

National Eating Disorders Strategy 2023-2033: Resource for mental health professionals

About this resource

Mental health professionals have an important role within the system of care for eating disorders. This resource is designed to help clinicians think about their role/s within the system of care, and to identify standards and actions from the [National Eating Disorders Strategy 2023-2033](#) (National Strategy) that apply to these roles. It also provides a list of resources to support clinicians to put these standards and actions into practice. Even if you do not work directly with people experiencing or at risk of eating disorders, you still have an important role in the system of care.

The system of care for eating disorders

The system of care for eating disorders, also known as the **stepped system of care**, refers to a full continuum of coordinated, effective, evidence-based services and supports, which are matched to a person’s needs, and increase or decrease in intensity according to the person’s changing psychological, physical, nutritional, and psychosocial needs. Progression along the continuum is not linear, and a person, along with their families and supports, may require recurrent episodes of treatment and support, at different levels in the stepped system of care and from different service providers.

NEDC’s stepped system of care model describes each of the components of the system (Prevention, Identification, Initial response, Treatment (across three levels of intensity), and Psychosocial and Recovery Support), and provides examples of the contexts or settings where these components may be delivered.



Figure 1. Stepped system of care for eating disorders (find more information and download the full version [here](#)).

Applying the National Strategy to your role

The National Strategy aims to achieve 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.

It articulates minimum standards and priority actions for each component of the stepped system of care, to guide system change. In recognition that workforce development is a critical enabler of system change, the National Strategy also sets out minimum standards and priority actions for the workforce.

Mental health professionals have a key role in specific standards and actions outlined in the National Strategy, across all components of the system of care.

Below, we provide an overview of each of the components of the system of care.

We invite you to think about where your role sits in the system of care, and what actions you can take to build and enhance this component of the system of care.

Prevention

Eating disorder prevention refers to 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. 'Eating Disorders Safe' is a specific prevention approach which aims to ensure safe messaging about health, food, minds and bodies across healthcare, education, community services, sport, workplaces and social media.

Do I have a role?

All mental health clinicians have a role in preventing harm, reducing risk of eating disorders, and bolstering protective factors through their clinical practice. This may include helping to foster body esteem, media literacy, and positive relationship with food, body, and eating, as well as understanding and challenging weight stigma with those they are supporting, and within their work setting.

For more information about prevention, including standards and priority actions, refer to the Prevention chapter of the [National Strategy](#) (pages 36-40).

Supporting resources

- [Media literacy](#)
- Psychoeducation resources: [factsheets](#) and [CCI manual](#)
- Use of language: [factsheet](#)
- [Weight stigma](#): webpage and factsheet
- [Eating Disorder Safe Principles](#): webpage
- [Primary prevention](#): webpage
- [Prevention programs](#): webpage
- [Risk and protective factors](#): webpage

Identification

Identification refers to the detection of warning signs or symptoms, and engagement with the person who may be experiencing an eating disorder, to support access to an initial response. People experiencing or at risk of eating disorders can face individual and systemic barriers to help-seeking. For these reasons, the people around them have an important role in recognising warning signs and symptoms and supporting help-seeking. Identifying warning signs or symptoms early in the eating disorder (or sub-threshold eating disorder) can help to shorten the duration of untreated illness and improve outcomes for the person.

Do I have a role?

All mental health clinicians have a role in identification. This requires knowledge of eating disorder warning signs or symptoms and appropriate screening tools, and proactive engagement with the person and their/families and supports to support access to an initial response. Clinicians can also encourage their colleagues to learn about the warning signs of eating disorders and available screening tools.

For more information about identification, including standards and priority actions, please see [NEDC's Identification webpage](#).

Supporting resources

- [Eating Disorder Core Skills: eLearning for Mental Health Professionals](#): NEDC's freely accessible online foundational eating disorder training
- [Identification and response](#): fact sheet
- [Eating disorder warning signs](#): webpage
- [Resources for families and supports](#)
- [Reach Out and Recover \(ROAR\)](#): interactive tool to support people with eating and body concerns
- [Feed Your Instinct \(FYI\)](#): interactive tool to support parents of children and young people with eating and body concerns

Initial Response

An initial response comprises 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 sub-threshold 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. Where there is a wait to access treatment, or if the person is not yet ready to engage with treatment, the initial response may involve monitoring ongoing safety, providing education on harm reduction strategies, continuing to engage the person and their family/supports and community, and facilitating connections to peer support.

Do I have a role?

Mental health clinicians should be able to conduct an initial eating disorder assessment, make a preliminary diagnosis, provide psychoeducation, refer the person to the appropriate level of treatment and supports, and continue to engage the person and family/supports throughout any waiting time for

treatment. Clinicians should have access to information about the treatment and support options available face-to-face, through telehealth, and online for their region.

For more information about initial response, including standards and priority actions, please see [NEDC's Initial Response webpage](#).

Supporting resources

- [Eating Disorder Core Skills: eLearning for Mental Health Professionals](#): NEDC's freely accessible online foundational eating disorder training
- [Identification and response](#): fact sheet
- [Eating Disorder Examination Questionnaire EDE-Q](#)
- Psychoeducation resources: [factsheets](#) and [CCI manual](#)
- [Resources for families and supports](#)
- [The care team](#): webpage
- Referral databases:
 - [ANZAED's connect.ed database](#) of mental health professionals and dietitians who are credentialed in eating disorder treatment
 - [Butterfly Foundation's Referral Database](#) of eating disorder professionals and services

Treatment

Eating disorder treatment refers to evidence-based mental health treatment, in conjunction with medical monitoring and treatment, along with access to nutritional intervention and other services as needed. Treatment can be delivered through digital, telehealth and/or face-to face interventions and is provided by a multidisciplinary team.

