EATING DISORDERS VICTORIA



NEXUS presentation



Acknowledgements

Eating Disorders Victoria (EDV) respectfully acknowledge the Traditional Owners of the land on which we all meet today. At EDV, we acknowledge the Traditional Owners on which our office is located, the Boon Wurrung and Woiwurrung (Wurundjeri) peoples of the Kulin Nation, and pay respect to their Elders, past, present and emerging.

We also acknowledge the lived experience of eating disorders and other mental health experiences that may be present today.



Eating Disorders Victoria

PERSEVERANCE, CONNECTION, COURAGE, OPTIMISM

Eating Disorders Victoria (EDV) is the leading community organisation helping Victorians understand and recover from eating disorders. A trusted source of support since 1983, EDV delivers a broad range of free and low-cost community services that respond across the breadth of the eating disorder experience – from discovery to recovery.



Key points

- Rise in eating disorders over COVID pandemic
- Eating Disorders in RCVMH reform environment
- EDV contribution to ED journey



Eating Disorders

- 332,400+ Victorians currently have an eating disorder (includes AN, BN, BED, some of OSFED)
- <5 to >80 years of age (age spectrum of diagnoses)
 - 47% have Binge Eating Disorder
 - 12% have Bulimia Nervosa,
 - 3% have Anorexia Nervosa
 - and 38% have other eating disorders

- 63% of people with eating disorders in Australia are female and 37% male
- Transgender people more likely than cisgender people to have been diagnosed with an eating disorder or to engage in disordered eating
- 15% females experience an eating disorder in their lifetime



COVID and eating disorders

- 25-50% in diagnosis & treatment eating disorders
- 25-50% surge in eating disorder presentations at public hospitals (National Commission Mental Health)
- EDV 100% increase in calls to HUB (Helpline)
- 63% increase in eating disorder presentations from 2 Eating Disorder Service
- Waitlists for inpatient & outpatient eating disorder s dangerously long, and private practice is at capacity
- Increase in both new and relapsing presentations

WHY?

- Uncertainty
- Lack of structure
 - Isolation
 - Opportunity
- Food insecurity



RCVMH and eating disorders

- Not mentioned specifically however.....
- Expectation that ALL levels of new system respond to eating disorders
- Lived Experience incorporated into service system
- Family/carer role well supported
- Proposed model matches nicely to the NEDC Stepped Care model for eating disorders



Stepped System of Care for Eating Disorders



Principles, Standards, Lived Experience, Research

Care Team Approach - medical, mental health, nutritional, peer work, family and supports

Community-based

Treatment

Evidence-based

delivered in the

access to a range

community or

treatment

outpatient

setting with

coordinated

of services as

needed.

Prevention, Public Health Information, Advocacy

Early Identification Initial Response Treatment

Community-based Intensive Treatment

Evidence-based

treatment

Hospital Treatment Recovery Support

Policy development, public advocacy, best-practice communication and targeted programs to help prevent the development of disordered eating and eating disorders, and reduce stigma.

Includes: Government; primary health care professionals; community-based health services;

lived experience

organisations:

schools; online

resources

Identification and screening of eating disorders in any setting to support early recognition and intervention for people who may be experiencing an eating disorder.

Includes:

Primary health care professionals; medical, mental health and dietetic services (private and public; primary, secondary and tertiary settings); emergency departments; schools; sporting organisations; headspace

Completion of a comprehensive assessment, preliminary diagnosis and referral to appropriate services according to a person's psychological, physical, nutritional and functional needs.

Primary health care professionals; medical, mental health and dietetic services (private and public; primary, secondary and tertiary settings); headspace

Includes:

Includes: Primary health care professionals; medical, mental health and dietetic services (private and public); online guided self

help; headspace

delivered in the community or outpatient setting for people who require more intensive therapy.

Includes: Intensive outpatient programs; day programs Admission to hospital for people who require medical and/or psychiatric intervention, or admission to a residential eating disorder program for people who are medically stable but require a high level of treatment and support.

Includes: In Residential Programs; ca emergency medical and se psychiatric inpatient units; eating disorder-specific inpatient units; hospital in the home; rehabilitation units

Community-based and online services accessible for anyone with experience of an eating disorder to reduce the risks associated with relapse and recurrence of illness and to support ongoing recovery.

