

Implementing the National Eating Disorders Strategy - My Action Plan

This resource is designed to support you and/or your organisation or service to identify your role within the <u>stepped system of care for eating disorders</u> and plan for the implementation of the actions relevant to you and/or your organisation or service.

There are five key questions included in this document that will help you with your planning.

If your role sits across multiple components of the system of care (for example, initial response and treatment), you can use the one plan.

1. Where does my role sit within the system of care?

| Please describe your current role. You may like to refer to the <u>stepped system of care</u> <u>diagram</u> to help you describe the elements of your role and where in the system of care it sits. Your role may be as an individual, and/or as an organisation or service. | | |
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| My role is: | | |
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| My role sits within (select all that apply): | | |
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| | Prevention | |
| | Identification | |
| | Initial Response | |
| | Treatment | |
| | Treatment (community-based) | |
| | Treatment (community-based intensive) | |
| | Treatment (hospital and residential) | |
| | Psychosocial and Recovery Support | |
| | Workforce | |

*Note: While not a specific component of the stepped system of care, workforce has an integral role in underpinning the system of care. Workforce Standards and Actions are therefore included in the National Strategy, in addition to Standards and Actions for each component of the system of care.



Stepped System of Care for Eating Disorders

Principles; Guidelines; Lived experience; Research and evaluation

Involvement of person, family/supports and community

Prevention

Actions, programs, or policies that aim to reduce modifiable risk factors for eating disorders, and/ or bolster protective factors, to reduce the likelihood that a person will experience an eating disorder. Eating disorder prevention actions, programs or policies may also seek to address the broader factors which impact on health. known as the social determinants of health.

Contexts: Whole of community response including: government; public health; schools and education settings; health and community services including primary care; sports, cultural, youth and other settings; lived experience organisations; media and social media; individuals, families, and communities.

Identification

Identification of warning signs or symptoms, and engagement with the person who may be experiencing an eating disorder, to support access to an initial response. In some instances, warning signs or symptoms may be self-identified, and the person may seek out an initial response themselves.

Contexts: Individuals

and families; community services; schools and education settings; sports, cultural, youth and other settings; lived experience organisations: helplines and digital tools; public and private health and mental health services including general practice, community health services, child and adolescent/youth and adult community mental health services, headspace, Head to Health, Aboriginal Community Controlled Health Services, emergency departments, eating disorder-specific services.

Initial Response

Completion of an initial assessment and preliminary diagnosis, and referral to the most appropriate treatment options based on the person's psychological, physical, nutritional, and psychosocial needs. This may include facilitating access to an appropriate intervention for a person experiencing subthreshold eating/body image concerns. An initial response should also provide psychoeducation, support the person to engage with treatment, and encourage the involvement of the person's family/ supports and community.

Contexts: Public and private health and mental health services including general practice, child and adolescent/youth and adult community mental health services, headspace, Head to Health, Aboriginal Community Controlled Health Services, emergency departments, eating disorder-specific services.

Treatment

Community-based Treatment

Evidence-based mental health treatment delivered in the community, ranging from self-help and brief interventions to longer courses of treatment, in conjunction with medical monitoring and treatment, nutritional intervention, and coordinated access to a range of services and transition support as needed.

Contexts: Digital interventions; public and private health and mental health services including general practice, child and adolescent/youth and adult community mental health services, headspace, Head to Health, Aboriginal Community Controlled Health Services, eating disorder-specific services.

Community-based Intensive Treatment

Evidence-based mental health treatment delivered in the community, at a higher level of frequency or intensity than community-based treatment, in conjunction with medical monitoring and treatment, nutritional intervention, and coordinated access to a range of services and transition support as needed. Community-based intensive treatment can be delivered in a number of forms, including day programs, intensive outpatient programs, and community or home outreach interventions.

Contexts: Public and private eating disorder-specific services; child and adolescent/youth and adult community mental health services.

Hospital and Residential Treatment

Admission to hospital for people who are at medical and/or psychiatric risk, or admission to a hospital or residential program for people who are medically stable but would benefit from a higher level of treatment and support than can be provided through community-based or communitybased intensive treatment options. Hospital or residential treatment should also include coordinated access to a range of services and transition support as needed. Nutritional support and intervention are a key part of hospital and residential treatment.

