

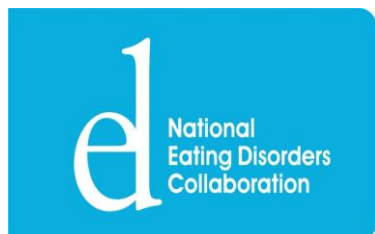


Competence to identify and respond to eating disorders

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National Manager, NEDC





Considering Eating Disorders Practice in Primary Care

NEDC National Practice Standards & Core Competencies

*Frances Cook
National Manager Knowledge, Research & Policy
National Eating Disorders Collaboration
Butterfly Foundation*

NEDC National
Members
Meeting
SYDNEY

1 June 2018

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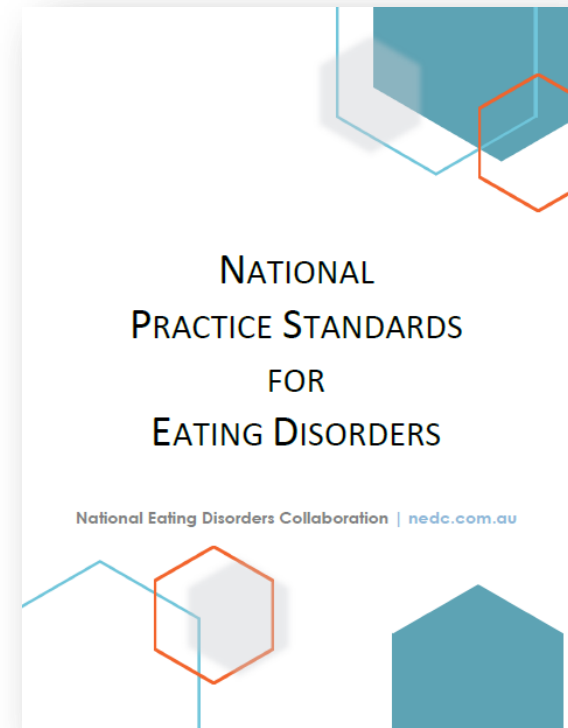
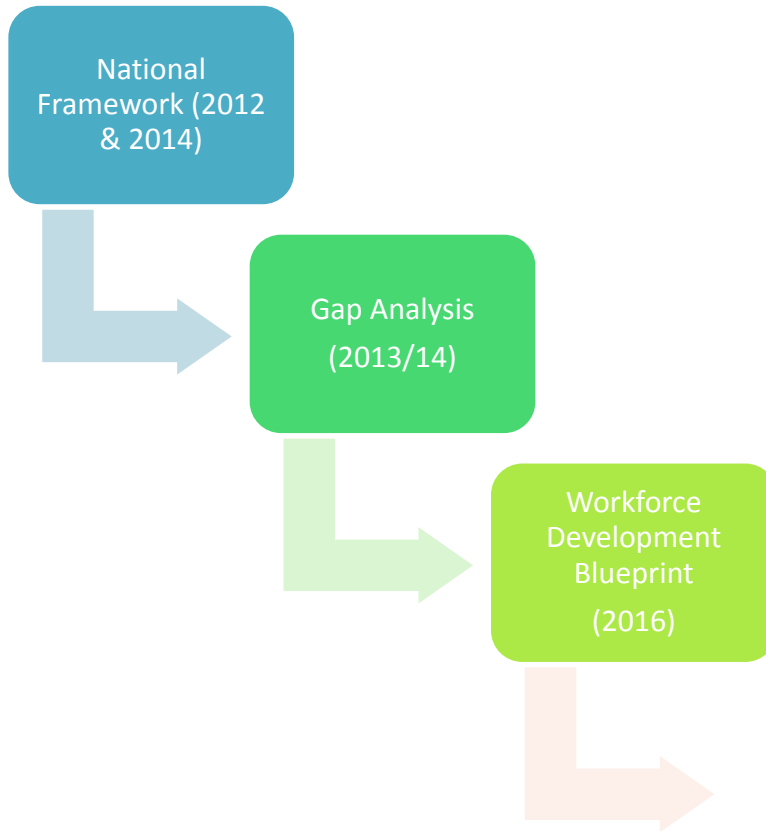
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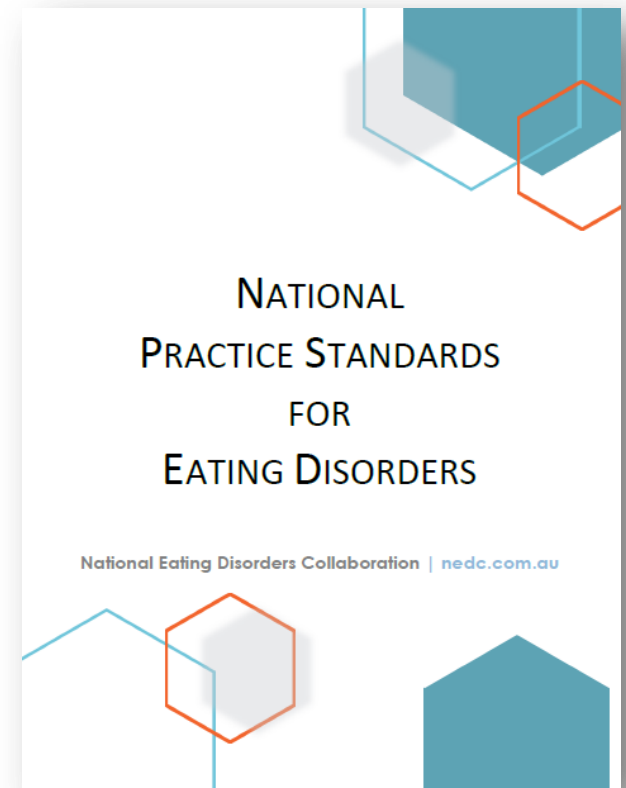
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Australian Government
Department of Health and Ageing



