

Persistence and emergence of eating disorder risk among young people seeking mental health care

Authors:

Turner A¹, Hickie IB¹, Maguire S², Scott EM¹, Iorfino F¹

1. Brain and Mind Centre, The University of Sydney, Sydney NSW Australia
2. InsideOut Institute for Eating Disorders, Central Clinical School, Faculty of Medicine & Health, The University of Sydney, Sydney NSW Australia

Background:

Eating disorders (EDs) are serious mental health conditions with peak onset during adolescence and young adulthood, causing significant physical, psychological and social consequences. Youth mental health services frequently encounter young people at risk of EDs and provide a unique opportunity to address this risk. However, little is known about the patterns of risk over time in these settings. Understanding this course is critical for informing early identification and intervention strategies.

Methods:

Participants were 494 young people (aged 12–25 years) seeking mental healthcare at youth mental health services in Australia, primarily for emerging mood disorders. ED risk was assessed at baseline and 12-month follow-up using the SCOFF questionnaire, a brief five-item screening tool of core ED symptoms/behaviours, with scores ≥ 2 (range 0–5) indicating high risk.

Results:

We identified four patterns of ED risk over the 12-month study period: persistent (high risk at both timepoints), remitting (high to low risk), emerging (low to high risk), and asymptomatic (low risk at both timepoints). Most participants remained asymptomatic (57.1%). Persistent patterns of ED risk were observed in 18.6%, while 10.3% showed emerging patterns and 13.8% remitting patterns. ED risk status showed significant individual stability over time (75.7% maintained their baseline status, $p < .001$).

Conclusion:

The substantial proportion of young people with persistent or emerging patterns of ED risk indicates a significant unmet need in youth mental health services. These findings underscore the need for routine screening and targeted intervention strategies within these service settings to improve long-term outcomes for this population.

Disclosure of Interest Statement:

None to declare.