

# North East Region Eating Disorders Taskforce

## Final Report - October 2017





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## Abbreviations

ACED	Adolescent & Child Eating Disorder – Assessment Clinic, Austin Health
AIPU	acute inpatient psychiatric unit
AMHS	Area Mental Health Services
CAMHS/CYMHS	Child and Adolescent Mental Health Service, Child and Youth Mental Health Service
CBT-E	Enhanced Cognitive Behavioural Therapy for Eating Disorders
CB-GSH	Cognitive Behavioural Guided Self-Help for Bulimia and Binge Eating Facilitator training
CCSW	Collaborative Carer Skills Workshop
CEDD	Centre for Eating and Dieting Disorders NSW
CEED	Victorian Centre of Excellence in Eating Disorders
DAA	Dietitians Association of Australia
DBT	Dialectical Behaviour Therapy
Deakin Uni.	Deakin University
ED	eating disorder
EDV	Eating Disorders Victoria
FBT	Family-based Treatment for adolescent anorexia nervosa training
GP	General Practitioner
MANTRA	Introduction to Maudsley Model of anorexia nervosa treatment for adults
MFT	Multi-family Therapy for adolescent anorexia nervosa
MH	mental health
MHCSS	Mental Health Community Support Services
MHPOD	Mental Health Professional Online Development
O/P	outpatient
RACGP	Royal Australian College of General Practitioners
SSCM	Introduction to Specialist Supportive Clinical Management for adult anorexia nervosa



## North East Eating Disorders Taskforce Membership

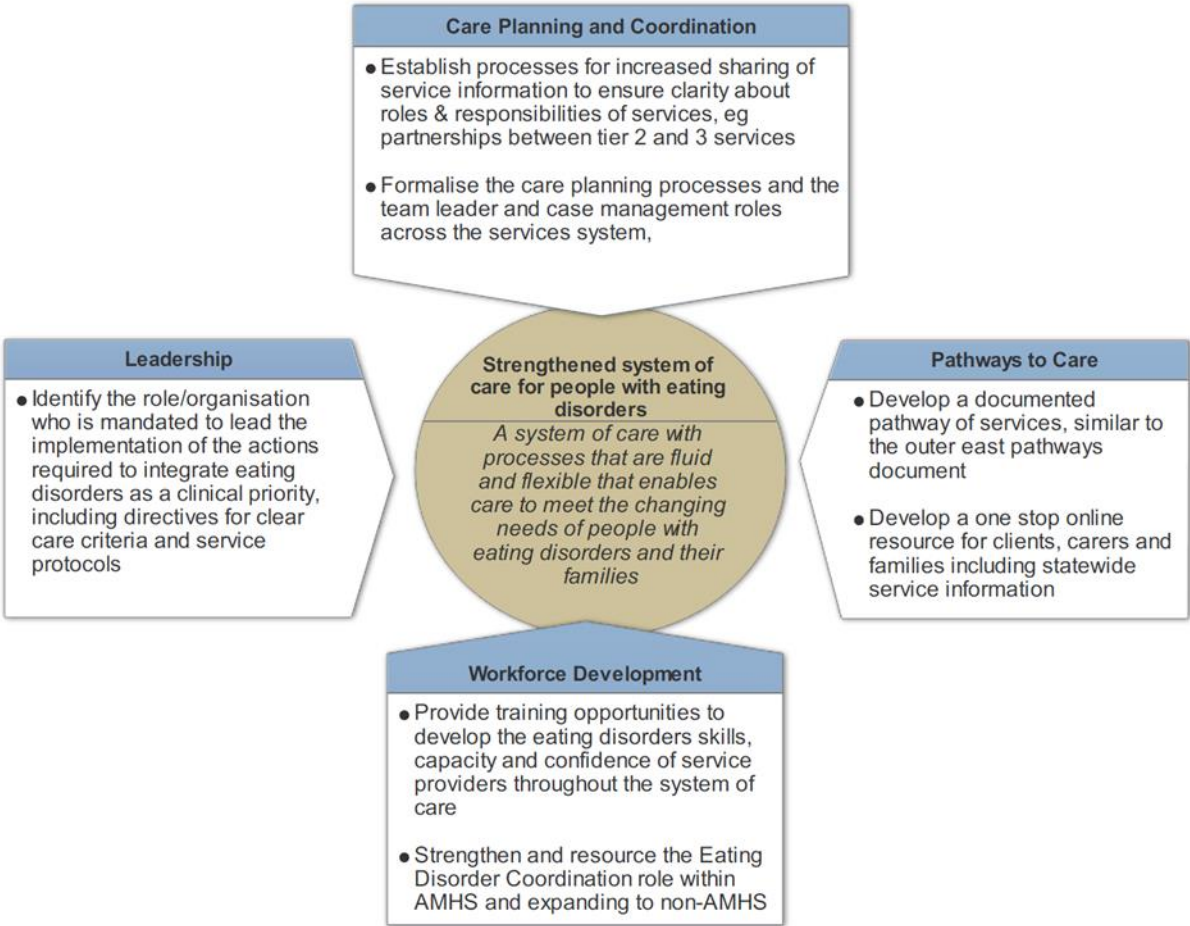
Claire Diffey	Victorian Centre of Excellence in Eating Disorders (chair Mar 2017 onwards)
Belinda Horton 2017)	Victorian Centre of Excellence in Eating Disorders (chair Oct 2016 – Mar
Jane Andrews	Carer Representative
Jennifer Beveridge	Eating Disorders Victoria
Liz Burgat	headspace
Jenny Conway	General Practitioner
Sarah Daniel	headspace Hawthorn
Maya Djordjic	headspace Greensborough
Megan Dobbie	The Melbourne Clinic
Kara Fattore	North East Metro Area Mental Health Service
Claire Finkelstein	private psychologist
Leeanne Fisher	North East Metropolitan Child & Youth Mental Health Service
John Forster	St Vincents' Area Mental Health Service
Philippa Harrison	Body Image and Eating Disorders Treatment and Recovery Service (BETRS)
Rebecca Harvey	cohealth
Christine Hodge	Northern Area Mental Health Service
Ainsley Hudgson	private psychologist
Julia Hunt	St Vincents Area Mental Health Service
Sujata Joshi	cohealth
Michelle Livy	Darebin Community Health Service
Kate Middleton	North West Melbourne Primary Health Network
Richard Newton	Director, North East Metropolitan Area Mental Health Service
Anne Paxton	MIND Australia
Michelle Roberton	Victorian Centre of Excellence in Eating Disorders
Suba Rudolph	Paediatrics Department, Austin Health
Mandy Taylor	Eastern Melbourne Primary Health Network
Anna Thompson	The Melbourne Clinic
Jennifer Tobin	NEAMI National
Sue Wells	North East Metropolitan Child & Youth Mental Health Service

# North East Eating Disorders Taskforce Executive Summary

The North East Eating Disorder Taskforce was the initiative of a regional eating disorder services stakeholders meeting in the North East facilitated by the Victorian Centre of Excellence in Eating Disorders in 2016. The stakeholders meeting was convened as part of the Victorian Eating Disorders Strategy Strengthening Network Coordination Project 2016 to explore service provision and service development needs for people experiencing eating disorders and their families in the north east.

## Objectives

The objectives of the taskforce were to guide progress towards the action plan developed at the stakeholders meeting described in the diagram below:



At the inaugural meeting of the Taskforce, October 2016 a working group process was agreed to, to tackle the following three areas for action:

1. Care pathways working group: work towards defining and documenting care pathways for people with eating disorders and their families in the north east
2. Care planning and coordination working group: work towards defining and developing care planning and coordination for eating disorders in the north east
3. Workforce development working group: work towards a better understanding of training needs, training processes and resources for service providers in the north east

(see **Appendix 1** North East Taskforce Midway Report pp 22 - 27 for scope and tasks of each working group)

Each working group met on four occasions over 2016 – 17 with considerable work done between meetings by the members.

Over the course of the working group meetings, due to the crossover in the work of the Pathways to Care and Care Planning and Coordination working groups the decision was made to combine the two groups and produce a joint resource document.

Hence the care co-ordination guideline was included in a broader resource document representing the work of the two groups, '*pathways to care and care planning and co-ordination*'. In this way it sits alongside the regional service pathways within the NE Region and treatment guidelines.

The Taskforce met on three occasions, to act as a reporting body for each of the three working groups and to act as the body reporting back to the stakeholder.

(See **Appendix 1** for the NE Region Eating Disorders Service System Taskforce Midway Report February 2017)

## Outcomes

A summary of the activities of each of the working group is provided in **Appendix 2**

The Workforce Development working group produced a report of a training survey of service providers in the north east and an audit of eating disorders training provision in the north east.

(**Appendix 3** Workforce Development Working Group Report)

The Pathway to Care and Care Coordination working group has produced a comprehensive resource: *Pathways to care & Care planning and coordination* (see **Appendix 4**) detailing:

1. Clinical Care and Referral Pathways
2. A map of the system of care for patients with eating disorders – north east metropolitan Melbourne (Austin catchment)
3. Care coordination guideline for eating disorders

## Recommendations to the Taskforce for future action

Each of the working groups made **recommendations** for future actions and directions:

- The *Pathways to Care & Care Planning and Coordination* resource to be available electronically online (Austin Health, Eating Disorders Victoria and CEED) as a reference for professionals and to be easily accessible to consumers and families via the Eating Disorders Victoria helpline
- The specialist services within the region, BETRS and Austin Health Eating Disorders Pediatric Service, to be responsible for ensuring the *Pathways to care & Care planning and coordination* resource remains current and up-to-date.
- It is recommended that the *Pathways to Care & Care Planning and Coordination* resource is circulated widely within the region and a review take place six months after circulation to ascertain the impact it has had and any areas for further development. Feedback shall be encouraged to identify any gaps within the document that can be addressed at the six month review point.
- It is recommended the specialist services within the region, BETRS and Austin Health Eating Disorders Pediatric Service, will work with the Victorian Primary Healthcare Networks in the future to include the *Pathways to Care & Care Planning and Coordination* resource as part the Health Pathways online resource.
- It is recommended that the training survey report and audit of training provision be distributed widely to leaders of stakeholder services to inform them of the need for workforce capacity building (including professional development and ongoing clinical supervision) in eating disorders, as part of service development, at all service levels.

