direction;
 - 2. at acute risk of self-harm or harm to others; and/or
 - 3. at risk of refeeding syndrome

Nine Truths About Eating Disorders

- **Truth #1:** Many people with eating disorders look healthy, yet may be extremely ill.
- **Truth #2**: Families are not to blame, and can be the patients' and providers' best allies in treatment.
- **Truth #3:** An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.
- **Truth** #4: Eating disorders are not choices, but serious biologically influenced illnesses.
- **Truth #5:** Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.
- **Truth #6:** Eating disorders carry an increased risk for both suicide and medical complications.
- **Truth** #7: Genes and environment play important roles in the development of eating disorders.
- **Truth** #8: Genes alone do not predict who will develop eating disorders.
- **Truth #9:** Full recovery from an eating disorder is possible. Early detection and intervention are important.

based on Dr. Cynthia Bulik's 2014 "9 Eating Disorders Myths Busted" talk at the National Institute of Mental Health Alliance for Research Progress meeting.



Online Training for Professionals

<u>Eating Disorder Sensitive: Education for</u> **Dietitians**

For dietetic and other nutrition professionals looking to gain an understanding of eating disorders.

\$150 - 3 month access

<u>Eating Disorder Sensitive: Education for</u> <u>Social Workers & Psychotherapists</u>

Learn the basics of eating disorders for social workers, therapists, psychologists, mental health care providers, and other professionals in Health, Social and Human Services.

\$150 - 3 month access

Eating Disorder Sensitive: Education for Primary Care Teams (Doctors and NPs)

Coming soon!





These courses are brought to you by the Body Peace Collaborative, a network of 3 eating disorder organizations:

Body Brave, Eating Disorders Nova Scotia and Bridgepoint Centre for Eating Disorders.

The Body Peace Collaborative's digital platform was one of 7 organizations to win the Priority Health Challenge in 2020. It was launched by Body Brave, Eating Disorders Nova Scotia, Bridgepoint Center, and the National Initiative for Eating Disorders.

https://bodypeace.learnworlds.com/home

Impact

"I thoroughly felt like this was such a safe space. The instructors did a great job at creating that space."

"The team at BridgePoint have been, and continue to be, an integral part of my recovery journey. Without their openness, their approach to healing, their mindset when it comes to eating disorders, their patience and time, their dedication, and their belief in the healing power of community, I would not be the woman I am today. I would not be in a position where I no longer feel torn between my past and my future, unable to find peace in the present. I would not feel so sure of myself; so confident, and able to allow myself to be in the uncertainty which is the now. I can honestly say that BridgePoint had changed my life."

"Connecting with the team again through this retreat helped me to recognize the hard work that I have done since first coming to Bridgepoint two years ago. They encouraged me and helped me to understand how far I have come, and to have more tools to use as I continue on my recovery journey."

"The most important parts of the virtual retreat were having a connection with other participants, checking in with the team, and having support and encouragement to continue my recovery journey, especially in the midst of a pandemic when most other services are limited."

"I've worked with a LOT of doctors, dietitians, psychiatrists and have stayed in Dube too many times to count. In all of my experience, I can see that BridgePoint is different from any other treatment facility. I never thought that recovery would ever be possible, let alone I'd be choosing it. Much of that credit goes DIRECTLY to BridgePoint."

"I really like the online format and hope it will continue even after COVID dies down. I have done many things in person in the past and found that online was also very high quality. Also much easier to access since I now have a disability that would prevent me from attending in person for the time being. I am very glad to still be able to access programming."

"I'm glad I got to be part of this as a man. Men are missing out on this."

"Without this virtual retreat being offered my future may have been a totally different route. I've been using my other tools successfully that I've learned at Bridgepoint but I needed this and may need it again. This type of programming allows access to so many people that may not means or the courage or time or ability to go to a retreat that is why this is so critically important to continue on. There are so many people that need help with this and this way you can assist so many at such a greater level while freeing the building for those that need support in person."















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