

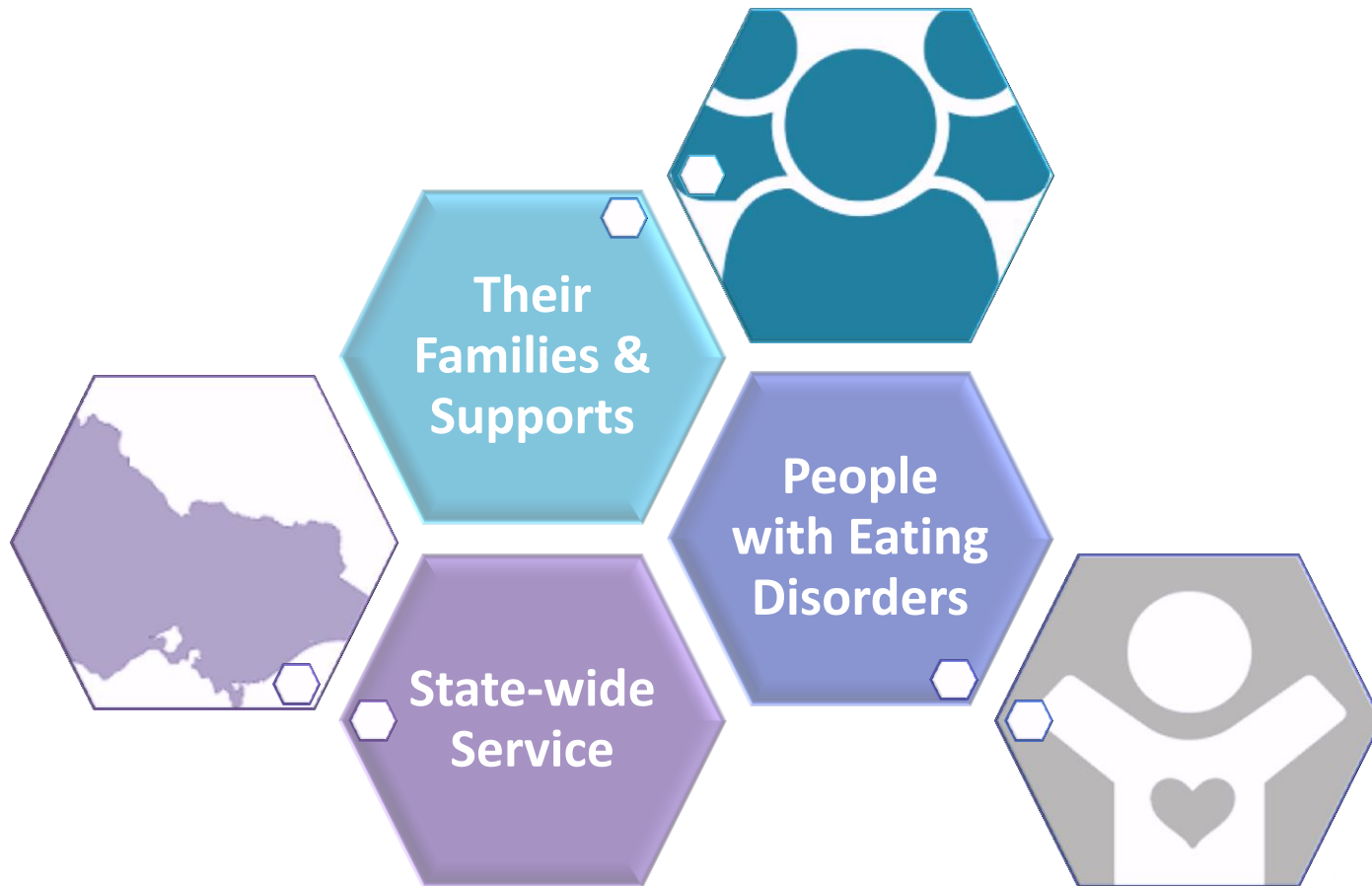
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CEED