There are three levels of treatment within the stepped system of care for eating disorders – community-based, community-based intensive, and hospital and residential. Treatment intensity increases across these three levels. Coordination across these levels of care, and service navigation support, are crucial to improving the outcomes and experiences of people with lived experience and their families/supports and communities.

Do I have a role?

Appropriate skills and training are required in order to provide treatment for eating disorders, in line with the [National Framework for Eating Disorders Training](#) and relevant professional guidelines. Eating disorder treatment is provided by a [multidisciplinary team](#), with a mental health professional and medical practitioner as a minimum.

Not all mental health clinicians will choose to provide eating disorder treatment. Those who do not provide treatment should still have awareness of treatment pathways and be able to connect people to appropriate treatment and support. They should also have sufficient basic clinical understanding about eating disorders, due to the high co-occurrence of eating disorders with other mental health conditions. Clinicians not currently providing eating disorder treatment may wish to upskill in the future.

Mental health professionals who maintain up-to-date knowledge and skills in evidence-based approaches to eating disorders can provide treatment for people experiencing eating disorders. Clinicians may be trained in early and brief interventions such as single session intervention, guided self-help, and other brief manualised interventions to support early intervention, and/or they may be trained

to provide longer courses of [evidence-based treatment](#) (for example, Family Based Treatment or Cognitive Behavioural Therapy for Eating Disorders). Clinicians can work within their service and across the system to ensure seamless transition between services via clear communication and tailored care navigation.

For more information about treatment, including standards and priority actions, refer to the Treatment chapter of the [National Strategy](#) (pages 49-64).

Supporting resources

- [Eating disorder treatment options: Summary of mental health treatment models](#)
- Professional development:
 - [NEDC upcoming training and events](#) and [NEDC Approved Training](#)
 - [Workforce training and professional development database](#)
 - ANZAED's [Eating Disorder Credential](#)
 - Supervision: Search [ANZAED's member database](#) to find clinicians offering supervision
- Referral databases:
 - [ANZAED's connect.ed database](#) of mental health professionals and dietitians who are credentialed in eating disorder treatment
 - [Butterfly Foundation's Referral Database](#) of eating disorder professionals and services
- Guided self-help: see summary of model and available manuals in [NEDC factsheet](#) and [CCI's program](#)

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. Examples of psychosocial and recovery support services include education, employment or social support, assistance with daily activities, and peer support.

Do I have a role?

Clinicians can help to ensure that people experiencing eating disorders, their families, and supports have access to psychosocial and recovery support services and programs, according to their needs. This includes striving to include and refer to such support providers within the multidisciplinary care team and within clinical services.

For more information about psychosocial and recovery support, including standards and priority actions, refer to the Psychosocial and Recovery Support chapter of the [National Strategy](#) (pages 65-68).

Supporting resources

- [Information about peer support for eating disorders](#), as well as links to organisations that provide peer support services such as Eating Disorders Families Australia and Butterfly Foundation
- [Eating Disorder Victoria courses](#) for people in recovery and for carers, families and friends
- [SupportED: Online Self-Help Program for Carers of People with an Eating Disorder](#)

Workforce

To meet the needs of people at risk of or experiencing eating disorders and their families/supports and communities, there is a need for a workforce of adequate size, skill, and diversity positioned across the system of care.

Do I have a role?

Clinicians can support the expansion of the eating disorder workforce by upskilling themselves, encouraging colleagues to upskill, and/or supporting new graduates to access eating disorders training and supervision. Clinicians can establish group or peer supervision and/or communities of practice. Clinicians may become training providers, offering training aligned with the National Framework for Eating Disorders Training. They can also advocate for and support the role of the Lived Experience workforce, which represents an important workforce growth opportunity.

For more information about workforce, including standards and priority actions, refer to the Workforce chapter of the [National Strategy](#) (pages 69-72).

Supporting resources

- [Eating Disorder Core Skills: eLearning for Mental Health Professionals](#): NEDC's freely accessible online foundational eating disorder training
- [Workforce training and professional development database](#): A database of all live, recorded, and self-paced trainings available across Australia for mental health professionals and other workforces
- [A directory of digital, interactive clinical and training resources](#) created by Australian eating disorder organisations and services, with resources for health professionals and for people with lived experience and their families/supports:
- [National Strategy Implementation Database](#) with examples of system-building initiatives that have been developed and implemented across Australia
- [National Framework for Eating Disorder Training](#) and [Guide to Using the National Framework in Workforce Development](#)

Next steps

As a mental health professional, you have an important role in the system of care for eating disorders, regardless of whether or not you work directly with people experiencing or at risk of eating disorders. The stepped system of care is a helpful framework for thinking about where your role sits, and the types of skills required.

The National Strategy contains standards and actions relevant to each of the components of the stepped system of care, in addition to workforce. Mental health professionals, along with many other stakeholders, have an important role in implementing these standards and actions. Achieving an effective, equitable and coordinated system of care requires action at all levels – from policy makers and government, to service leaders, clinicians, and members of the community. As a mental health professional, you can seek to implement relevant standards and actions from the National Strategy within your own clinician practice, within your work context, and within your broader spheres of influence. Every action will help to build and strengthen the system of care.

To assist you in further identifying the standards and actions relevant to your role, and to plan for the implementation of the actions relevant to you and/or your organisation or service, NEDC has developed an Action Plan resource. You can download a fillable or printable version of the Action Plan resource [here](#).

If you have any questions about the National Strategy or your role in implementation, please contact the NEDC team at info@nedc.com.au. For more information about the National Strategy, click [here](#).



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