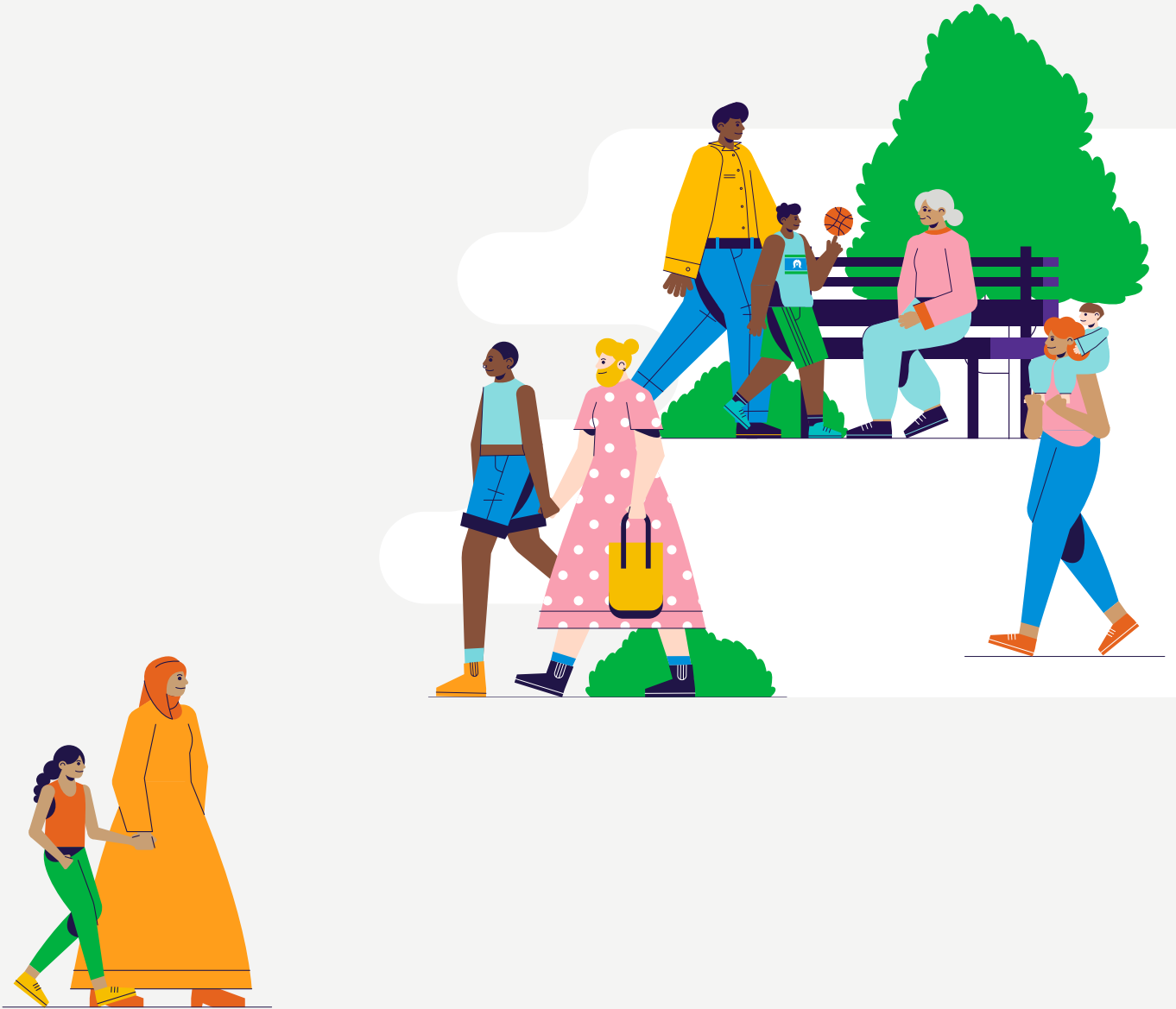




First implementation plan 2024–2026

**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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If you need help

No one needs to face their problems alone. If you or a person you support needs help, the following services are available:

- If you are in a situation that is harmful or life-threatening, contact emergency services immediately on Triple Zero (000).
- If you are not in immediate danger but you need help, call NURSE-ON-CALL on [1300 60 60 24](tel:1300606024).
- For crisis support, call Lifeline on 13 11 14 or visit the [Lifeline website](https://www.lifeline.org.au) <<https://www.lifeline.org.au>>.
- For support to address distress or thoughts of suicide, call SuicideLine Victoria on 1300 651 251 or visit the [SuicideLine website](https://www.suicideline.org.au) <<https://www.suicideline.org.au>>. The Suicide Call Back Service is also available on [1300 659 467](tel:1300659467).
- For mental health support, call Beyond Blue on 1300 224 636 or visit the [Beyond Blue website](https://beyondblue.org.au) <<https://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 the [Eating Disorders Victoria website](https://www.eatingdisorders.org.au/find-support) <<https://www.eatingdisorders.org.au/find-support>>.
- For anyone in Australia concerned about eating disorders or body image issues, whether needing support yourself or for someone you care about call Butterfly National Helpline on 1800 33 4673 or visit the [Butterfly website](https://butterfly.org.au/get-support/helpline) <<https://butterfly.org.au/get-support/helpline>>.
- For Aboriginal and Torres Strait Islander people who need support, call Yarning Safe N Strong on 1800 959 563 or visit the [Victorian Aboriginal Health Service website](https://www.vahs.org.au/yarning-safenstrong) <<https://www.vahs.org.au/yarning-safenstrong>>.
- For crisis helpline support for Aboriginal and Torres Strait Islander people, call 13YARN (13 32 16) or visit [13YARN's website](https://www.13yarn.org.au) <<https://www.13yarn.org.au>>.
- To speak to an Aboriginal and Torres Strait Islander suicide postvention advocate, call the Thirrili postvention support line on 1800 805 801 or visit [Thirrili's website](https://thirrili.com.au) <<https://thirrili.com.au>>.
- For children and young people who need support, call Kids Helpline on 1800 551 800 or visit the [Kids Helpline website](https://kidshelpline.com.au) <<https://kidshelpline.com.au>>. Young people can also call headspace on 1800 650 890 or visit the [headspace website](https://headspace.org.au/our-services/ehespace) <<https://headspace.org.au/our-services/ehespace>>.
- For LGBTIQ+ people who need support, call Rainbow Door on 1800 729 367, text them on 0480 017 246 or [email Rainbow Door](mailto:support@rainbowdoor.org.au) <support@rainbowdoor.org.au>.
- If you are looking for a mental health service, visit the [Better Health Channel website](https://betterhealth.vic.gov.au) <<https://betterhealth.vic.gov.au>> or contact your local GP to find out about your options.
- For small business owners who need support, call the Partners in Wellbeing Helpline on 1300 375 330, or visit the [Partners in Wellbeing website](https://www.partnersinwellbeing.org.au/small-business-support) <<https://www.partnersinwellbeing.org.au/small-business-support>> for live chat, enquiries and referrals.
- For people living or recovering from addiction, call the Self Help Addiction Resource Centre (SHARC) family drug and gambling helpline on 1300 660 068, visit [SHARC's website](https://sharc.org.au) <sharc.org.au> or contact DirectLine on [1800 888 236](tel:1800888236).
- For veterans and ex-service people who need support, call Open Arms on 1800 011 046 or visit the [Open Arms' website](https://www.openarms.gov.au/get-support/counselling) <<https://www.openarms.gov.au/get-support/counselling>>.

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Acknowledgement

We proudly acknowledge Aboriginal and Torres Strait Islander people as Australia's First Peoples and the Traditional Owners and custodians of the land and water on which we live and work. We recognise that Aboriginal people in Victoria practise their lore, customs and languages and that they nurture Country through their deep spiritual and cultural connections and practices to land and water. We acknowledge Victoria's Aboriginal and Torres Strait Islander communities and culture and pay respect to Elders past and present.

We recognise the invaluable and ongoing contribution of Aboriginal and Torres Strait Islander people and communities to Victorian life and how this continues to enrich our society. We acknowledge the contributions of generations of Aboriginal and Torres Strait Islander leaders who have devoted themselves to protecting the rights of their people and communities. We recognise that sovereignty was never ceded.

We commit to working in partnership with Aboriginal and Torres Strait Islander communities to advance self-determination and self-determined responses to eating disorders, because we know we get better outcomes when the Aboriginal community make the decisions that affect First Nations people.

