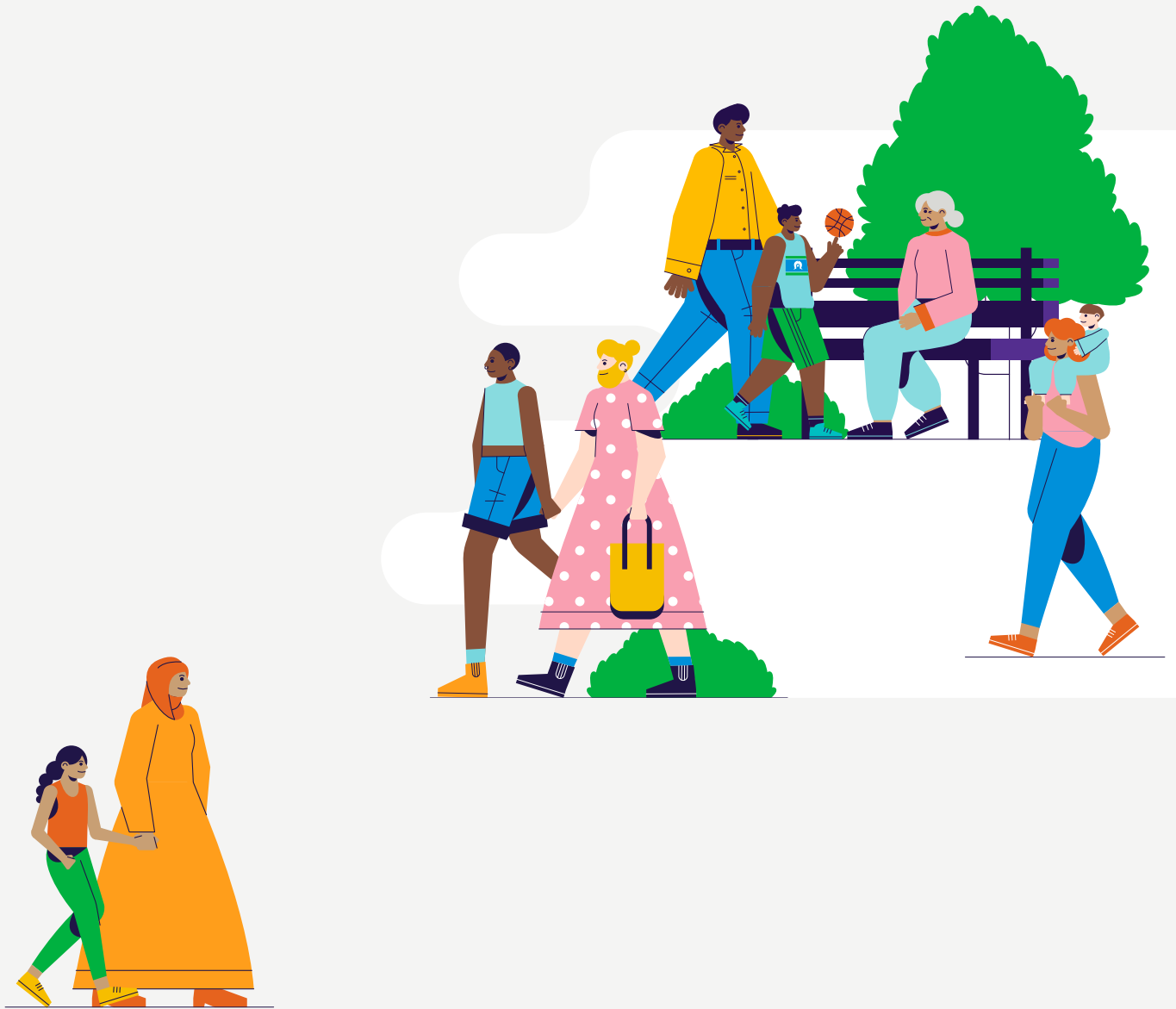




Victorian eating disorders strategy

2024-2031





To receive this document in another format email the [Mental Health Policy team](mailto:mentalhealthpolicy@health.vic.gov.au) <mentalhealthpolicy@health.vic.gov.au>.

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Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services.

In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

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Available at [Victorian Eating Disorders Strategy](https://www.health.vic.gov.au/publications/victorian-eating-disorders-strategy) <<https://www.health.vic.gov.au/publications/victorian-eating-disorders-strategy>>.

A note on the content

This document talks about eating disorders and may contain content that could be distressing. If you are distressed by any content in this document, or if you or a loved one need support, the following services are available:

- If you are in a harmful or life-threatening situation, contact emergency services immediately on Triple Zero (000).
- If you are not in immediate danger but need help, call NURSE-ON-CALL on 1300 60 60 24.
- For crisis support, call Lifeline on 13 11 14 or visit www.lifeline.org.au.
- For other support, call Beyond Blue on 1300 224 636 or visit beyondblue.org.au.
- For people experiencing eating disorders and their family and friends who need support, call Eating Disorders Victoria on 1300 550 236 or visit www.eatingdisorders.org.au/find-support.
- For people experiencing mental ill-health who need financial or other support, call the Victorian Mental Illness Awareness Council on (03) 9380 3900 or visit www.vmiac.org.au.
- For families, carers and supporters in need of support, call Tandem on (03) 8803 5555 or visit www.tandemcarers.org.au.
- For Aboriginal and Torres Strait Islander people who need support, call Yarning Safe N Strong on 1800 959 563, or 13 Yarn on 13 92 76. Or call Brother to Brother on 1900 435 799 or visit www.vaahs.org.au/yarning-safenstrong.
- For children and young people who need support, call Kids Helpline on 1800 551 800, visit kidshelpline.com.au. Or call Headspace on 1800 650 890 or visit headspace.org.au/our-services/eheadspace.
- For LGBTIQ+ people who need support, call Rainbow Door on 1800 729 367, SMS 0480 017 246 or email support@rainbowdoor.org.au.
- If you are looking for a mental health service, visit betterhealth.vic.gov.au, or contact your GP.

Information about how we have defined eating disorders in this strategy, and definitions of other terms and language used, can be found in the *Definitions* section at the end of this document, at page 46.



Minister's foreword

In 2024, the Victorian Government committed \$31 million to support Victorians living with an eating disorder. Our goal is to set more Victorians with an eating disorder on the path to recovery, to live happy and healthy lives.



We committed these funds because eating disorder presentations and acuity have significantly increased in Victoria over the past decade, as highlighted by the Royal Commission into Victoria's Mental Health System. The unprecedented impacts of the COVID pandemic, which saw a global surge in new eating disorders and relapses, were unquestionably felt here in Victoria, with increased hospital presentations and service demands.

We know that eating disorders can happen to anyone. We must work together to support those with or at risk of developing an eating disorder, and their families, carers, and supporters. Improving how we care for people impacted by eating disorders is essential, and we need to do better.

We also know that eating disorders are best treated early, with support delivered through multidisciplinary teams as close to home as possible. But this cannot be achieved without embedding support for people affected by eating disorders within the broader mental health reforms and ensuring a system-wide response that considers the entire stepped system of care, across Victoria.

This will involve changing how we view eating disorders in the health and mental health systems, and in the community.

Victoria's new eating disorders strategy outlines how we will support Victorians to have a safe and empowered relationship with their bodies, food, and movement. From prevention and early intervention to treatment and recovery, we want Victorians to build a meaningful life supported by wellbeing.

This strategy builds on the work of numerous health services, organisations and community members, including those with lived and living experience of eating disorders.

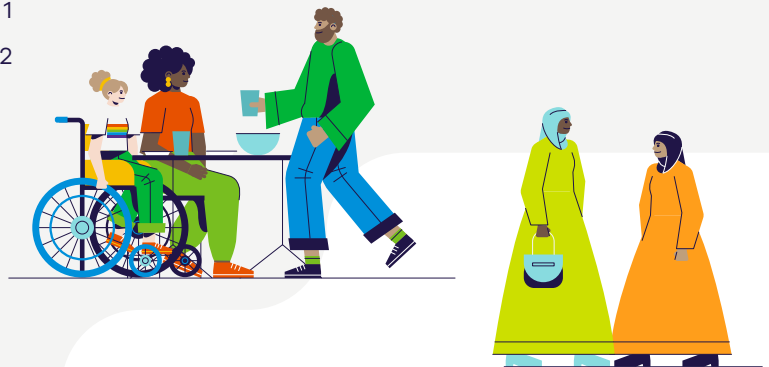
This strategy will guide our efforts to create a society that is supportive, understanding, and resilient in the face of eating disorders. I would like to acknowledge everyone who has been affected by an eating disorder – the people, carers, families, workers, researchers, clinicians, and supporters. I extend my gratitude to all those who have contributed their expertise, passion, and commitment to this cause. Together, we can make a lasting difference.

A handwritten signature in black ink, appearing to read 'Ingrid Stitt'.

Ingrid Stitt MP
Minister for Mental Health

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Acknowledgements

Acknowledgement of Aboriginal and Torres Strait Islander people living in Victoria

We proudly acknowledge Aboriginal and Torres Strait Islander people as Australia's First Peoples and the Traditional Owners and custodians of the lands and waters on which we live, learn, work and play. We pay our respects to Aboriginal Elders and leaders, past and present. We recognise the ongoing enrichment Aboriginal people, culture and communities bring to the cultural landscape of this state. We acknowledge that sovereignty has never been ceded.

Since time immemorial, Aboriginal people have practised their lores, customs and languages and nurtured Country through spiritual, material and economic connections to land, water and resources. These connections are central to Aboriginal social and emotional wellbeing.

We hope that this strategy will facilitate action to better understand and address the experiences and priorities of First Peoples in relation to eating disorders. More broadly, we hope that it will promote healing and encourage all Victorians to learn more about the deep wisdom and social and emotional wellbeing that is held in the world's oldest continuing culture.

We know we get better outcomes when Aboriginal people are making the decisions that affect First Nations communities. Victoria's Treaty process gives us a pathway to give First Peoples a say on the policies that impact First Peoples' lives. We commit to working proactively to support this work in line with the aspirations of Traditional Owners and Aboriginal people living in Victoria.

We look forward to a time where, through the Treaty process, we have recognised the wrongs of the past, made peace, and can walk together with greater respect, understanding and connection, and fully celebrate the strength, resilience and diversity of First Nations people living in Victoria.

Recognition of lived and living experience

We recognise those who have generously shared their lived and living experiences of eating disorders and the experience of people who have been carers, families or supporters in developing this strategy. We recognise the diverse voices of those with lived and living experience, and those with intersectional experiences of diversity and eating disorders.