**Centre of Excellence in Eating Disorders,
Victoria**

About CEED



Victorians will have access to a
WORLD CLASS

»»»»»»»»»»»» **SYSTEM OF CARE** ««««««««««««

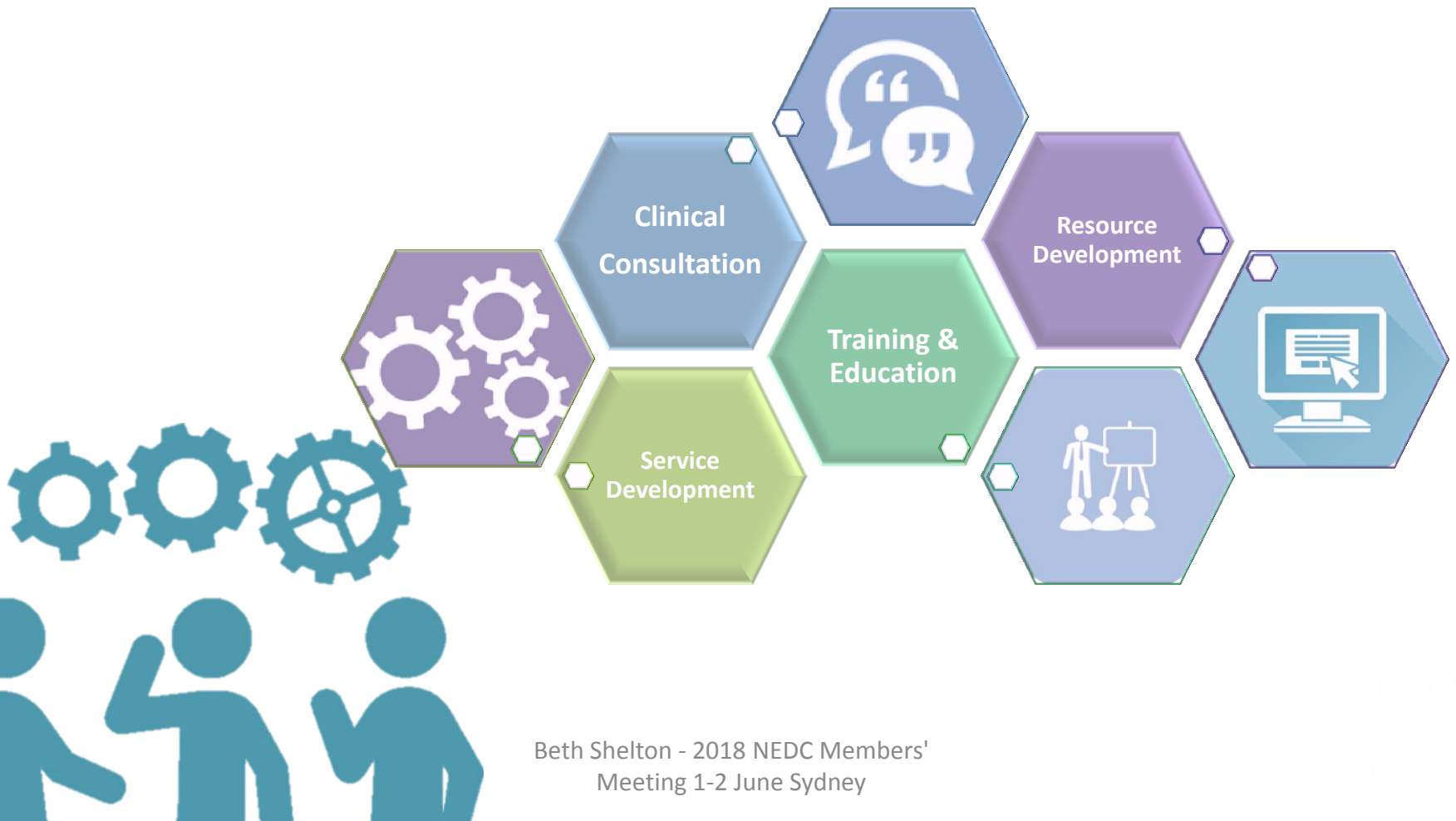
for the treatment of eating disorders



Beth Shelton - 2018 NEDC Members'
Meeting 1-2 June Sydney

About CEED

Strengthening the system of care through
leadership & support





MAINSTREAMING EATING DISORDERS

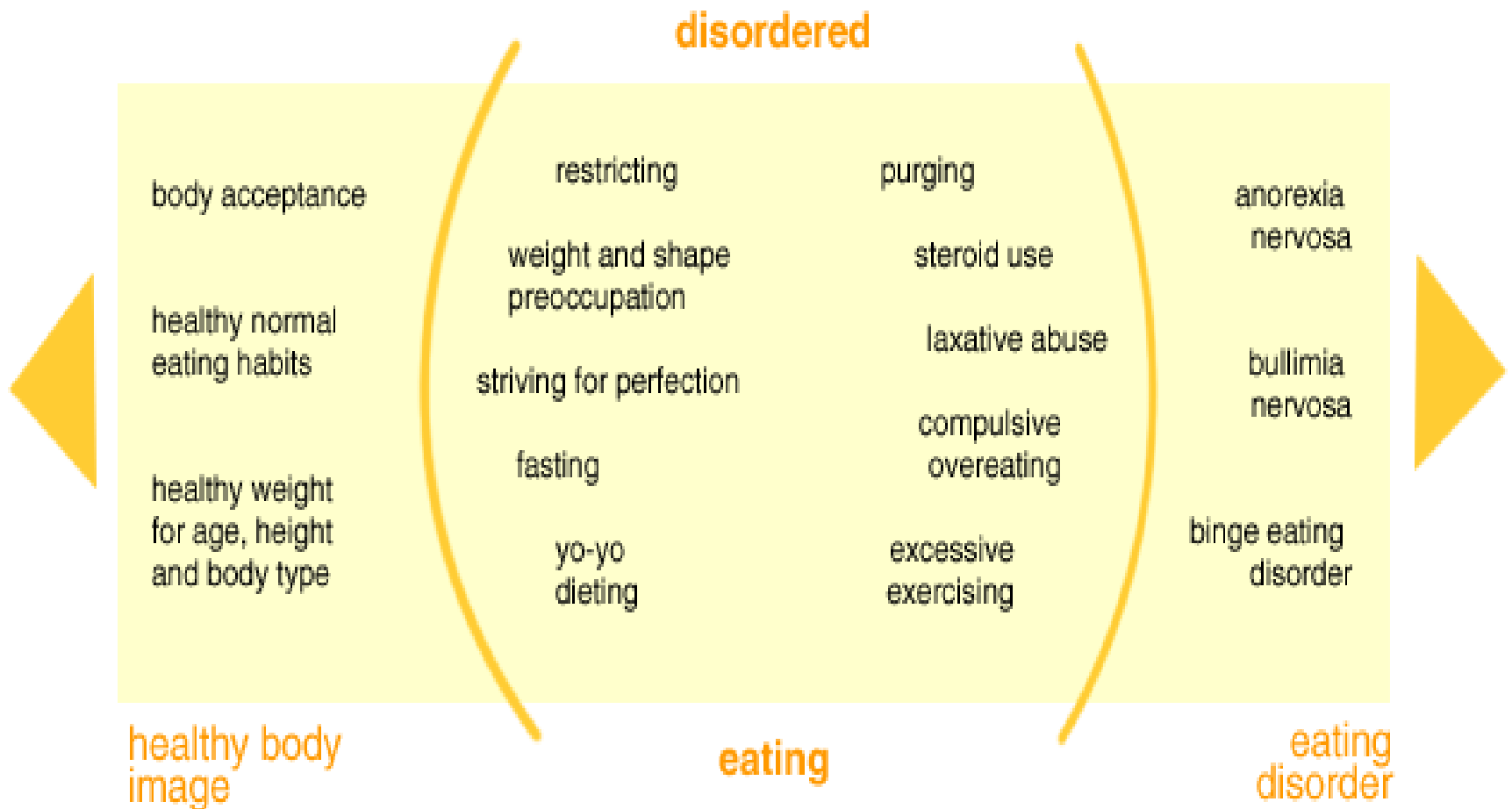
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Eating Disorders: What we do know



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Range of Disordered Eating



On average it takes seven years for someone with Bulimia Nervosa to seek treatment

Key to recovery from eating disorders is early detection and treatment

Effective treatments for Bulimia nervosa and Binge Eating Disorder

Typical onset: 15 to 25 years
i.e. developmentally sensitive time



Most people who receive
treatment early will recover.