Victoria's Treaty process gives us a pathway to change what isn't working – 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 acknowledge the strong connection of Aboriginal and Torres Strait Islander people and communities to Country, culture and community, and that this connection is central to positive mental health and wellbeing.

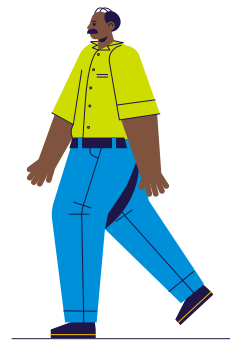
We will continue to work with the Balit Durn Durn Centre, Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal and Torres Strait Islander people in Victoria to develop an approach to addressing the higher rates of eating disorders experienced by Aboriginal and Torres Strait Islander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

Recognition of lived and living experience.

The Victorian Government acknowledges people with lived and living experience, including everyone who contributed to developing the eating disorders strategy and its supporting documents.

We recognise the diverse voices of those with lived and living experience, and those with intersectional experiences of diversity as well as eating disorders.

We deeply appreciate your knowledge and expertise and thank you for partnering with us to achieve system transformation.



Implementation plan 2024–2026

Background

The *Victorian eating disorders strategy 2024–2031* aims to guide high-quality, safe, and evidence-informed practice in promotion, prevention, early intervention, and treatment of eating disorders. The strategy represents a significant step forward for enhancing focus on eating disorders.

Implementation of specific initiatives will support achievement of the strategy's objectives (obj.) and delivery of its actions to improve the wellbeing of those affected by eating disorders.

Rolling implementation plans will support the strategy. They will outline the initiatives (such as programs, services and policy changes) to be delivered over each implementation period. This is the first of those implementation plans.

The two-year focus of this first plan acknowledges the need for sequencing because 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.

This plan primarily focuses on setting strong foundations for a whole-of-government and community-wide approach to eating disorders and responding to immediate priorities, including through:

- Improving eating disorder prevention, early identification, care, and treatment by aligning with broader Victorian health and mental health reforms.
- Shifting the focus from acute services to a stepped system of care, prioritising early intervention and community-based treatment.
- Fostering 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 developing eating disorders.

Initiatives detailed in this implementation plan align with the strategy's focus areas, enablers and objectives and contribute to the strategy's intended outcomes. Each initiative is allocated a lead organisation that will, with the support of other implementation partners, drive and be accountable for implementation, report on progress and deliver outcomes.

Ongoing engagement and partnership with people with lived experience of eating disorders, families, carers and supporters, along with clinicians and service providers, will be key to good implementation of the strategy.

Focus area 1:

Prevention, information and early identification

Objectives

- 1.1** Socio-cultural and psychological risk factors are minimised, and protective factors are strengthened among all Victorians, prioritising high-risk populations.
- 1.2** Eating disorders are identified earlier.



Obj No.	Action	Initiatives	Lead	Enablers addressed
1.1	1.1.1 Strengthen eating disorder protective factors and reduce risk factors among young people.	Continue and embed implementation of mental health reforms in schools, including the Schools Mental Health Fund and Menu, Mental Health in Primary Schools and mental health practitioners in secondary schools ◆ ■	Department of Education (DE)	Governance Workforce
		Release of new Mental Health Menu which will continue to include eating disorder prevention programs. ◆		
	1.1.2 Advocate for wider media and social media standards that reduce weight stigma/discrimination and challenge thin idealism.	Continue to work with the Commonwealth to address national media standards, expanding on existing National and State level programs and policies. ◆	Department of Health (DH) with Department of Health and Aged Care	Research and innovation
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.	Ensure the Victorian Wellbeing Strategy (in development) addresses the wider social and environmental factors which impact on eating disorder risk. ■	DH with TBC	Governance	

Note:

◆ represents FY24/25 ■ represents FY25/26

Obj No.	Action	Initiatives	Lead	Enablers addressed
1.1	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>Explore the application of the National Eating Disorders Collaboration (NEDC)'s new Eating Disorder Safe Principles to provide information provision about health, food, minds and body to people across key settings.</p> <p>◆</p>	<p>DH</p> <p>with</p> <p>NEDC Aboriginal Community Controlled Health Organisations (ACCHOs)</p>	Governance
1.2	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>Review existing care pathways to strengthen referral pathways to health and community services for young people and adults (including high-risk individuals, those in custody and/or transitioning into community).</p> <p>■</p>	<p>DH</p> <p>with</p> <p>Eating Disorders Victoria (EDV) ACCHOs Designated mental health services Department of Justice and Community Safety</p>	Workforce Data and information
		<p>Continue to deliver state-wide counselling, nursing services, peer mentoring programs, and carer coaching programs, via telehealth, online, and in-person options via the EDV hub, ensuring reach across metropolitan, rural and regional populations.</p> <p>◆ ■</p>	<p>EDV</p> <p>with</p> <p>DH ACCHOs</p>	Governance Workforce
		<p>Explore the application of InsideOut Institute's eClinic and Digital GP Hub, which provides access to eTherapy programs including Binge Eating eTherapy (BEeT), Brief Binge Eating eTherapy (Brief BEeT), SupportED and a clinical toolkit.</p> <p>■</p>	<p>DH</p> <p>with</p> <p>Centre for Excellence in Eating Disorders (CEED) InsideOut Institute</p>	Workforce Research and innovation

Note:

◆ represents FY24/25 ■ represents FY25/26







Focus area 2:

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

Objectives








- 2.1** Health services adopt a mental health-led response.
- 2.2** Services are more accessible and available.
- 2.3** Care coordination and management is streamlined.



Obj No.	Action	Initiatives	Lead	Enablers addressed
2.1	2.1.1 Enhance health service capacity to provide mental health-led responses to eating disorders at all levels of care.	Deliver two in-home intensive early engagement treatment programs for young people in metropolitan Melbourne to provide peer led step-in supports for young people and their families during initial crisis; provide a step-up to treatment for those not responding to less intensive community treatment; and provide a step-down from acute treatment.  	Alfred Health Austin Health with DH	Workforce
		Seek opportunities to bolster funding for bed-based services to enhance level of care in acute settings.  	Austin Health Monash Health Royal Melbourne with DH CEED	Workforce
2.2	2.2.1 Provide peer-led early intervention support for people, families, carers and supporters.	Continue supporting established peer-led programs including EDV's Peer Mentoring Program and Carer Coaching Program.  	EDV with DH	Workforce Governance

Note:

-  represents FY24/25
-  represents FY25/26

Obj No.	Action	Initiatives	Lead	Enablers addressed
2.2	2.2.2 Work to reduce financial and geographical barriers to accessing services.	<p>Establish a regional community-based intensive eating disorders day program. The program will deliver an 8-12-week program for up to 12 consumers at a time.</p> <p> </p>	<p>Barwon Health</p> <p>DH</p> <p>with</p> <p>EDV</p> <p>CEED</p>	Workforce
		<p>Establish Victoria’s first publicly funded Residential Eating Disorders Treatment Centre (RED-TC) which will be a 12-bed facility providing statewide specialist, trauma-informed, and recovery-focused care in a therapeutic, home-like residential environment with 24/7 support, for Victorians aged 18 years and older experiencing eating disorders.</p> <p> </p>	<p>Alfred Health</p> <p>with</p> <p>DH</p>	
		<p>Continue to deliver a range of free clinical, peer and education services, including Telehealth Counselling and Telehealth Nurse.</p> <p> </p>	<p>EDV</p>	
		<p>Promote the Women’s Recovery Network (Wren) on the Department of Health website to enhance visibility and support for women’s recovery services.</p> <p></p>	<p>DH</p> <p>with</p> <p>Wren: the Women’s Recovery Network</p>	

Note:

 represents FY24/25  represents FY25/26

Obj No.	Action	Initiatives	Lead	Enablers addressed
2.2	2.2.3 Support innovative, responsive and integrated models of care, enabling care to be provided closer to home.	<p>Roll out 10 Early Intervention and Integration Leads (EILs) across the state to coordinate eating disorders care for consumers across infant, child and youth (ICY) and adult and older adults (AOA) Area Services¹.</p> <p>◆ ■</p>	<p>DH</p> <p>with</p> <p>ICY and AOA Area Mental health and wellbeing services:</p> <p>Albury Wodonga Health</p> <p>Bendigo Health</p> <p>Eastern Health</p> <p>Grampians Health</p> <p>La Trobe Health</p> <p>Melbourne Health (The Royal Children’s Hospital and Royal Melbourne Hospital)</p> <p>Northern Mallee Area Mental Health Service (Mildura Base Public Hospital)</p> <p>Monash Health</p> <p>Western Health</p> <p>CEED</p>	Workforce Governance

Note:

◆ represents FY24/25 ■ represents FY25/26

¹ The EILs will improve integration across mental health, general medical and paediatric services in areas of need, providing consumers with improved care coordination and service continuity.