Your courage, resilience and willingness to openly communicate your journeys have deeply influenced this strategy.

Your insights have lent invaluable depth to our strategy, allowing us to envision more comprehensive, integrated and inclusive approaches to prevention, intervention, treatment and recovery.

Your voices have echoed through our discussions, reminding us of the challenges that demand our attention and dedication.

Your courage in sharing your experiences will undoubtedly help raise awareness, reduce stigma and inspire positive change in the way treatment and support of those affected by eating disorders is approached.

In recognising your significance, we commit to upholding the principles of authenticity and collaboration, ensuring the heart of this strategy remains rooted in the lived and living experiences you have generously shared.

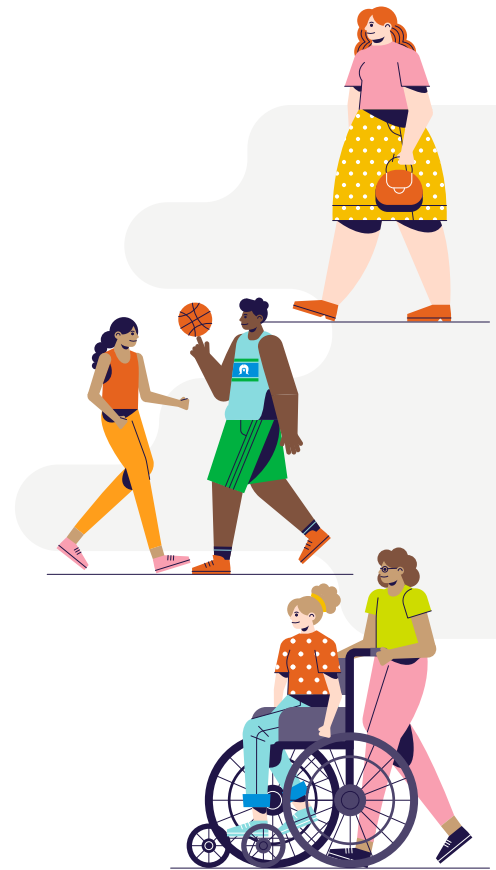
Thank you for working in partnership to achieve system transformation.

Executive summary

A new eating disorders strategy for Victoria

Eating disorders are serious and complex mental illnesses that can be life-threatening and have an ongoing impact on a person's quality of life. The number of people experiencing eating disorders and the severity of these has increased globally, nationally and in Victoria over the past decade – particularly post-COVID, when changes in work and study and limited social connections created highly stressful environments.

The Victorian Government announced in 2022 it would develop a new Victorian eating disorders strategy (the strategy) to guide high-quality, safe, and evidence-informed practice in promotion, prevention, early intervention, and treatment.



Strategy overview

Vision¹

By 2031, people in Victoria feel supported to have a safe and empowered relationship with body, food and movement, free of stigma or weight discrimination, enabling them to build a meaningful life underpinned by their own physical and mental wellbeing.

How this will be achieved

We will achieve this vision by supporting people to stay well and prevent eating disorders. We will also add to the services and systems that support people who are at risk of or experiencing eating disorders. This support will be person, family and supporter-centred, accessible, interconnected and evidence-informed. A stepped system of care that promotes prevention and early intervention and is co-designed and delivered with people with lived and living experience of eating disorders will be core to this.

¹ This vision exists within the Department of Health Strategic Plan 2023-2027 which sets out its strategic roadmap to deliver the best health, wellbeing and care outcomes for communities across Victoria.

Three focus areas have been identified:

Focus area 1:

Prevention, information and early identification



Focus area 2:

Accessible, evidence-based eating disorder treatment through a stepped care model

Focus area 3:

Wellbeing and recovery supports



Supported by five system enablers:



Governance



Workforce



Research and Innovation



Data and Information



Evaluation

By achieving the objectives and actions of the strategy we will:



reduce the prevalence of eating disorders



enhance the early identification and intervention of eating disorders



decrease the hospital admission rates for individuals with eating disorders



promote healthy body image



improve access to treatment and enhance treatment effectiveness



support families and caregivers



improve data collection and recording



enhance research and innovation including research translation

This strategy represents a significant step forward for enhancing focus on eating disorder prevention, early intervention and identification, as well as treatment. Implementation of actions will improve the wellbeing of those affected by eating disorders. The strategy will be evaluated and updated periodically over its eight-year life, as part of supporting its continuing relevance and effectiveness as reforms to Victoria’s mental health system take shape.

Introduction

About the strategy

The Victorian eating disorders strategy 2024–2031 (the strategy) has been developed in response to the growing prevalence and impact of eating disorders on the Victorian community, as evidenced by the interim report of the Royal Commission into Victoria’s Mental Health System (Royal Commission).¹

This strategy seeks to reverse the upward trend of eating disorder presentations by instilling a coordinated, systemic approach that:

- Improves eating disorder prevention, early identification, care, and treatment by aligning with broader Victorian health and mental health and wellbeing reforms.
- Shifts the focus from acute services to a stepped system of care, prioritising early intervention and community-based treatment.
- Fosters a new, shared understanding of the roles of families, carers, supporters, communities, and services in advocating for and supporting people who are affected by or at risk of eating disorders.

The strategy will build on *Wellbeing in Victoria: A Strategy to Promote Good Mental Health 2024–2034* and the *Diverse Communities Mental Health and Wellbeing Framework and Blueprint* (both forthcoming) by considering all Victorians – of all ages and backgrounds – with or at risk of developing an eating disorder. Success will be



measured by the *Mental Health and Wellbeing Performance and Outcomes Framework*. This suite of supporting strategies were Royal Commission recommendations and important foundations in shaping a reformed mental health and wellbeing system (Figure 2).

Developed with Eating Disorders Victoria and the Victorian Centre of Excellence in Eating Disorders (CEED), the *Victorian Eating Disorders Strategy 2024–2031* includes significant contributions from:

- Lived experience and living stakeholders including the Self- Help Addiction Resource Centre, Tandem and the Victorian Mental Illness Awareness Council.
- Health services, the community-based health and wellbeing sector, clinical peak bodies and other experts.

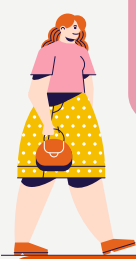
Perspectives and areas of expertise supported the development of this strategy through several consultation activities (Figure 1).

Figure 1: Engagement process



Engagement and partnership with people who have lived and living experience of eating disorders and their families, carers, and supporters, along with clinicians and service providers, will continue through implementation of the strategy. The development of this strategy demonstrates a genuine commitment to working in partnership with people with lived and living experience to achieve system transformation.

Key evaluation milestones spanning the next eight years will help refine the strategy based on community and sector feedback and available evidence.



'The thing I found most difficult was learning where the resources were and how to access them.'

– Parent/carer of a young person with an eating disorder

'You are so flooded with emotions because you don't have those coping skills anymore. You might have learned the theory, but you haven't had someone sitting beside you going, "OK, let's walk through this step by step together".'

– Young adult with an eating disorder

'I needed to be upskilled as a carer and I didn't get that ... all I was given was a one-page document with a meal plan, before being told to go away and feed my child.'

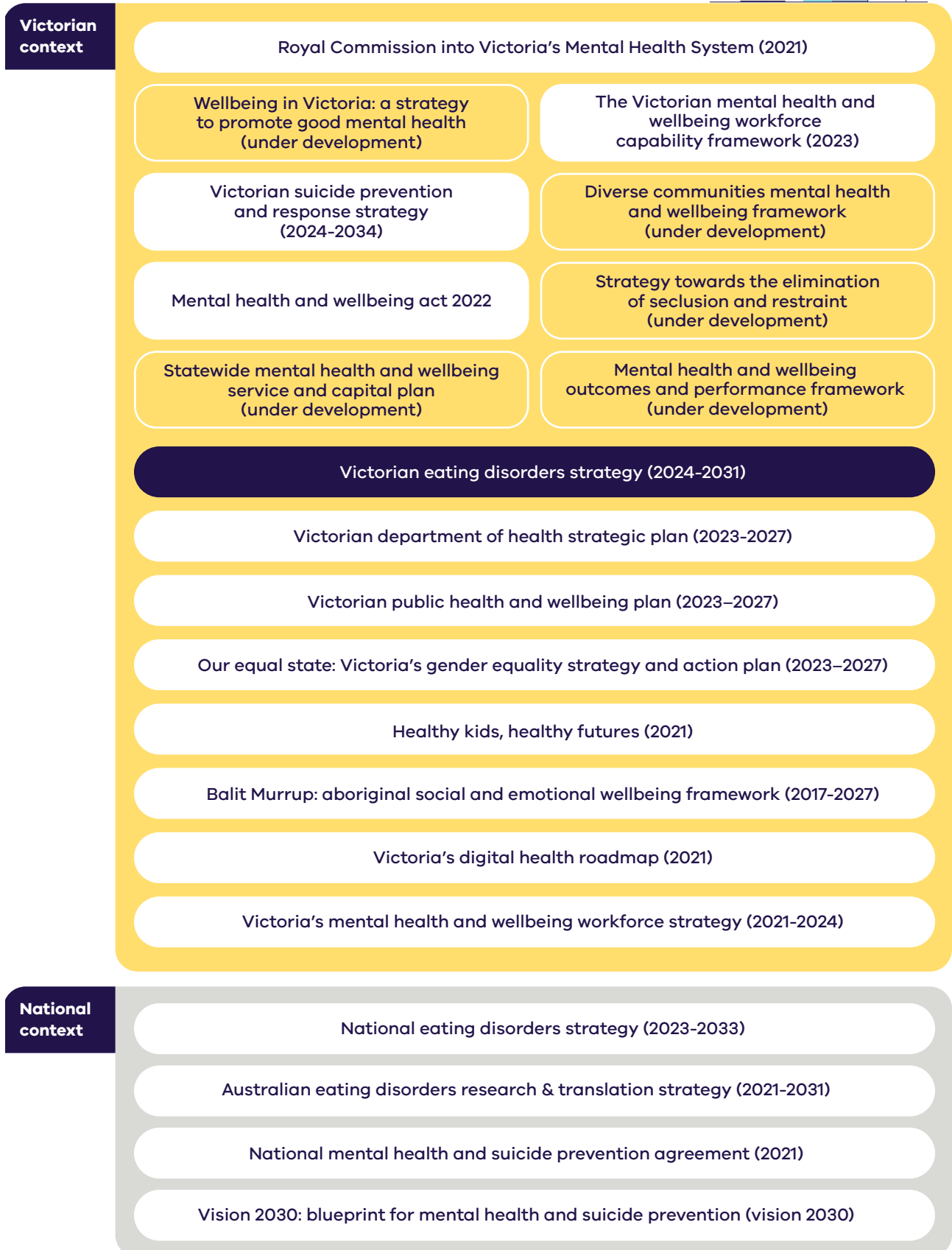
– Parent/carer of an adolescent with an eating disorder

Policy context

A range of Victorian state-based and national policy initiatives across mental health, public health and education intersect with and contribute to the aims of the strategy (Figure 2).