Contexts: Medical and psychiatric inpatient units; eating disorderspecific inpatient units; emergency departments; hospital in the home; rehabilitation units; residential eating disorder services.

Psychosocial and Recovery Support

Psychosocial support refers to services and programs which support the broader psychological and social needs of the person experiencing or at risk of an eating disorder and their family/ supports and community. Recovery support refers to services and programs which support a person experiencing an eating disorder to engage with or sustain recovery or improved quality of life and assist family/supports and community in their caring role. People experiencing eating disorders and their families/supports and communities may engage in a range of psychosocial and recovery support services and programs across the system of care, at different stages of their journey.

Contexts: Community and social services; health and mental health services including primary care, headspace, Head to Health; lived experience organisations; peer support services; helplines and digital resources.

2. Which Standards are relevant to my role?

Standards articulate the minimum standard required for each component of the stepped system of care. To find the Standards relevant to your role, please see <u>pages 21-25 of the National Strategy</u>.

In the boxes, below, please select the Standards that are relevant to your/your organisation's role in the stepped system of care.

| Component of the System of Care | Standard/s relevant to my role |
|---|--------------------------------|
| Prevention | |
| Identification | |
| Initial Response | |
| Treatment (including community- based treatment, community-based intensive treatment, and hospital and residential treatment) | |

| Psychosocial and | |
|------------------|--|
| Recovery Support | |
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| Workforce | |
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3. Which Actions are relevant to my role?

Actions describe what is needed to achieve the Standards. Each Action has been allocated to a particular stakeholder/s. The Actions relevant to your role will sit under the Standards you identified above. The Standards and Actions are organised by a number system. For example, Prevention Standard 3 will have Actions 3.1, 3.2, 3.3, etc.

To find the Actions relevant to your role, please see the following sections:

| Prevention | pages 36-40 of the National Strategy |
|-----------------------------------|---|
| Identification | pages 41-44 of the National Strategy |
| Initial Response | pages 45-48 of the National Strategy |
| Treatment | pages 49-64 of the National Strategy Note that the Treatment section is separated into four sub-sections – Treatment (overarching), community-based, community-based intensive, and hospital and residential |
| Psychosocial and Recovery Support | pages 65-68 of the National Strategy |
| Workforce | pages 69-72 of the National Strategy |

In the boxes below, please select the Actions that are relevant to your/your organisation's role in the stepped system of care.

| Action/s |
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| Component | Action/s |
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4. What resources, connections, and partners might I need to support my Actions?

| Examples | | |
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| Resources | Connections and Partners | |
| Training and professional development activities | Supervisor/mentor | |
| Clinical tools, e.g., screening and assessment | Communities of practice | |
| Psychoeducation materials | Leaders within your organisation or service | |
| Digital tools | Eating disorder organisations and services, including NEDC | |
| Programs – e.g., existing prevention programs | Clinical support/case consultation | |
| Clinical services and practitioners | Eating Disorder Coordinators | |
| Psychosocial and recovery support services | Referral pathways | |
| Referral letter templates | Research/evaluation support | |
| Service navigation/databases | Training providers | |
| Standards, principles, guidelines | Education staff (school and tertiary) | |
| Evaluation measures | Media | |

Using the examples above, or others that you come up with, populate the below table.

Start by selecting the Action in the first column, and then outlining the related resources (middle column) and connections and partners (right column).

| My Actions | My Resources | My Connections and Partners |
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| My Actions | My Resources | My Connections and Partners |
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Planning for implementation

You may be able to get started with some of the above Actions immediately, whilst others may take more preparation time.

You can start to map out the sequence of Actions in the table below, ordering them by short-term, medium-term, and long-term. Then, start to create an implementation plan – what steps would you need to take to fully implement that Action?

| My Actions | Term | My Plans |
|---|---|--|
| List the specific actions specified in Section 4. | Specify if the action is short, medium or long term | Create a plan for implementation. These are specific steps to achieving your goal. For example: Create a template referral letter Review referral databases Plan evaluation for treatment outcome e.g., see National Strategy Evaluation Tool |
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| My Actions | Term | My Plans |
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With each Action taken, we are moving closer to building an effective, equitable and coordinated system of care that meets the needs of people experiencing or at risk of eating disorders and their families, supports and communities.

Thank you for your role in building this system.



We would like your feedback on this resource. Scan the QR code to let us know your thoughts.