North East Region
Eating Disorders Taskforce

Final Report - October 2017
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### Abbreviations

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

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

[Diagram showing Care Planning and Coordination, Leadership, Workforce Development, Pathways to Care, and Strengthened system of care for people with eating disorders]

- Establish processes for increased sharing of service information to ensure clarity about roles & responsibilities of services, eg partnerships between tier 2 and 3 services
- Formalise the care planning processes and the team leader and case management roles across the services system
- Identify the role/organisation who is mandated to lead the implementation of the actions required to integrate eating disorders as a clinical priority, including directives for clear care criteria and service protocols
- Develop a documented pathway of services, similar to the outer east pathways document
- Develop a one stop online resource for clients, carers and families including statewide service information
- Provide training opportunities to develop the eating disorders skills, capacity and confidence of service providers throughout the system of care
- Strengthen the Eating Disorder Coordination role within AMHS and expanding to non-AMHS

A system of care with processes that are fluid and flexible that enables care to meet the changing needs of people with eating disorders and their families
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 brainstorms:

**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 multidisciplinary 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

<table>
<thead>
<tr>
<th>MONTH</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
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<th>April</th>
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<td>Pathways to Care</td>
<td>Mon 28 Nov</td>
<td></td>
<td></td>
<td>Wed 25 Jan</td>
<td>Fri 17 Feb</td>
<td></td>
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<tr>
<td>Care Coordination</td>
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<td>Wed 30 Nov</td>
<td>Wed 14 Dec</td>
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<td>Wed 22 Feb</td>
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<td>Workforce</td>
<td>Mon 28 Nov</td>
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<td>Wed 25 Jan</td>
<td>Mon 20 Feb</td>
<td>Wed 22 March</td>
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<td>Development</td>
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## Appendix 3: Overview of Pathways to Care Working Group

### WORKING GROUP: Pathways to Care

#### LEADERS

<table>
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<tr>
<th>Name</th>
<th>Roles:</th>
</tr>
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<tbody>
<tr>
<td>Jennifer Beveridge</td>
<td>• To work with CEED rep to drive the activities of the working group to develop and implement the agreed work plan;</td>
</tr>
<tr>
<td>Belinda Horton</td>
<td>• To monitor the work and capacity of the working group members to ensure progress;</td>
</tr>
<tr>
<td></td>
<td>• To draft and deliver report on behalf of the working group to the wider Taskforce;</td>
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</table>

#### MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Roles:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Andrews</td>
<td>• To work with the working group leaders to plan and implement the work plan;</td>
</tr>
<tr>
<td>Suba Rudolph</td>
<td>• To deliver on tasks as committed;</td>
</tr>
<tr>
<td>Christine Hodge</td>
<td>• To undertake allocated tasks between meetings or to keep the working group leader informed;</td>
</tr>
<tr>
<td>Maya Djordjic</td>
<td></td>
</tr>
</tbody>
</table>

#### 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:
  - Common understanding of pathways and processes and consistent information
  - Transitions, language,
  - Shared documentation
  - Service partnerships
  - Step up/step down options
  - Interface with care planning and coordination and workforce development working groups
- 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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Community Treatment</th>
<th>Day Program</th>
<th>Inpatient Care</th>
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<td>GP, consider paediatrician</td>
<td>GP + paediatrician</td>
<td>ACED includes:</td>
<td>ED initial assessment clinic</td>
<td>Monash Health Wellness and Recovery Centre Butterfly Day Program (12-24yo)</td>
<td>Austin child psychiatric inpatient unit (&lt;13yo)</td>
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<tr>
<td></td>
<td>Involve family</td>
<td>Involve family</td>
<td>Treatment (FFT, IPT, AFT, individual support, CBT-E, Nourishing Parents Group) and case management (including school liaison via community outpatient teams)</td>
<td>Private dietitian</td>
<td>Austin adolescent psychiatric inpatient unit (13-18yo)</td>
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<td>Specialised private services</td>
<td>Support groups</td>
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<td>BETRS inpatient eating disorders unit</td>
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<td>General medical ward (Austin, St Vincent’s, TNIH)</td>
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<tr>
<td>18-24</td>
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<td>Involve family</td>
<td>Private services</td>
<td></td>
<td>BETRS inpatient eating disorders unit</td>
<td>General medical ward (Austin, St Vincent’s, TNIH)</td>
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<td>Private services</td>
<td>BETRS inpatient eating disorders unit</td>
<td>General medical ward (Austin, St Vincent’s, TNIH)</td>
</tr>
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<td>25+</td>
<td>GP</td>
<td>GP, consider adult physician</td>
<td>BETRS includes:</td>
<td>Assessment and treatment planning service</td>
<td>BETRS Day Program</td>
<td>BETRS inpatient eating disorders unit</td>
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<td></td>
<td>Involve family</td>
<td>Involve family</td>
<td>Private services</td>
<td>Private services</td>
<td>BETRS inpatient eating disorders unit</td>
<td>General medical ward (Austin, St Vincent’s, TNIH)</td>
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<td>Outpatient management</td>
<td>Private services</td>
<td>BETRS inpatient eating disorders unit</td>
<td>General medical ward (Austin, St Vincent’s, TNIH)</td>
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</table>
## Appendix 5: Overview of Care Coordination Working Group