Figure 2: Victorian and national policy context



Victorian policy context

Royal Commission into Victoria’s Mental Health System

In March 2021, the Royal Commission released its final report, providing the blueprint to transform Victoria’s mental health and wellbeing system.

The 65 recommendations, along with nine recommendations from an interim report, laid the groundwork for a future mental health system, including a focus on mental health promotion, prevention, and healing – and where more people will receive services in the community.

Given the relevance of many of these recommendations to eating disorders, this strategy also provides a prime opportunity to leverage the reforming system and strengthen eating disorders prevention, early intervention, treatment and healing. Several of the Royal Commission’s recommendations have informed this strategy as identified in Figure 2.

Department of Health Strategic Plan 2023–27

The *Department of Health Strategic Plan 2023–2027*² sets out how the department seeks to deliver the best health, wellbeing, and care outcomes for communities across Victoria. It has a vision that Victorians are the healthiest people in the world. It creates many of the system reforms and enablers that will position this strategy to succeed, for example, building a stronger and more sustainable workforce, innovating and improving care (including digital infrastructure) and providing care closer to home through building mental health and wellbeing community-based services.

National policy context

National eating disorders strategy

The *National Eating Disorders Strategy 2023–2033*, developed by the National Eating Disorders Collaboration, sets out a 10-year roadmap to guide policies, programs and services to deliver a comprehensive and coordinated stepped system of care for eating disorders across Australia.

This provides a framework of the required components for an effective system of care for eating disorders (Figure 3). The model acknowledges that people experiencing an eating disorder may need access to a range of different services, at different levels of intensity or frequency, across the course of illness and recovery.


The release of *Victoria’s eating disorders strategy (2024 – 2031)* seeks to complement the *National Eating Disorders Strategy (2023 – 2033)* providing opportunities to collaborate with the National Eating Disorders Collaboration to support alignment and continuum of care across the complex mental health and wellbeing system.

Victorian stepped system of care

The Victorian strategy aims to embed the national stepped model of care across Victoria’s mental health and wellbeing system. Figure 3 shows the stepped system of care mapped to the Victorian health and reformed mental health systems.



Figure 3: Victorian eating disorders stepped system of care

	Tier 1:	Tier 2:	Tier 3:	Tier 4:	Tier 5:	Tier 6:
Vic state architecture	Support from families, carers, supporters, informal supports, virtual communities and communities of place, identity and interest	Broad range of government and community services	Primary and secondary mental health and related services	Local Mental Health and Wellbeing Services	Area Mental Health and Wellbeing Services	Statewide services
Description	Consumers self-manage their mental health in their community with the support of family, carers and supporters, and with ready access to escalated support if required	A variety of universal and specialised services, peer support networks, web and telephone-based information resources, counselling and other programs	Including GPs, community health centres, psychologists and other allied health practitioners, paediatricians, maternal and child health nurses, and alcohol and other drug support providers, private practitioners	Local Services to provide free treatment and support for consumers with low-moderate mental health needs, close to their local community	Adult and youth services providing stepped up treatment, care and support for consumers with moderate-high mental health needs, including short-term inpatient admission	Highly specialised services that will be concentrated for high-quality and safe service provision
Example actors	<ul style="list-style-type: none"> Families, Carers and Supports Victorian Government Schools Sports facilities Workplaces VicHealth Local Public Health Units (LPHUs) Local Councils 	<ul style="list-style-type: none"> Families, Carers and Supports Victorian Government School staff Sports facilities Workplaces VicHealth Counsellor Psychologist Dietician Local Councils 	<ul style="list-style-type: none"> Families, Carers and Supports General Practitioners (GPs) Dietician Counsellor Psychologist Paediatricians Maternal and child health nurses Alcohol and other drug support providers Private practitioners Primary Health Networks 	<ul style="list-style-type: none"> Families, Carers and Supports Local Mental Health and Wellbeing Services Headspace 	<ul style="list-style-type: none"> Families, Carers and Supports Adult, Child and Youth Area Mental Health and Wellbeing Services 	<ul style="list-style-type: none"> Families, Carers and Supports Residential Eating Disorders Treatment Centre State-wide Women's' mental health inpatient unit Eating Disorders state-wide service (e.g., Centre for Excellence in Eating Disorders)
Eating Disorders specific services (e.g., Eating Disorders Victoria)						

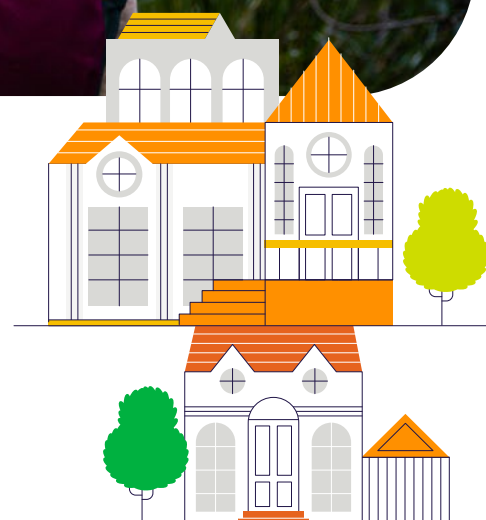


Improving the lives of people affected by eating disorders



Improving the wellbeing of people affected by eating disorders is essential if we are to deliver on the needs of Victorians with or at risk of developing an eating disorder, as well as their families, carers and supporters.

The strategy proposes a range of guiding principles and a framework to deliver actions that collectively represent a fundamental, structural and cultural shift in the way we think about eating disorders.



Guiding principles

Nine principles will guide the rollout of this strategy (Figure 4).

Figure 4: Principles guiding the strategy

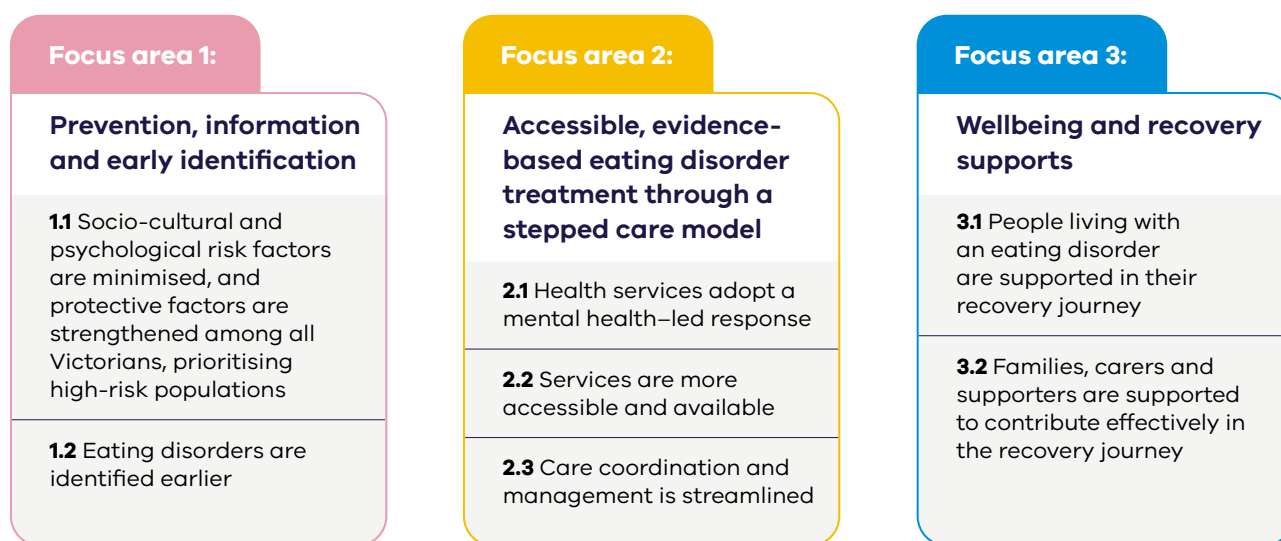


A framework to deliver an accessible, integrated and responsive system of care

In addition to the guiding principles, a framework with three focus areas and five system enablers has been developed to deliver the strategy. These are outlined in Figure 5.

Objectives

Objectives to deliver the strategy’s vision have been allocated across the three focus areas, aligned with the stepped system of care for eating disorders. Implementation of specific initiatives will support achievement of the strategy’s objectives and delivery of its actions to improve the wellbeing of those affected by eating disorders. Rolling implementation plans will outline these initiatives, the first of which has been developed for the 2024-2026 period (see *First implementation plan 2024–2026*).



Five system enablers support the focus areas, providing the necessary conditions and capabilities are in place to deliver a more accessible, integrated and responsive eating disorders care system for Victoria over the next eight years.

Enablers				
E1 Governance	E2 Workforce	E3 Research and innovation	E4 Data and information	E5 Evaluation
<p>E1.1 Establish a clear expectation that eating disorders are a key priority for new services developed as part of Royal Commission reforms.</p>	<p>E2.1 Increase workforce capability to identify eating disorders and provide care for diverse presentations.</p> <p>E2.2 Establish an enduring professional network of eating disorders stakeholders (including lived experience and peer workers) to enable sector leadership, knowledge exchange, capability building and continuous improvement.</p>	<p>E3.1 Expand research on eating disorders prevention, early intervention, treatment and wellbeing supports, especially in diverse communities.</p>	<p>E4.1 Improve data collection on eating disorder prevalence to better determine population needs and public mental health and wellbeing service gaps for eating disorders.</p>	<p>E5.1 Evaluate Victoria’s new eating disorders strategy and service design to ensure it delivers the intended benefits and is fit-for-purpose.</p>

These actions align with the 2024-25 Victorian State Budget investments for eating disorders, which provide \$31 million funding over three years, including:

- \$5.8 million to support the work of Eating Disorders Victoria
- \$6.5 million for two In-Home Intensive Early Engagement and Treatment Programs
- \$6.4 million to deliver ten dedicated early intervention professionals
- \$5.1 million would be committed to maintain the provision of treatment, care, and support to consumers with eating disorders at Melbourne Health, Austin Health, and Monash Health
- \$6.9 million to establish a new Eating Disorders Day Program in regional Victoria.