# APPENDICES



# **APPENDIX 1**

**NE Region Eating Disorders Service System  
Taskforce Midway Report February 2017**





**NE Region Eating Disorders Service System  
Taskforce**

**Midway Report**

**February 2017**

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## NE Region Eating Disorders Taskforce

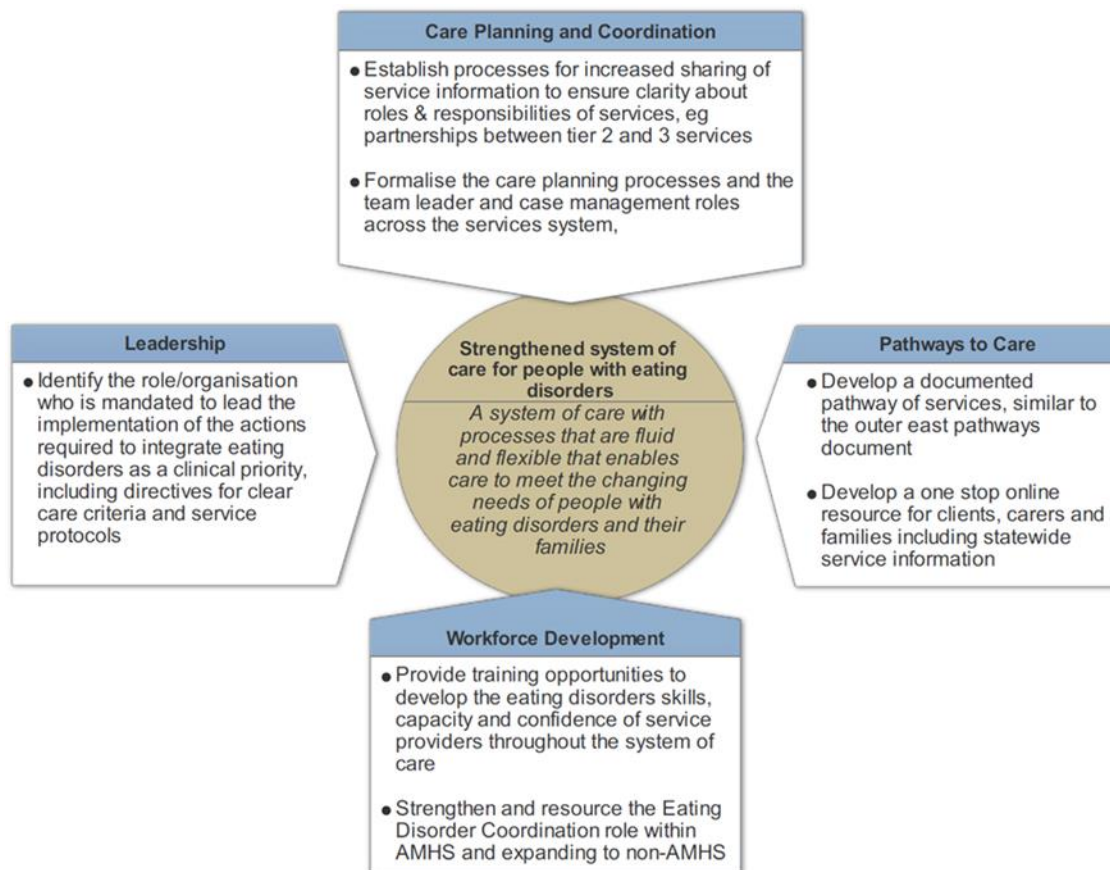
### Objectives

The primary objectives of the Taskforce are to bring together key eating disorders service providers, stakeholders and decision makers from throughout the metropolitan and regional areas of the North East Region of Victoria to address the action items identified in the stakeholders' meetings and described in the diagram below. A comprehensive work plan will be developed following a review of the action items at the first meeting of the Taskforce to provide a detailed project plan to the Taskforce participants.

### Taskforce

The overarching Taskforce has met on two occasions, with three meeting planned up to June 2017. The Taskforce is made up of combined members of the three working groups and chaired and administered by CEED.

The purpose of the Taskforce meetings is for the wider group to receive updates from the three working groups to ensure the overall project plan is progressing and to address any issues as they arise within the wider group.



## Overview of Three Working Groups

Following is a brief overview of the three working groups at the mid-way point in the project timelines.

The three working groups have held three meetings since October 2016 and have made good progress against the defined tasks, as described in the table below.

SIMILARITIES BETWEEN WORKING GROUPS	
Communication between working groups is important to avoid overlap and duplication	
Importance of identifying and building on existing work within the region	
Map scope of practice and expertise within services and their workforce within the eating disorders system of care	
Best practice evidence base	
Early intervention	
Inclusion and support for families, carers and significant others	
All groups discussed expected outcomes from the commencement of the working group meetings	
WORKING GROUP	ACTIONS/OUTCOMES
Pathways to Care	Commenced with mapping the eating disorders pathways to care for mild to moderate conditions
	Finalised the updated Eating Disorders Care and Recovery Framework (CEED) to guide pathways to care
	Mapping pathways within the Austin Health catchment
	Populating the NE Metropolitan Melbourne document - based on the Outer East Eating Disorders Services document
	Populating the one-page pathways templates for the area mental health services within the 6 LGAs of the Austin Health catchment
Care Planning and Coordination	Description of good care coordination and its objectives for people with eating disorders
	Developed DRAFT Care Coordination Guidelines for the NE Region service system (Appendix 4)
Workforce Development	Description of a workforce that is effective in the management of the full spectrum of disordered eating to eating disorders
	Populating a spreadsheet outlining the NE region workforce across the system of care, as well as attended and available education and training programs – with view to identifying gaps and recommendations for future education and training programs
	Construction of the NE Region Eating Disorders Workforce Development Education/Training survey – to be distributed before end of February 2017 (See attached)

## Pathways to Care Working Group

Initial drafting of pathways table (from the Outer East Pathways document) that has been populated for the Austin Health catchment (Boroondara, Yarra, Darebin, Nillumbik, Whittlesea, Banyule) (See Appendix 4).

- Apparent that the pathway for the management of severe eating disorders is clear, the mild to moderate ends of the spectrum are less clear
- Agreement that the scope for the Working Group will focus on pathways to care for families where the person with the eating disorder is ready for change – mapping the ‘ideal’ pathways. Set aside the very complex cases for future focus while also capturing any discussions re their needs.
- Agreement that scope of WG activities would be focused initially on Metro NE, Austin Health catchment
- Challenges experienced in mapping pathways for community services that are important in providing discharge follow up care.

Discussion about their need for information about care team roles, care coordination and communication with clarity about the purpose for discharge referral as part of wider care team.

- Other discussion related to the range of organically developed pathways/databases held within services and how these could be referenced or shared, particularly of private providers;
- Discussion about private providers as a spectrum from sole providers through to large private health services companies - who should be included in pathways and how decide where to draw the line?

Reviewed the pathways to care quick reference template based on the Eating Disorders Care and Recovery Framework and developed in the CEED projects. Positive feedback about their role as an accessible pathway based on the information within the Austin Health table (discussed above).

### **Define scope of pathways, consider linking to Eating Disorders Care and Recovery Framework**

- Overview of the Eating Disorders Care and Recovery Framework circulated as basis for mapping pathways to ensure whole of life and illness and recovery focus in service identification and care planning.

## Care Coordination Working Group

Significant discussion was had during meetings about terminology and the meaning of care coordination, particularly in relation to case management etc. This also included the following whiteboard brainstorm:

### What is good care coordination for a person experiencing an eating disorder?

- Requires robust services, service pathways and skilled workforce
- Responsive to client acuity
- Needs to be assertive to address ambivalence and low RFC
- Requires an identified person - parents, GP, Mental Health clinician, Mental Health Nurse Initiative Program (PHNs)
- Facilitator of access to the appropriate part of the service system through supported service navigation to ensure access to mental and physical health treatment and risk management
- Requires the formation of a coordinated multi-disciplinary team with communication re the plan, reviews etc
- Requires skilled and resourced parent to be involved in the care of the young person – based on identifying the existing parents resources and gaps for additional support
- Requires resourcing – eg Medicare item numbers for care coordination
- Care coordination role takes a systemic perspective

### What are the objectives of good care coordination?

- Facilitated service transitions
- Monitors risk and acuity to ensure the right care at the right time
- Identified care coordination within service delivery
- Vision of recovery and hope
- Capacity building for families
- Help to manage the stress experienced by the family and the team – workforce preservation
- Increases efficiency and enhances communication
- Improves outcomes
- Includes a process of review
- Fosters and develops relationships

See Appendix 6: DRAFT Care Coordination Guidelines Template

## Workforce Development Working Group

### **Brainstorm: What does a workforce that is effective in the management of the full spectrum of disordered eating to eating disorders look like?**

Effective = confident and competent

Workforce throughout all levels of the service system

Eating disorders management is inclusive of all aspects of care, treatment and support

Position eating disorders within a spectrum - From disordered eating to a diagnosable eating disorder

#### **An effective workforce would include:**

- First responders are alert to and can identify disordered eating through to eating disorders
- Workforce is clear of their role and responsibility within their service – that eating disorders are everybody's core business
- Disordered eating seen by workforce to be part of usual care
- Aware of the interface between eating disorders and all areas of health (including obesity)
- Aware of and able to challenge the complex social, cultural and risk factors that contribute to the development of disordered eating/eating disorders, eg social media, thin ideal, weight stigma
- Able to reflect on and work within their own experiences, values
- Able to act/intervene including making the appropriate decisions about referral and/or assessment and treatment response
- Accountable for responding whatever their role through reporting, reflection and supports
- Able to sit with and access supports for discomfort of intervening
- Know where to go if they don't know

# Appendix 1: Eating Disorders Care and Recovery Framework

CEED 2017





**Appendix 2: Meeting dates for Taskforce and three Working Groups 2016 - 2017**

<b>MONTH</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>March</b>	<b>April</b>	<b>May</b>	<b>June</b>
Taskforce	Wed 19 Oct		Wed 14 Dec		Wed 22 Feb		Wed 12 April		Wed 14 June
Pathways to Care		Mon 28 Nov		Wed 25 Jan	Fri 17 Feb				
Care Coordination		Wed 30 Nov	Wed 14 Dec		Wed 22 Feb				
Workforce Development		Mon 28 Nov		Wed 25 Jan	Mon 20 Feb	Wed 22 March			

### Appendix 3: Overview of Pathways to Care Working Group

WORKING GROUP: Pathways to Care		
LEADERS	Jennifer Beveridge Belinda Horton	Roles: <ul style="list-style-type: none"> <li>To work with CEED rep to drive the activities of the working group to develop and implement the agreed work plan;</li> <li>To monitor the work and capacity of the working group members to ensure progress;</li> <li>To draft and deliver report on behalf of the working group to the wider Taskforce;</li> </ul>
MEMBERS	Jane Andrews Suba Rudolph Christine Hodge Maya Djordjic	Roles: <ul style="list-style-type: none"> <li>To work with the working group leaders to plan and implement the work plan;</li> <li>To deliver on tasks as committed;</li> <li>To undertake allocated tasks between meetings or to keep the working group leader informed;</li> </ul>
TASKS Drafted from Taskforce meeting 1 minutes	Define scope of 'care pathways' – what trying to achieve, for whom and how, define system of care, metro/regional. Define measurable outcomes, timelines etc Develop Work Plan.	
	Identify and collate existing pathways and platforms throughout the region; identify gaps in pathways and target groups. Explore experiences of parents/carers and families.	
	Overview of existing work with NWMPHN and EMPHN eating disorder HealthPathways – strengths, gaps and issues.	
	Identify areas of concern/risk in existing referral process and care pathways: <ul style="list-style-type: none"> <li>Common understanding of pathways and processes and consistent information</li> <li>Transitions, language,</li> <li>Shared documentation</li> <li>Service partnerships</li> <li>Step up/step down options</li> <li>Interface with care planning and coordination and workforce development working groups</li> </ul>	
	Develop care pathways and referral processes for service system throughout region	
	Explore data collection and monitoring of implementation, outcomes and maintenance throughout the region	
	Reporting to the Taskforce	
OUTCOME MEASUREMENTS	TBC – meeting 1	