- Bring together key information on nationally consistent approach to eating disorders from NEDC
 - Principles of practice
 - Standards of practice
 - Core Competencies for workforce
 - Outline of stepped care model
 - Further reading and references
- Shorter, targeted document which provides practical examples of key principles and standards
- Relevant for use in wide range of circumstances



National Eating Disorders Collaboration



This document is to be read in conjunction with the relevant state and federal legislation and Australian professional codes of conduct or practice, including the *National Standards for Mental Health Practice 2013* and:

- **National Eating Disorders Framework (NEDC, 2012 & 2014)** *An Integrated Response to Complexity: National Eating Disorders Framework*. Report to the Australian Government Department of Health and Ageing, March 2012. NEDC: New South Wales, Australia.
- **Clinical Practice Guidelines** (Hay, P., Chinn, D., Forbes, D., Madden, S., Newton, R., Sugenor, L., Touyz, S. & Ward, W.; 2014). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. *Australian & New Zealand Journal of Psychiatry*, 48(11): 1–62.
- **Service Implementation Guide (NEDC, 2014)** A Guide to Implementing Responses to Eating Disorders in General Health Services.
- **Stepped Care Approaches to Eating Disorders (NEDC, 2017)** A guide to a stepped care approach for eating disorders in community integrated approaches to care. www.nedc.com.au
- **Insights in Recovery Guide (Butterfly Foundation , 2016)** A consumer-informed guide for health practitioners working with people with eating disorders. www.thebutterflyfoundation.org.au
- **National Framework for Recovery-oriented Mental Health Services** The Department of Health (2013). *National framework for recovery-oriented mental health services: Policy and theory*. Canberra: Commonwealth of Australia. Available from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/B2CA4C28D59C74EBCA257C1D0004A79D/\\$File/recovpol.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/B2CA4C28D59C74EBCA257C1D0004A79D/$File/recovpol.pdf)

CORE PRACTICE PRINCIPLES

When implemented together, these principles provide the foundation for an effective and nationally consistent approach to eating disorders.