This funding is provided in addition to existing Victorian Government commitments to eating disorders prevention, treatment and care in recent State Budgets.

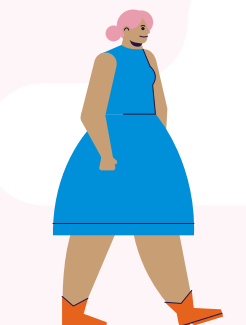
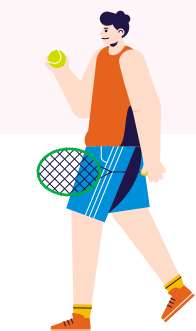


Focus area 1:

Prevention, information, and early identification

Eating disorders present complex challenges that can have severe and lasting negative effects on a person's life. Addressing these challenges begins with prevention and stopping the onset of eating disorders. This involves proactively minimising risk factors and promoting positive behaviours surrounding food and body image.

The impact of eating disorders can be significantly reduced by improving health literacy and information, promoting greater awareness, and understanding of risk factors, and strengthening protective factors in the sociocultural environments in which we live, learn, work and play.



Objective 1.1:

Socio-cultural and psychological risk factors are minimised, and protective factors are strengthened among all Victorians, prioritising high-risk populations

While there is no single cause for eating disorders, several biological, psychological, and socio-cultural risk and protective factors exist. A risk factor is any characteristic, condition or behaviour that increases the likelihood of someone developing an eating disorder (Appendix 1). Protective factors reduce the risk or buffer against developing/worsening an eating disorder (Table 1).

Mitigating and managing risk factors can reduce the burden of eating disorders on society, including healthcare costs, lost productivity and emotional toll on people and their families. Building and strengthening eating disorder protective factors across communities, clinical settings and families may reduce the likelihood of a person developing an eating disorder and promote positive development.³

While many factors contribute to developing an eating disorder, socio-cultural factors including cultural and media influences, weight stigma and peer pressure among youth have been closely linked to an increased risk.⁴ Strong links exist between body image, weight concerns and developing an eating disorder, especially in younger people who are often influenced by media exposure, in particular through social media.

Actions

Action(s) underway and/or ongoing:

Action 1.1.1: Strengthen eating disorder protective factors and reduce risk factors among young people.

Action 1.1.2: Advocate for wider media and social media standards that reduce weight stigma/ discrimination and challenge thin idealism.

New actions:

Action 1.1.3: Strengthen the alignment between health policy and eating disorder prevention policy and messaging, developing evidence-based approaches that challenge weight stigma and weight-based discrimination.

Action 1.1.4: Bolster protective factors and reduce risk factors across high-risk community, health and recreational settings (for example, gyms, sports communities etc.).

Table 1: Protective risk factors for eating disorders⁵

Protective factors that may reduce the likelihood of developing an eating disorder:

- High self-esteem, body acceptance, positive body image and emotional wellbeing
- Eating regular meals with families
- Belonging to cultures that accept a wide range of body shapes and sizes
- Social support structures where weight and appearance are not of high concern

Multiple biological, socio-cultural, psychological and interpersonal factors can increase the risk:

- Biological and genetic factors including personality characteristics such as perfectionism
- Psychological and behavioural factors including stress, depression, anxiety, low self-esteem, and traumatic life events
- Socio-cultural factors including idealisation of thinness, muscularity and leanness, pressure to be successful, challenging family or personal relationships

Note: This represents a non-exhaustive list of potential risk and protective factors for eating disorders.

Body image and the role of the media

Disordered eating behaviours can develop in response to negative body image and body dissatisfaction and can lead to serious physical, psychological and functional problems.

The thin ideal is a cultural concept and societal standard that places a strong emphasis on thinness as the ideal body shape and size, particularly for women. It promotes the belief that being thin is not only attractive but also equates to success, happiness, and social acceptance. The thin ideal is often promoted through various forms of media and the extent to which a person identifies with this ideal is a widely recognised risk factor in eating disorders in women.

Likewise, the muscular ideal, often portrayed in the media, can create pressure to reach and maintain a specific level of muscularity. The pressure to match this ideal can lead to body dissatisfaction and disordered eating behaviours.



Challenges

Misconceptions about weight and health are perpetuated by the media, the food and pharmaceutical industries, dieting and exercise programs and even healthcare practitioners. The view that weight is a sole contributor of an individual's overall health disregards the multifaceted nature of eating disorders.^{9,10} These misconceptions can exacerbate risk factors for developing negative body image and/or eating disorders and contributes to stigma, which becomes a barrier to seeking help.¹¹

Weight stigma

Weight stigma is the unfair and negative treatment, attitudes, beliefs, or stereotypes directed at a person based on their bodyweight or size. It is a result of weight bias and is a risk factor for adverse psychological and physical health issues. It happens anywhere and can increase health disparities and social inequalities.

Perpetuated by harmful stereotyping, including the misconception that obesity is a result of individual choices,⁶ weight stigma can prevent people from accessing care due to discrimination, especially in the case of people with atypical anorexia nervosa.⁷

Throughout our engagement, people with lived experience in larger bodies described being denied support due to their size and shape. It was their view that some health providers make assumptions based on size, perpetuating weight stigma in healthcare settings.



'Being in a larger body you are fighting for your own treatment and care.'

– Person with lived experience of an eating disorder.

This highlights the tension between broader healthcare policy messaging and eating disorders prevention and the need to shift the focus from weight loss to overall health and wellbeing. We need to shift the paradigm in healthcare, so that overall health, not just weight, becomes the goal in healthcare and public health campaigns. We also need to consider creating environments, including food environments (i.e. places where fresh, affordable and nutritious food is readily available) that better support health and wellbeing⁸.

Likewise, increased media and social media exposure in young people can emphasise self-esteem and body image concerns via beauty standards and appearance ideals. By improving young people's ability to critically access, analyse and evaluate media content, these ideals can be challenged and eating disorders prevented.

Effective media literacy education will support people to understand how media shapes societal views, identify how marketing contributes to these ideals, recognise bias and misinformation, and apply critical thinking to a range of issues.

Work underway

Work is already underway to support the vision that by 2031, people in Victoria feel supported to have a safe and empowered relationship with body, food, and movement, free of stigma or weight discrimination:

- *Wellbeing in Victoria: a strategy to promote good mental health* (in development), will focus on young people and aims to rebalance risk and protective factors associated with poor mental health. It will outline priority actions that will be undertaken across the Victorian government, with the aim of preventing mental distress and promoting wellbeing.
- The *Victorian public health and wellbeing plan 2023-2027* outlines an inclusive approach that considers factors influencing population health and wellbeing. One of its 10 priorities is increasing healthy eating, with a focus on improving the nutrition, quality and affordability of food available in public settings.
- The Victorian Government's statewide program *Vic Kids Eat Well* focuses on systems change and aims to surround children and young people with healthier food and drinks. The program uses fun, positive, values-based messaging to support food/drink supply changes in schools, sports clubs, outside-school-hours care and other community organisations. It aims to address the disordered food environment, characterised by advertised, more affordable, discretionary foods and drinks. Rebalancing food environments is an important part of wider efforts to promote positive relationships with food and prevent disordered eating behaviours and eating disorders.

Schools play an important role in supporting and building student mental health and wellbeing (including for eating disorders) and can offer support via initiatives including:

- Mental health and wellbeing leaders in every Victorian low-fee, government, and non-government primary school.
- The *Schools Mental Health Menu*, providing access to evidence-based programs and initiatives that promote mental health and wellbeing.
- Butterfly's 'Body Bright' primary school program supports healthy attitudes towards the body, eating and physical activity by providing early intervention support for significant body image issues.



Objective 1.2:

Eating disorders are identified earlier

Providing access to accurate information about disordered eating and eating disorders, their effects and available treatment options can help people understand the severity of their situation and accelerate the process of getting help.

With the right information, people in a range of settings beyond traditional health and mental health systems can help identify eating disorders earlier and promote proactive and responsive help-seeking, including:

- **Sports facilities and gyms:** Excessive exercise is linked to many eating disorders, and fitness environments can be key settings for prevention and early identification.¹²
- **Forensic patients:** justice and forensic patients have a higher prevalence of eating disorders¹³.

Increasing detection and early intervention requires providers in health, mental health and alcohol and other drug (AOD) settings to be confident and competent in assessing and diagnosing eating disorders. Likewise, increased community and practitioner awareness of the various types of eating disorder presentations may assist with early identification.

Actions

Action(s) underway and/or ongoing:

Action 1.2.1: Make available and promote eating disorders information, self-help resources and system navigation resources and supports, particularly in high-risk community settings.

Action 1.2.2: Embed eating disorders screening and assessment processes across community and healthcare settings that reflect the diversity of individual presentations, including co-occurring conditions.



Challenges

Ambivalence towards treatment is common with disordered eating and eating disorders. Often people fear change, and seeking help feels daunting. Limited community awareness makes it harder for people to recognise when help may be needed or can make people feel invalidated in their request for support, which leads to treatment delays. People with mental illness, including eating disorders, can also experience stigma and shame, or may self-stigmatise and blame themselves for their mental health concerns, which can also delay treatment.¹⁴

Increasing community awareness of eating disorders, including early detection, treatment options and where to go for help works to reduce stigma and shame.¹⁵ The key is to provide the right resources and information, so that finding the help becomes less overwhelming.



‘The thing I found most difficult was learning where the resources were and how to access them.’

– Parent/carer of a young person with an eating disorder

Seeking help in primary care settings has been described as a potential barrier to treatment, both in the available literature and throughout our engagement.¹⁶ Health professionals in primary care settings may be time poor due to insufficient resourcing and may miss the often-subtle signs of disordered eating, delaying diagnosis. For example, many larger-bodied people we engaged described their experience with weight stigma and subsequent misdiagnosis and exclusion from treatment services.



‘So much of my treatment and care options were left up to me to research, find and attempt to access ... [This was further exacerbated] by significant gaps in the coordination of my care, particularly between the public and private system, with staff having limited capacity or understanding to support me on my journey.’

– Young adult with an eating disorder

Work underway

The Victorian Centre for Excellence in Eating Disorders has developed digital tools to assist with help-seeking including Reach Out and Recover and FEED Your Instinct. These resources aim to reduce the time between noticing warning signs, seeking advice and accessing treatment.