#### Appendix 4: DRAFT Pathways to Care in Austin Health Catchment

Age Group	Mild eg disordered eating	Moderate eg BN /OSFED/UFED/BED with mild to mod medical risk, nil co-morbidity	Severe eg AN, ARFID, BN /OSFED/UFED/BED with > moderate medical or psychiatric risk, co-morbidity, ED where other approaches have been unsuccessful			
				Community Treatment	Day Program	Inpatient Care
<18yo	<ul style="list-style-type: none"> <li>GP, consider paediatrician</li> <li>Involve family</li> <li>Self-help, books &amp; online</li> <li>Body Image Programs</li> <li>Counselling</li> <li>School Welfare</li> <li>Community Health / private dietitian</li> <li>Support Groups</li> <li>Eating disorders helpline</li> </ul>	<ul style="list-style-type: none"> <li>GP + paediatrician</li> <li>Involve family</li> <li>Mental Health Interventions (including headspace, Eating Disorders Victoria, private providers)</li> <li>Private dietitian</li> <li>Support groups</li> <li>Eating disorders helpline</li> </ul>	<b>Mental Health</b>	ACED includes: <ul style="list-style-type: none"> <li>ED initial assessment clinic</li> <li>Treatment (FBT, PFT, AFT, individual support, CBT-E, Nourishing Parents Group) and case management (including school liaison) via community outpatient teams)</li> </ul> Specialised private services	<ul style="list-style-type: none"> <li>Monash Health Wellness and Recovery Centre Butterfly Day Program (12-24yo)</li> </ul>	<ul style="list-style-type: none"> <li>Austin child psychiatric inpatient unit (&lt;13yo)</li> <li>Austin adolescent psychiatric inpatient unit (13-18yo)</li> </ul>
			<b>Dietetic</b>	ACED dietitian Private dietitian		ACED dietitian
			<b>Medical</b>	<ul style="list-style-type: none"> <li>GP and paediatrician (ACED or private)</li> </ul>		Austin paediatric and adolescent med ward
18-24	<ul style="list-style-type: none"> <li>GP</li> <li>Involve family</li> <li>Self-help, books &amp; online</li> <li>Body Image Programs</li> <li>Counselling</li> <li>School Welfare</li> <li>Community Health / private dietitian</li> <li>Support Groups</li> <li>Eating disorders helpline</li> </ul>	<ul style="list-style-type: none"> <li>GP, consider paediatrician / adult physician</li> <li>Involve family</li> <li>Mental Health Interventions (including headspace, Eating Disorders Victoria, private providers)</li> <li>Private dietitian</li> <li>Support groups</li> <li>Eating disorders helpline</li> </ul>	<b>Mental Health</b>	BETRS includes: <ul style="list-style-type: none"> <li>Assessment and treatment planning service</li> <li>Outpatient management including family interventions and CBT-E</li> </ul> NEAMHS and other AMHS Specialised private services	<ul style="list-style-type: none"> <li>BETRS Day Program</li> <li>Private services</li> </ul>	<ul style="list-style-type: none"> <li>BETRS inpatient eating disorders unit</li> <li>Private services</li> </ul>
			<b>Dietetic</b>	BETRS dietitian Private dietitian	BETRS dietitian	Inpatient dietitian
			<b>Medical</b>	<ul style="list-style-type: none"> <li>GP, consider adult physician/paediatrician</li> </ul>		<ul style="list-style-type: none"> <li>BETRS inpatient eating disorders unit</li> <li>General medical ward (Austin, St Vincent's, TNH)</li> </ul>
25+	<ul style="list-style-type: none"> <li>GP</li> <li>Involve family</li> <li>Self-help, books &amp; online</li> <li>Body Image Programs</li> </ul>	<ul style="list-style-type: none"> <li>GP, consider adult physician</li> <li>Involve family</li> <li>Mental Health</li> </ul>	<b>Mental Health</b>	BETRS includes: <ul style="list-style-type: none"> <li>Assessment and treatment planning service</li> <li>Outpatient management</li> </ul>	<ul style="list-style-type: none"> <li>BETRS Day Program</li> <li>Private services</li> </ul>	<ul style="list-style-type: none"> <li>BETRS inpatient eating disorders unit</li> <li>Private services</li> </ul>

## Appendix 5: Overview of Care Coordination Working Group

WORKING GROUP: Care coordination		
LEADERS	Philippa Harrison Richard Newton Belinda Horton	Roles: <ul style="list-style-type: none"> <li>To work with CEED rep to drive the work of the working group to develop and implement the agreed work plan;</li> <li>To monitor the work and capacity of the working group members to ensure progress;</li> <li>To draft and deliver report on behalf of the working group to the wider Taskforce;</li> </ul>
MEMBERS	Rebecca Harvey Jane Andrews Suba Rudolph Ainsley Hudgson and Claire Finkelstein Julia Hunt John Forster	Roles: <ul style="list-style-type: none"> <li>To work with the working group leaders to plan and implement the work plan;</li> <li>To deliver on tasks as committed;</li> <li>To undertake allocated tasks between meetings or to keep the working group leader informed;</li> </ul>
TASKS Drafted from Taskforce meeting 1 minutes	Define scope of 'care planning and coordination' – what trying to achieve, for whom and how, define system of care, metro/regional. Define measurable outcomes, timelines etc Develop Work Plan.	
	Identify existing care planning and coordination processes throughout the region; identify strengths, gaps and issues; explore experiences of parents/carers and families.	
	Identify areas of concern/risk in existing care planning and coordination processes: <ul style="list-style-type: none"> <li>Understanding of existing services</li> <li>Inclusion of parents/carers and families in care planning</li> <li>Integration of care planning and coordination in services' usual care throughout the region</li> <li>Barriers to care planning and coordination implementation</li> <li>Interface with care pathways and workforce development working groups</li> </ul>	
	Develop care planning and coordination processes and protocols for service system throughout region	
	Explore data collection and monitoring of implementation, outcomes and maintenance throughout the region	
	Reporting to the Taskforce	
OUTCOME MEASUREMENTS	TBC	

## Appendix 6: DRAFT Care Coordination Guidelines Template

### 1 Executive summary

### 2 Introduction

- Background to care coordination in eating disorders services
- Policy context
- Eating disorders service system context
- Eating Disorders Care and Recovery Framework

### 3 Role statement for eating disorders care coordination

- Population managed through eating disorders care coordination

### 4 Core functions of eating disorders care coordination

- Initial contact
  - Description
  - Process objectives
  - EDS Responsibilities
  - System resources and tools
  - Intended outcomes of initial contact
  - Good practice indicators
- Initial needs identification
  - Description
  - Process objectives
  - EDS Responsibilities
  - System resources and tools
  - Intended outcomes of initial contact
  - Good practice indicators
- Assessment
  - Description
  - Process objectives
  - EDS Responsibilities
  - System resources and tools
  - Intended outcomes of initial contact
  - Good practice indicators
- Care planning
  - Description
  - Process objectives
  - EDS Responsibilities
  - System resources and tools
  - Intended outcomes of initial contact
  - Good practice indicators
- Referral
  - Description
  - Process objectives
  - EDS Responsibilities
  - System resources and tools
  - Intended outcomes of initial contact
  - Good practice indicators
- Intervention
  - Description

- Process objectives
- EDS Responsibilities
- System resources and tools
- Intended outcomes of initial contact
- Good practice indicators
- Stepped care planning
  - Description
  - Process objectives
  - EDS Responsibilities
  - System resources and tools
  - Intended outcomes of initial contact
  - Good practice indicators
- Care plan review processes
  - Description
  - Process objectives
  - EDS Responsibilities
  - System resources and tools
  - Intended outcomes of initial contact
  - Good practice indicators
- Place-based care
  - Description
  - Process objectives
  - EDS Responsibilities
  - System resources and tools
  - Intended outcomes of initial contact
  - Good practice indicators
- Care team communication
  - Description
  - Process objectives
  - EDS Responsibilities
  - System resources and tools
  - Intended outcomes of initial contact
  - Good practice indicators
- Consumer and carer engagement
  - Description
  - Process objectives
  - EDS Responsibilities
  - System resources and tools
  - Intended outcomes of initial contact
  - Good practice indicators

## 5 Structure and governance of eating disorders care coordination

- Service structure
- Governance structure

## 6 Conclusion

## Appendices

## Appendix 7: Overview of Workforce Development Working group

WORKING GROUP: Workforce Development		
		Responsibilities/notes
LEADERS	Michelle Robertson Belinda Horton	Roles: <ul style="list-style-type: none"> <li>To work with CEED rep to drive the work of the working group to develop and implement the agreed work plan;</li> <li>To monitor the work and capacity of the working group members to ensure progress;</li> <li>To draft and deliver report on behalf of the working group to the wider Taskforce;</li> </ul>
MEMBERS	Kate Middleton Jen Tobin Sujata Joshi Jennifer Beveridge	Roles: <ul style="list-style-type: none"> <li>To work with the working group leaders to plan and implement the work plan;</li> <li>To deliver on tasks as committed;</li> <li>To undertake allocated tasks between meetings or to keep the working group leader informed;</li> </ul>
TASKS Drafted from Taskforce meeting 1 minutes	Define scope of 'workforce development' – what trying to achieve, for whom and how, define system of care, metro/regional. Define measurable outcomes, timelines etc Develop Work Plan.	
	Identify existing workforce development processes throughout the region; identify strengths, gaps and issues; explore experiences and skill development needs of workforce.	
	Identify areas of concern/risk in existing workforce development processes: <ul style="list-style-type: none"> <li>Organisational planning</li> <li>Workforce wellbeing and self care</li> <li>Supervision</li> <li>Regulation of treatment providers</li> <li>Eating Disorders Coordinator role</li> <li>Interface with care planning and coordination and pathways to care working groups</li> </ul>	
	Develop workforce processes and protocols for service system, including training calendar throughout region	
	Explore data collection and monitoring of implementation, outcomes and maintenance throughout the region	
	Reporting to the Taskforce	
OUTCOME MEASUREMENTS	TBC	





# APPENDIX 2

North East Eating Disorders Taskforce Working Group Summaries



## North east Eating Disorder Task Force Workforce Development working group summary

### *Membership:*

Michelle Robertson (Victorian Centre of Excellence in Eating Disorders) (co-leader); Belinda Horton (Victorian Centre of Excellence in Eating Disorders) (co-leader); Sujata Joshi (cohealth); Michelle Livy (Darebin Community Health); Jennifer Beveridge (EDV); Liz Burgat (headspace); Jen Tobin (NEAMI National);

### *Goals:*

- Identify existing workforce development processes throughout the region; identify strengths, gaps and issues; explore experiences and skill development needs of workforce.

### *Activities:*

The workforce development working group completed activities in two areas:

- A training survey of staff of stakeholder services in the NE Melbourne and Victoria (which included identifying features of surveyed group, attitudes, training needs & experience of past training)
- A broad audit of eating disorder focussed professional development available in Victoria

Please refer to Appendix for report presentation

### *Themes & recommendations arising from the survey:*

- The workforce believe working with people experiencing eating disorders is important
- The workforce frequently support and work with people with eating disorders despite having no training in the area, and limited access to training.
- The workforce recognise and endorse the importance of multi-disciplinary team work in eating disorders
- The workforce's endorsement of the '*challenge of working with eating disorders*' is an indicator of the need for service development
- Service leaders should be informed there is a clear requirement to support workforce capacity (including professional development & ongoing clinical supervision) in eating disorders care within service development at all service levels.