<table>
<thead>
<tr>
<th>WORKING GROUP: Care coordination</th>
</tr>
</thead>
</table>
| **LEADERS** | Philippa Harrison  
Richard Newton  
Belinda Horton | Roles:  
- To work with CEED rep to drive the work of the working group to develop and implement the agreed work plan;  
- To monitor the work and capacity of the working group members to ensure progress;  
- To draft and deliver report on behalf of the working group to the wider Taskforce; |
| **MEMBERS** | Rebecca Harvey  
Jane Andrews  
Suba Rudolph  
Ainsley Hudgson and Claire Finkelstein  
Julia Hunt  
John Forster | Roles:  
- To work with the working group leaders to plan and implement the work plan;  
- To deliver on tasks as committed;  
- To undertake allocated tasks between meetings or to keep the working group leader informed; |
| **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:  
- Understanding of existing services  
- Inclusion of parents/carers and families in care planning  
- Integration of care planning and coordination in services’ usual care throughout the region  
- Barriers to care planning and coordination implementation  
- Interface with care pathways and workforce development working groups |
| | 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
• Stepped care planning
  o Description
  o Process objectives
  o EDS Responsibilities
  o System resources and tools
  o Intended outcomes of initial contact
  o Good practice indicators

• Care plan review processes
  o Description
  o Process objectives
  o EDS Responsibilities
  o System resources and tools
  o Intended outcomes of initial contact
  o Good practice indicators

• Place-based care
  o Description
  o Process objectives
  o EDS Responsibilities
  o System resources and tools
  o Intended outcomes of initial contact
  o Good practice indicators

• Care team communication
  o Description
  o Process objectives
  o EDS Responsibilities
  o System resources and tools
  o Intended outcomes of initial contact
  o Good practice indicators

• Consumer and carer engagement
  o Description
  o Process objectives
  o EDS Responsibilities
  o System resources and tools
  o Intended outcomes of initial contact
  o 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

<table>
<thead>
<tr>
<th>WORKING GROUP: Workforce Development</th>
<th>Responsibilities/notes</th>
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<tbody>
<tr>
<td><strong>LEADERS</strong></td>
<td></td>
</tr>
<tr>
<td>Michelle Roberton</td>
<td>Roles:</td>
</tr>
<tr>
<td>Belinda Horton</td>
<td>• To work with CEED rep to drive the work of the working group to develop and implement the agreed work plan;</td>
</tr>
<tr>
<td></td>
<td>• To monitor the work and capacity of the working group members to ensure progress;</td>
</tr>
<tr>
<td></td>
<td>• To draft and deliver report on behalf of the working group to the wider Taskforce;</td>
</tr>
<tr>
<td><strong>MEMBERS</strong></td>
<td>Roles:</td>
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<tr>
<td>Kate Middleton</td>
<td>• To work with the working group leaders to plan and implement the work plan;</td>
</tr>
<tr>
<td>Jen Tobin</td>
<td>• To deliver on tasks as committed;</td>
</tr>
<tr>
<td>Sujata Joshi</td>
<td>• To undertake allocated tasks between meetings or to keep the working group leader informed;</td>
</tr>
<tr>
<td>Jennifer Beveridge</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>TASKS</strong></td>
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<tr>
<td>Drafted from Taskforce meeting</td>
<td>Define scope of ‘workforce development’ – what trying to achieve, for whom and how, define system of care, metro/regional.</td>
</tr>
<tr>
<td>1 minutes</td>
<td>Define measurable outcomes, timelines etc</td>
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<tr>
<td></td>
<td>Develop Work Plan.</td>
</tr>
<tr>
<td></td>
<td>Identify existing workforce development processes throughout the region; identify strengths, gaps and issues; explore experiences and skill development needs of workforce.</td>
</tr>
<tr>
<td></td>
<td>Identify areas of concern/risk in existing workforce development processes:</td>
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<tr>
<td></td>
<td>• Organisational planning</td>
</tr>
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<td>• Workforce wellbeing and self care</td>
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<td>• Supervision</td>
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<td>• Regulation of treatment providers</td>
</tr>
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<td></td>
<td>• Eating Disorders Coordinator role</td>
</tr>
<tr>
<td></td>
<td>• Interface with care planning and coordination and pathways to care working groups</td>
</tr>
<tr>
<td></td>
<td>Develop workforce processes and protocols for service system, including training calendar throughout region</td>
</tr>
<tr>
<td></td>
<td>Explore data collection and monitoring of implementation, outcomes and maintenance throughout the region</td>
</tr>
<tr>
<td></td>
<td>Reporting to the Taskforce</td>
</tr>
<tr>
<td><strong>OUTCOME MEASUREMENTS</strong></td>
<td>TBC</td>
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</table>
APPENDIX 2
North East Eating Disorders Taskforce Working Group Summaries
North east Eating Disorder Task Force
Workforce Development working group summary