Obj No.	Action	Initiatives	Lead	Enablers addressed
2.2	2.2.3 Support innovative, responsive and integrated models of care, enabling care to be provided closer to home. (continued)	Continue to deliver adjunctive, intensive Multi-Family clinical programs (MFT-AN and TBT-S) in partnership with selected Victorian Area Mental Health Service (AMHS) and Child and Youth Mental Health Services (CYMHS). ◆ ■	CEED with Royal Melbourne Hospital Orygen Bendigo Health Barwon Health The Royal Children's Hospital	
		CEED to provide guidance in establishing multidisciplinary care teams in mental health and wellbeing services in early treatment to ensure a coordinated approach to treatment in an effort to prevent hospitalisation as the first treatment approach ² . ◆	CEED with DH Mental health and wellbeing services	Workforce Data and information
	2.2.4 Provide increased waitlist support and management to people waiting to access services.	Implement and manage an active waitlist for the RED-TC, to provide consumers with a directory of qualified eating disorders clinicians with real-time information on wait times for accessing clinical treatment by connecting consumers, families and supporters with available services across the stepped system of care. ◆ ■	DH with EDV Alfred Health	Research and innovation Data and information

Note:

◆ represents FY24/25 ■ represents FY25/26

² Multidisciplinary care team will consist of medical practitioner, mental health professional at a minimum, and where possible general practitioner, dietitians, psychiatrists, paediatricians, psychologists, social workers, occupational therapists, counsellors and psychotherapists, nurses, other health professionals, other medical specialists, and psychosocial and recovery support.

Obj No.	Action	Initiatives	Lead	Enablers addressed
2.3	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>Evaluate access to services and discharge procedures to provide individuals with follow-up care from eating disorders services.</p> <p>■</p>	<p>DH</p> <p>Early Intervention and Integration Leads (EILs)</p> <p>with</p> <p>Albury Wodonga Health</p> <p>Bendigo Health</p> <p>Eastern Health</p> <p>Grampians Health</p> <p>La Trobe Health</p> <p>Melbourne Health (Royal Melbourne Hospital and Royal Children’s Hospital)</p> <p>Northern Mallee Area Mental Health Service (Mildura Base Public Hospital)</p> <p>Monash Health</p> <p>Western Health</p>	Governance

Note:

◆ represents FY24/25 ■ represents FY25/26



Focus area 3:

Wellbeing and recovery supports

Objectives





- 3.1** People living with an eating disorder are supported in their recovery journey.
- 3.2** Families, carers and supporters are supported to contribute effectively to the recovery journey.



Obj No.	Action	Initiatives	Lead	Enablers addressed
3.1	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.	Ensure funding for EDV programs focused on recovery including peer-designed and led programs, wellbeing supports and resources for people that support recovery. 	EDV with DH ACCHOs	Workforce Governance Evaluation
	3.1.2 Ensure public mental health and wellbeing services proactively offer peer wellbeing supports, initiatives and resources.	Promote the importance of including peer workers within mental health and wellbeing services to enhance support for consumers, families, carers and supporters. 	DH CEED with ACCHOs Alfred Health Austin Health Barwon Health	Research and innovation

Note:

-  represents FY24/25
-  represents FY25/26

Obj No.	Action	Initiatives	Lead	Enablers addressed
3.2	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.	Review existing members of care teams of mental health and wellbeing services to prioritise the inclusion of families, carers and supporters. 	DH with EDV Mental health and wellbeing services	Workforce
		Explore the application of Single Session Family Consultation (SSFC) in eating disorders treatment. 	CEED with Mental health and wellbeing services The Bouverie Centre (Latrobe University)	Workforce
	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.	Promote peer wellbeing support initiatives and resources (e.g., Mental Health and Wellbeing Connect Centres) to families, carers, and supporters. Ensure all families, carers and supports can access Collaborative Carer Skills Workshops at mental health and wellbeing services or through EDV. 	DH with EDV Mental health and wellbeing services CEED	Workforce
3.2.3	Continue programs that support skills, knowledge and confidence among families, carers, and supporters.	Invest in research and evaluation ³ to build a recovery-oriented evidence base that takes in account families, carers, and supporters for effective programs, services, and models of care. 	DH with Research organisation (TBC) EDV	Research and innovation Evaluation