### *Themes identified from the training audit:*

- Two main agencies involved in training provision (CEED & EDV)
- Existing comprehensive and targeted range of training is available in Victoria, with some capacity to respond to specific tailored training needs. Some of the training easily available to interested staff & subsidised by CEED.
- Access to supervision is identified by training agencies as both an ongoing priority and resource issue.
- There are likely to be issues around stakeholder services having a budget allocation for costs of training for staff and time required to release staff for extended training eg more than half day training.

## North East Eating Disorder Task Force Care planning and co-ordination working group summary

*Membership:* Philippa Harrison (co-leader), Richard Newton, Belinda Horton (co-leader), Rebecca Harvey, Jane Andrews, Suba Rudolf, Claire Finkelstein & Ainsley Hudgson, John Forster, Kara Fattore

### *Goals:*

- Explore current care planning and co-ordination processes existing in the region
- Define good care co-ordination and its objectives for people with eating disorders

### *Activities:*

- Develop a brief care co-ordination guideline for use as a reference within the North East region
- Contribution to the development of pathways to care within the North East region for both adult and pediatric populations

### *Outcomes:*

This group has developed a brief guideline to care co-ordination which answers the following questions:

- Who needs care co-ordination?
- What does good care co-ordination provide?
- Who should be involved and what is their role?
- How does the care team communicate?
- How long should care co-ordination last for?

The guideline will be available electronically online and is designed as a reference point for professionals and also to be easily accessible to consumers and families.

### *Recommendation and future directions:*

Over the course of the working group meetings, the crossover between this group and pathways to care was highlighted and the decision made to combine the two groups. As such, the care co-ordination guideline was included in a broader document representing the work of the two groups, 'pathways to care and care planning and co-ordination'. In this way it sits alongside the regional service pathways within the NE Region and treatment guidelines.

The specialist services within the region, BETRS and Austin Health Eating Disorders Pediatric Service, will be responsible for ensuring this document remains current and up-to-date.

It is recommended that this document is circulated widely within the region and a review take place six months after circulation to ascertain the impact it has had and any areas for further development. Feedback shall be encouraged to identify any gaps within the document that can be addressed at the six month review point.

It is hoped that this document can also be included as part of the Health Pathways online resource.

## NE Eating Disorder Task Force Pathways to care working group summary

### Membership:

Jennifer Beveridge (EDV) (co-leader), Suba Rudolf (Austin), Jane Andrews (Carer), Maya Djordjic (headspace Greensborough), Belinda Horton (CEED) (co-leader), Christine Hodge (Northern AMHS)

### Goals:

- Identify multiple entry points to the eating disorders service system
- Outline how to access the system – including referral pathways and eligibility criteria,

### Activities:

- Develop a 'pathways to care' document for use as a reference within the North East region for both adult and young people (similar to the document in use for outer-east Melbourne)
- Develop one page summary documents for quick reference by referring health professionals

### Outcomes:

This group, in consultation with service providers across services in the Austin Health metropolitan catchment, collected information and developed two sets of documents which provide information on available services.

4. Clinical Care and Referral Pathways  
These one pagers are designed to be referenced for care pathways for young people and adults with anorexia nervosa, bulimia nervosa and binge eating disorder.
5. Map of the system of care for patients with eating disorders – north east metropolitan Melbourne (Austin catchment)

The documents will be available electronically online (Austin Health, Eating Disorders Victoria and CEED) and are designed as a reference for professionals and will be easily accessible to consumers and families via the Eating Disorders Victoria helpline.

### Recommendation and future directions:

Over the course of the working group meetings, the crossover between this group and the Care planning and co-ordination working group was highlighted and the decision made to combine the two groups. As such, all outputs from both groups were included in a document titled 'pathways to care and care planning and co-ordination'. In this way it sits alongside the regional service pathways within the NE Region and treatment guidelines.

It is recommended that this document is circulated widely within the region and a review take place six months after circulation to ascertain the impact it has had and any areas for further development. Feedback shall be encouraged to identify any gaps within the document that can be addressed at the six month review point. It is anticipated that many of the services listed will require amendment due to the broader reforms in the mental health sector, including the roll out of the NDIS.

This document will also be useful as part of the Health Pathways online resource.



# **APPENDIX 3**

**North East Eating Disorder Taskforce –  
Workforce Development Working Group Report**





## North East Eating Disorder Taskforce - Workforce Development Working Group Report

Membership: Michelle Robertson (Victorian Centre of Excellence in Eating Disorders) (co-leader); Belinda Horton (Victorian Centre of Excellence in Eating Disorders)(co-leader); Sujata Joshi (cohealth); Michelle Livy (Darebin Community Health); Jennifer Beveridge (EDV); Liz Burgat (headspace); Jen Tobin (NEAMI National);

Goals:

- Identify existing workforce development processes throughout the region; identify strengths, gaps and issues; explore experiences and skill development needs of workforce.

*Themes & recommendations for future action arising from the survey:*

- The workforce believe working with people experiencing eating disorders is important
- The workforce frequently support and work with people with eating disorders despite having no training in the area, and limited access to training.
- The workforce recognise and endorse the importance of multi-disciplinary team work in eating disorders
- The workforce's endorsement of the '*challenge of working with eating disorders*' is an indicator of the need for service development
- Service leaders should be informed there is a clear requirement to support workforce capacity (including professional development & ongoing clinical supervision) in eating disorders care within service development at all service levels.

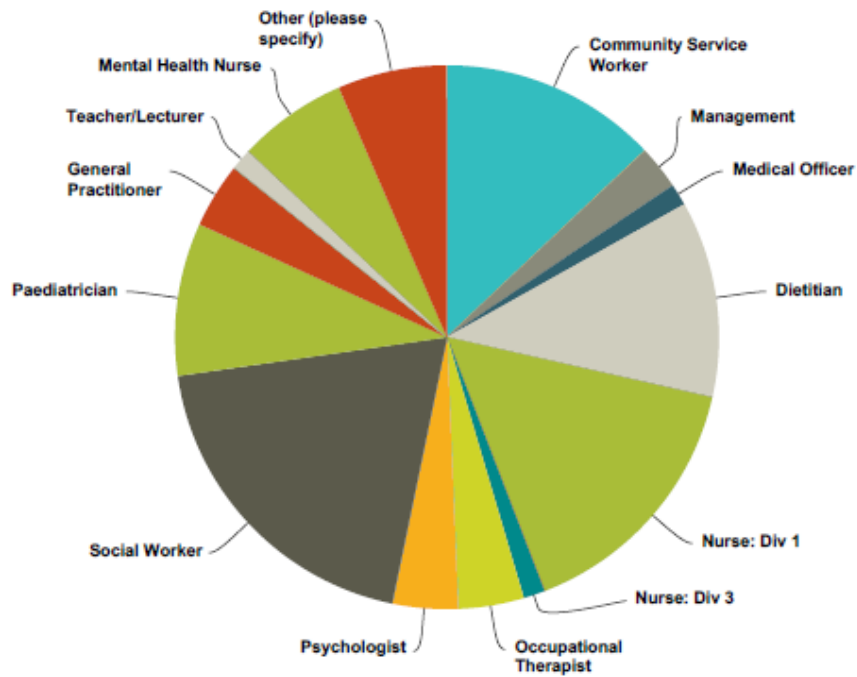
*Themes and recommendations for future actions identified from the training audit:*

- There are two main agencies funded to develop and provide eating disorder training in Victoria (CEED & EDV)
- Existing comprehensive and targeted range of training is available in Victoria, with some capacity to respond to specific tailored training needs. Some of the training easily accessed by interested staff & is subsidised by CEED.
- Access to supervision is identified by training agencies as both an ongoing priority and resource issue.
- There are funding constraints for stakeholder services in covering costs of training for staff and time required to release staff for extended training eg more than half day training.

Question	Detailed Themes & Trends in Responses
N= 80	completers: 72/80
Q1 Professions:	<ul style="list-style-type: none"> <li>• social workers, community service workers, nurses, dietitians, paediatricians</li> <li>• Few psychologists (or OTs), GPs, no psychiatrists</li> </ul>
Q2 Sector:	<ul style="list-style-type: none"> <li>• MHCSS: 33% of responders (largest group)</li> <li>• Collective AMHS &amp; CAMHS (all settings): 14% (incl Spec ED services: 22%)</li> <li>• CHS: 12.6%</li> <li>• No responses from headspace</li> </ul>
Q3 Region:	overwhelmingly metro
Q4 Work with EDs?	70% of responders work with EDs
Q5 Role in ED care	Refer to report, over page
Q6 Confidence in identifying or working with:	<ul style="list-style-type: none"> <li>• 40 – 70% not confident (depending on Dx)</li> <li>• More confident with AN; increasingly less confident with DE, BN, BED, ARFID &amp; OSFED (&amp; orthorexia) (less confidence with more recently named EDs / less clear interventions)</li> </ul>
Q7 Impact of working with EDs	<ul style="list-style-type: none"> <li>• 386 endorsements</li> <li>• 27% responses were positive about impact (satisfying, hopeful, rewarding, exciting, fulfilling)</li> <li>• 32% responses were negative about impact (perplexing, confusing, frustrating, isolating, feels risky, overwhelming, worrying)</li> <li>• 40 % responses indicated EDs represented a challenge (time consuming, challenging, complicated)</li> </ul>
Q8 Attitude:	<ul style="list-style-type: none"> <li>• Generally positive – 73% agreed they had role with people with EDs; however &lt;45% felt EDs were everyone’s business</li> <li>• Strong endorsement of need for MH knowledge 80%; &amp; specific skills &amp; knowledge were required: 77%</li> <li>• Strong endorsement for MDT work: 86%</li> </ul>
Q9 Prior training:	<ul style="list-style-type: none"> <li>• 60% of all responders have not attended ANY training on EDs</li> <li>• 40% of AMHS clinicians have not attended ANY training on EDs</li> <li>• 90% of MHCSS workers have not attended (had access to) ANY training on EDs</li> </ul>
Q10 – 19 Details of training content	Not included in this report – available for members as requested
Q20 What would you like support with in training:	<p>High endorsement of support with collaboration with MDT: Overall: 83% AMHS: 83% MHCSS: 83%</p> <p>Help with managing my own attitude &amp; perspective of EDS: Overall: 28% AMHS: 42% MHCSS: 40%</p> <p>Incident debriefing: Overall: 43% AMHS: 25% MHCSS: 47%</p>

