This document was developed in 2013 and contains information and research that is no longer current. In some instances, the language and descriptions used do not reflect current evidence, views or values about body image, disordered eating, eating disorders and the system of care. We ask that you are thoughtful in your application of this information, refrain from using outdated language and concepts when referring to this work, and access more up to date information via our Resources and Research pages.

National Eating Disorders Collaboration

Developing Practical Approaches to Eating Disorders

Developing a Skilled Workforce

Identifying competencies and options for workforce development

A Consultation Paper

June 2013

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A National Eating Disorders Collaboration Consultation Paper

The National Eating Disorder Collaboration (NEDC) is an initiative of the Commonwealth Government Department of Health and Ageing. Its primary purpose is to bring together all of the stakeholders in eating disorders prevention and treatment to develop a nationally consistent evidence based approach to eating disorders.

In working towards these objectives, the NEDC is actively pursuing a vision of an Australian response to eating disorders in which:

1. Eating disorders are a priority mainstream health issue in Australia
2. A healthy, diverse and inclusive Australian society acts to prevent eating disorders
3. Every Australian at risk has access to an effective continuum of eating disorders prevention, care and ongoing recovery support.

In 2012 and 2013 the NEDC has developed a National Framework for eating disorders, guidelines for communicating about eating disorders, an overview of prevention and early intervention issues and a gap analysis exploring what is happening for eating disorders at the moment and where the opportunities are for further development.

The work of the NEDC is all evidence informed, drawing on research evidence and consultation with clinicians, researchers, community based organisations, people with experience of eating disorders and their carers and other interested stakeholders. The next important step will be identifying how to translate this evidence into practice.

This consultation paper is intended to help people and organisations with an interest in delivering eating disorders services to identify strategies for workforce development. The paper provides information on core competencies and professional development strategies. It also provides an opportunity for people to provide feedback to the NEDC on the challenges in implementing workforce development in practice.

The content of this paper is drawn from NEDC publications, especially the national framework and gap analysis, and from consultation with clinicians, researchers, consumers and carers around the country. The consultation paper presents ideas for discussion and does not represent an endorsed position of the NEDC.

More information on eating disorders, including a full suite of NEDC publications, can be found at www.nedc.com.au

Why Prioritize Eating Disorders?

- ☐ **High risk**: All eating disorders are serious illnesses with high levels of psychological distress, risks of long term medical complications and an increased risk of premature death due to medical complications and to an increased rate of suicide. Eating disorders have been shown to have one of the highest impacts on health related quality of life of all psychiatric disorders.

- ☐ **Long term impact:** Eating disorders most frequently start in childhood and youth and impact on education, identity formation and physical growth. With a high risk of recurrence and chronicity, eating disorders can impact on health and quality of life for the whole life span.

- ☐ **Economic cost:** The economic cost in Australia is conservatively estimated at $69.7 billion per year of which $19.9 billion is the cost of health services. The burden of disease costs for eating disorders estimated to be $ $52.6 billion in 2012, are comparable to the estimates for anxiety and depression of $41.2 billion, and for obesity at $52.9 billion.

- ☐ **Occurring in all populations**: Eating disorders are relatively common when compared with other priority health issues. Eating disorders are estimated to affect approximately 9% of the total population with prevalence in any one year of around 2.94% in males and 5.11% in females.

- ☐ **Increasing incidence**: The rate of eating disorders in the Australian population is increasing. This trend is most evident in binge eating disorder and has paralleled the increase in childhood obesity.

- ☐ **Specific treatment**: Eating disorders are a distinct group of complex illnesses with treatment requirements that are different to other types of mental illness. The complexities of eating disorders require a long term multi-disciplinary team approach, integrating medical, nutritional and psychological treatment delivered in a supportive environment.

- ☐ **Early intervention:** Recovery from an eating disorder is possible. Early detection and intervention is critical to successful outcomes. People who have had an eating disorder for less than 2 years are likely to respond more quickly to treatment and experience fewer physical health consequences. Without early intervention, the long term prospects are relatively poor. Recovery from an eating disorder is a long-term process, lasting on average for 1-6 years but affecting up to 25% of people as a severe and enduring illness.

Eating disorders are serious and complex illnesses. Lack of access to appropriate treatment, contributes to the severity and chronicity of the disorder, the impact on the individual and the costs to the community and the health system. In contrast, early intervention delivered by health professionals who are trained to deliver eating disorders treatment has been shown to improve rates of recovery, improve quality of life, reduce recurrence and therefore reduce the demands on the health system[1].

[1] A more detailed discussion and references can be found in the National Framework www.NEDC.com.au

A Skilled Workforce

For people with eating disorders, safe treatment requires access to skilled professional treatment for psychological, physical and nutritional aspects of their illness. Best practice management of eating disorders requires an integrated, multidisciplinary network of primary and specialist care. Depending on the age of the patient and the severity of the illness, it may also require close liaison with the education, social work and voluntary sectors.