- Recovery-oriented person-centred care
- Prioritisation of early identification and early intervention
- Safe treatment options
- Flexible treatment and recovery pathways
- Equity of access and entry
- Family-centred care with support for families and carers as team members

To implement each of the practice principles, action will be required in five domains:

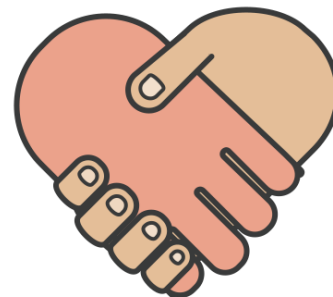
- Evidence-informed and evidence-generating approaches
- A skilled workforce
- Accessible tertiary consultation
- Evidence-based community communication
- Systems support integration and collaboration

1. Eating disorders identified as being an important community health concern and serious mental health issue requiring a coordinated response.

2. Eating disorders are prioritised as part of any focus on mental health and allied physical health concerns including obesity.

3. Service and system planning includes investigation of eating disorder needs in primary care and mental health settings.

**DOMAIN 1:
INTEGRATING
WITH CORE
PRACTICE**



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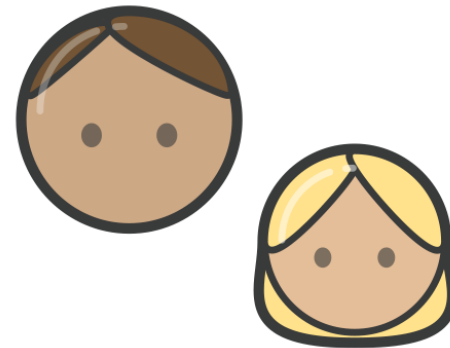


STANDARD	STANDARD IN ACTION
<p>Eating disorders identified as being an important community health concern and serious mental health issue requiring a coordinated response.</p>	<ul style="list-style-type: none"> • Connection made with a nationally recognised eating disorders service and/or local eating disorders program providers as relevant to services delivered. • Identified staff member(s) to represent the organisation or practice to the eating disorders sector.
<p>Eating disorders are prioritised as part of any focus on mental health and allied physical health concerns including obesity.</p>	<ul style="list-style-type: none"> • Services run or commissioned which address mental health include eating disorders and how they will respond to them in their service documentation. • Relevant staff meet workforce core competencies • Eating disorders are included in screening and assessment tools/processes. • There are identified role responsibilities for eating disorders within mental health and sufficient time allocation to undertake these roles. • Risk management strategies and policies relating to mental health include eating disorders.
<p>Service and system planning includes investigation of ED needs in primary care and mental health settings.</p>	<ul style="list-style-type: none"> • Eating disorders are addressed in key needs analysis, strategic and planning documentation. • Organisation or practice collects data regarding eating disorders to inform future needs and service planning.

1. Evidence-based information on eating disorders is disseminated in ways that are useful to their audiences.

2. Communicates about eating, weight, body image and eating disorders in a way that reduce the risk of harm.

DOMAIN 2: Providing appropriate information and communications



STANDARD	STANDARD IN ACTION
<p>Evidence-based information on eating disorders is disseminated in ways that are useful to their audiences.</p>	<ul style="list-style-type: none"> • Utilises the latest information on eating disorders from reputable sources. • Eating disorders information is included in internal and external resources on relevant health issues including; mental health, obesity and chronic illness. • Organisations or practices share eating disorders resources and/or information with their workforce and other stakeholders.
<p>Communicates about eating, weight, body image and eating disorders in a way that reduce the risk of harm.</p>	<ul style="list-style-type: none"> • Internal and external communications adhere to the Mindframe Guidelines for eating disorders. • Use of anthropomorphic measurements is appropriate, medically necessary and undertaken by qualified professionals. • Appropriate messaging and approaches to healthy relationships with food and exercise, and positive body esteem.

1. Available resources and tools are used to assist in implementing integrated community responses to eating disorders.

2. Practitioners are able to understand eating disorders and address them in ways appropriate to their role.

3. Participates in collaborative, local relationships to ensure appropriate, consistent primary care for those with eating disorders.