## Q1 What is your profession/discipline? (Select 1 only)

Answered: 77 Skipped: 3

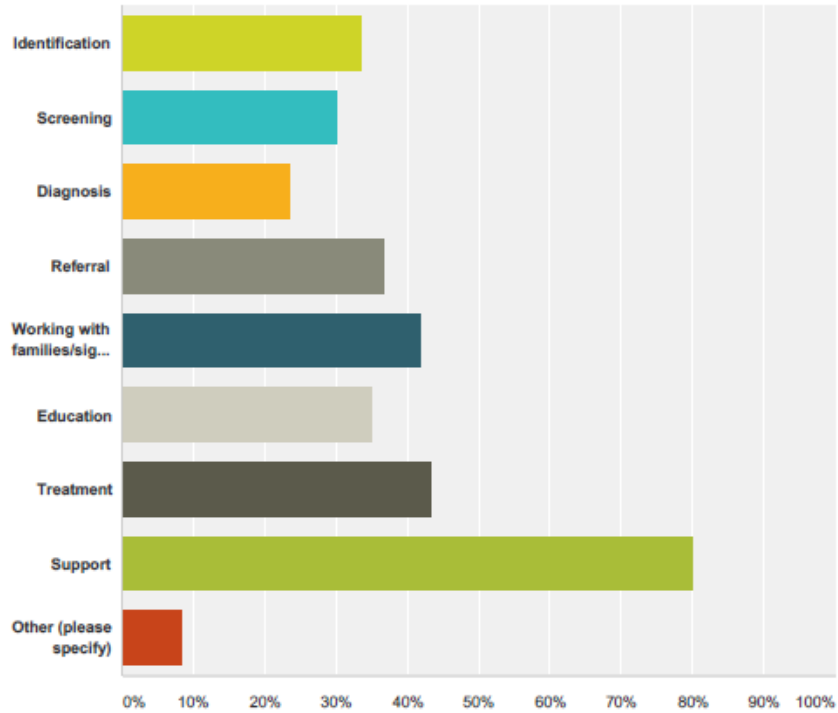


Answer Choices	Responses
A & D worker	0.00% 0
Community Service Worker	12.99% 10
Consumer/ Carer Advocate	0.00% 0
Management	2.60% 2
Medical Officer	1.30% 1
Dietitian	11.69% 9
Family Therapist	0.00% 0
Nurse: Div 1	15.58% 12
Nurse: Div 2	0.00% 0
Nurse: Div 3	1.30% 1
Occupational Therapist	3.90% 3
Psychiatrist	0.00% 0
Psychologist	3.90% 3

NE Region Eating Disorders Workforce Education/Training Needs Survey

**Q5 If yes, please describe your role with people with eating disorders (Tick as many as required)**

Answered: 60 Skipped: 20



Answer Choices	Responses
Identification	33.33% 20
Screening	30.00% 18
Diagnosis	23.33% 14
Referral	36.67% 22
Working with families/significant others	41.67% 25
Education	35.00% 21
Treatment	43.33% 26
Support	80.00% 48
Other (please specify)	8.33% 5

### Audit of Eating Disorders Specific Training Availability in Victoria 2017

Target audience		Training focus	Training package
Consumers & carers	<ul style="list-style-type: none"> <li>Consumers</li> <li>carers</li> </ul>	awareness, help seeking, collaborate in care	<ul style="list-style-type: none"> <li>Beyond Diets Program (available through Community Health Services)</li> <li>EDV Should I Say Something Workshops</li> <li>Collaborative Carer Skills Workshops (available through various AMHS, private practitioners &amp; EDV)</li> <li>Mental Health First Aid</li> </ul>
Tier 1 Services	<ul style="list-style-type: none"> <li>school welfare &amp; counselling</li> <li>maternal &amp; child health nurses</li> <li>fitness professionals</li> <li>community service organisation staff</li> <li>GPs</li> <li>Primary care nurse</li> </ul>	identify & refer, support	<ul style="list-style-type: none"> <li>Mental Health First Aid</li> <li>Food For Thought Program Training (Headspace &amp; Dept of Education)</li> <li>EDV Should I Say Something Workshop</li> <li>EDV RACGP online Eating Disorders Package</li> <li>EDV-CEED GP training seminars</li> <li>CEED Eating Disorders online learning program (subsidised by CEED)</li> </ul>
Tier 2 Services	<ul style="list-style-type: none"> <li>Community Health Services</li> <li>MHCSS</li> <li>MH Nurse Initiative Program Workers</li> <li>headspace</li> <li>other health agencies (eg Diabetes Aust)</li> </ul>	identify, refer, support +/- treat	<ul style="list-style-type: none"> <li>Mental Health First Aid</li> <li>EDV Should I Say Something Workshop</li> <li>CEED ED online learning program (subsidised by CEED)</li> <li>MHPOD</li> <li>CEED CB-GSH ED training</li> <li>CEED CBT-E training</li> <li>CEED / Deakin Uni. CCSW Facilitator training</li> <li>CEED Beyond Diets Program Facilitator training</li> <li>CEED / DAA Dietitian specific training</li> </ul>
Tier 3 Services	<ul style="list-style-type: none"> <li>CAMHS / CYMHS Community Treatment Services</li> <li>Adult MH Community treatment Services</li> <li>Specialist ED Programs: O/P &amp; Day Program Treatment</li> <li>private practitioners with ED expertise</li> </ul>	identify, refer & treat	<ul style="list-style-type: none"> <li>CEED ED online learning program (subsidised by CEED &amp; MH Clusters)</li> <li>MHPOD</li> <li>CEED FBT, Advanced FBT; MFT training</li> <li>CEED CBT-E, CB-GSH, SSCM, MANTRA, CEED / Deakin Uni. CCSW facilitator training</li> <li>CEED seminars: various topics eg. medical management; nutrition for MH clinicians; neurobiology, diverse groups &amp; EDs, DBT, Body Acceptance, case leadership &amp; management, Carers as Allies in Treatment</li> </ul>
Tier 4 Services	<ul style="list-style-type: none"> <li>C &amp; A AIPU</li> <li>Adult AIPU</li> <li>ED inpatient unit / beds</li> <li>graduate / trainee programs</li> <li>paediatric services, O/P &amp; inpatient</li> <li>acute medical inpatient care</li> <li>emergency department</li> </ul>	identify, refer & treat	<ul style="list-style-type: none"> <li>MHPOD</li> <li>CEED meal support / supervision inservice sessions</li> <li>CEED training modules &amp; seminars for the C &amp; A Psychiatry Course &amp; Developmental Psychiatry Course at Mindful Centre</li> <li>CEED Graduate nurse lectures</li> <li>CEED inservice specific to needs, as requested</li> <li>CEED Acute medical management webinar</li> </ul>



# **APPENDIX 4**

**North East Region  
Pathways to care and  
Care planning and coordination resource**





# North East Region Eating Disorders Taskforce

## Pathways to care & Care planning and coordination



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• ACED clinical communication	
• Female growth centiles	
• Male growth centiles	
• NEDC GPs resource	
• AED – A guide to medical care	

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# CLINICAL CARE AND REFERRAL PATHWAY

## Children and adolescents under 18 years with Anorexia Nervosa

(& OSFED - Atypical Anorexia Nervosa, ARFID, complex eating disorders) →

North East Metropolitan Melbourne – Austin CAMHS Catchment

**Regional Specialist Service: AUSTIN ACED (<18 yrs)**  
(Austin Adolescent & Child Eating Disorders - community & inpatient care)

**LGA Catchment:** Yarra, Boroondara, Banyule, Nillumbik, Darebin, Whittlesea

**Service Level:** AN treatment requires access to level 3 & 4 tier services



### ACED (Austin Adolescent & Child Eating Disorders)

ACED nurse via switch 9496 5000,  
pager 5515, M-F 9.00-17.00  
paediatricateatingdisorders@austin.org.au  
F 9496 5386

- Guidance for clinical evaluation →
- Criteria for hospitalisation →
- Referral information to service →

### EMERGENCY Medical Care

Patient requires immediate action to ensure access to medical resuscitation and stabilisation

### EMERGENCY Mental Health Care

Patient requires immediate action to ensure access to mental health crisis management

### Austin Hospital

Emergency Department  
via 9496 5000

IP: Paediatric Ward 2 West  
via hospital switch 9496 5000  
(ACED nurse pager 5515 in hours,  
on call paediatrician after hours)

### Austin Hospital

Paediatric Emergency Department  
via 9496 5000

Austin CAMHS Triage  
1300 859 789  
IP: Statewide Child Inpt Unit (≤12yo)  
Adolescent Inpatient Unit (13-17yo)

### GP CLINICAL RESOURCES

Care and Recovery Plan  
Risk/Safety Plan

- Growth centile charts →
- VICTOR age specific observation charts →
- RANZCP Guidelines →
- NEDC GP Resources →
- RACGP Resources →
- GP eLearning Module by EDV & RACGP →
- AED A Guide to Medical Care →
- CEED Case Consultations →

### HELPLINES

#### Butterfly Foundation

ED Hope Support Line (for patients & carers)  
1800 334 673  
8am-9pm Mon-Fri

#### EDV

ED Helpline (for patients, carers & professionals)  
1300 550 236  
9.30am-5pm Mon-Fri

### CARER & FAMILY RESOURCES

#### Carer/Family Support Plan

- Feed Your Instinct →
- Butterfly Foundation →
- EDV, How far is too far? →
- NEDC →
- FEAST →

### MULTI-DISCIPLINARY ASSESSMENT

### MENTAL HEALTH MANAGEMENT

Specialist treatment, psychosocial support, case management (including school liaison)

### MEDICAL & DIETETIC MANAGEMENT

Specialist treatment and monitoring.

### CARE COORDINATION

### Austin ACED Multidisciplinary Initial Assessment Clinic

Private clinicians

Austin ACED, CAMHS  
via 1300 859 789

Private mental health services  
Other community services

### Austin ACED

via ACED nurse via switch 9496 5000,  
pager 5515, M-F 9.00-17.00

GPs, private paediatricians  
Private dietitians

### Care Coordination (with link)

Patient / family & other carers / school  
Mental health mx and psychosocial support  
Nutritional rehabilitation  
Medical management and monitoring





# CLINICAL CARE AND REFERRAL PATHWAY

## Adults over 18 years with Anorexia Nervosa

(& OSFED - Atypical Anorexia Nervosa, ARFID, complex eating disorders) →

North East Metropolitan Melbourne – North East (NEAMHS) Catchment

**Regional Specialist Service: BETRS (≥18 yrs)**

(Body Image Eating Disorders Treatment and Recovery Service - community, day program & inpatient care)

LGA Catchment: Banyule, Nillumbik

Service Level: AN treatment requires access to level 3 & 4 tier services



### BETRS Clinical Intake service

9231 5718 M-F 9.30-11.30

[betrs@svha.org.au](mailto:betrs@svha.org.au)

F 9231 5701

Guidance for clinical evaluation →

Criteria for hospitalisation →

Referral information to service →

### EMERGENCY

#### Medical Care

Patient requires immediate action to ensure access to medical resuscitation and stabilisation

### EMERGENCY

#### Mental Health Care

Patient requires immediate action to ensure access to mental health crisis management

### Austin Hospital

Emergency Department  
via 9496 5000

IP: General Medical Ward  
BETRS Inpatient Unit via 1300 859 789  
or 9231 5718

### Austin Hospital

Emergency Department  
via 9496 5000

NEAMHS Triage  
1300 859 789

IP: Acute Psychiatry Unit via 1300 859 789  
BETRS inpatient Unit via 1300 859 789  
or 9231 5718

### GP CLINICAL RESOURCES

[Care and Recovery Plan](#)

[Risk/Safety Plan](#)

[Advanced Care Plan](#)

[BMI Centile Charts](#) →

[RANZCP Guidelines](#) →

[NEDC GP Resources](#) →

[RACGP Resources](#) →

[GP eLearning Module by EDV & RACGP](#) →

[AED A Guide to Medical Care](#) →

[CEED Case Consultations](#) →

### HELPLINES

#### Butterfly Foundation

ED Hope Support Line (for patients & carers)

1800 334 673

8am-9pm Mon-Fri

#### EDV

ED Helpline (for patients, carers & professionals)

1300 550 236

9.30am-5pm Mon-Fri

### CARER & FAMILY RESOURCES

[Carer/Family Support Plan](#)

[Feed Your Instinct](#) →

[Reach Out and Recover](#) →

[Butterfly Foundation](#) →

[EDV, How far is too far?](#) →

[NEDC](#) →

[FEAST](#) →

### MULTI-DISCIPLINARY ASSESSMENT

### MENTAL HEALTH MANAGEMENT

Specialist treatment, psychosocial support, case management.