The evidence based component of treatment is located in the skill of the staff working with the patient. Therefore all patients with eating disorders need to be treated by someone who is trained to deliver this treatment.

There is an expectation implicit in current funding models and health service protocols that all qualified health professionals are able to treat eating disorders. Evidence from research and from NEDC consultations with training providers and health professionals suggests that the majority of health professionals are not sufficiently trained in the assessment and treatment of eating disorders and do not feel confident to undertake this role.

People with an eating disorder come in to contact with a wide variety of clinicians from medical and allied health fields. Although these clinicians may not have received adequate professional training in responding to eating disorders they are often put in a position of needing to identify, assess and treat eating disorders and their symptoms.

These clinicians acknowledge their professional limitations in providing effective, holistic support to clients experiencing an eating disorder. However, it appears that many clinicians are eager to work with other professionals in identifying and treating eating disorders provided this can be done in the context of appropriate training, supervision and a multidisciplinary team.

For non-health professionals working with people at risk of eating disorders, such as fitness and sports coaches and education professionals, the situation is similar. They receive little or no training but many are eager to receive training and support in the identification of eating disorder risks and symptoms.

The National Eating Disorders Framework (NEDC, 2012) includes a skilled workforce in the essential principles and standards for effective eating disorders prevention and management:

Principle: A skilled workforce

An effective system is founded on a skilled and supported workforce. All health professionals receive training in eating disorders to raise their awareness of the serious nature of eating disorders and to enable them to identify, assess and contribute to the treatment of eating disorders. Training includes the development of attitudes and practices that support early identification and intervention and a person centred and recovery oriented approach. General Practitioners are recognised as being the first point of contact in many instances and are educated on how to interview the patient and their family to facilitate an early diagnosis. Training includes attitudes and practices that support early identification, intervention, recognition of the ambivalence and fear that is prevalent in this population and a recovery oriented approach.

Suggested indicators to demonstrate implementation of this principle include:

- ☐ **Core competencies are defined for all relevant professions**
- ☐ **Everyone who works with people at high risk of developing an eating disorder has access to training appropriate to their role**
- ☐ **All health professionals and allied professionals who work with high risk groups are trained in screening, assessment, referral and support for people with eating disorders**
- ☐ **All health professionals who provide treatment are trained in the delivery of evidence based treatment and have access to tertiary support and supervision**
- ☐ **Non health professionals who work with high risk groups have training in eating disorders mental health first aid or equivalent.**
- ☐ **Health professionals with eating disorders expertise are employed in every primary health care region**

Defining Competency in Eating Disorders Treatment

Competencies are those measurable skills, knowledge, abilities and attitudes that are required to safely deliver evidence based responses to people with eating disorders.

Competencies are broad general statements of what a person should know or be able to demonstrate. While the level of accomplishment may vary between professional roles and service contexts, the essential competency should remain the same. Competencies should change over time to reflect emerging evidence and no statement of competencies should be regarded as immutable.

There are currently no defined competencies or skills sets for the treatment of eating disorders and this directly contributes to the low rate of identification of people with eating disorders and timely access to effective treatment.

The NEDC has identified the development of competency statements for eating disorders as an important step in the priority area of workforce development to address gaps in eating disorders prevention and treatment.

The following statements have been suggested as a starting point for the development of competencies for health workers and other professions who provide early identification, early intervention, non-specialist treatment or support services for people with eating disorders.

These suggestions are currently being reviewed in consultation with eating disorders experts and frontline professionals involved with people who have or are at risk of developing eating disorders.

Core Competencies for Frontline Health Professionals

People with eating disorders often present with complex psychological needs, a risk of physical complications and elevated mortality rates. An extensive knowledge and skill base is required including that related to medical and nutritional issues, assessment of physical and psychiatric health, and a need to be able to work in a multidisciplinary and often multiagency team.

All health professionals who have a responsibility for assessment and diagnosis and who come into contact with the high risk groups for eating disorders should be able to demonstrate knowledge and skill in the assessment, diagnosis and care of people with eating disorders.