Domain 3:
**Supporting
practice and
systems.**



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STANDARD	STANDARD IN ACTION
<p>Available resources and tools are used to assist in implementing integrated community responses to eating disorders.</p>	<ul style="list-style-type: none"> • NEDC documentation on nationally consistent approach to eating disorders integrated with policies, plans and models. • Systems in place for dissemination of information and professional development. • Resources and tools are made available to staff and healthcare workforce on identification, assessment, treatment and referral.
<p>Practitioners are able to understand eating disorders and address them in ways appropriate to their role.</p>	<ul style="list-style-type: none"> • Organisations and practices have the tools to provide or access ongoing training regarding eating disorders in their own regions. • Workforce are confident in implementing knowledge in their practice. • Information on professional development opportunities is regularly reviewed and shared with relevant internal stakeholders.
<p>Participates in collaborative, local relationships to ensure appropriate, consistent primary care for those with eating disorders.</p>	<ul style="list-style-type: none"> • Referral pathways identified, established and reviewed, including access to tertiary eating disorders care. • Collaborative care is facilitated and encouraged.

1. Consumers with experience of an eating disorder and their carers are involved in development, implementation and evaluation.
2. Eating disorders services that provided or commissioned are evidence-based and incorporate regular review and evaluation.
3. Services are provided across the continuum of care for eating disorders.

Domain 4:
Delivery of
quality, evidence
based care.



National Eating Disorders Collaboration



STANDARD	STANDARD IN ACTION
<p>Consumers with experience of an eating disorder and their carers are involved in development, implementation and evaluation.</p>	<ul style="list-style-type: none"> • A consumer representative with a lived experience of an eating disorders sits on consumer boards/committees within the organisation, practice and/or system. • Services provided or commissioned have documented processes for receiving and actioning feedback from those with a lived experience.
<p>Eating disorders services that provided or commissioned are evidence-based and incorporate regular review and evaluation.</p>	<ul style="list-style-type: none"> • Commissioning or funding bodies have tools to compare proposals to best practice evidence. • Organisations access eating disorders expertise for advice on services when required. • Service delivery is in line with evidence base on treatment model, dosage and duration.
<p>Services are provided across the continuum of care for eating disorders.</p>	<ul style="list-style-type: none"> • Services provided or commissioned which address mental health, obesity or chronic illness include consideration of eating disorders. • Those seeking treatment for an eating disorder are able to access effective, early intervention within their community. • Organisations involved in health care planning or delivery in federal, state and local jurisdictions have a plan for implementing services across the continuum.

Core Service Capabilities

Essential steps for all medical and mental health services working with people who have, or are at high risk of developing eating disorders

Collaboration
1

Networks support multidisciplinary care

- Virtual teams/professional networks
- Established relationship with tertiary centre
- Protocols support collaboration and shared care

Capability
2

Professional Development

- All staff have knowledge and skill to identify ED
- Selected staff are skilled to provide assessment and/or treatment intervention as part of a shared care team

Core Business
3

ED are identified as a service priority

- Risk management strategies and policies include ED
- Identified role responsibilities for ED

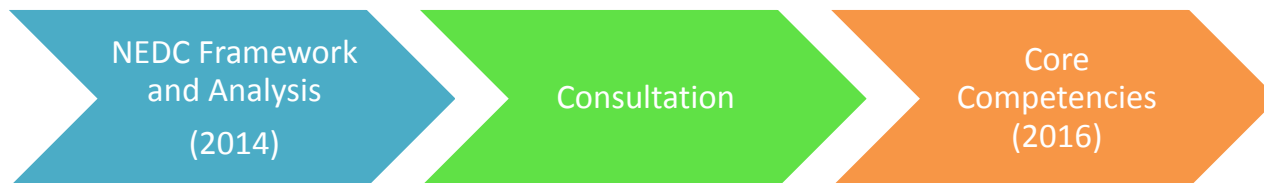
Community Programs
4

Programs Development

Service planning includes investigation of need for ED specific responses

IMPLEMENTING PRACTICE STANDARDS WITH A SKILLED WORKFORCE: CORE COMPETENCIES

Competencies refer to the demonstrable skills and knowledge that are required to work in a particular field. There are currently no defined competencies for the treatment of eating disorders in Australia. Core competencies provide a benchmark of standards against which skills and performance can be assessed.