Membership:
Michelle Roberton (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 Roberton (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.
**N= 80 completers: 72/80**

**Q1 Professions:**
- social workers, community service workers, nurses, dietitians, paediatricians
- Few psychologists (or OTs), GPs, no psychiatrists

**Q2 Sector:**
- MHCSS: 33% of responders (largest group)
- Collective AMHS & CAMHS (all settings): 14% (incl Spec ED services: 22%)
- CHS: 12.6%
- No responses from headspace

**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:**
- 40 – 70% not confident (depending on Dx)
- More confident with AN; increasingly less confident with DE, BN, BED, ARFID & OSFED (& orthorexia) (less confidence with more recently named EDs / less clear interventions)

**Q7 Impact of working with EDs**
- 386 endorsements
- 27% responses were positive about impact (satisfying, hopeful, rewarding, exciting, fulfilling)
- 32% responses were negative about impact (perplexing, confusing, frustrating, isolating, feels risky, overwhelming, worrying)
- 40 % responses indicated EDs represented a challenge (time consuming, challenging, complicated)

**Q8 Attitude:**
- Generally positive – 73% agreed they had role with people with EDs; however <45% felt EDs were everyone’s business
- Strong endorsement of need for MH knowledge 80%; & specific skills & knowledge were required: 77%
- Strong endorsement for MDT work: 86%

**Q9 Prior training:**
- 60% of all responders have not attended ANY training on EDs
- 40% of AMHS clinicians have not attended ANY training on EDs
- 90% of MHCSS workers have not attended (had access to) ANY training on EDs

**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:**

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<th>Support Area</th>
<th>Overall</th>
<th>AMHS</th>
<th>MHCSS</th>
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<tr>
<td>High endorsement of support with collaboration with MDT:</td>
<td>83%</td>
<td>83%</td>
<td>83%</td>
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<td>Help with managing my own attitude &amp; perspective of EDS:</td>
<td>28%</td>
<td>42%</td>
<td>40%</td>
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<td>Incident debriefing:</td>
<td>43%</td>
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Q1 What is your profession/discipline?  
(Select 1 only)

Answered: 77   Skipped: 3

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<td>Nurse: Div 3</td>
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<td>Psychiatrist</td>
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<td>Psychologist</td>
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1 / 28
Q5 If yes, please describe your role with people with eating disorders (Tick as many as required)

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<th>Answer Choices</th>
<th>Responses</th>
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<td>Treatment</td>
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<td>Support</td>
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<td>Other (please specify)</td>
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<td>Target audience</td>
<td>Training focus</td>
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<td>Tier 1 Services</td>
<td>identify &amp; refer, support</td>
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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

Austin Health
ST VINCENT'S
HEALTH AUSTRALIA
CEED
THE VICTORIAN
CENTRE OF
EXCELLENCE IN
EATING DISORDERS
eating disorders
victoria
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<td>OVERVIEW DIAGRAM</td>
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<tr>
<td>CLINICAL CARE AND REFERRAL PATHWAYS</td>
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<tr>
<td>Children and adolescents under 18 years with severe restrictive eating disorders North East Metropolitan Melbourne – Austin CAMHS Catchment</td>
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<td>Adults over 18 years with severe restrictive eating disorders North East Metropolitan Melbourne – North East (NEAMHS) Catchment</td>
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<td>Adults over 18 years with severe restrictive eating disorders North East Metropolitan Melbourne – Inner Urban East (IUEAMHS) Catchment</td>
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<td>Adults over 18 years with severe restrictive eating disorders North East Metropolitan Melbourne – Northern (NAMHS) Catchment</td>
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<td>WEBSITE LINKS</td>
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<td>MAP OF THE SYSTEM OF CARE FOR PATIENTS WITH EATING DISORDERS</td>
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<td>– North East Metropolitan Melbourne</td>
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<td>EATING DISORDERS SERVICES – North East Metropolitan Melbourne</td>
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<td>CARE CO-ORDINATION GUIDELINE FOR EATING DISORDERS</td>
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<td>ATTACHMENTS</td>
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<td>- RANZCP clinical practice guidelines for the treatment of eating disorders</td>
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<td>- BETRS referral information</td>
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<td>- Eating disorder diagnoses under 18 years old</td>
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<td>- Eating disorder diagnoses over 18 years old</td>
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<td>- Guidance for clinical evaluation of children and adolescents with a possible eating disorder</td>
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<td>- Criteria for hospitalisation under 18 years old</td>
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<td>- ACED clinical review</td>
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<td>- Female growth centiles</td>
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<td>- Male growth centiles</td>
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<td>- NEDC GPs resource</td>
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<td>- AED – A guide to medical care</td>
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$\Rightarrow$ Web link or document link
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
paediatriceatingdisorders@austin.org.au
F 9496 5386