Screen, Assess and Refer

All health professionals who have a responsibility for assessment and diagnosis and allied professionals who work with high risk groups for eating disorders should be able to demonstrate knowledge in the following areas:

1. **Demonstrate knowledge of evidence relating to eating disorders**

- Describe normal healthy eating, nutritional principles and healthy relationships with food
- Recognise the signs of disordered eating and describe the associated health risks
- Describe the risk factors that contribute to eating disorders
- Describe the eating disorders, their progression and impact on psychological health and quality of life
- Demonstrate awareness of the overlapping nature of eating disorders and the prevalence of atypical presentations
- Describe the range of physical issues related to eating disorders
- Demonstrate awareness of a variety of health conditions which can co-exist with eating disorders
- Discuss the barriers to self-disclosure that a person with an eating disorder may experience and identify strategies to help a person disclose

2. **Identify and screen people at risk**

- Identify high risk groups
- Identify warning signs and typical presenting symptoms of eating disorders
- Initiate discussion about eating habits with a patient
- Use evidence based screening questions for eating disorders
- Assess for risk of suicide and self-harm

3. **Conduct assessment and document clinical history**

- Take a clinical history for a person with a suspected eating disorder
- Discuss the importance of involving family members or supporters in assessment
- Describe the systematic assessment of children, adolescents and adults in relation to eating
- Use assessment tools and tests as appropriate for the person and the professional discipline e.g. Mental State Assessment, Physical assessments, Common medical investigations, Risk

assessment, Psychometric assessment, Dietary assessment

4. **Refer patients appropriately**

- Refer patients to relevant services to address their physical, psychological and nutritional needs
- Identify when a patient should be referred to a Hospital Emergency Department
- Identify when a patient should be referred to an Eating Disorders specialist service
- Explain the risks of rapid deterioration of health in people with eating disorders
- Explain the impact of very low BMI on cognition and discuss the role of mental health legislation and compulsory treatment for some patients

Contribute to Treatment and Management of Eating Disorders

In addition to demonstrating knowledge of screening, assessment and referral, all health professionals who contribute to treatment for people with eating disorders should be able to demonstrate the ability to:

5. **Work collaboratively with patients and their families**

- Discuss the importance of a family and person centred approach to treatment
- Provide information and support to the patient
- Explain the role of families in assessment, engagement, treatment and recovery support
- Engage the patient, and where possible their family, in collaborative decision making
- Discuss strategies to enhance motivation for change
- Identify and respond to patient ambivalence about treatment and engagement difficulties
- Model an understanding and supportive attitude
- Demonstrate awareness of personal attitudes, values and beliefs(e.g. re: body shape) to manage counter transference or collusion with client
- Explain the range of education and support needs a patient and their family may require and refer to appropriate support services

6. **Develop and implement a treatment plan**

- Work with a patient to identify their strengths and resources for goal setting
- Describe the standards for safe treatment (National Standards Schema)
- Describe the medical care that may be required to treat eating disorders
- Describe the role of intensive treatments including hospital admission
- Describe the purpose of weight gain for patients with very low BMI
- Describe re-feeding syndrome and strategies to reduce the risk of re-feeding syndrome
- Apply Clinical Practice Guidelines
- Implement a management plan
- Demonstrate awareness of when and how to refer to other professions or services
- Monitor progress and measure outcomes (relevant to own professional discipline)
- Describe evidence supported treatment modalities for eating disorders and their relevance to individual patient needs including: CBT, Guided Self Help CBT, FBT

7. Contribute to collaborative interdisciplinary treatment

- Describe the roles of key professions in the multidisciplinary team including: GP, Psychologist, Psychiatrist, Dietitian, Dentist, Mental Health Nurse
- Collaborate in implementing recommendations/treatment with professionals from other disciplines (e.g., nutritionists, physicians, etc.)
- Describe collaborative strategies to reduce the risk of patient's "splitting" health care providers
- Discuss referral pathways and the planning required for transfer
- Support transfer between services and provide appropriate follow-up of patients

8. Support recovery

- Describe physical, psychological and personal understanding of recovery
- Discuss the risk of relapse and recurrence and the importance of recovery support
- Describe secondary prevention strategies
- Demonstrate awareness of community based support services and resources
- Discuss issues in the care of adults with long term eating disorders

Which Professions require competency in eating disorders?

All professionals who work with populations at high risk of eating disorders and have a professional duty of care may require knowledge and skill in screening, assessment and referral of people with eating disorders.

The two groups at highest risk of developing an eating disorder are children and young people, and females of all ages. However, more specific target groups can be defined with particular vulnerabilities and intervention needs and these must be taken into consideration in developing prevention approaches. Eating disorder prevention and early intervention initiatives target:

- Adolescents and young adults (ages 12-25)
- Females
- People with a personal or family history of eating disorders
- Athletes engaging in competitive sport, fitness or dance
- People seeking weight loss treatment
- People with additional health risks or vulnerabilities:
    - Younger children
    - Adult males
    - Pregnant women
    - People with specific health conditions – diabetes, PCOS, infertility
    - Indigenous communities

Most people with eating disorders are diagnosed in the first instance by their GP. Other professional groups which may be the first to identify that someone has or is at risk of developing an eating disorder include dietitians, counsellors, dentists, nurses and emergency department staff.