Organisations in high-risk settings are also working to raise awareness about eating disorders prevention and early intervention, providing opportunities to expand these programs. For example:

- The Australian Institute of Sport and the National Eating Disorders Collaboration have developed guidelines to support prevention and early identification of disordered eating in high-performance sport settings.¹⁷
- InsideOut Institute and Fitness Australia have released national recommendations for identifying and supporting people with eating disorders in gyms.¹⁸

Community awareness of eating disorders can be improved by building on such initiatives. For example, The Department of Health website now lists public clinical services for eating disorders in Victoria¹⁹ and serves as a landing page for other resources. Similarly, Eating Disorders Victoria’s Hub and Telehealth Nurse program provides eating disorders information and system navigation support including tailored treatment options, available support groups and links with GPs.²⁰ Additionally, the National Eating Disorders Collaboration’s clinical practice guidelines on the management of eating disorders provide best practice approaches including assessment tools.²¹

Focus area 2:

Accessible, evidence-based eating disorder treatment through a stepped care model

This strategy integrates with the National Eating Disorder Collaboration's stepped care model as per Figure 3 (aligned to tiers four to six of the reformed Victorian mental health system²²) to provide consumers with the level of care they require, according to their needs and stage of recovery.

Implementing a stepped care model in Victoria's future health system provides an opportunity to build on the reform work already underway and aligns strongly with the Royal Commission's recommendations to move from a crisis-driven model to a community-based one, considering lived and living experience, treatment availability and accessibility.²³

Community-based treatment

The Royal Commission recommended restructuring the mental health and wellbeing system around a community-based model of care, where most Victorians experiencing a mental health challenge can access supports through services delivered in the community.

In the new mental health and wellbeing system, these services are organised into age specific streams – infants, children, and young people (0-25 years), adults and older adults (over 25 years of age).

Creating a front door to the mental health system, Mental Health and Wellbeing Locals (Local Services) will deliver a range of community-based treatments and wellbeing support. This network of local services for people aged over 25 years provides mental health care coordination, system navigation and linkages, while Headspace centres will do the same for people aged 12-25 years.

As Local Services are rolled out, there is an opportunity to build capability within this service stream to:

- Identify and address eating disorder symptoms
- Strengthen referral pathways between the various levels of the mental health and wellbeing system
- Support step-up and step-down care.

Community-based intensive treatment

Community-based intensive treatment will be delivered by Area Mental Health and Wellbeing Services at a higher frequency or intensity. Community-based intensive treatment can be delivered in various forms, including outpatient programs or community outreach interventions.

Hospital and residential care

People at higher medical and/or psychiatric risk may need hospital and/or residential care. Care settings include medical and psychiatric inpatient units, specific eating disorder inpatient units, emergency departments and residential care. Hospital and residential care are delivered by tiers five and six of Victoria's reformed mental health and wellbeing system, through Area Mental Health and Wellbeing Services and the statewide services.

Objective 2.1:

Health services adopt a mental health-led response

The mental health reforms taking shape across Victoria offer an opportunity to embed a mental health-led response to address many of the existing challenges experienced by people with or at risk of an eating disorder. By adopting a mental health-led response, health services can deliver comprehensive treatment and care that can address the complex factors underpinning a person's illness.

Action

Action(s) underway and/or ongoing:

Action 2.1.1: Enhance health service capacity to provide mental health-led responses to eating disorders at all levels of care.



Challenges

Clinicians and people with lived experience told us that eating disorders is often viewed as a highly specialised field that remains the domain of specific eating disorder services. As such, many people feel there is a lack of clinical knowledge, confidence and financial incentive for primary care, mental health and AOD and other specialised services to help with treating eating disorders.



'As part of promoting accessible and timely care, eating disorders need to be everyone's business ... this requires a culture of acceptance of eating disorders as core business, underpinned by clinicians who feel confident to manage these conditions alongside multiple other types of complexity.'

– Eating disorders clinician

Engagement participants noted that acute treatment settings can overemphasise medical stabilisation and refeeding (Case study 1) at the expense of mental health recovery and wellbeing, limiting the ability to address the causal factors of the eating disorder and increasing the likelihood of readmission.



'[In the emergency care setting] I feel like I am treated not as a mental health patient but an eating disorders patient, when it should be both.'

– Young adult with an eating disorder

These factors create significant challenges for people with co-occurring conditions needing to find appropriate care and support for their diverse experiences.

Case study 1:

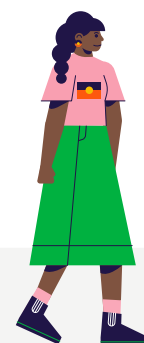
Emily's story

I was diagnosed with an eating disorder at 16, following symptoms from around age 11. Concerns about my weight and eating habits were raised by my parents and school. Weekly appointments were set up by my GP, with referrals to a psychologist and dietitian. Despite this, my condition worsened, leading to inpatient care at 17.

After the first admission, I was connected to the public hospital's outpatient system for youths where I was regularly monitored for changes to my health. There was zero tolerance of anything except a linear progression in weight. Not meeting this would result in trips to the emergency department, which impacted my ability to eat regularly and recover. I then disengaged with the system after becoming medically stabilised (though not recovered) to finish my VCE studies. I relapsed and became more unwell than I ever had been in my first year of university, and this time – as an adult – I took it upon myself to reach out to an eating disorder helpline.

This helpline connected me to the public adult outpatient service, and at my first appointment I was scheduled for an inpatient admission within a few days. This admission was longer, had more focus on recovery and the psychological aspect of things, and was the first time I felt like hospital could be an environment in which I could work towards recovery.

My second adult admission aimed for a minimum BMI to access a day program. Despite meeting criteria, I was asked to leave due to being too unwell. The gap in the system became apparent – I wanted to recover outside the hospital but lacked support for the challenges. I ended up recovering outside the hospital system with periodic engagement with healthcare professionals (GP, psychologist, dietitian) and lots of self-directed learning.



Objective 2.2:

Services are more accessible and available

Early detection and intervention for eating disorders, especially within the first three years, are integral to recovery and preventing hospital admission.²⁴ Early intervention programs increase motivation and help-seeking behaviours and are important for younger people with an early onset of illness who, often experience longer durations of untreated illness.²⁵

Early intervention initiatives can be face-to-face, such as the First Episode and Rapid Early Intervention Service for Eating Disorders (FREED) model used in South Australia (Case study 2), or programs designed for online delivery. Such best practice models can inform future models of care development and design in Victoria.

Actions

Action(s) underway and/or ongoing:

Action 2.2.1: Provide peer-led early intervention support for people, families, carers and supporters.

Action 2.2.2: Work to reduce financial and geographical barriers to accessing services.

Action 2.2.3: Support innovative, responsive and integrated models of care, enabling care to be provided closer to home.

Action 2.2.4: Provide increased waitlist support and management to people waiting to access services.

Case study 2:

Early Intervention model used in South Australia

Filling a gap in services for eating disorders in South Australia, emergED was launched in 2019. The program was inspired by the success of international initiative First Episode and Rapid Early Intervention Service for Eating Disorders (FREED), which delivered improvements in treatment uptake and clinical outcomes and reduced the need for inpatient care.

Drawing from FREED's success in the UK, 'emergED' integrates friends, family, and community members into the young person's care, creating a comprehensive and supportive network to aid in the recovery process. The Adelaide Primary Health Network-funded program is a joint initiative between not-for-profit support service Sonder, its Headspace centres, and Flinders University.

Challenges

The major themes that the Royal Commission highlighted are relevant to accessing early interventions for eating disorders. This includes that the mental health system is disjointed, getting help is challenging and people cannot access community-based care.²⁶

The Royal Commission refers to the 'missing middle'. The term is used to describe people who have needs that are too 'complex', too 'severe' and/or too 'enduring' to be supported through primary care alone, but not 'severe' enough to meet the strict criteria for entry into specialist mental health services.²⁷

Engagement participants echoed this sentiment, describing a lack of appropriate and available entry-points as a key challenge to receiving timely care and treatment. They described their experience as:

Frustrating and confusing

“

'I've found it hard to organise appointments and manage the load of multiple specialists while unwell.'

Delayed and inaccessible

“

'We've had to access private care due to long public waitlists, taking time off work to travel over two hours to access care.'

Disjointed

“

'I'm trying to coordinate all the elements of care between public and private settings; there's a lag in communication and information sharing.'

A lack of affordable treatment options means that many people are accessing the same options for care, resulting in lengthy waitlists (Case study 3). Those who cannot wait due to illness severity may be pushed into accessing private care.

Rural and regional Victorians accessing care experience service gaps, with many rural state-funded mental health services without local mental health inpatient units for young people. The lack of available public services creates significant barriers to timely care.

Service inaccessibility requires many people to access care far away, increasing time taken off work to drive to appointments. This contributes further to the financial burden of care.



Case study 3:

Vicki's story

I brought my daughter to our regular GP due to food restriction, increased interest in exercise and low mood. Concerns were brushed off as typical teen behaviour. The GP eventually recognised an eating disorder and recommended hospitalisation. I was so relieved – but not for long! The wait time was three months.

Unhelpful remarks from clinicians further distressed her, leading to total food refusal. I was not given any other resources by any clinicians during this wait time. I felt alone. In the waitlist time, with my daughter spiraling, I tried everything – phone calls and emails to different hospitals (not understanding geographical constraints of catchment zones). I even drove to a city hospital emergency department, only to be sent home.

After months of trying, I found a suitable psychologist. Unfortunately, before our first appointment, my daughter had a medical emergency and was admitted to hospital. Her weight and vital signs indicated she was extremely unwell. The head paediatrician apologised, knowing I had been advocating for months.

While an inpatient, our psychologist provided training to help us on the outside. The knowledge that the hospital would not 'fix' our daughter, but that we could, was critical in changing our thinking. We were empowered to continue the healing work at home. This psychologist was invaluable and ultimately saved our daughter's life.

I recognise that I was in a privileged position to engage support privately, but what about families that don't have that in their reach?



Work underway

The Mental Health and Wellbeing Locals will be enabled to respond to eating disorders as they are rolled out. This will be done through establishing and maintaining effective referral pathways for eating disorders, which is built into the framework guiding the operation and delivery of services, providing the foundation for the actions and activities listed below.