IMPLEMENTING PRACTICE STANDARDS; CORE COMPETENCIES

Five functional groups have been identified who play an important role in the identification and treatment of eating disorders. These functional groups are defined by the role they play in relation to the patient with an eating disorder and not by profession.

Early Identifiers

Initial Responders

Shared Care Treatment Providers

Eating Disorders Treatment Providers**

Recovery Support Providers

***NEDC core competencies do not include specific competencies for treatment provision, although there is an expectation that all other core competencies will be met by treatment professionals.*

Early Identifiers

Care for people in high risk groups; are most likely to act as the first point of contact for people with or at risk of eating disorders, and their families. The role of early identifiers is to proactively engage people at risk to promote prevention and early help seeking.

People who provide initial intervention, treatment and/or recovery support are also likely to have an identifier role.

Examples:

- A high school year coordinator working with Year 10 students.
- A sporting coach working with elite athletes
- A community nurse working in the area or pregnancy and early childhood.
- A diabetes educator working in a local PHN.

Initial Responders

Primary health care providers or allied health support staff who provide screening, initial assessment and/or initial diagnosis and/or referral. This level of response may also include engaging with individuals to support low-intensity interventions such as guided self-help for BN and BED.

Initial responders may also include those who will go on to have shared care or treatment responsibilities.

Examples:

- A General Practitioner working within the community who has concerns about a particular patient.
- An intake clinician at a local Headspace.
- A telephone counsellor on a broad mental health Helpline.
- A school counsellor or welfare coordinator.
- A pharmacist who has a customer with a history of high volume laxative purchases.

Shared Care Treatment Providers

Professionals in this group are part of the inter-disciplinary and interagency treatment team providing care to someone with an eating disorder, but are not necessarily providing therapy specific to the eating disorder.

Examples

- A GP providing ongoing medical management of a person with anorexia nervosa.
- A drug and alcohol counsellor seeing a client with comorbid substance use and bulimia nervosa.
- A family worker working with a family in the community who have a child with an eating disorder.
- A physiotherapist working with someone whose eating disorder is affecting their mobility.

Recovery Support Providers

People providing professional support to those who are learning to self-manage their recovery from an eating disorder and to families and carers – this group often includes early identifiers and initial responders as well as treatment providers.

Examples

- A peer-support worker providing ongoing support groups for people who have experienced trauma
- A GP who continues to regularly see someone who has previously had an eating disorder
- A counsellor continuing to see a client who has previously undergone intensive eating disorder treatment

Places to find additional information about manuals, competencies or standards for specific treatments/management of eating disorders:

- NEDC Evidence Review (2017)
- NEDC Service Implementation Guide (2017)
- Stepped Care Approaches to Eating Disorders (2017) (www.nedc.com.au)
- Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders (www.ranzcp.org)
- Manuals for Family Based Therapy, CBT-e, Guided Self Help, etc...

Eating Disorders Treatment Providers

People providing professional support to those who are learning to self-manage their recovery from an eating disorder and to families and carers – this group often also have roles that span across the spectrum, from early identification to recovery support.

Examples

- Any health or allied professional providing evidence-based treatment specifically designed to address the eating disorder. This could include (but isn't limited to!) the following professionals:

Psychologist	Psychiatrist
Dietitian	GP
Social Worker	Occupational
Therapist	
Counsellor/Therapist	Mental Health
Nurse	

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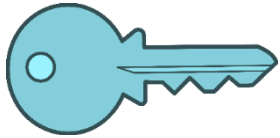
	Identification	Initial Response	Shared Care	Recovery Support	Treatment Specific Requirements
Early Identifiers	✓	?	?	?	?
Initial Responders	✓	✓	?	?	?
Shared Care Treatment Providers	✓	✓	✓	?	?
Eating Disorders Treatment Providers	✓	✓	✓	✓	*
Recovery Support Providers	✓	✓	?	✓	?