### MEDICAL & DIETETIC MANAGEMENT

Specialist treatment and monitoring.

### CARE COORDINATION

### BETRS Assessment and Treatment Planning Service

Private clinicians

### BETRS

NEAMHS psychiatry triage

1300 859 789

Private mental health services

Community health services

### GPs

Physicians

BETRS dietitian, private dietitians

Community health services

### Care Coordination (with link)

Patient / family & other carers

Mental health mx and psychosocial support

Nutritional rehabilitation

Medical management and monitoring





# CLINICAL CARE AND REFERRAL PATHWAY

## Adults over 18 years with Anorexia Nervosa

(& OSFED - Atypical Anorexia Nervosa, ARFID, complex eating disorders) →

North East Metropolitan Melbourne – Inner Urban East (IUEAMHS) Catchment

**Regional Specialist Service: BETRS (≥18 yrs)**

(Body Image Eating Disorders Treatment and Recovery Service - community, day program & inpatient care)

LGA Catchment: Yarra, Boroondara

Service Level: AN treatment requires access to level 3 & 4 tier services



### BETRS Clinical Intake service

9231 5718 M-F 9.30-11.30

[betrs@svha.org.au](mailto:betrs@svha.org.au)

F 9231 5701

Guidance for clinical evaluation →

Criteria for hospitalisation →

Referral information to service →

### EMERGENCY

#### Medical Care

Patient requires immediate action to ensure access to medical resuscitation and stabilisation

### EMERGENCY

#### Mental Health Care

Patient requires immediate action to ensure access to mental health crisis management

### St Vincent's Hospital

Emergency Department  
via 9231 2211

IP: General Medical Ward  
BETRS Inpatient Unit via 1300 859 789  
or 9231 5718

### St Vincent's Hospital

Emergency Department  
via 9231 2211

IUEAMHS Triage  
1300 558 862

IP: Acute Psychiatry Unit via 1300 859 789  
BETRS inpatient Unit via 1300 859 789  
or 9231 5718

### GP CLINICAL RESOURCES

Care and Recovery Plan

Risk/Safety Plan

Advanced Care Plan

BMI Centile Charts →

RANZCP Guidelines →

NEDC GP Resources →

RACGP Resources →

GP eLearning Module by EDV & RACGP →

AED A Guide to Medical Care →

CEED Case Consultations →

### HELPLINES

#### Butterfly Foundation

ED Hope Support Line (for patients & carers)

1800 334 673

8am-9pm Mon-Fri

#### EDV

ED Helpline (for patients, carers & professionals)

1300 550 236

9.30am-5pm Mon-Fri

### CARER & FAMILY RESOURCES

Carer/Family Support Plan

Feed Your Instinct →

Reach Out and Recover →

Butterfly Foundation →

EDV, How far is too far? →

NEDC →

FEAST →

### MULTI-DISCIPLINARY ASSESSMENT

### MENTAL HEALTH MANAGEMENT

Specialist treatment, psychosocial support, case management.

### MEDICAL & DIETETIC MANAGEMENT

Specialist treatment and monitoring.

### CARE COORDINATION

### BETRS Assessment and Treatment Planning Service

Private clinicians

### BETRS

IUEAMHS psychiatry triage  
9231 2211

Private mental health services

Community health services

### GPs

Physicians

BETRS dietitian, private dietitians

Community health services

### Care Coordination (with link)

Patient / family & other carers  
Mental health mx and psychosocial support  
Nutritional rehabilitation  
Medical management and monitoring





# CLINICAL CARE AND REFERRAL PATHWAY

## Adults over 18 years with Anorexia Nervosa

(& OSFED - Atypical Anorexia Nervosa, ARFID, complex eating disorders) →

North East Metropolitan Melbourne – Northern (NAMHS) Catchment

### Regional Specialist Service: BETRS (≥18 yrs)

(Body Image Eating Disorders Treatment and Recovery Service - community, day program & inpatient care)

LGA Catchment: Darebin, Whittlesea

Service Level: AN treatment requires access to level 3 & 4 tier services



#### BETRS Clinical Intake service

9231 5718 M-F 9.30-11.30

[betrsvha.org.au](mailto:betrsvha.org.au)

F 9231 5701

- Guidance for clinical evaluation →
- Criteria for hospitalisation →
- Referral information to service →

#### EMERGENCY

##### Medical Care

Patient requires immediate action to ensure access to medical resuscitation and stabilisation

#### EMERGENCY

##### Mental Health Care

Patient requires immediate action to ensure access to mental health crisis management

#### Northern Hospital

Emergency Department  
via 8405 8000

IP: General Medical Ward  
BETRS Inpatient Unit via 1300 859 789  
or 9231 5718

#### Northern Hospital

Emergency Department  
via 8405 8000

NAMHS Triage  
1300 874 243

IP: Acute Psychiatry Unit via 1300 859 789  
BETRS inpatient Unit via 1300 859 789  
or 9231 5718

#### GP CLINICAL RESOURCES

Care and Recovery Plan  
Risk/Safety Plan  
Advanced Care Plan

BMI Centile Charts →

RANZCP Guidelines →

NEDC GP Resources →

RACGP Resources →

GP eLearning Module by EDV & RACGP →

AED A Guide to Medical Care →

CEED Case Consultations →

#### HELPLINES

##### Butterfly Foundation

ED Hope Support Line (for patients & carers)

1800 334 673

8am-9pm Mon-Fri

##### EDV

ED Helpline (for patients, carers & professionals)

1300 550 236

9.30am-5pm Mon-Fri

#### CARER & FAMILY RESOURCES

Carer/Family Support Plan

Feed Your Instinct →

Reach Out and Recover →

Butterfly Foundation →

EDV, How far is too far? →

NEDC →

FEAST →

#### MULTI-DISCIPLINARY ASSESSMENT

#### MENTAL HEALTH MANAGEMENT

Specialist treatment, psychosocial support, case management.

#### MEDICAL & DIETETIC MANAGEMENT

Specialist treatment and monitoring.

#### CARE COORDINATION

#### BETRS Assessment and Treatment Planning Service

Private clinicians

#### BETRS

NAMHS (1300 874 243)

Private mental health services

Community health services

#### GPs

Physicians

BETRS dietitian, private dietitians

Community health services

#### Care Coordination (with link)

Patient / family & other carers

Mental health mx and psychosocial support

Nutritional rehabilitation

Medical management and monitoring

## WEBSITE LINKS

Feed your instinct  
[feedyourinstinct.com.au/](http://feedyourinstinct.com.au/)



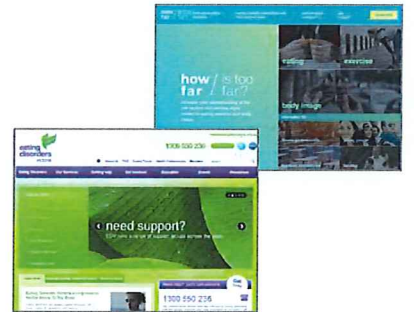
ROAR – Reach Out And Recover  
[reachoutandrecover.com.au/](http://reachoutandrecover.com.au/)



Butterfly Foundation  
[thebutterflyfoundation.org.au/](http://thebutterflyfoundation.org.au/)



EDV: [eatingdisorders.org.au](http://eatingdisorders.org.au)  
[howfaristooofar.org.au/](http://howfaristooofar.org.au/)



NEDC  
[nedc.com.au/](http://nedc.com.au/)



FEAST  
[www.feast-ed.org/](http://www.feast-ed.org/)





## MAP OF THE SYSTEM OF CARE FOR PATIENTS WITH EATING DISORDERS – North East Metropolitan Melbourne

Map of the system of care for patients with eating disorders - North East Metropolitan Melbourne (LGAs of Yarra, Boroondara, Banyule, Nillumbik, Darebin, Whittlesea)						
	Mild EDs	Moderate EDs e.g. BN/OSFED/UFED/BED with mild to mod medical risk, nil co-morbidity	Severe EDs e.g. AN, ARFID, BN/OSFED/UFED/BED with > moderate medical or psychiatric risk, co-morbidity, ED where other approaches have been unsuccessful			
				Community Treatment	Day Program	Inpatient Care
<18yo	<ul style="list-style-type: none"> <li>GP, consider paediatrician</li> <li>Mental health interventions – including school welfare, Headspace</li> <li>Community health / private dietitian</li> <li>Involve family</li> <li>Other – e.g. helplines, support groups, body image programs, guided self-help, books, online resources</li> </ul>	<ul style="list-style-type: none"> <li>GP &amp; paediatrician</li> <li>Mental health Interventions - including school welfare, Headspace, private specialist clinicians</li> <li>Private specialist dietitian</li> <li>Involve family</li> <li>Other – e.g. helplines, support groups, body image programs, guided self-help, books, online resources</li> </ul>	Mental Health	ACED & Austin CAMHS Specialised private services	Monash Health Wellness and Recovery Centre Butterfly Day Program (12-24yo)	Austin child psychiatric inpatient unit (<13yo)  Austin adolescent psychiatric inpatient unit (13-18yo)
			Dietetic  Medical	ACED dietitian Private dietitian  GP and paediatrician (ACED or private)		ACED dietitian  Austin Hospital paediatric and adolescent med ward
18-24	<ul style="list-style-type: none"> <li>GP</li> <li>Mental health interventions - including Headspace</li> </ul>	<ul style="list-style-type: none"> <li>GP, consider physician</li> <li>Mental health interventions - including Headspace, private</li> </ul>	Mental Health	BETRS NEAMHS, NAMHS, IUEAMHS Specialised private services	BETRS Day Program Private services	BETRS inpatient eating disorders unit Private services

MAP OF THE SYSTEM OF CARE FOR PATIENTS WITH EATING DISORDERS – North East Metropolitan Melbourne

