

Eating Disorders Care and Recovery Framework

The Eating Disorders Care and Recovery Framework describes the best practice components of prevention, identification, risk management, treatment, recovery and support that need to be in place in a robust and capable system of care for all forms of eating disorders across the severity spectrum. It depicts eating disorders as a longitudinal experience that requires ongoing and targeted care to ensure the person and their family achieve maximum recovery and the highest level of quality of life.

The Eating Disorders Care and Recovery Framework:

- describes a system of care that moves with the person and their family through the longitudinal stages of care and recovery from eating disorders of all types including:
 - prevention and awareness/identification components that are intended to reduce the development of significant eating disorders; and
 - stages of critical care, acute and ongoing treatment, and recovery, quality of life and relapse prevention.
- guides the whole of community approach to service system development by identifying the components of the system and the linkages between them, including the care team and care coordination, that make up the optimal system of care.
- outlines the components that need to be addressed within the stages of care to inform the treatment and support goals with the person and their family, which in turn determine the care planning and formation of the multi-disciplinary care team – roles, processes and care coordination.
- highlights that the person with an eating disorder, in the case of adults, and/or the parent/carers and family need to be given every opportunity to play a central role in the care team, either as a significant team member or (at the very least) included in the communication and planning processes.

There are also a range of plan templates that arise out of the Framework that are intended to support care planning, documentation and communication, including the Care Plan, Risk Management Plan, Carer/Family Support Plan and the Advance Care Plan.

Care Team

The establishment of a multi-disciplinary care team is central to the function of the Eating Disorders Care and Recovery Framework. The objective of the care team is to provide coordinated care and treatment to the person with an eating disorder and their family, to ensure their access to care components that are important for optimal recovery. The inclusion of parents and carers as integral within the care team is vital to the provision of coordinated care.

The care team requires a competent workforce and system wide capacity, with structured communication processes to facilitate **Care Coordination** – ensures clarity of roles, responsibilities and accountabilities when working with the family to improve communication and reduce role overlap, confusion and poor outcomes.

Care Plan

Once a comprehensive assessment has been conducted and completed, resulting in treatment and support goals for the person with the eating disorder and their family it is important to develop a shared care plan:

- based on treatment and support goals;
- with clear actions and care team roles;
- identified Care Coordinator (member of the Care Team);
- planned communication processes and timelines;
- and a review date.

The Care Plan is preferably developed at, and circulated after, the first care team meeting. Services have their own treatment planning forms, often complex and not easily navigated by clinicians outside the service or by clients and families. A useful **Care Plan** tool is a short, basic recovery/treatment plan in inclusive language which is shared by all care team members and the family.

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Descriptions of components of Eating Disorders Care and Recovery Framework

<p>Prevention – community and health promotion (TIER 1 OF THE SERVICE SYSTEM)</p> <p>Key messages and education of the community, schools, health promotion to prevent the development of body dissatisfaction, disordered eating and eating disorders:</p>		
Internet and Social Media	Implementation of safe internet and social media programs within primary and secondary schools with key messages related to prevention of bullying, pro-eating disorder sites and peer group pressure;	DET; headspace; EDV; school education and wellbeing staff;
Schools	Implementation of health and wellbeing programs within primary and secondary schools, such as headspace’s Safe Minds and Eating Disorders Schools Resource – including school workforce development and screening processes;	DET; headspace; EDV; school education and wellbeing staff;
Health Promotion	Inclusion of healthy eating and healthy body key messages in mainstream health promotion activities; targeted health promotion campaigns;	PCPs; Local Government; Community Health Services; Youth Services;
Community Education	Inclusion of healthy eating and healthy body key messages in mainstream community education activities; targeted community education campaigns;	PCPs; Local Government; Community Health Services; Youth Services; NEDC;
<p>Awareness and Identification – workforce, service system and clinical capacity (ALL TIERS THE SERVICE SYSTEM)</p> <p>Capacity of the workforce to identify eating disorders and act as early as possible by facilitating the family’s access to services for thorough assessment and diagnosis:</p>		
Workforce Development	Skilled and confident workforce throughout the 4 tiers of the system of care;	PHNs; CEED; NEDC;
Service Pathways	Documented services and pathways to care with access details widely communicated throughout the system of care;	HealthPathways; EDV;



