



Summary

**Victorian eating
disorders strategy
2024–2031**



Introduction



A new eating disorders strategy for Victoria

Eating disorders are serious, complex and at times life-threatening mental illnesses, which have the potential to cause significant and wide-ranging quality of life impacts for both people with eating disorders, and their families, carers and supporters.

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

Eating disorder presentations and severity have increased in Victoria over the last decade, 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, employment, education, and limited social connections created highly stressful environments.

In 2022, the Victorian Government announced a new Victorian eating disorders strategy. The strategy will have the practical effect of providing direction to the mental health and wellbeing sector and stakeholders about the Government's commitment, actions and investment in this area.

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

Strategy overview

Vision

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 want to create a care system that is centred on the needs of people with eating disorders, their families, carers and supporters. This system will be easy to navigate, connecting services and supports with the people who need them, where they need them, and based on the best available evidence.

It will be a system that helps prevent eating disorders, identifies, and addresses issues early on and which is designed and delivered with input from people who have experienced eating disorders themselves.

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 fulfilling the goals and implementing the actions outlined in 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

Strategy overview

The following strategy overview capturing focus areas and underpinning actions will be used as a guide to implement the strategy

Focus area 1:	Focus area 2:	Focus area 3:
<p>Prevention, information and early identification</p> <p>1.1.1 Strengthen eating disorder protective factors and reduce risk factors among young people.</p> <p>1.1.2 Advocate for wider media and social media standards that reduce weight stigma/ discrimination and challenge thin idealism.</p> <p>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.</p> <p>1.1.4 Bolster protective factors and reduce risk factors across high-risk community, health and recreational settings (for example, gyms, sports communities etc.).</p> <p>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.</p> <p>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.</p>	<p>Accessible, evidence-based eating disorder treatment through a stepped care model</p> <p>2.1.1 Enhance health service capacity to provide mental health-led responses to eating disorders at all levels of care.</p> <p>2.2.1 Provide peer-led early intervention support for people, families, carers and supporters.</p> <p>2.2.2 Work to reduce financial and geographical barriers to accessing services.</p> <p>2.2.3 Support innovative, responsive and integrated models of care, enabling care to be provided closer to home.</p> <p>2.2.4 Provide increased waitlist support and management to people waiting to access services.</p> <p>2.3.1 Support statewide care pathways to have consistent and transparent step-up and step-down pathways, enabling appropriate referrals and care coordination.</p>	<p>Wellbeing and recovery supports</p> <p>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.</p> <p>3.1.2 Ensure public mental health and wellbeing services proactively offer peer wellbeing supports, initiatives and resources.</p> <p>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.</p> <p>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.</p> <p>3.2.3 Continue programs that support skills, knowledge and confidence among families, carers, and supporters.</p>

Enablers

E1 Governance

E2 Workforce

E3 Research and innovation

E4 Data and information

E5 Evaluation