Guidance for clinical evaluation ➔
Criteria for hospitalisation ➔
Referral information to service ➔

---

**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 ➔

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**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

---

**MULTI-DISCIPLINARY ASSESSMENT**

---

**MENTAL HEALTH MANAGEMENT**

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

---

**MEDICAL & DIETETIC MANAGEMENT**

Specialist treatment and monitoring.

---

**CARE COORDINATION**

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**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 (512yo)
Adolescent Inpatient Unit (13-17yo)

---

**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
betrsvswha.org.au
F 9231 5701
Guidance for clinical evaluation ➔
Criteria for hospitalisation ➔
Referral information to service ➔

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 ➔

HELPINES
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 ➔

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

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

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

HELPINES
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

BETRS ASSESSMENT
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

CARER & FAMILY RESOURCES
Carer/Family Support Plan
Feed Your Instinct
Reach Out and Recover
Butterfly Foundation
EDV, How far is too far?
NEDC
FEAST

MEDICAL & DIETETIC MANAGEMENT
Specialist treatment and monitoring.

MENTAL HEALTH MANAGEMENT
Specialist treatment, psychosocial support, case management.

CARE COORDINATION
Care Coordination (with link)
Patient / family & other carers
Mental health mx and psychosocial support
Nutritional rehabilitation
Medical management and monitoring
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
betrs@svha.org.au
F 9231 5701
Guidance for clinical evaluation ➔
Criteria for hospitalisation ➔
Referral information to service ➔

**Northern Hospital**
Emergency Department via 8405 8000
IP: General Medical Ward
BETRS Inpatient Unit via 1300 859 789 or 9231 5718

**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

**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 mix and psychosocial support
Nutritional rehabilitation
Medical management and monitoring
WEBSITE LINKS

Feed your Instinct
feedyourinstinct.com.au/

ROAR – Reach Out And Recover
reachoutandrecover.com.au/

Butterfly Foundation
thebutterflyfoundation.org.au/

EDV: eatingdisorders.org.au
How far is too far?
howfarisitooFar.org.au/

NEDC
nedc.com.au/

FEAST
www.feast-ed.org/

CEED
Austin Health
St Vincent's Health Australia
eating disorders victoria
### MAP OF THE SYSTEM OF CARE FOR PATIENTS WITH EATING DISORDERS – North East Metropolitan Melbourne

<table>
<thead>
<tr>
<th>Mild EDs</th>
<th>Moderate EDs</th>
<th>Severe EDs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>&lt;18yo</strong></td>
<td><strong>&lt;18yo</strong></td>
<td><strong>&lt;18yo</strong></td>
</tr>
<tr>
<td>- GP, consider paediatrician&lt;br&gt;- Mental health interventions – including school welfare, Headspace&lt;br&gt;- Community health / private dietitian&lt;br&gt;- Involve family&lt;br&gt;- Other – e.g. helplines, support groups, body image programs, guided self-help, books, online resources</td>
<td>- GP &amp; paediatrician&lt;br&gt;- Mental health interventions – including school welfare, Headspace, private specialist clinicians&lt;br&gt;- Private specialist dietitian&lt;br&gt;- Involve family&lt;br&gt;- Other – e.g. helplines, support groups, body image programs, guided self-help, books, online resources</td>
<td><strong>Community</strong>&lt;br&gt;- ACED &amp; Austin CAMHS&lt;br&gt;- Specialised private services&lt;br&gt;- Monash Health Wellness and Recovery Centre Butterfly Day Program (12-24yo) <strong>Inpatient</strong>&lt;br&gt;- Austin child psychiatric inpatient unit (&lt;13yo)&lt;br&gt;- Austin adolescent psychiatric inpatient unit (13-18yo)</td>
</tr>
<tr>
<td><strong>18-34</strong></td>
<td><strong>18-34</strong></td>
<td><strong>18-34</strong></td>
</tr>
<tr>
<td>- GP&lt;br&gt;- Mental health interventions - including Headspace</td>
<td>- GP, consider physician&lt;br&gt;- Mental health interventions - including Headspace, private</td>
<td><strong>Community</strong>&lt;br&gt;- BETRS NEAMHS, NAMHS, REAMHS&lt;br&gt;- Specialised private services&lt;br&gt;- BETRS Day Program&lt;br&gt;- Private services</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dietetic</th>
<th>Medical</th>
</tr>
</thead>
</table>
| **ACED dietitian**<br>- Private dietitian<br>- GP and paediatrician (ACEO or private) | **ACED dietitian**
-Austin Hospital paediatric and adolescent med ward