Other examples of programs that will be explored as the reforms progress include the Australian Government's Right Care Right Place Program, which pilots Eating Disorder Care Coordinators in four Primary Health Network regions, including in Victoria, over a three-year period.

headspace centres accept all types of referrals including self-referral with services at no or low cost, in an effort to reduce barriers that exist for young people in accessing mental health and wellbeing services. Their centres have a "no wrong door" policy to ensure that young people can present with any issue so that they and their families are not having to navigate the complex healthcare system.

Objective 2.3:

Care coordination and management is streamlined

The Royal Commission highlighted that people experiencing mental illness, including eating disorders, will access a range of providers throughout their care. This may include health, mental health, social and community services.²⁸ The Australia & New Zealand Academy for Eating Disorders treatment principles and general clinical practice and training standards highlight the need for coordinated care.²⁹

Action

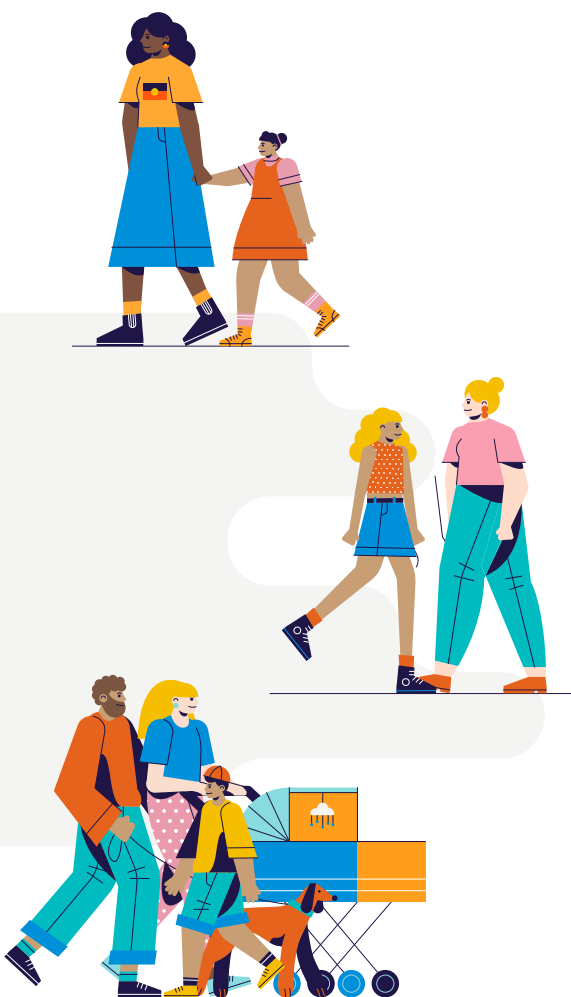
Action(s) underway and/or ongoing:

Action 2.3.1: Support statewide care pathways to have consistent and transparent step-up and step-down pathways, enabling appropriate referrals and care coordination.

Challenges

The system for eating disorders care is fragmented and inequitable, with a lack of integrated and coordinated care delivery between health, mental health and AOD services, and private and public providers. The Royal Commission emphasised gaps between types of services, resulting in poorly coordinated and discontinuous care. As a person moves through the system, there is considerable demand and pressure on people, families, carers, and supporters transitioning between levels of care to identify and link up with the relevant providers and resources. Service type and quality varies widely based on a person's geographic location.³⁰

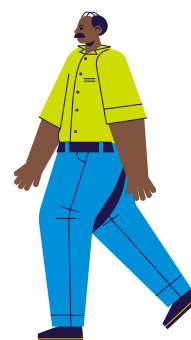
The system has frequent disruptions to care, causing health deterioration. This includes transitioning between inpatient and outpatient care, public and private settings, and between child, adolescent, and adult services.



Work underway

The following work is aimed at closing the gaps associated with seeking help for eating disorders:

- The CEED: A statewide service of Victoria's public mental health and wellbeing system whose role is to support the stepped system of care for people experiencing eating disorders, their families, supporters, and communities through capability building and service development partnership.
- Upskilling the workforce in mental health services: Alfred Health has shown how services can deliver eating disorders care through a stepped care model in Area Mental Health and Wellbeing Services (Case study 4).
- Central intake and triage options for statewide services: There is an opportunity to take a 'no wrong door' approach to support services such as the soon to commence Residential Eating Disorder Treatment Centre, and other bed-based eating disorder services, to have equitable and transparent referral pathways.
- Early Intervention and Integration Leads (EILs): To improve integration across mental health, general medical and paediatric services in areas of need, providing consumers with improved care coordination and service continuity.



Case study 4:

Alfred Health integrated eating disorders response

The eating disorders program at Alfred Health Infant, Child and Youth Mental Health and Wellbeing Service is a team of health professions, many with lived experience, who work in partnership with case managers to care for young people and their families in the Melbourne metropolitan region.

The program provides wrap around, integrated care through multidisciplinary teams, led by clinical and practice leads who provide consultation and leadership. This work is supported by nurse-led physical health care, which has integrated physical health into the mental health service.

This 'one-stop shop' treatment reduces fragmentation and confusion, providing access to dietitians, nurses, family peer workers, mental health clinicians and psychiatrists in one setting. This helps to de-medicalise treatment

for the young person so that physical health consequences are considered alongside mental health concerns.

The program supports mental health clinicians to develop the confidence and capability to appropriately manage physical health concerns related to the eating disorder. This integrated approach enables the program to provide person-centred care that is collaborative and tailored to each young person and their support network.

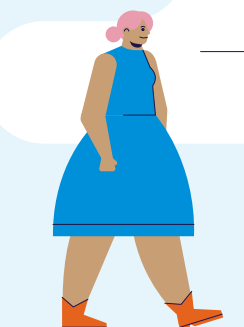
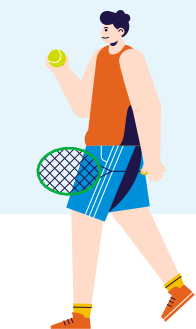
Focus area 3:

Wellbeing and recovery supports

Recovery support services and programs help to foster hope, develop recovery-focused skills and strategies, and support people to successfully transition between levels of care without relapse.

They may be designed or delivered by people with lived and living experience, referred to as peer supports. Peer supports are not only for people with an eating disorder but also their families, carers and supporters.

Throughout engagement to develop the strategy, participants reported positive outcomes from online carer groups on Facebook or via organisations such as Eating Disorders Victoria and Eating Disorders Families Australia. These virtual groups offer welcoming spaces where people can discuss their situation, gain knowledge and insight from peers and connect with people at what can be an isolating time.



Objective 3.1:

People living with an eating disorder are supported in their recovery journey



Eating disorders can be isolating and overwhelming, and people recovering from these disorders may feel a sense of uncertainty, shame, or embarrassment. Without enough support, these experiences may prevent consumers from identifying, connecting, and engaging with wellbeing and recovery supports.

In addition to the online carer groups previously mentioned, wellbeing and recovery support can include programs such as Eating Disorders Victoria’s Peer Mentoring Program, which provides one-on-one support from a peer mentor who has recovered from an eating disorder.³¹ The program aims to provide complementary support alongside clinical treatment to improve outcomes and includes meal support, arts and crafts, gentle movement, self-care activities, grocery shopping, cooking, and attending community events and classes.

Many engagement participants said such programs offered a sense of community, replaced feelings of isolation with belonging, and offered accountability for recovery goals.



‘You are so flooded with emotions because you don’t have those coping skills anymore. You might have learned the theory, but you haven’t had someone sitting beside you going, “OK, let’s walk through this step by step together”.’

– Young adult with an eating disorder

Actions

Action(s) underway and/or ongoing:

Action 3.1.1: Continue to deliver peer designed and-led programs, wellbeing supports and resources for people that support recovery and improve quality of life.

Action 3.1.2: Ensure public mental health and wellbeing services proactively offer peer wellbeing supports, initiatives and resources.

Challenges

Throughout engagement, participants shared the challenges associated with accessing wellbeing and recovery supports, including lack of awareness of available supports.

Work underway

Eating Disorders Victoria provides psychoeducation supports for people experiencing an eating disorder through ConnectEd, an online resource for education. The organisation delivers a range of support groups, including for people demonstrating restrictive and compensatory behaviors, people living in larger bodies, LGBTIQ+ members, and people with severe and ensuring eating disorders.

Butterfly also delivers nationwide virtual support groups with trained peer facilitators.

Objective 3.2:

Families, carers and supporters are supported to contribute effectively to the recovery journey

Eating disorders can have profound impacts on families, carers, and supporters. Around 78 per cent of carers face work losses or must give up their studies to provide care for their loved ones.³² The impact of caregiving reaches many aspects of their lives, affecting sleep, relationships, and social life.³³ Carers often place caring for their loved one above their own needs and aspirations.



Actions

Action(s) underway and/or ongoing:

Action 3.2.1: Support public mental health and wellbeing services to prioritise engagement with families, carers and supporters as core members of the care team.

Action 3.2.2: Support public mental health and wellbeing services to proactively provide families, carers and supporters with relevant peer wellbeing supports initiatives and resources.

Action 3.2.3: Continue programs that support skills, knowledge and confidence among families, carers, and supporters.

Challenges

Treatment and recovery can be a challenging and time-consuming process where families, carers and supporters might need to step into the role of treatment provider.³⁴ Refeeding can be a significant element during some recovery journeys, with responsibility often falling on families, carers, and support people with limited respite.



‘[Refeeding as part of family-based therapy] can be very overwhelming and confronting ... often having a lasting impact on everyone.’

– Parent/carer of an adolescent with an eating disorder

Not all families and carers know how to help their loved one improve their mental health, or what signs to look for when things might not be going well. Caring for someone can be challenging, and those providing the care also need support.

Such support can take many forms, including financial assistance and peer-led support programs such as Eating Disorders Victoria’s Carer Coaching Program. Without enough support, resources and knowledge, there can be significant barriers to aiding a person’s recovery.



‘I needed to be upskilled as a carer and I didn’t get that ... all I was given was a one-page document with a meal plan, before being told to go away and feed my child.’

– Parent/carer of an adolescent with an eating disorder

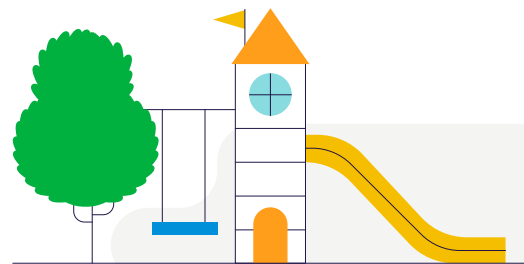
There are already a range of resources for families and carers, but they may not be aware of them or be able to find them. There is value in public mental health and wellbeing services promoting these resources.