Stepped Care

Identify

Assess

Refer

Hospital: Specialist Inpatient Care

To provide brief eating disorder specific inpatient care and treatment to people with severe eating disorders

Targeted, intensive, ED specific inpatient unit

Hospital: Acute Back Up

To provide inpatient care to people who are experiencing medical or psychiatric risk

Medical/General Psychiatric wards

Community Based Treatment: Specialist

To provide brief intensive periods of treatment for people with AN and people with severe & complex BN and BED

Eating Disorder specific mental health services (out patient and day program)

Community Based Treatment: Generalist

To provide community support and treatment for people with AN and people with complex BN and BED (and any comorbidities)

CAMHS/AMHS
Private Practitioners

Primary Care Treatment

To provide early intervention and/or treatment for people with BN and BED & disordered eating, and for people stepping down from more intensive treatment for AN

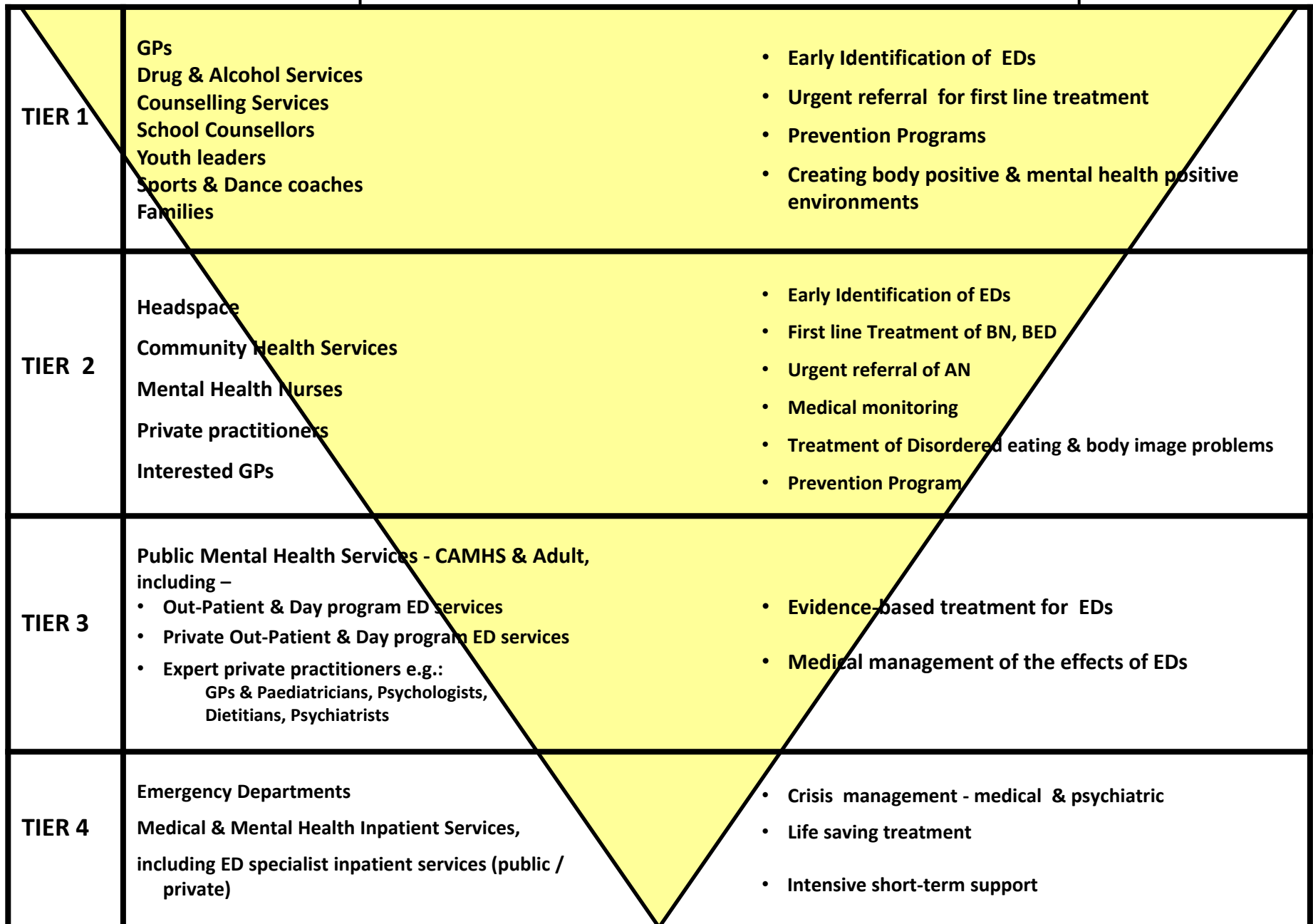
headspace
Private Practitioners
Community Health Teams

Early ID & Intervention GPs

To provide screening and monitor emerging eating disorders and referral to other services as needed

GPs
PHNs
Schools
Accident and Emergency
Triage

Model of the System of Care for Eating Disorders



WHAT was the problem?