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Legend

- ACED: Adolescent Community Eating Disorders
- BETRS: Biopsychosocial Eating Disorder Recovery Service
- CAMHS: Child and Adolescent Mental Health Services
- NEAMHS: Northern Epilepsy and Alcohol and Mental Health Services
**Map of the system of care for patients with eating disorders - North East Metropolitan Melbourne (LGAs of Yarra, Boroondara, Banyule, Nillumbik, Darebin, Whittlesea)**

<table>
<thead>
<tr>
<th>Mild EDs</th>
<th>Moderate EDs (e.g. BNOS/ED/UFED/ED with mild to moderate medical risk, no co-morbidity)</th>
<th>Severe EDs (e.g. AN, ARFID, BNOS/ED/UFED/ED with moderate medical or psychiatric risk, co-morbidity, ED where other approaches have been unsuccessful)</th>
<th>Community Treatment</th>
<th>Day Program</th>
<th>Inpatient Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>Community Health / private dietitian</td>
<td>Dietetic Medical</td>
<td>BETRS dietitian</td>
<td>GP</td>
<td>Inpatient dietitian</td>
</tr>
<tr>
<td></td>
<td>Involve family</td>
<td>Private dietitian</td>
<td>Private dietitian</td>
<td>GP</td>
<td>BETRS inpatient eating disorders unit General medical ward (Austin, St Vincent's, TNH) Private services</td>
</tr>
<tr>
<td></td>
<td>Other – e.g. helplines, support groups, body image programs, guided self-help, books, online resources</td>
<td>GP, consider physician</td>
<td>GP, consider physician</td>
<td>GP</td>
<td>BETRS inpatient eating disorders unit General medical ward (Austin, St Vincent's, TNH) Private services</td>
</tr>
<tr>
<td>25+</td>
<td>GP</td>
<td>Mental Health</td>
<td>BETRS Day Program Private services</td>
<td>BETRS inpatient eating disorders unit Private services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mental health interventions</td>
<td>NEAMHS, NAMHS, IUEAMHS Specialised private services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community Health / private dietitian</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Involve family</td>
<td></td>
<td></td>
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<td></td>
<td>Other – e.g. helplines, support groups, body image programs, guided self-help, books, online resources</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
# EATING DISORDERS SERVICES – North East Metropolitan Melbourne

<table>
<thead>
<tr>
<th>Name of agency</th>
<th>Catchment</th>
<th>Services</th>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
<th>Contact, referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin Hospital</td>
<td>&lt;18yo - Yarra, Boroondara, Banyule, Nillumbik Darebin, Whittlesea, ≥18 - Banyule, Nillumbik</td>
<td>Intake Service, Assessment &amp; Treatment Planning</td>
<td>All age groups</td>
<td>N/A</td>
<td>ACED &amp; BETRS contact details as below Austin CAMHS triage 1300 859 789 NEAMHS triage 1300 859 789 Hospital switchboard 9496 5000</td>
</tr>
<tr>
<td>BETRS (Body Image Eating Disorders Treatment &amp; Recovery Service)</td>
<td>North-east metro and regional areas of Victoria</td>
<td>Intake Service, Assessment &amp; Treatment Planning</td>
<td>≥18yo Treatment options dependent on outcome of assessment</td>
<td>Treatment options dependent on outcome of assessment</td>
<td>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</td>
</tr>
<tr>
<td>Austin ACED (Adolescent and Child Eating Disorders)</td>
<td>Yarra, Boroondara, Banyule, Nillumbik, Darebin, Whittlesea Tertiary referral service for Loddon and Mallee regions</td>
<td>Intake &amp; referral, integrated mental health, paediatric medical &amp; dietetic initial assessment and treatment planning, psychiatric treatment (FBT, PPT, AFT, MFT, CBT-E), individual support, Nourishing Parents Group and case management (including school liaison), Paediatric medical and dietetic inpatient management and follow-up. Inpatient paediatric medical, dietetic and psychiatric care.</td>
<td>&lt;18yo with AN, OSFED – atypical AN, ARFID. Other eating disorders including BN and BED with &gt;moderate medical or psychiatric risk / comorbidity, complexity, functional impairment, or where other approaches have been unsuccessful</td>
<td>Mild to moderate non-restrictive eating disorders</td>
<td>Ph 9496 5000, pager 5515 Fax 9496 5386 Email <a href="mailto:paediatriceatingdisorders@austin.org.au">paediatriceatingdisorders@austin.org.au</a></td>
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<td>Name of agency</td>
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<td>------------------</td>
</tr>
<tr>
<td>Austin CAMHS (Austin Child &amp; Adolescent Mental Health Service)</td>
<td>Yarra, Boroondara, Banyule, Nillumbik, Darebin, Whittlesea</td>
<td>Triage, liaison and collaborative assessment, treatment planning and management with ACEI and other specialist eating disorders services &amp; GPs as indicated</td>
<td>&lt;18yo</td>
<td>&gt;18yo</td>
<td>Triage ph 1300 859 789</td>
</tr>
<tr>
<td>NEAMHS (North East Area Mental Health Service)</td>
<td>Banyule, Nillumbik</td>
<td>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</td>
<td>&gt;18yo</td>
<td>&lt;18yo</td>
<td>Triage ph 1300 859 789</td>
</tr>
<tr>
<td>St Vincent’s Hospital &amp; IUEAMHS (Inner Urban East Area Mental Health Service)</td>
<td>Yarra, Boroondara</td>
<td>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</td>
<td>≥18yo</td>
<td>&lt;18yo</td>
<td>Triage ph 1300 859 862 Hospital switchboard 9231 2211</td>
</tr>
<tr>
<td>Northern Hospital &amp; NAMHS (Northern Area Mental Health Service)</td>
<td>Darebin, Whittlesea</td>
<td>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</td>
<td>≥18yo</td>
<td>&lt;18yo</td>
<td>Triage ph 1300 874 343 Hospital switchboard 8405 8000</td>
</tr>
<tr>
<td>Headspace Hawthorn</td>
<td>No catchment</td>
<td>Mental Health Services – psychologists, drug and alcohol services, Relationships Australia Victoria counsellor</td>
<td>Ages 12-25 years Mild to moderate presentations Early intervention</td>
<td>Outside of age range Medical instability Severe or crisis presentations</td>
<td>Ph 8000 6500 Fax 9615 0818 Email <a href="mailto:eprivisa@headspacehawthorn.org.au">eprivisa@headspacehawthorn.org.au</a> Lr 1, 360 Burwood Road, Hawthorn 3122</td>
</tr>
</tbody>
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## EATING DISORDERS SERVICES – North East Metropolitan Melbourne