Work underway

Some organisations are already providing supports for carers, including:

- Eating Disorders Victoria’s Carer Coaching Program: Offers a range of peer-led services including carer coaching while awaiting formal treatment, skills-based psychoeducation, and system navigation support.
- Eating Disorders Families Australia: Delivers free online counselling to provide education, skills, and support to carers. Aims to reduce the social isolation, anxiety and fear carers often experience.

Various Victorian Government reform initiatives have highlighted the role of families, carers, and supporters. This includes the opening of eight new Mental Health and Wellbeing Connect Centres across the state in 2023. The peer-led centres are providing information, networks, resources, and access to hardship funds to be used by those caring for people affected by eating disorders.



Enablers

Enabler 1:

Governance

Governance helps align and set clear points of accountability for those involved in implementing this strategy. Clear and effective governance provides:

- A commonly understood purpose to improve the impact of initiatives, programs, and activities.
- Clear roles and responsibilities for parties to be aware of expected outcomes and their accountabilities.
- Agreed ways of working, including the tone for meetings, ways of communicating, risk management and pathways for escalation.

Enhancing governance and accountability among tiers 4 and 5 of the Victorian mental health system architecture will mean actions underpinning this strategy are applied appropriately at the clinical level. Focusing on these tiers will lead to greater equity, accessibility, and availability of services, closer to home.



Enabler 1: Governance

Action(s) underway and/or ongoing:

Enabler 1.1: Establish a clear expectation that eating disorders are a key priority for new services developed as part of Royal Commission reforms.

Enabler 2:

Workforce

Workforce is a key enabler to improving eating disorders prevention, identification, early intervention, treatment and support. The Royal Commission highlighted systemic issues that affect the mental health workforce including staff burnout, lack of carer pathways, poor career progression, lack of skill development and employee retention issues.

These matters are also seen in the eating disorders workforce, where a lack of training opportunities, the complexity of care, and widespread view that eating disorders are a specialty area has limited efforts to expand workforce capability and capacity.

Workforce attraction, recruitment, and retention

There are health and mental health workforce shortages across Victoria, Australia and internationally, particularly in rural and remote regions. In this climate, it is challenging to attract and retain skilled staff to eating disorder roles, and existing staff are at increased risk of burnout due to the complex nature of treatment.

Workforce attraction and retention can be addressed by widening access to wellbeing support and improving learning and development to foster wellbeing and career progression.

Workforce capability

There is limited quantitative research on the capabilities of Victoria's eating disorders workforce. Lived experience participants and clinicians across the sector describe varying levels of capacity, skills, and confidence to support people with or at risk of an eating disorder.

Capability and attitudes towards eating disorders can vary across the sector, with participants describing some clinicians as not willing or able to offer care. These barriers can drive consumers to private or acute care, increasing the financial burden and straining the care system. Training and easier referral pathways in primary care practices can improve staff motivation.

Enabler 2: Workforce

Action(s) underway and/or ongoing:

Enabler 2.1: Increase workforce capability to identify eating disorders and provide care for diverse presentations.

Enabler 2.2: Establish an enduring professional network of eating disorders stakeholders (including lived experience and peer workers) to enable sector leadership, knowledge exchange, capability building and continuous improvement.



'Many healthcare professionals are not well educated to recognise and diagnose eating disorders early and are not sufficiently educated on accessible and appropriate treatment options and care pathways.'

– Parent/carer of an adolescent with an eating disorder

Multidisciplinary teams and lived and living experience

Best practice eating disorders treatment requires multidisciplinary care³⁵ including a GP, psychiatrist, physiotherapist, dietitian, psychologist and/or other allied health practitioners. Including lived and living experience peer workers in core treatment teams can instil hope for recovery and increase social connection.³⁶

Lived and living experience peer workers have firsthand experience of eating disorders and their perspective can improve treatment retention and workforce capacity to treat eating disorders.

Work underway

Work is underway to build the mental health and wellbeing workforce as part of mental health reforms and there are several actions in this strategy can build on to support workforce development.

Workforce attraction, recruitment, and retention

- *Victoria's Mental Health and Wellbeing Workforce Strategy 2021-2024* was released in December 2021, along with investment to support recruitment and development programs including mental health literacy among junior doctors. The workforce capability framework sets out the knowledge, skills and ways of working that our diverse, multidisciplinary and evolving workforce needs.
- The *Regional Mental Health Workforce Incentives* program, which aims to attract and retain workers in state-funded mental health and AOD services across rural and regional Victoria, addresses workforce attraction and recruitment.

Workforce capability

A range of accessible eating disorder workforce capability training programs exist and can be better promoted:

- National Eating Disorders Collaboration and the Australia and New Zealand Academy of Eating Disorders have partnered to develop and deliver a credentialing system for treatment providers.
- National Eating Disorders Collaboration's [National framework for eating disorders training: A guide for training providers and the Training Approval Process for ED](#) will assist health professionals to meet credentialing requirements.
- Australia and New Zealand Academy of Eating Disorders Practice Standards (2020): Covers principles, practice and training standards for emergency and general clinical settings, dietitians, and mental health professionals.

Foundational level training is also recommended for all health practitioners:

- InsideOut Institute: ED essentials e-learning, which provides training for school staff, carers and dietitians including meal support in hospital.
- National Eating Disorders Collaboration Core skills: Free e-learning for GPs and mental health clinicians.
- CEED: Foundations of Safe effective practice for eating disorders.
- Eating Disorders Victoria: Modules in eating disorders awareness, early identification and intervention for health and other community professionals.

Treatment models and extended practice training are also available:

- The Victorian Centre for Excellence in Eating Disorders (CEED) is a program of the Victorian mental health system. CEED provides eating disorders treatment model and advanced treatment training for Victorian Area Mental Health and Wellbeing Service clinicians and other health professionals.
- InsideOut Institute provides a range of e-learning tools accessible to Victorian health professionals (training for school staff, carers, meal support in hospitals, clinician training, dietitians, inpatient care).
- Australia and New Zealand Academy of Eating Disorders hosts treatment model and extended practice training on a user-pays basis.

Other activities to build and support workforce capability:

- Secondary case consultation support: CEED provides 1:1 and group case consultation for Victorian Area Mental health and Wellbeing Services.
- Service Development Partnerships: CEED and selected Infant Child Youth Mental Health Wellbeing Service (ICYMHWS) and (Adult and Older Adult Mental Health Wellbeing Service (AOAMHWS) partners to provide innovative intensive clinical programs, Multi-family Therapy for Adolescent Anorexia Nervosa (MFT-AN) for adolescents and Temperament-Based Treatment plus Supports (TBT-S) for young adults and adults. MFT-AN and TBT-S programs aim to provide an adjunctive treatment program for consumers and families and build workforce capability.

Enabler 3:**Research and innovation**

Research and innovation increases understanding of eating disorders and the complex factors that contribute to their development. Research findings can be used to:

- Develop targeted prevention programs for schools, communities, and healthcare settings.
- Improve early identification and intervention.
- Improve treatment and support in line with best practice and evidence.
- Ongoing research and innovation improve treatment and enables increasingly effective therapy options. Findings and advances can be used to raise awareness of eating disorders, challenge misconceptions and reduce stigma.

**Enabler 3: Research and innovation****Action(s) underway and/or ongoing:**

Enabler 3.1: Expand research on eating disorders prevention, early intervention, treatment and wellbeing supports, especially in diverse communities.

Work underway

A variety of research projects are under way at the state and national levels.

Victorian initiatives

- The Victorian Eating Disorders Research Network: Non-funded group of researchers working to understand eating disorders, develop effective interventions and translate findings to standard practice.
- Orygen's Eating Disorders Research Program: Aims to improve early intervention care and treatment for young people with an eating disorder.

National initiatives

- *Australian Eating Disorders Research & Translation Strategy 2021-2031* provides the national roadmap to establish eating disorders as a research priority, supporting an expanded workforce to enable evidence-based prevention and treatment approaches.³⁷
- Australian Eating Disorders Research and Translation Centre: Translates research findings into practice, aiming to reduce the burden on Australians affected by eating disorders.

Enabler 4:

Data and information

A strong eating disorders evidence base relies on data and information.

The Royal Commission described Victoria’s data system as outdated and lacking several features needed for contemporary data and information collection, use and sharing.³⁸ These include the ability to record clinical notes, access clinical information between services, view prior service delivery information on non-registered people (people who have looked for treatment but not been accepted) and generate performance and service reports.

There is also limited connectivity and information sharing between public mental health services and other healthcare providers involved in a person’s treatment. The Royal Commission heard that ‘better data collection systems and data analytics can also provide services, system administrators and researchers with a wealth of information to identify where interventions and programs are working, and where more needs to be done’.³⁹

Improving data and information collection can:

- Reduce the burden on people to repeatedly share their story.
- Support research that requires meaningful data collection.
- Improve understanding of diverse eating disorder presentations.
- Demonstrate the prevalence, impact, and economic burden of eating disorders.

Enabler 4: Data and information

Action(s) underway and/or ongoing:

Enabler 4.1: Improve data collection on eating disorder prevalence to better determine population needs and public mental health and wellbeing service gaps for eating disorders.

Work underway

In alignment with *Victoria’s Digital Health Roadmap 2021-2025*, the Royal Commission has resulted in digital reform initiatives across the mental health and wellbeing sector (see Recommendation 62). These reforms will deliver change that strongly align with the objectives of the strategy, including:

- Reducing the risks to consumer safety of using paper-based care processes.
- Embedding patient-centred care by joining up healthcare records.
- Creating more options for people to use home-based and virtual care and care closer to home.
- Giving consumers access to their own healthcare information.
- Speeding up service delivery.
- Reducing the challenges of geographical isolation.



Enabler 5:

Evaluation

Evaluation will help us analyse whether the strategy and its actions are meeting the needs of Victorians with or at risk of an eating disorder, their families, carers, and supporters. Evaluating the strategy will enable valuable insights and lessons learnt contribute to continuous improvement efforts. Evaluation of strategy outcomes will also inform resource allocation, program modifications and future strategic directions.

The strategy will be measured against the range of outcomes and indicators in the new *Mental Health and Wellbeing Outcomes and Performance Framework* (in development) with initiative leads reporting on the progress of initiatives within the implementation plan.

Enabler 5: Evaluation

New action:

Enabler 5.1: Evaluate Victoria’s new eating disorders strategy and service design to ensure it delivers the intended benefits and is fit-for-purpose.