Map of the system of care for patients with eating disorders - North East Metropolitan Melbourne (LGAs of Yarra, Boroondara, Banyule, Nillumbik, Darebin, Whittlesea)						
	Mild EDs	Moderate EDs e.g. BN/OSFED/UFED/BED with mild to mod medical risk, nil co-morbidity	Severe EDs e.g. AN, ARFID, BN/OSFED/UFED/BED with > moderate medical or psychiatric risk, co-morbidity, ED where other approaches have been unsuccessful			
				Community Treatment	Day Program	Inpatient Care
18-24	<ul style="list-style-type: none"> <li>Community Health / private dietitian</li> <li>Involve family</li> <li>Other – e.g. helplines, support groups, body image programs, guided self-help, books, online resources</li> </ul>	<ul style="list-style-type: none"> <li>specialist clinicians</li> <li>Private specialist eating disorders dietitian</li> <li>Involve family</li> <li>Other – e.g. helplines, support groups, body image programs, guided self-help, books, online resources</li> </ul>	<ul style="list-style-type: none"> <li>Dietetic</li> <li>Medical</li> </ul>	<ul style="list-style-type: none"> <li>BETRS dietitian</li> <li>Private dietitian</li> <li>GP, consider physician</li> </ul>	<ul style="list-style-type: none"> <li>BETRS dietitian</li> <li>GP</li> </ul>	<ul style="list-style-type: none"> <li>Inpatient dietitian</li> <li>BETRS inpatient eating disorders unit</li> <li>General medical ward (Austin, St Vincent's, TNH)</li> <li>Private services</li> </ul>
25+	<ul style="list-style-type: none"> <li>GP</li> <li>Mental health interventions</li> <li>Community health / private dietitian</li> <li>Involve family</li> <li>Other – e.g. helplines, support groups, body image programs, guided self-help, books, online resources</li> </ul>	<ul style="list-style-type: none"> <li>GP, consider physician</li> <li>Mental health interventions – including private specialist clinicians</li> <li>Private specialist eating disorders dietitian</li> <li>Involve family</li> <li>Other – e.g. helplines, support groups, body image programs, guided self-help, books, online resources</li> </ul>	Mental Health	<ul style="list-style-type: none"> <li>BETRS</li> <li>NEAMHS, NAMHS, IUEAMHS</li> <li>Specialised private services</li> </ul>	<ul style="list-style-type: none"> <li>BETRS Day Program</li> <li>Private services</li> </ul>	<ul style="list-style-type: none"> <li>BETRS inpatient eating disorders unit</li> <li>Private services</li> </ul>
			<ul style="list-style-type: none"> <li>Dietetic</li> <li>Medical</li> </ul>	<ul style="list-style-type: none"> <li>BETRS dietitian</li> <li>Private dietitian</li> <li>GP, consider physician</li> </ul>	<ul style="list-style-type: none"> <li>BETRS dietitian</li> <li>GP</li> <li>Inpatient dietitian</li> </ul>	<ul style="list-style-type: none"> <li>BETRS inpatient eating disorders unit</li> <li>General medical ward (Austin, St Vincent's, TNH)</li> <li>Private services</li> </ul>

## EATING DISORDERS SERVICES – North East Metropolitan Melbourne

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral
Public Sector Services					
Austin Hospital	<18yo - Yarra, Boroondara, Banyule, Nillumbik Darebin, Whittlesea,  ≥18 - Banyule, Nillumbik	<18yo - ACED (as below), including medical inpatient care ≥18yo - BETRS (as below), including medical inpatient care	All age groups	N/A	ACED & BETRS contact details as below  Austin CAMHS triage 1300 859 789 NEAMHS triage 1300 859 789  Hospital switchboard 9496 5000
BETRS (Body Image Eating Disorders Treatment & Recovery Service)	North-east metro and regional areas of Victoria	Intake Service, Assessment & Treatment Planning  Interventions: • Family sessions • CBT-E • Day Program (DPP) • Outpatient Program • Inpatient service with medical rescue arm & therapeutic arm	≥18yo Treatment options dependent on outcome of assessment	Treatment options dependent on outcome of assessment	Ph 9231 5718 (9.30-11.30am) F 9231 5701 Email <a href="mailto:betrs@svhm.org.au">betrs@svhm.org.au</a> Website <a href="http://www.betrs.org.au">www.betrs.org.au</a> Self-referral accepted following discussion with health professional, referrals accepted from GPs. Inpatient admissions arranged via BETRS Intake Service
Austin ACED (Adolescent and Child Eating Disorders)	Yarra, Boroondara, Banyule, Nillumbik, Darebin, Whittlesea  Tertiary referral service for Loddon and Mallee regions	Triage & referral, integrated mental health, paediatric medical & dietetic initial assessment and treatment planning, psychiatric treatment (FBT, PFT, AFT, MFT, CBT-E, individual support, Nourishing Parents Group) and case management (including school liaison). Paediatric medical and dietetic outpatient management and follow-up. Inpatient paediatric medical, dietetic and psychiatric care.	<18yo with AN, OSFED – atypical AN, ARFID. Other eating disorders including BN and BED with >moderate medical or psychiatric risk / co-morbidity, complexity, functional impairment, or where other approaches have been unsuccessful	Mild to moderate non-restrictive eating disorders	Ph 9496 5000, pager 5515 Fax 9496 5386 Email <a href="mailto:paediatriceatingdisorders@austin.org.au">paediatriceatingdisorders@austin.org.au</a>



EATING DISORDERS SERVICES – North East Metropolitan Melbourne

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral
Austin CAMHS (Austin Child & Adolescent Mental Health Service)	Yarra, Boroondara, Banyule, Nillumbik, Darebin, Whittlesea	Triage, liaison and collaborative assessment, treatment planning and management with ACED and other specialist eating disorders services & GPs as indicated	<18yo	≥18yo	Triage ph 1300 859 789
NEAMHS (North East Area Mental Health Service)	Banyule, Nillumbik	Triage, assessment, referral and planning, treatment, liaison and collaborative management with GP and specialist eating disorders services as indicated, case management, consultation liaison psychiatry service, acute inpatient psychiatric care	≥18yo	<18yo	Triage ph 1300 859 789
St Vincent's Hospital & IUEAMHS (Inner Urban East Area Mental Health Service)	Yarra, Boroondara	Triage, assessment, referral and planning, treatment, liaison and collaborative management with GP and specialist eating disorders services as indicated, case management, consultation liaison psychiatry service, acute inpatient psychiatric care	≥18yo	<18yo	Triage ph 1300 558 862 Hospital switchboard 9231 2211
Northern Hospital & NAMHS (Northern Area Mental Health Service)	Darebin, Whittlesea	Triage, assessment, referral and planning, treatment, liaison and collaborative management with GP and specialist eating disorders services as indicated, case management, consultation liaison psychiatry service, acute inpatient psychiatric care	≥18yo	<18yo	Triage ph 1300 874 243 Hospital switchboard 8405 8000
Headspace Hawthorn	No catchment	Medical inpatient care Mental Health Services – psychologists, drug and alcohol services, Relationships Australia Victoria counsellor	Ages 12-25 years Mild to moderate presentations Early intervention	Outside of age range Medical instability Severe or crisis presentations	Ph 9006 6500 Fax 9815 0818 Email <a href="mailto:enquiries@headspacehawthorn.org.au">enquiries@headspacehawthorn.org.au</a> Lvl 1, 360 Burwood Road, Hawthorn 3122

EATING DISORDERS SERVICES – North East Metropolitan Melbourne

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral
Headspace Greensborough	No catchment	Mental Health Services: psychologists, counsellors, social workers, mental health nurses, drug and alcohol services, vocational training (education/employment), online counselling (eheadspace), youth programs	Ages 12-25 years Mild to moderate presentations Early intervention	Outside of age range Medical instability Severe or crisis presentations	Ph 9433 7200 Fax 9435 8621 Email <a href="mailto:headspacegreensborough@mindaustralia.org.au">headspacegreensborough@mindaustralia.org.au</a> 78 Main Street, Greensborough 3088
Headspace Collingwood	No catchment	Mental Health Services: Better Access and ATAPS, intake and assessment team, psychologists, psychotherapists, counsellors, occupational therapists, social workers, Aboriginal and Torres Strait support worker, Youth Brief Intervention Service team (Austin), MIND worker, YSAS drug and alcohol services, employment support, group programs, accredited youth primary health clinic (GPs, practice nurse, practice manager), online counselling (eheadspace)	Ages 12-25 years Mild to moderate presentations Early intervention	Outside of age range Medical instability Severe or crisis presentations Medical instability	Ph 9417 0150 Fax 9416 3279 Email <a href="mailto:reception@collingwoodheadspace.org.au">reception@collingwoodheadspace.org.au</a> 16 Lulie Street, Abbotsford 3067
MIND	Yarra, Boroondara, Banyule, Nillumbik, Darebin, Whittlesea	PARCS (Prevention and Recovery Care Services), individual support, group programs, PIR (Partners in Recovery), Recovery College, Equality Clinic, in home respite	≥12yo pts with eating disorders of all levels of severity	<12yo	Ph 1300 286 463 Website <a href="http://www.mindaustralia.org.au">www.mindaustralia.org.au</a>
NEAMI Abbotsford & Brunswick	Yarra (& Melbourne, Moonee Valley and Moreland)	Community-based mental health and recovery support, support groups	16-64yrs Diagnosed mental illness that impacts on daily living	N/A	Ph NEAMI central intake 1300 379 462 Abbotsford 8679 9140 Brunswick 8383 2050 Website <a href="http://www.neaminational.org.au">www.neaminational.org.au</a> Cost: free
NEAMI Partners in Recovery (PIR)	Banyule, Nillumbik, Darebin	Service coordination for mental health support	Diagnosed mental illness, needs that require support from multiple services	Already receiving support with coordination	Ph 1300 747 247 (Mind Australia) PIR team 8459 8214 Website <a href="http://Neaminational.org.au">Neaminational.org.au</a> Cost: free

EATING DISORDERS SERVICES – North East Metropolitan Melbourne

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral
Northern Prevention and Recovery Care Service (PARCS)	Darebin, Whittlesea	Short term mental health support (up to 28 days) in a sub-acute residential setting	Currently receiving support from NAMHS or MHCSS	Residents are not to be drug or alcohol affected whilst on site	Ph 9470 3100 Website Neaminational.org.au Cost: free
The Bouverie Centre	N/A	Family therapy	Serious mental illness	Crisis presentation, current court proceedings, family / domestic violence	Ph 9385 5100 Fax 9381 0336 Email <a href="mailto:bouverie centre@latrobe.edu.au">bouverie centre@latrobe.edu.au</a>
Mindful Moderate Eating Group, Hawthorn	N/A	Group program and individual counselling	≥18yo, women Patients with mild to severe eating disorders including BED	<18yo, men Patients with AN, problematic drug & alcohol abuse, major physical illness, severe suicidal ideation	Ph 9214 5528 Email <a href="mailto:psychprojects@swin.edu.au">psychprojects@swin.edu.au</a> Swinburne Psychology Clinic Lvl 4, The George, 34 Wakefield Street, Hawthorn 3122
CHEW (Clinic for Healthy Eating and Weight), Australian Catholic University	N/A	CBT-E, OBE (overcoming binge eating)	≥18yo, physically stable with BMI ≥16.5, linked in with GP for medical monitoring	Significant co-morbidity including drug and alcohol abuse. Significant purging, hospitalisation within the last 2 years with inadequate weight restoration	Ph 9953 3006 Email <a href="mailto:melbournepsychologyclinic@acu.edu.au">melbournepsychologyclinic@acu.edu.au</a> The Daniel Mannix Building, Australian Catholic University, Level 5, 17 Young Street, Fitzroy 3065
Boroondara Youth Services, Camberwell (360)	LGA	Information, advocacy, referral, advice, counselling, material aid, customized education sessions and outreach services for young people and parenting courses. 360 is also a 'drop in' space for young people to meet, hang out, utilize our computer lab (with WiFi access X-Box and Wii) and our soundproof band room	10-25 years with mild eating disorders	Outside of age range, moderate, severe & crisis presentations	Ph 9835 7824 360 Burwood Road, Hawthorn 3122
Camcare Camberwell	LGA	Counselling and wrap around services for families and carers.	All ages and severity, in partnership with other eating disorders services	N/A	Ph 9831 1900 Fax 9831 1999 51 St Johns Ave, Camberwell 3124