All health professionals are able to demonstrate the following core competencies within the scope of their usual professional role:

1. General knowledge of the features of eating disorders, common treatments and the individual experience of recovery
2. Ability to identify warning signs of eating disorders and disordered eating and to conduct initial assessment within the scope of usual professional role
3. Ability to engage the person with an eating disorder in a non-judgemental manner and to motivate engagement with relevant health services and treatments
4. Ability to work with the person and their family to support personal recovery, as relevant to their role.

Health professionals engaged in the treatment of eating disorders are able to demonstrate the following core competencies:

1. Knowledge of current clinical practices and standards in the treatment of eating disorders
2. Ability to contribute to multi-disciplinary team assessment, care planning and treatment within scope of usual professional role
3. Ability to deliver an evidence-based treatment



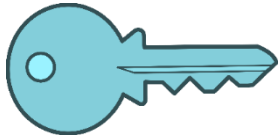
IDENTIFICATION

KNOWLEDGE

- Ability to recognise the signs of disordered eating and ED including concerning behaviours regarding food, weight and shape.
- Basic knowledge of the facts about eating disorders and awareness of myths
- Basic knowledge of contributing risk factors and awareness of high risk populations
- Understanding of healthy relationships with food, exercise and positive body esteem.

ASSESSMENT

- Ability to recognize common warning signs
- Ability to initiate discussion about eating habits and attitudes



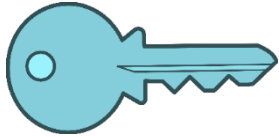
IDENTIFICATION

REFERRAL

- Knowledge of the first step in securing appropriate professional help in own organisation or community
- Knowledge of sources of information about eating disorders
- Know the limits of expertise and when to seek advice and/or make referrals

SUPPORT

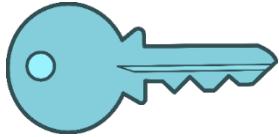
- Within the scope of usual role, model an understanding and supportive attitude
- Encourage and support appropriate help seeking



INITIAL RESPONSE

KNOWLEDGE

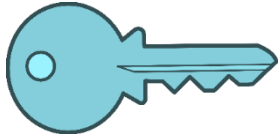
- Ability to describe eating disorders and their impact on psychological health, physical health and wellbeing
- Awareness of the spectrum of eating behaviours and concerns and the overlapping nature of eating disorders
- Ability to explain the impact of rapid weight loss, malnutrition and/or low BMI on cognition and purpose of weight gain in these circumstances
- Awareness of a variety of health conditions which can co-exist with eating disorders (e.g. diabetes, obesity)
- Ability to demonstrate an empathetic understanding of the ambivalence and fear of change accompanying eating disorders and ability to develop strategies to address this



INITIAL RESPONSE

ASSESSMENT

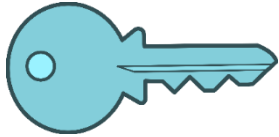
- Ability to take a preliminary case history relevant to eating disorders using culturally respectful practice including thorough assessment for risk of suicide and medical risk.
- Ability to engage family as appropriate
- Use assessment tools and tests as appropriate for circumstances and in line with professional discipline.



INITIAL RESPONSE

REFERRAL

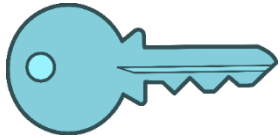
- Demonstrate knowledge of services and systems in your region appropriate for the treatment of eating disorders
- Refer people with eating disorders to relevant services to address their physical, psychological and nutritional needs
- Identify when the person should be referred directly to an eating disorders specialist service
- Identify when a person with an eating disorder needs an urgent medical assessment or psychiatric assessment and when they should be referred to Emergency Department



INITIAL RESPONSE

INTERVENTION & SUPPORT

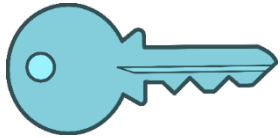
- Provide appropriate follow-up for people referred
- Demonstrate knowledge of support services available for people with eating disorders and their families
- Ability to manage a person with an eating disorder who is waiting for treatment
- Ability to provide professional guidance to people with BN and BED who are working through a self help program if relevant to role.