Work underway

This strategy aims to align with broader initiatives across the Victorian Government, including Royal Commission expectations around evaluation and engaging lived experience.

Along with the *Mental health and wellbeing outcomes and performances framework* (under development), the strategy will build on the work of the Victorian Collaborative Centre for Mental Health and Wellbeing by using the evidence of lived experience as the basis for service design, delivery, research and evaluation.



Implementation

Rolling implementation plans will support delivery of the strategy’s actions and achievement of its objectives. Implementation plans will outline the initiatives (such as programs, services and policy changes) to be delivered over each implementation period- the first of which is the two years from 2024 to 2026.

The two-year focus of the first implementation plan acknowledges the need for sequencing as not all actions needed to address eating disorders can be undertaken at once. The implementation plan aligns with 2024–2025 Victorian State Budget outcomes related to eating disorders, which provide \$31 million funding over three years. These resources are provided in addition to existing Victorian government commitments to eating disorders prevention, treatment and care.

The first implementation plan focuses primarily on setting strong foundations for a whole-of-government and community-wide approach to eating disorders and responding to immediate priorities.



Governance

Governance and monitoring mechanisms will be implemented to track progress over the next eight years so to ensure we are working towards the strategy’s vision and objectives.

A cross-government working group will be established to oversee implementation of the strategy. Representation will reflect relevant areas needed to progress priorities. The role of this group is to:

- Oversee the strategy implementation.
- Evaluate strategy progress at relevant time-points.
- Collectively manage and mitigate implementation risks and issues.

The working group will seek expert input and performance oversight as required.

Thank you



The Victorian eating disorders strategy 2024–2031 has been developed in response to the growing prevalence and impact of eating disorders on the Victorian community, as evidenced by the interim report of the Royal Commission into Victoria’s Mental Health System (Royal Commission).

We acknowledge the strength, courage and commitment of people with lived and living experience of eating disorders, as well as their families, carers and supporters, and thank you for your meaningful and deeply personal contribution to developing this strategy.

Our thanks to Eating Disorders Victoria, The Victorian Centre of Excellence in Eating Disorders, Tandem Carers, the Self Help Addiction Resource Centre and Victorian Mental Illness Awareness Council for their support and advice, including their support of our co-design participants.

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- Alfred Health
- Amaze
- Austin Health
- Australian GLBTIQ Multicultural Council
- Australian Medical Association, Victorian Branch
- Australian Nursing and Midwifery Federation
- Barwon Child, Youth and Family
- Bendigo Health
- Body Confident Collective
- Butterfly Foundation
- Deaf Victoria
- Dietitians Australia
- Different Journeys
- Eastern Health
- Eating Disorders Families Australia
- Ethnic Communities Council of Victoria
- Health at Every Size
- Latrobe Health Assembly
- Mildura Base Public Hospital
- Mind Body Well
- Monash University, Image and Eating Disorders Research Group
- Multicultural Centre for Women’s Health
- Northern Health
- Occupational Therapy Australia
- Orygen
- Peninsula Health
- Perinatal Anxiety and Depression Australia
- Royal Australian and New Zealand College of Psychiatrists
- Royal Melbourne Hospital
- Spectrum Personality Disorder Service for Victoria
- Swinburne University
- The Australian Ballet School
- The Australian Psychological Society
- The National Eating Disorders Collaboration
- The Obesity Collective
- Thorne Harbour Health
- Transgender Victoria
- University of Melbourne
- VicHealth
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Alcohol and Drug Association
- Victorian Eating Disorders Research Network
- Victorian Healthcare Association
- Women’s Health in the South East
- Yarra Ranges Body Image Group
- Yellow Ladybugs
- Youth Substance Abuse Service

Appendix 1

About eating disorders

Eating disorders are serious and complex mental illnesses that can be life-threatening and have an ongoing impact on a person's quality of life. Characterised by disturbances in behaviours, thinking and attitudes about eating and food, for many this may extend to concerns about weight and shape, and physical activity.

People with eating disorders face increased risk of mortality compared with the general population and those experiencing other mental health illnesses (anorexia nervosa holds the highest mortality rate among mental illnesses),⁴⁰ yet early detection and intervention rates are low.

People with eating disorders experience higher rates of co-occurring mental health problems than the general population, and many find it difficult to access the treatment, care and support they need.

Types of eating disorders

There are many different types of eating disorders. Acknowledging the ongoing debate surrounding diagnostic criteria, the strategy adopts the definitions outlined by the DSM-5 to describe the various eating disorder diagnoses:

- Anorexia nervosa – restricted energy intake, resulting in a significantly low bodyweight or less than minimally expected bodyweight for age and height. The person experiences intense fear of gaining weight and may experience disturbances in body image and a lack of recognition of illness severity.
- Avoidant restrictive food intake disorder – eating or feeding disturbances with persistent failure to meet appropriate nutritional and/or energy needs.
- Binge-eating disorder – repeated episodes of binge eating, often with marked distress following a binge. People with this disorder do not engage in any compensatory behaviours.

- Bulimia nervosa – repeated episodes of binge eating followed by repeated inappropriate behaviours to prevent weight gain such as vomiting, taking laxatives, using diuretics, fasting or excessive exercise. The person's self-evaluation is greatly influenced by bodyweight or shape.
- Other specified feeding or eating disorder / unspecified feeding or eating disorder – feeding and eating disorders that cause significant distress but do not meet criteria for other diagnostic categories. Includes atypical anorexia.
- Pica disorder – the persistent eating of things that are not food and that are inappropriate to the person's developmental level.
- Rumination disorder – repeated regurgitation of food that may be re-chewed, re-swallowed or spit out. The repeated regurgitation is not caused by a gastrointestinal or other medical condition.

Disordered eating

Disordered eating refers to a wide range of irregular and problematic eating behaviours that may include symptoms and behaviours typical of eating disorders, though at a milder frequency or lower intensity. While disordered eating may not always qualify as a clinically diagnosable condition, it can still have negative physical, emotional and psychological effects on people's health and wellbeing.

Prevalence

Eating disorder presentations and acuity have increased in Victoria (an 11.1% increase from 2008 to 2017–18), as highlighted by the Royal Commission into Victoria's Mental Health System. Eating disorder presentations significantly increased during the COVID-19 pandemic, where changes in work and study, plus limited social connections, created highly stressful environments.

A lack of accurate data about eating disorders in Australia and internationally makes it difficult to determine their exact incidence and prevalence. However, existing research estimates that eating disorders affect about 4% of the Australian population.⁴¹ Including disordered eating behaviours increases this number to 16%.⁴²

In Victoria, conservative projections estimate that the number of people with an eating disorder in 2023–24 will be 297,500, consisting of:⁴³

- 8,499 with a diagnosis of anorexia nervosa (3% of the population with an eating disorder)
- 35,580 with a diagnosis of bulimia nervosa (12%)
- 139,379 with a diagnosis of binge eating disorder (47%)
- 114,613 with unspecified feeding or eating disorders (38%).

However, with low detection and diagnosis rates, the actual prevalence of eating disorders and disordered eating in the community is likely to be much higher, with almost one in five Australians showing more than three symptoms of disordered eating.⁴⁴

Age and gender

Adolescents and young people, particularly female adolescents, experience higher rates of eating disorders.¹ In Australia, women and girls face a higher risk of experiencing eating disorders than men and boys; making up almost two-thirds (67%) of the affected population. Around 15% of women will experience an eating disorder at some point in their lives,¹ often coinciding with adolescence, particularly during puberty.⁴⁵

More than a third (37%) of Australians with an eating disorder are male.¹ However, stigma, stereotypes and a lack of understanding that result in underdiagnosis suggest that the rate of eating disorders among men may be much higher.⁴⁶

While extremely underrepresented in eating disorder literature, research suggests that transgender people are more likely to experience an eating disorder than their cisgender counterparts.⁴⁷

Diversity of experiences

Eating disorders affect people of all ages, genders, sexual identities, cultures, socioeconomic groups, body shapes/sizes and health conditions.¹ But several groups in our community experience a higher risk, including:

- Aboriginal and Torres Strait Islander people*
- Athletes and performing artists
- Larger-bodied people
- LGBTIQ+ communities
- Multicultural communities
- Neurodiverse people
- People with polycystic ovarian syndrome
- Disability communities
- People with experience of substance use or addiction, or other behavioural addictions

The socioeconomic costs of eating disorders

The social and financial costs of eating disorders can be significant. Although there is little research in this area, a 2024 Australian study estimated the total economic cost of all eating disorders was \$66.9 billion in the 2023 financial year, or \$60,654 per person with an eating disorder. Approximately two-thirds of people with an eating disorder (65%) are in the working age population, with resulting productivity losses making up almost one third (27%) of total costs of eating disorders at \$18.1 billion.⁴⁸

*The department will continue to work with the Balit Durn Durn Centre, Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal and Torres Strait Islander people in Victoria to develop an approach to addressing the higher rates of eating disorders experienced by Aboriginal and Torres Strait Islander people.

Appendix 2

Definitions

The below definitions have been used to provide meaning for the terms used throughout this strategy, recognising that definitions can vary among people.

Term	Definition
Carer	For this strategy, the term carer refers to a person who looks after someone with an eating disorder.
Consumer	A person who identifies as having a living or lived experience of mental illness or psychological distress, regardless of whether they have a formal diagnosis, and has used mental health services and/or received treatment, care or support.
Diagnostic and Statistical Manual of Mental Disorders (DSM-5)	The primary manual used by health professionals as the authoritative guide to diagnose mental health disorders.
Eating disorders	This term covers: <ul style="list-style-type: none">• People diagnosed with an eating disorder or at risk of developing an eating disorder that meets the criteria for an eating disorder as recognised in DSM-5, and International Classification of Diseases, 11th Revision (ICD-11)• People experiencing conditions that do not meet the criteria for an eating disorder as recognised in the DSM-5, but cause distress related to feeding and eating, body image, shape, size or weight.
International Classification of Diseases, 11th Revision (ICD-11)	The World Health Organization–developed global standard for systematic recording, reporting, analysis, interpretation and comparison of mortality and morbidity data.
LGBTIQA+	An evolving term that refers to lesbian, gay, bisexual, trans and gender diverse, intersex, queer, questioning, and asexual as an inclusive umbrella abbreviation.
Lived and living experience	For this strategy, lived and living experience refers to a person's experience of an eating disorder or someone who is caring or supporting or has cared or supported a person who has or is experiencing an eating disorder.

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