Headspace and EDs....

- Constraints
- Realities
- Opportunities
- Remit



headspace / CEED Eating Disorder Early Intervention Project

Aim: Develop, implement and evaluate feasibility and acceptability of a model for eating disorder treatment in headspace

1. Screening and early identification of eating disorders and disordered eating
2. Rapid referral of AN
3. Training, clinical support and supervision in CB GSH for BN, BED and subclinical EDs

WHAT WE DID

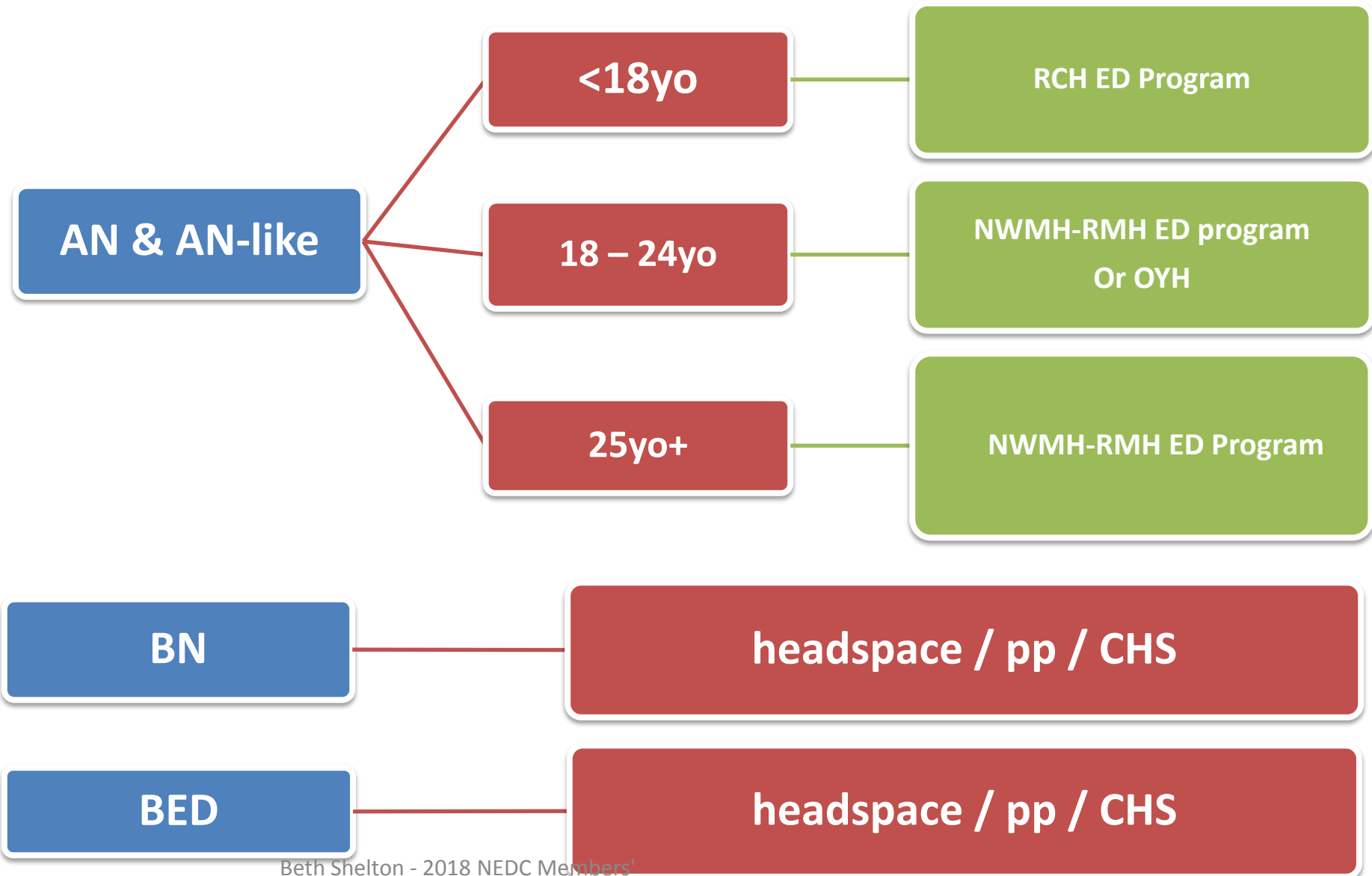


- Chose CB-GSH as the treatment model
- Trained the Trainer at Werribee, Sunshine, Glenroy and Craigieburn headspaces
- Got clinical leader's feedback about the training