People from specific high risk groups may first seek help from professionals in very different fields, for example, athletes may first seek help from specialists in sports medicine or physiotherapy, whilst people who frequently use self-induced vomiting purging techniques may first be identified and access help through a dentist. For women presenting with eating disorder symptoms later in life, the first point of contact may be a gynaecologist or midwife; men and women may present for infertility treatment; for people seeking treatment for diabetes or obesity, an endocrinologist or a diabetes educator may be the first point of contact.

Mental Health First Aid

Adults who intersect with people at high risk of developing eating disorders need have an understanding of eating disorders as serious illness and be able to recognise warning signs and initiate safe appropriate conversations with people at risk in order to support help seeking. This group includes primary care clinicians, educators, sports coaches, fitness instructors, youth workers and parents, and in the workplace managers and supervisors. It may also include peer leaders for adult and older adolescent groups.

Mental health first aid training provides one evidence based option for developing an accurate understanding of eating disorders http://www.mhfa.com.au/

Consultation Questions

Who needs to be trained in eating disorders assessment and eating disorders treatment?

What standards (competencies) are required to deliver safe, effective treatment?

Are different competencies required for different professions?

Do the suggested standards include all the skills required?

Developing Workforce Confidence

Eating disorders can be treated in any health care setting provided that there is access to skilled staff to deliver treatment in that setting.

Professional development to enhance knowledge, skill and confidence to treat comprises a number of factors such as training, decision support tools, access to practical experience, supervision and peer support.

Education on its own has proven to be insufficient to remove access barriers, as evidenced by a continuing reluctance by some services to provide ongoing treatment to eating disorders patients.

The confidence to treat is as important as knowledge. Most clinicians in primary and secondary care services will only occasionally see patients with eating disorders. It is difficult to maintain and develop confidence to treat when working with small case numbers. Access to tertiary expertise to inform and support treatment is a key factor in building confidence to treat.

Clinicians identified a wide range of measures which would assist them in feeling better prepared to manage clients with eating disorders including:

- Practical skill-based training
- Models of intervention
- Professional development opportunities
- Access to specialists to provide expert advice and/or support
- Being part of a multi-disciplinary team
- Having resources and tools to reference in their day-to-day work
- Having professional supervision
- Professional networking opportunities for peer support
- Opportunity to learn from people with lived experience of eating disorders

Tertiary specialist consultation

The greatest breakthrough in increasing skills and knowledge and in changing the culture surrounding the admission and ongoing treatment of eating disorder patients in medical and adult mental health facilities has come from the provision of support delivered directly via consultation liaison.

Tertiary consultation is the recommended mechanism to ensure that all health professionals, including General Practitioners and specialists in other health fields, have access when they need it to an appropriate level of specialist expertise. Tertiary consultation can also play a role in convening and supporting the multi-disciplinary team when required. The provision of tertiary consultation support also enables people to have access to eating disorders treatment, at least in the first instance, within their local community.

The National Eating Disorders Framework[2] includes the following principle:

Tertiary consultation accessible at all levels of treatment

Access to expert consultation is required at the earliest possible point to ensure appropriate and early intervention. Wherever treatment occurs in the continuum of care from early intervention to recovery support there must be access to tertiary level expertise for consultation, supervision, guidance and referral if required.

Potential indicators to demonstrate implementation of this principle include:

- ☐ **Clinicians from all disciplines required in the multi disciplinary team have access to expert advice, case review and supervision when required regardless of their geographic location**

- ☐ **Expert advice is available for every clinician and every patient regardless of their geographic location or source of service provision**

- ☐ **Every health region has formal connections with a tertiary service that is resourced to provide training, supervision and shared care**

Community Outreach Training

A number of existing tertiary eating disorder services provide outreach training and consultation support including the Eating Disorders Outreach Service (EDOS) in Queensland, which provides state-wide assessment and treatment recommendations, consultation liaison services, education and training, and specialist intervention programs.

Studies in Queensland and Western Australia have found that outreach community-based training in eating disorders is an effective approach to improving skills in primary care clinicians and gatekeepers. The Western Australian study demonstrated a link between outreach training and a reduction in hospital admissions and better uptake of local services by patients after discharge from hospital.

"This study quantitatively confirms that community-based training on eating disorders improves regional capacity to manage eating disorders in regional Australia" (McCormack, Watson, Harris, Potts & Forbes, 2013).

[2] The National Framework is available at www.nedc.com.au

Consultation Questions

What type of service do you or your service provide?

Do you or your service currently use any form of evidence based training in eating disorders?

What is the best approach to building workforce capability and capacity in your service or region?

How could your service or region access, or improve access to, training in eating disorders?

What are the local issues and challenges that would have an impact on implementation of professional development?

What would you prioritize for development in your region to build workforce capability?

What support would you need to start to implement professional development in your service?

Do you have any comments to make about the content of this consultation paper?