Note:





 represents FY24/25  represents FY25/26

³ The day program funding includes research funding over three years for research and evaluation of all Early Intervention Investment Framework funded components.

Enablers





1. Governance
2. Workforce
3. Research and innovation
4. Data and information
5. Evaluation



Enab. No.	Action	Initiatives	Lead	Enablers addressed
E1	E1.1 Establish a clear expectation that eating disorders are a key priority for new services developed as part of Royal Commission reforms.	Facilitate the cross-government working group to oversee implementation of the strategy. 	DH with Other Victorian government departments	Governance
		Establish clear points of accountability across Area Mental Health Services and Mental Health and Wellbeing Locals for eating disorder services. 	DH	
E2.	E2.1 Increase workforce capability to identify eating disorders and provide care for diverse presentations.	Establish core treatment teams that are multidisciplinary and include lived experience workers. 	DH with CEED	Workforce
		Continue to support best practice eating disorders training and secondary consultation available for health and mental health workforces including general and eating disorder-specific lived experience peer workers. 	DH with CEED EDV	





Note:

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Enab. No.	Action	Initiatives	Lead	Enablers addressed
E2.	<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>Convene a professional network of clinicians with representatives from public health services (including lived experience and peer workers) delivering eating disorder programs to establish a sector Community of Practice (COP).</p> <p> </p>	<p>DH CEED EDV</p> <p>with</p> <p>Public health services which deliver eating disorder programs GPs Primary Health Networks (PHNs)</p>	Workforce
E3.	<p>E3.1 Expand research on eating disorders prevention, early intervention, treatment and wellbeing supports, especially in diverse communities</p>	<p>Leverage existing research partnerships to explore opportunities to expand research on eating disorders prevention, early intervention, treatment and wellbeing supports, especially in diverse communities.</p> <p></p> <hr/> <p>Ensure that research partnerships have proper mechanisms that prioritise up-to-date research and evidence translations into community and healthcare settings.</p> <p></p>	<p>DH</p> <p>with</p> <p>Centre for Evaluation and Research Evidence Victorian Eating Disorders Research Network (VEDRN) InsideOut Institute CEED</p>	Research and innovation

Note:

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Enab. No.	Action	Initiatives	Lead	Enablers addressed
E4.	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>Work with InsideOut Institute who have been commissioned by the Australian Government (Department of Health and Aged Care) to develop a minimum dataset for eating disorders.</p> <p></p>	<p>DH</p> <p>with</p> <p>InsideOut Institute</p> <p>Mental Health and Wellbeing Commission</p>	Data and information
		<p>Review existing datasets⁴ for eating disorders in Victoria’s public mental health and wellbeing system to enhance data collection, recording and reporting capabilities to align with best practice and national minimum datasets.</p> <p>Ensure State-wide eHealth Interoperability Maturity Model takes in account minimum dataset for eating disorders.</p> <p></p>		
E5.	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>Undertake evaluation of the strategy and update implementation plans as per evaluation findings.</p> <p></p>	<p>DH</p> <p>with</p> <p>Mental health and wellbeing services</p>	Evaluation
		<p>Support people with lived experience, their families, carers, and supporters to be central to service evaluation and design.</p> <p></p>		

Note:

 represents FY24/25  represents FY25/26

⁴ These existing datasets collected by Victorian Agency for Health Information (VAHI) include number of eating disorder-related emergency department (ED) presentations (all ages), number of consumers receiving a contact from a Child and Adolescent Mental Health Services (CAMHS)/Child and Youth Mental Health Services (CYMHS) ambulatory service, contacts and contact hours for eating disorders. <https://vahi.vic.gov.au/>

Reporting on our progress

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, and rolling implementation plans released at appropriate times over the eight-year life of the strategy.