- Co-trained clinicians with headspace leaders at each site, problem solved implementation and talked policy
- Evaluated - training pre and post data;
- efficacy and feasibility

10 session structure

*Start with high contact intensity
to build a secure structure for change then
space contacts out to allow for change across
time and review*

Western Metro ED Services



Outcomes?



- Data
- Clinical
- Tools and Resources
- Other headspace and PHN uptake
- Refresher training
- > headspace consults at CEED

- 48 clinicians trained across 4 sites

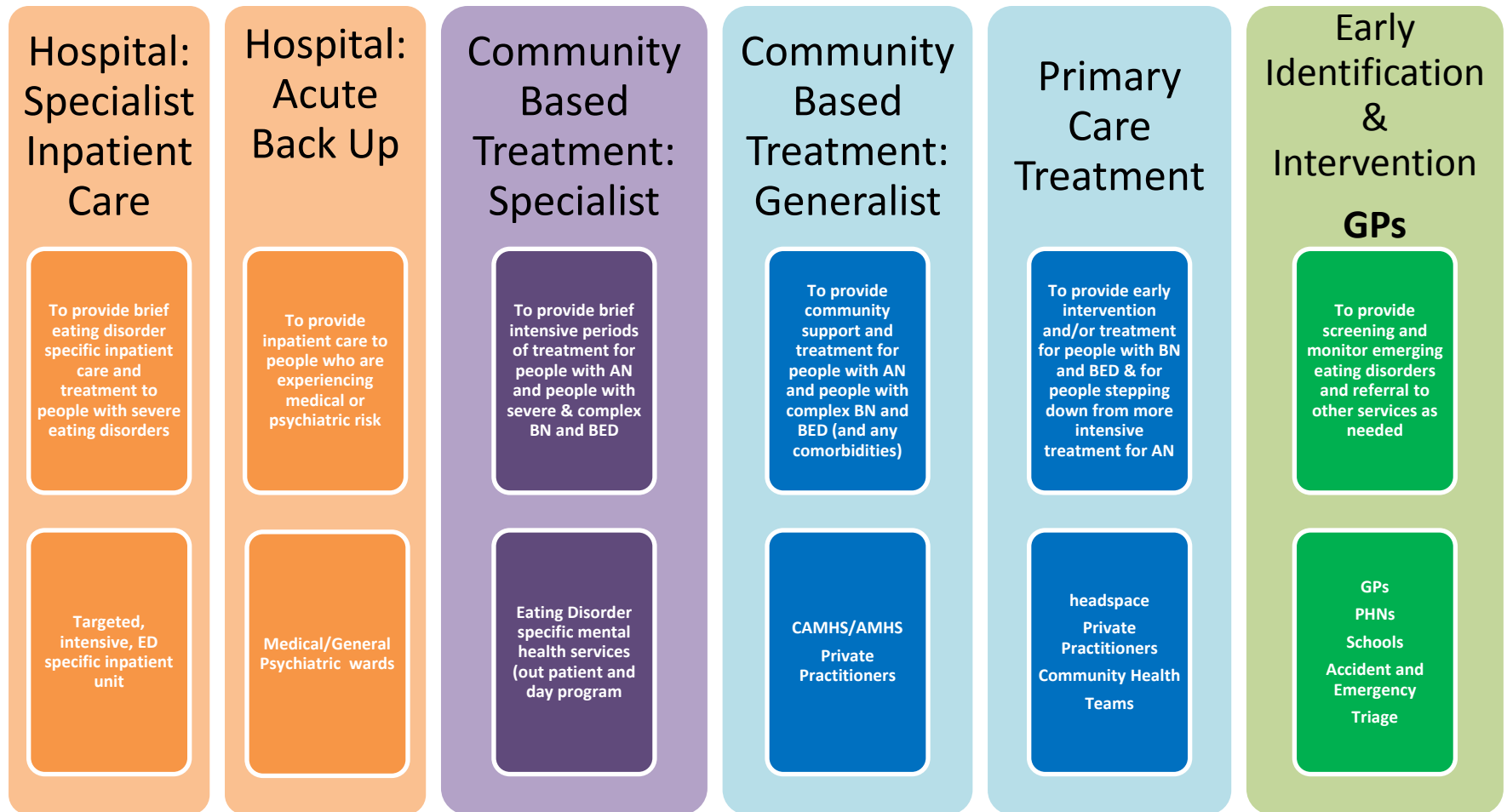
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Challenges?