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</thead>
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<tr>
<td>Headspace Greensborough</td>
<td>No catchment</td>
<td>Mental Health Services: psychologists, counsellors, social workers, mental health nurses, drug and alcohol services, vocational training (education/employment), online counselling (headspace), youth programs</td>
<td>Ages 12-25 years Mild to moderate presentations Early intervention</td>
<td>Outside of age range Medical instability Severe or crisis presentations</td>
<td>Ph 9433 7200 Fax 9435 8621 Email <a href="mailto:headspacegreensborough@mindaustralia.org.au">headspacegreensborough@mindaustralia.org.au</a> 78 Main Street, Greensborough 3088</td>
</tr>
<tr>
<td>Headspace Collingwood</td>
<td>No catchment</td>
<td>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 (headspace)</td>
<td>Ages 12-25 years Mild to moderate presentations Early intervention</td>
<td>Outside of age range Medical instability Severe or crisis presentations Medical instability</td>
<td>Ph 9417 0150 Fax 9416 3279 Email <a href="mailto:reception@collingwoodheadspace.org.au">reception@collingwoodheadspace.org.au</a> 16 Lulu Street, Abbotsford 3087</td>
</tr>
<tr>
<td>MIND</td>
<td>Yarra, Boronia, Banyule, Nillumbik, Darebin, Whittlesea</td>
<td>PARCS (Prevention and Recovery Care Services), individual support, group programs, PIR (Partners in Recovery), Recovery College, Equality Clinic, in home respite</td>
<td>≥12yrs pts with eating disorders of all levels of severity</td>
<td>≤12yrs</td>
<td>Ph 1300 286 463 Website <a href="http://www.mindaustralia.org.au">www.mindaustralia.org.au</a></td>
</tr>
<tr>
<td>NEAMI Abbottsford &amp; Brunswick</td>
<td>Yarra (Melbourne, Moonee Valley and Moreland)</td>
<td>Community-based mental health and recovery support, support groups 16-64yrs Diagnosed mental illness that impacts on daily living</td>
<td>N/A</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>NEAMI Partners in Recovery (PIR)</td>
<td>Banyule, Nillumbik, Darebin</td>
<td>Service coordination for mental health support</td>
<td>Diagnosed mental illness, needs that require support from multiple services Already receiving support with coordination</td>
<td>Ph 1300 747 247 (Mind Australia) PIR team 8459 8214 Website Neaminational.org.au Cost: free</td>
<td></td>
</tr>
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## EATING DISORDERS SERVICES – North East Metropolitan Melbourne