EATING DISORDERS SERVICES – North East Metropolitan Melbourne

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral
Camcare Ashburton	LGA	Counselling and wrap around services for families and carers.	All ages and severity, in partnership with other eating disorders services	N/A	Ph 9809 9100 Fax 9809 9199 4Y Street, Ashburton 3147
Access Health & Community, Hawthorn, Ashburton, Richmond	LGA	Dietetics	Mild eating disorders of all ages.	Moderate, severe & crisis presentations	Ph 9885 6822 Fax 9818 6154
North Richmond Community Health	LGA	Dietetics and counselling	Mild eating disorders of all ages	Moderate, severe & crisis presentations	Ph 9418 9800 Fax 9428 2269 huongt@nrch.com.au
CoHealth – multiple centres inner north	LGA	Dietetics and counselling	Mild eating disorders of all ages	Moderate, severe & crisis presentations	Ph 8378 3500 (intake), 9948 5528 (Collingwood centre), 9948 5531 (Fitzroy centre) Fax 9374 2866
Banyule Community Health – West Heidelberg, Greensborough	LGA	Dietetics	Mild eating disorders of all ages	Moderate, severe & crisis presentations	Ph 9450 2000 21 Alamein Road, West Heidelberg 3081
healthAbility, Eltham	No catchment	Dietetics Mondays and Thursdays Counselors, psychologist	Dietetics - disordered eating, binge eating disorder or bulimia nervosa that is medically stable (GP referral required)  Mental health – mild to moderate eating disorders	Anorexia Nervosa, unstable bulimia nervosa, binge eating disorder or disordered eating	Ph 9430 9100 917 Main Road, Eltham 3095

EATING DISORDERS SERVICES – North East Metropolitan Melbourne

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral
Darebin Community Health	Whittlesea, Darebin, Banyule, Nillumbik, Yarra (and Moreland & Hume)	Allied health including dietetics and counseling, medical services including GPs, mental health nursing	<p>Mild eating disorders / disordered eating, such as chronic restrained eating, compulsive eating or habitual dieting</p> <p>Clients of all ages are welcome.</p> <p>Our priority population groups are:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islanders</li> <li>• Newly Arrived Refugees and Asylum Seekers</li> <li>• Children under 12 (with support to their parents or carers)</li> <li>• Adults aged 65 or over</li> <li>• People who are socioeconomically disadvantaged</li> <li>• People with chronic or complex conditions</li> <li>• People who live in unsafe or insecure environments</li> <li>• People living with a disability</li> </ul>	Moderate to severe eating disorders; anorexia nervosa, binge eating disorder, bulimia nervosa, other specified feeding or eating disorder (OSFED), unspecified feeding or eating disorder (UFED)	<p>Ph 8470 1111                      Fax 8470 1107                      Email <a href="mailto:info@dch.org.au">info@dch.org.au</a>                      Web <a href="http://www.dch.org.au">www.dch.org.au</a></p> <p>Referrals can be made by clients, family/carers, health professionals, GPs.</p> <p>DCH has 4 sites that are located in Darebin:</p> <ul style="list-style-type: none"> <li>• 125 Blake Street, East Reservoir</li> <li>• 42 Separation Street, Northcote</li> <li>• PANCH: 300 Bell Street, Preston</li> <li>• East Reservoir Community Hub: 1/44 Whitelaw St, Reservoir</li> </ul> <p>Services are free for most priority population groups (including children 0-17 years with health care card/low-income, counseling for low- and medium income, and all DCH medical consultations). Other fees are mostly low cost and are based on household income.</p>
Plenty Valley Community Health	LGA	Dietetics	Mild eating disorders in children <12years	Moderate, severe & crisis presentations ≥ 12 years	Ph 9716 9444 40-42 Walnut Street, Whittlesea 3757
School Welfare	N/A	Initial identification and referral, ongoing support and management	Attending school	Not attending school	N/A
GPs	N/A	Early identification, intervention and referral, ongoing management	N/A	N/A	N/A



EATING DISORDERS SERVICES – North East Metropolitan Melbourne

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral
EDV (Eating Disorders Victoria)	N/A	Information, support, resources, community-based psychological treatment, referral, support groups	All ages, all ED presentations  For psychology services must be clinically stable & willing to link in with medical & mental health support	N/A	Ph 1300 550 236 Email <a href="mailto:help@eatingdisorders.org.au">help@eatingdisorders.org.au</a> Most services free or low-cost Medicare rebates available for therapy (with GP referral)
NEDC (National Eating Disorders Collaboration)	N/A	Online resources	N/A	N/A	Website <a href="http://www.nedc.com.au">www.nedc.com.au</a>
The Butterfly Foundation	N/A	Butterfly National Helpline for sufferers and carers	N/A	N/A	Ph 1800 33 4673 Email <a href="mailto:support@thebutterflyfoundation.org.au">support@thebutterflyfoundation.org.au</a>
CEED (The Victorian Centre of Excellence in Eating Disorders)	N/A	Clinical consultation to public mental health and other eating disorders services, professional development, service development support, online resources	N/A	N/A	Ph 8387 2673 Fax 8387 2667 Email <a href="mailto:ceed@mh.org.au">ceed@mh.org.au</a> Website <a href="http://www.ceed.org.au">www.ceed.org.au</a>
<b>Private Sector Services</b>					
Paediatricians	List of practitioners available via Austin ACED, BETRS & EDV				
Mental Health Clinicians and Services					
Dietitians					

# CARE CO-ORDINATION GUIDELINE FOR EATING DISORDERS

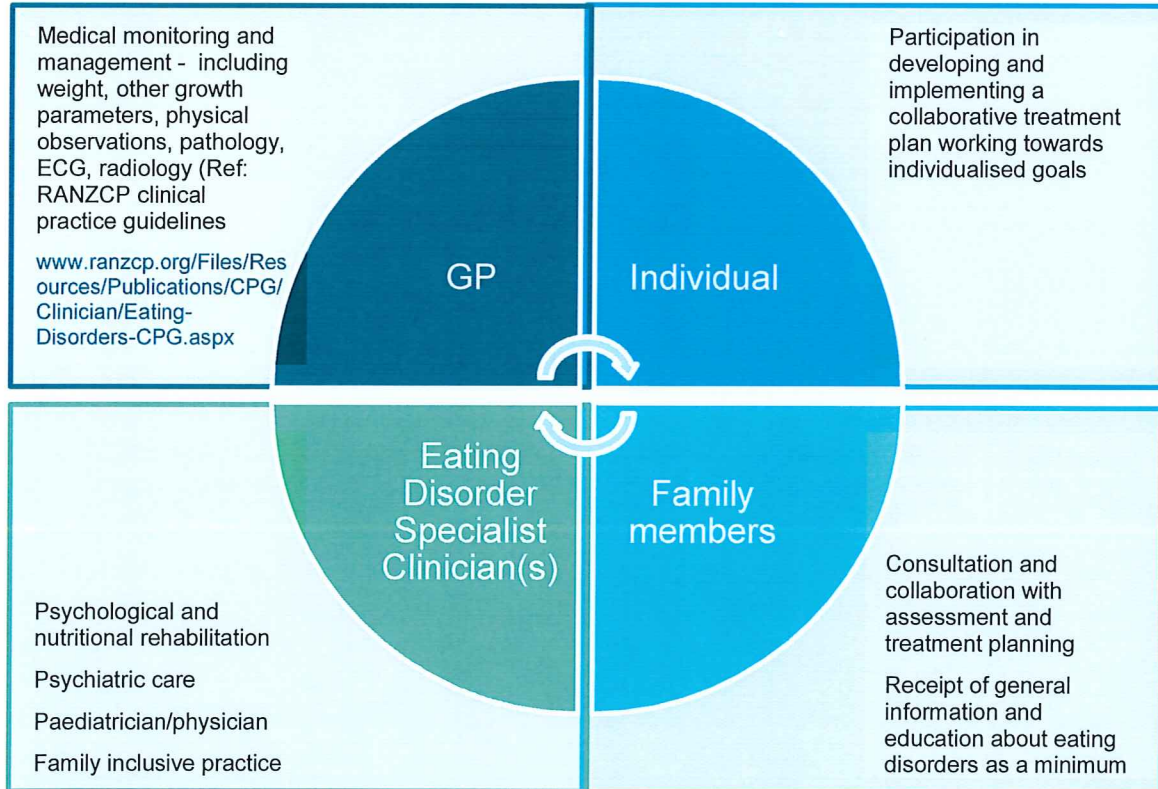
## Who needs care co-ordination?

- People with a diagnosed eating disorder which is moderate to severe (e.g. BMI  $\leq$  17 in adults,  $<85\%$  healthy BMI in adolescents, significant signs of medical risk)
- People who have more than one person in their team of care
- People with complex needs (E.g. multiple diagnoses, concern about acute psychiatric risk issues, limited psycho-social support etc.)
- People who have consented to the sharing of communication

## What does good care co-ordination provide?

- The right care at the right time - a stepped care approach which is responsive to acuity
- A clear treatment plan outlining care team roles, aims and communication pathways
- Support for both the individual and the system around them - including families, carers and community supports
- A vision of recovery and the best possible outcome

## Who should be involved and what is their role?

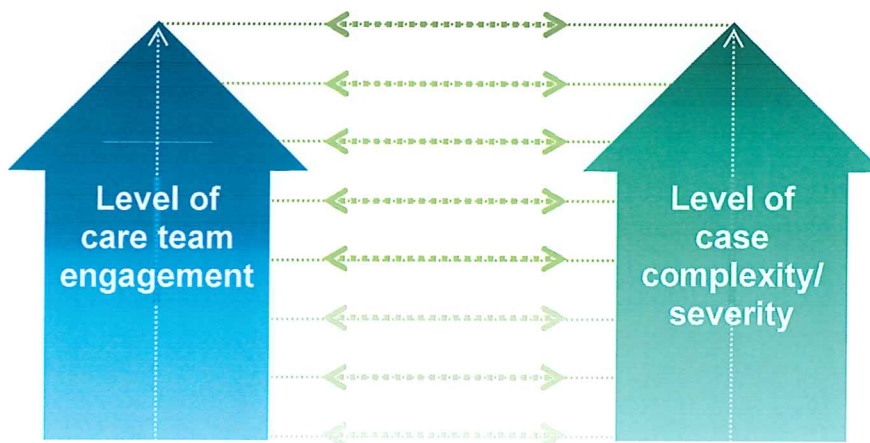


## How does the care team communicate?

- A clear plan is developed with the team which includes the goals of treatment and the roles of each person involved. A copy is provided to the consumer, professionals and family, if consent is obtained.
- A written plan is developed for the management of both physical and psychiatric risk. This should include clear parameters for the escalation of care and appropriate pathways for this.
- A system is set up to enable regular communication on a weekly - monthly basis (dependent on acuity/ complexity). This may include email, face to face meetings or tele-conferencing.
- A professional within the care team is identified as having a leadership role and responsibility for organising regular reviews of the plan in place.

## How long should care co-ordination last for?

- Length of care co-ordination is determined by the review of the team, including the views of the individual, the family and the system around them.
- Indicators for reduced input include progression towards agreed treatment goals, reduction of medical and psychiatric clinical risk and the level of engagement with appropriate supports.



1

<sup>1</sup> Reference: National Eating Disorders Collaboration (2012)  
An Integrated Response to Complexity National Eating Disorders Framework - pages 51-56