



The Social and Economic Benefits of Improving Mental Health: Eating Disorders and Negative Body Image

- **Suicide and Suicide Prevention**

A submission by the Butterfly Foundation

The Butterfly Foundation represents all people affected by eating disorders and negative body image, individuals living with this mental illness, their family and their friends. As a leading national voice in supporting their needs, Butterfly highlights the realities of seeking treatment for recovery, and advocates for improved services from both government and independent sources. Throughout its work Butterfly also emphasises the critical importance of prevention and early intervention strategies in limiting the development of, and suffering from, body image issues and eating disorders.

Butterfly collaborates with many organisations within the eating disorder sector who are engaged in prevention or assistance to those working to improve the lives of those affected, and contributions to this report are acknowledged within the narrative. Butterfly has been appointed to co-ordinate the National Eating Disorder Collaboration 'NEDC' for the Australian Department of Health and Ageing and recognises the members of the NEDC for ongoing contributions to establishing evidence-based best practice guidelines for delivery of optimal care.

Mortality and Eating Disorders

Eating disorders are recognised as severe mental illnesses that are associated with a variety of medical complications and elevated risk of mortality.

According to the Butterfly *Insights in Recovery* report (2016), eating disorders carry the highest mortality rate of all psychiatric illnesses (Arcelus, Mitchel, Wales & Nelson, 2011)

In *The Reality of Eating Disorders in Australia* (2017) Butterfly reported that:

- Mortality in eating disorders is higher than most other psychiatric disorders (Chesney, Goodwin, Fazel, 2014).
- Mortality in Anorexia Nervosa is among the highest of all mental disorders in young and middle aged adults (Arcelus, Mitchel, Wales & Nelson, 2011; Jáuregui-Garrido, 2012).
- Suicide ideation and attempts has been examined in relation to extreme and unhealthy weight control behaviours among male and female adolescents (Shankman, Nelson, Harrow, Faull, 2008).

Key findings showed:

- Suicidal ideation and attempts reported by 21.6% and 8.7% of young females, respectively
- Suicidal ideation and attempts reported by 15.2% and 3.5% of young males, respectively
- 20% of Anorexia Nervosa deaths are a result of suicide
- The mortality rate for eating disorders is between one and a half times to twelve times higher than the general population.

Deliberate Self-harm and Eating Disorders

Self-injurious behaviours are defined as “all behaviours involving the deliberate infliction of direct physical harm to one’s own body without any intent to die as a consequence of the behaviour.”

- Deliberate self-harm is associated with eating disorders and suicide.
- The lifetime rate of self-injurious behaviour is 35% in women with eating disorders.

Suicide and Eating Disorders

Suicide is a major preventable public health concern and the most common cause of death in Australians aged 15-44 years. In 2015, approximately 3026 people died by suicide, up from 2864 suicide deaths in 2014. Further, for every suicide death, 30 to 40 people attempt suicide.

International research shows that the first peak in suicidality occurs among 15-25 year olds, which is also the demographic at the greatest risk of developing an eating disorder. Indeed, all eating disorders are associated with increased risk of mortality, and suicide is one of the leading causes of premature death in this group. The increased risk of suicide and self-harming behaviours in patients with eating disorders is well documented, and comparable to, or higher than, other psychiatric populations.

What does the evidence say?

- People with eating disorders have an elevated risk of suicide than those without eating disorders. The suicide rate is 7.5- 31 times higher for individuals with eating disorders than the general population.
- The increased risk of suicide and self-harming behaviours in patients with eating disorders is comparable to or higher than other psychiatric populations.
- Suicide is more common in presentations that include purging behaviour (Anorexia Nervosa binge-purge subtype, Bulimia Nervosa and Purging Disorder)



- Women who have an eating disorder are approximately 7 times more likely to attempt suicide than women who do not have an eating disorder.
- Suicide accounts for approximately two-thirds of all non-natural deaths in individuals with Anorexia Nervosa and all non-natural deaths in individuals with Bulimia Nervosa and Binge Eating Disorder.
- Eating disorder patients that are at greatest risk of suicide are those with greater severity of depressive symptoms, substance use and impulsive behaviour, as well as a longer duration of illness and the presence of binge/purging behaviours.
- Certain personality traits further increase the likelihood of suicidal behaviour, including impulsivity, low self-directedness and anti-social behaviours.
- Males are underrepresented in studies characterising mortality and suicide in eating disorder populations, despite being at elevated risk of mortality and having a substantially greater risk of suicide than females.

The Future of Eating Disorders Prevention and Treatment

Considering the consistent finding of high risk of suicidality and mortality in individuals with eating disorders, initiatives that aim to understand and improve outcomes for individuals with eating disorders should be considered a top priority.

Butterfly welcomes the Productivity Commission into mental health and the social and economic benefits of suicide prevention.