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</thead>
<tbody>
<tr>
<td>Northern Prevention and Recovery Care Service (PARCS)</td>
<td>Darebin, Whittlesea</td>
<td>Short term mental health support (up to 28 days) in a sub-acute residential setting</td>
<td>Currently receiving support from NMHIS or MHICSS</td>
<td>Residents are not to be drug or alcohol affected whilst on site</td>
<td>Ph 9470 3100 Website: Neamnationally.org.au Cost: free</td>
</tr>
<tr>
<td>The Bouvere Centre</td>
<td>N/A</td>
<td>Family therapy</td>
<td>Serious mental illness</td>
<td>Crisis presentation, current court proceedings, family / domestic violence</td>
<td>Ph 9556 5100 Fax 9381 6336 Email: <a href="mailto:bouvere-centre@latrobe.edu.au">bouvere-centre@latrobe.edu.au</a></td>
</tr>
<tr>
<td>Mindful Moderate Eating Group, Hawthorn</td>
<td>N/A</td>
<td>Group program and individual counselling</td>
<td>≥18yo, women Patients with mild to severe eating disorders including BED</td>
<td>&lt;18yo, men Patients with AN, problematic drug &amp; alcohol abuse, major physical illness, severe suicidal ideation</td>
<td>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</td>
</tr>
<tr>
<td>CHEW (Clinic for Healthy Eating and Weight), Australian Catholic University</td>
<td>N/A</td>
<td>CBT-E, OBE (overcoming binge eating)</td>
<td>≥18yo, physically stable with BMI &gt;16.5, linked in with GP for medical monitoring</td>
<td>Significant comorbidity including drug and alcohol abuse, Significant purging, hospitalisation within the last 2 years with inadequate weight restoration</td>
<td>Ph 9953 3006 Email: <a href="mailto:melbournespsychologyclinic@acu.edu.au">melbournespsychologyclinic@acu.edu.au</a> The Daniel Mackrell Building, Australian Catholic University, Level 5, 17 Young Street, Fitzroy 3065</td>
</tr>
<tr>
<td>Boroondara Youth Services, Camberwell (360)</td>
<td>LGA</td>
<td>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, utilise our computer lab (with WIFI access X-Box and Wii) and our soundproof band room</td>
<td>10-25 years with mild eating disorders</td>
<td>Outside of age range, moderate, severe &amp; crisis presentations</td>
<td>Ph 9835 7824 300 Bunce Road, Hawthorn 3122</td>
</tr>
<tr>
<td>Camcare Camberwell</td>
<td>LGA</td>
<td>Counselling and wrap around services for families and carers.</td>
<td>All ages and severity, in partnership with other eating disorders services</td>
<td>N/A</td>
<td>Ph 9831 1500 Fax 9831 1999 51 St Johns Ave, Camberwell 3124</td>
</tr>
<tr>
<td>Name of agency</td>
<td>Catchment</td>
<td>Services</td>
<td>Inclusion criteria</td>
<td>Exclusion criteria</td>
<td>Contact, referral</td>
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<tr>
<td>Camcare Ashburton</td>
<td>LGA</td>
<td>Counselling and wrap around services for families and carers.</td>
<td>All ages and severity, in partnership with other eating disorders services</td>
<td>N/A</td>
<td>Ph 9809 9100&lt;br&gt;Fax 9809 9199&lt;br&gt;4Y Street, Ashburton 3147</td>
</tr>
<tr>
<td>Access Health &amp; Community, Hawthorn, Ashburton, Richmond</td>
<td>LGA</td>
<td>Dietetics</td>
<td>Mild eating disorders of all ages.</td>
<td>Moderate, severe &amp; crisis presentations</td>
<td>Ph 9885 6922&lt;br&gt;Fax 9818 6154</td>
</tr>
<tr>
<td>North Richmond Community Health</td>
<td>LGA</td>
<td>Dietetics and counselling</td>
<td>Mild eating disorders of all ages</td>
<td>Moderate, severe &amp; crisis presentations</td>
<td>Ph 9418 6800&lt;br&gt;Fax 9428 2269&lt;br&gt;<a href="mailto:huong@nrch.com.au">huong@nrch.com.au</a></td>
</tr>
<tr>
<td>CoHealth – multiple centres inner north</td>
<td>LGA</td>
<td>Dietetics and counselling</td>
<td>Mild eating disorders of all ages</td>
<td>Moderate, severe &amp; crisis presentations</td>
<td>Ph 6378 3500 (instate), 9948 5528&lt;br&gt;(Collingwood centre), 9948 5531 (Fitzroy centre)&lt;br&gt;Fax 9374 2666</td>
</tr>
<tr>
<td>Banyule Community Health – West Heidelberg, Greensborough</td>
<td>LGA</td>
<td>Dietetics</td>
<td>Mild eating disorders of all ages</td>
<td>Moderate, severe &amp; crisis presentations</td>
<td>Ph 9450 2000&lt;br&gt;21 Alamein Road, West Heidelberg 3081</td>
</tr>
<tr>
<td>healthAbility, Eltham</td>
<td>No catchment</td>
<td>Dietetics Mondays and Thursdays Counsellors, psychologist</td>
<td>Dietetics - disordered eating, binge-eating disorder or bulimia nervosa that is medically stable (GP referral required)&lt;br&gt;Mental health – mild to moderate eating disorders</td>
<td>Anorexia Nervosa, unstable bulimia nervosa, binge eating disorder or disordered eating</td>
<td>Ph 9430 9100&lt;br&gt;917 Main Road, Eltham 3085</td>
</tr>
<tr>
<td>Name of agency</td>
<td>Catchment</td>
<td>Services</td>
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| Darebin Community Health           | Whittlesea, Darebin, Banyule, Nillumbik, Yarra (and Moreland & Hume) | Allied health including dietetics and counseling, medical services including GPs, mental health nursing | Mild eating disorders / disordered eating, such as chronic restrained eating, compulsive eating or habitual eating, Clients of all ages are welcome, Our priority population groups are: • Aboriginal and Torres Strait Islanders • Newly Arrived Refugees and Asylum Seekers • Children under 12 (with support to their parents or carers) • Adults aged 65 or over • People who are socioeconomically disadvantaged • People with chronic or complex conditions • People who live in unsafe or insecure environments • People living with a disability | 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) | Ph 9470 1111  
Fax 9470 1107  
Email info@dch.org.au  
Web www.dch.org.au  
Referrals can be made by clients, family/carers, health professionals, GPs, DCH has 4 sites that are located in Darebin:  
• 125 Blake Street, East Reservoir  
• 42 Separation Street, Northcote  
• PANCH: 300 Bell Street, Preston  
• East Reservoir Community Hub: 144 Whitelaw St, Reservoir  
Services are free for most priority population groups (including children 0-17 years with health care card/s 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. |
| Plenty Valley Community Health     | LGA                                            | Dietetics                                                                | Mild eating disorders in children <12 years                                        | 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