Screening	Screening processes implemented throughout the service system resulting in timely access to comprehensive assessment and diagnosis;	CEED;
Assessment and Diagnosis	Assessment processes implemented throughout the system of care, resulting in accurate and early diagnosis and care planning;	GPs; Paediatricians; Physicians;
<p>Care Planning and Leadership – planned and coordinated care and support to ensure access to care components important for optimal recovery (TIERS 2, 3 AND 4 OF THE SERVICE SYSTEM)</p> <p>Requires competent workforce and system wide capacity, with structured communication processes to facilitate care leadership and coordination.</p>		
Care Team	Establishment of multi-disciplinary care team with inclusion of parents/carers	Family, Parents/Carers, Medical Care (GP, Pediatrician, Physician), Psych Care (AMHS, Psychiatrist, CL, Psychologist), CHS, Specialist Services, Dietitian, school, work, psychosocial support services;
Care Plan	Identify treatment and support goals for the person with the eating disorder and their family it is important to develop a shared care plan; regular review:  Care Plan  Carer/Family Support Plan	Unique combination of Care Team
Care Team Leadership	Ensures clarity of roles, responsibilities and accountabilities when working with the family to reduce role overlap, confusion and poor outcomes.	AMHS; GP;
<p>Risk Assessment and Safety – workforce, service system and clinical capacity (ALL TIERS OF THE SERVICE SYSTEM)</p> <p>Knowledge and capacity of primary care, emergency and crisis services to assess medical and mental health risk and to facilitate immediate access to services:</p>		

Medical Safety	Medical risk assessment processes - medical resuscitation and stabilisation;	A&E, GPs, Paediatricians, Physicians
Mental Health Safety	Identifying mental health risk and developing a safe plan – self-harm and suicide prevention; crisis/safety planning;  Risk and Safety Plan	Triage, AMHS; GPs; Psychiatrist;
Ongoing Treatment with Acute Backup – workforce, service system and clinical capacity (TIERS 2, 3 AND 4 OF THE SERVICE SYSTEM) Range of skilled and accessible services to be offered to the person and their family as they require them, to ensure optimal treatment and recovery:		
Family Involvement	Treatment resource; education; empowerment; engagement; sibling support; peer and professional support;  Carer and Family Support Plan	Family's unique combination of Care Team;
Mental Health Care	Psychoeducation, eating disorders maintaining factors; interpersonal issues; emotion regulation and expression; trauma; comorbidity; body image acceptance; weight recovery; creative arts therapies;	Psychologist; FBT Therapist; Mental Health Nurse;
	Medication assessment and review; management of other physical and mental illnesses; monitoring mental health risks;	Psychiatrist; GP; AMHS;
Medical Care	Medical monitoring and stability; weight gain and stabilisation;	GP; Paediatrician; Physician;
Nutritional Rehabilitation	Address malnutrition with food volume, variety; eating behaviours; eating disorders interventions; food varieties and patterns;	Dietitian; FBT Therapist;
Recovery and Quality of Life – workforce, service system and clinical capacity (TIERS 1, 2 AND 3 OF THE SERVICE SYSTEM) Range of skilled and accessible services to be offered to the person and their family as they require them, to ensure ongoing, whole of life		

recovery and quality of life:		
Relapse Prevention	Managing mental and physical health; identifying triggers and early changes indicative of relapse with access to defined advanced care plan;	MHNIP; GP;
Restored Health and Eating	Restored physical health and mental wellbeing; reasonable body acceptance; living skills; self-care; weight restored;	GP;
Psychosocial Support	Social connection; support network;	Family and friends; community service organisations; EDV
Education and Work	Pathways; participation;	Community service organisations;
Step Up Step Down Planning	Severe and Enduring Eating Disorders advanced care planning; structures in place to facilitate timely access to services when status changes;  Advanced Care Plan	Physician; AMHS; MHNIP;