SHARED CARE

KNOWLEDGE

- Discuss the importance of a family and person centred approach to treatment, as developmentally appropriate
- Explain the role of families and carers in assessment, engagement, treatment and recovery
- Demonstrate awareness of personal attitudes, values and beliefs that may impact therapeutic work
- Describe the standards for safe treatment across spectrum of intensity including medical care that may be required
- Be aware of the risks of re-feeding syndrome, and the need for specialist care in nutritional restoration
- Demonstrate awareness of the circumstances when involuntary treatment may be necessary
- Describe a range of evidence supported treatment modalities for eating disorders
- Discuss issues in the care of long term eating disorders
- Understand how care teams are set up including the range of professions required
- Describe the roles of key professions in the multidisciplinary team.



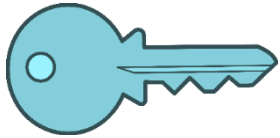
SHARED CARE

ASSESSMENT

- Work with a person with an eating disorder to identify their strengths and resources for care planning
- Discuss the importance of involving family members in assessment in developmentally appropriate ways
- Contribute to comprehensive assessment in expertise

REFERRAL

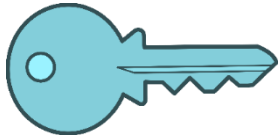
- Utilize relevant tertiary services for professional training, case conferencing, supervision and referral
- Refer people with eating disorders for treatment of comorbid conditions where appropriate



SHARED CARE

INTERVENTION & SUPPORT

- Work collaboratively with family members/support people
- Work collaboratively with professionals from other disciplines to implement and review management plan
- Implement strategies to enhance motivation for change
- Monitor progress and measure outcomes
- Ensure a collaborative and consistent approach across all treatment providers including supporting transfer.



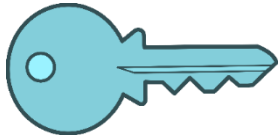
RECOVERY SUPPORT

KNOWLEDGE

- Describe physical, psychological and personal understanding of recovery
- Discuss the risk of relapse and the importance of recovery support
- Describe secondary prevention strategies
- Explain the range of education and support needs of person with an eating disorder and their family/support people

ASSESSMENT

- Ability to conduct strengths based assessment, collaborating with the person to identify their strengths, risks for relapse and individual needs for support



RECOVERY SUPPORT

REFERRAL

- Demonstrate awareness of community based support services and resources and refer people to appropriate services
- Recognise indications of relapse and support people to re-access treatment services

INTERVENTION & SUPPORT

- Within scope of usual role demonstrate ability to provide one or more of the following:
 - Information
 - Recovery planning
 - Recovery education
 - Case management
 - Counselling
 - Peer support
 - Meal support

NEDC can provide:

- contributions to internal and external communications
- Advice on, contribution to or preparation of policies, resources and tools
- Up to date information via online resources
 - www.nedc.com.au
 - www.eatingdisordersinfo.org.au
 - www.storiesfromexperience.com.au

Accessing
information,
resources and
tools.



NEDC can provide:

- **Face to face training in local area in collaboration with PHNs**
- **Evidence-based content for staff or stakeholder training programs**
- **Collaboration with organisations to deliver e-learning (e.g. webinar) to their stakeholders**
- **Access to experts in specialist training (e.g. medical management, CBT-e, FBT)**
- **Train the trainer program**
 - **Facilitated session**
 - **Access to full NEDC introductory workshop content**
 - **Resource on how to incorporate eating disorders professional development in ways that meet practice standards**
 - **Targeted to federal, state or local services providing mental health care on an ongoing basis.**

Accessing and providing training and professional development.



NEDC can provide:

- **Regular communications with members**
- **Information on services available in any local area**
- **Facilitated connection to key national and state services to meet identified needs where possible.**

Find additional resources, training and information at national and state-based services

www.anzaed.org.au

www.cci.health.wa.gov.au

www.ceed.org.au

www.insideoutinstitute.org.au

**Engaging with
others and making
connections.**