<table>
<thead>
<tr>
<th>Name of agency</th>
<th>Catchment</th>
<th>Services</th>
<th>Inclusion criteria</th>
<th>Exclusion criteria</th>
<th>Contact, referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDV (Eating Disorders Victoria)</td>
<td>N/A</td>
<td>Information, support, resources, community-based psychological treatment, referral, support groups</td>
<td>All ages, all ED presentations For psychology services must be clinically stable &amp; willing to link in with medical &amp; mental health support</td>
<td>N/A</td>
<td>Ph 1300 558 236 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)</td>
</tr>
<tr>
<td>NEDC (National Eating Disorders Collaboration)</td>
<td>N/A</td>
<td>Online resources</td>
<td>N/A</td>
<td>N/A</td>
<td>Website <a href="http://www.nedc.com.au">www.nedc.com.au</a></td>
</tr>
<tr>
<td>The Butterfly Foundation</td>
<td>N/A</td>
<td>Butterfly National Helpline for sufferers and carers</td>
<td>N/A</td>
<td>N/A</td>
<td>Ph 1800 33 4673 Email <a href="mailto:support@thebutterflyfoundation.org.au">support@thebutterflyfoundation.org.au</a></td>
</tr>
<tr>
<td>CEED (The Victorian Centre of Excellence in Eating Disorders)</td>
<td>N/A</td>
<td>Clinical consultation to public mental health and other eating disorders services, professional development, service development support, online resources</td>
<td>N/A</td>
<td>N/A</td>
<td>Ph 6337 2673 Fax 8317 2067 Email <a href="mailto:ceed@mc.org.au">ceed@mc.org.au</a> Website <a href="http://www.ceed.org.au">www.ceed.org.au</a></td>
</tr>
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</table>

### Private Sector Services

<table>
<thead>
<tr>
<th></th>
<th>list of practitioners available via Austin ACED, BETRS &amp; EDV</th>
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</thead>
<tbody>
<tr>
<td>Physicians</td>
<td></td>
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<tr>
<td>Mental Health Clinicians and Services</td>
<td></td>
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<tr>
<td>Dietitians</td>
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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 ≤ 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?

- Medical monitoring and management - including weight, other growth parameters, physical observations, pathology, ECG, radiology (Ref: RANZCP clinical practice guidelines, www.ranzcp.org/Resources/Publications/CPG/Clinician/Eating-Disorders-CPG.aspx)
- Participation in developing and implementing a collaborative treatment plan working towards individualised goals
- Psychological and nutritional rehabilitation
- Psychiatric care
- Paediatrician/physician
- Family inclusive practice
- Consultation and collaboration with assessment and treatment planning
- Receipt of general information and education about eating disorders as a minimum
Care co-ordination guideline for eating disorders

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.

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