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Implications for Whole of Community Health Care



Feed Your Instinct (FYI)



www.feedyourinstinct.com.au

- Steps families through a checklist of behaviours/signs based on warning signs families observe
 - Personalised GP and parent report
 - GP report has current best practice assessment and referral recommendations
 - Parent report has key actions families can take now

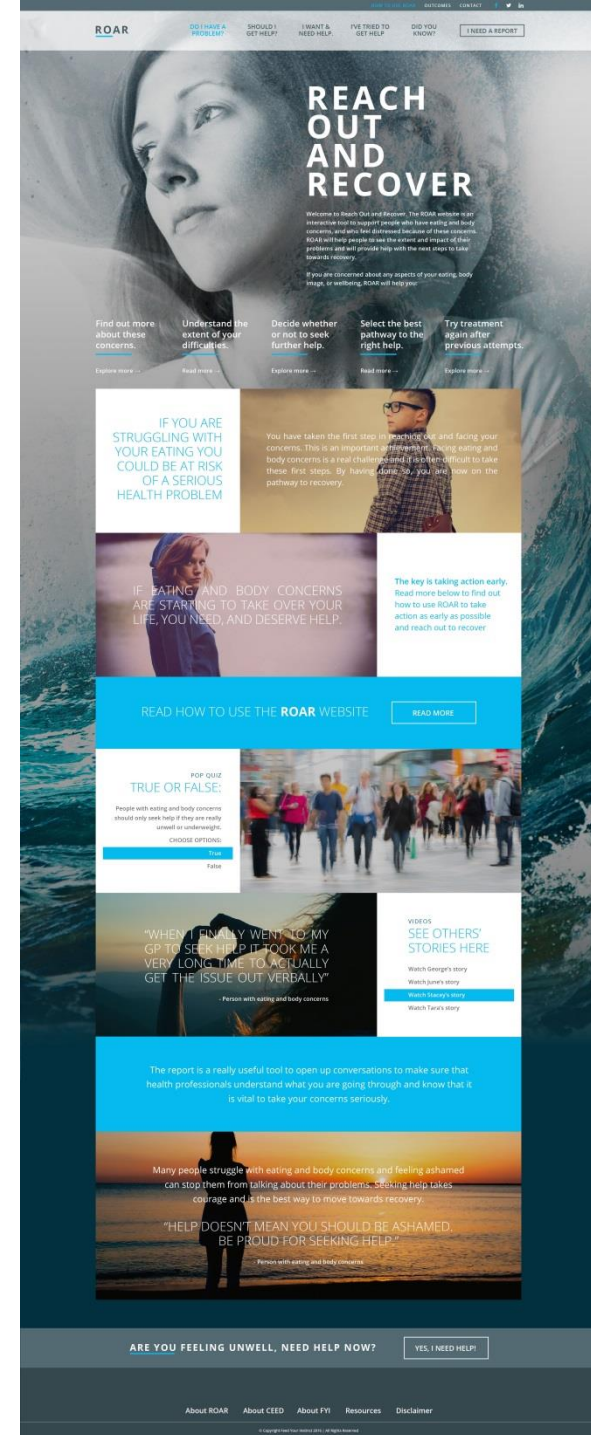
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Reach Out And Recover (ROAR)

www.reachoutandrecover.com.au

fast-track help seeking adults



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