Includes: Primary health care professionals; medical, mental health and dietetic services (private and public); online resources; support groups; headspace



(NEDC, 2021)

Current services who support

- Public
 - Austin Health
 - Adult inpatient
 - BETRS day program and outpatient
 - ACED + CYMHS
 - NWMH Northern
- Private
 - MBS Eating Disorder Plans
 - 40 mental health sessions + 20 dietetics per year
 - Some excellent providers in Victoria
 - Private Hospitals
 - Melbourne Clinic
 - Geelong Clinic



LIMITATIONS

- Anorexia focussed
- Long waitlists currently
 - Confusing system
- GP confidence in identification and referral



Other new services coming

- Residential treatment centre -Alfred Health
- Eating disorder beds in the Women's Mental Health Service (inpatient)- Alfred Health/Ramsay Health

EDV services and information





www.eatingdisorders.org.au

All we do is informed by lived experience

- Lived experience welcomed in all staff (not just peer workers)
 - Provide optional LE supervision group
 - Wellness Plans

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- Safe space to talk about LE
- Majority of board have lived experience as well board skills/experience



HUB

- Information
- Navigation
- Support
- 9.30am-4.30pm
- "Concierge" to rest of EDV as well as supporting one off queries



Peer Mentoring Program

- Matches a recovered mentor with a mentee ("participant") in recovery
- 6 months, 3hr per fortnight + bi-monthly participant group session and alumni group
- Wellness Recovery Plan participant sets objectives
- Range of activities
 - Arts/crafts, cooking, eating out, galleries, walk
- Reduced hospital admissions by 75%
- 2017/18 20 matches a year
- 2021/22 70 matches a year
- Training, mentor supervision (1-1 and group), debriefing, monitoring



Stories of Recovery Ambassadors

- Safe storytelling to groups
 - Inpatient
 - Day programs
 - Community group education
 - Health professional education
 - Carer groups
- Increasing demand for codesign participants
 - Service design/redesign
 - HP professional development
- Training and debriefing provided

Wellbeing Telehealth Counselling

- ✓ Support clients and their families via short-term online/phone engagement
- ✓ Provide an avenue for clients/families to express the challenges they are facing with eating disorders
- ✓ Assist clients/families to explore strategies for addressing challenges e.g. simple strategies for distress tolerance, options for connecting with others
- ✓ Support client/family empowerment through education and information provision including connecting clients to EDV's other support services
- ✓ Support continuity of care with external services and referrals

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- ✓ Support continuity of care with families and friends following hospital admissions or discharge from intensive day programs.
- ✓ Not intended to take over the role of other long term counselling programs/clinics/clinicians but to support people while they wait/obtain ongoing counselling

What is provided?

- Depends on need/request of client Telehealth counsellor provides triage to determine need, number and frequency of sessions
- Non-crisis (if crisis assist with external support/referral)
- Often single session or up to 5 30
- Clear that service does not take the health counselling of other profess
- Can work in tandem

CBT-E
CBT-GSH
DBT
Emotional
Regulation
Distress Tolerance
Mindfulness

Grounding and self soothing
Making Recovery
Decisions
Meal Support
Journaling





- Groups led by trained facilitators who have lived experience with an eating disorder
- Open group participants can attend based on their own need; groups are unstructured
- Over 18 only
- Free
- Offered fortnightly daytime sessions and early evening
- Not diagnostic specific based on what support individual would like
- Can attend at any stage of wellness/recovery
- All run using Zoom

Currently Five Support Groups



- REACH
- BEYOND
- COSMO
- BLOOM
 - VIVA

Carer Coaching Program

- The program supports carers of adolescents who have recently been diagnosed with a restrictive eating disorder and are currently awaiting formal treatment.
- The program provides carers with one-on-one mentoring with an EDV Carer Coach who has supported their own child through recovery from an eating disorder.
- Program supports and provides families with the knowledge they need about eating disorders and what action they can take toward recovery, prior to beginning formal clinical treatment.

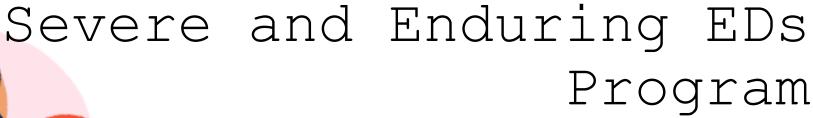


Carer Education Courses

- UPSKILL suitable for families and carers who are currently utilising a family-led refeeding (or FBT/Maudsley) approach for their child and need skills and support to manage this process. This course aims to upskill carers with practical tools to best support the person they care for.
- RENEW suitable for families/carers who are not currently participating in family-led refeeding and whose loved one has been unwell for an extended period of time and may be experiencing other challenges to their recovery
- Collaborative Carer Skills Workshops evidence based group program over 7 weeks – 3 times a year

Telehealth Nurse Service

- Provides assistance to people with eating disorders and their support people.
- Central point of contact to help people access services, locate specialised eating disorder health professionals, provide information and help people work towards recovery.
- Provides professionals support/advice/consult to other professionals working with ED clients
- The nurse will provide ongoing support through follow-up to help keep client work towards personal identified goals.
 - Telehealth nurse can provide up to 5 sessions.





- 15 participants for 12 weeks
- Focus on quality of life and functioning (not treatment)
- Program comprises
 - Peer mentoring
 - 1-1 clinician support
 - Group programs sensory modulation, life skills, psychoeducation
 - Social connection
 - Carer support



Connect With Us



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Open 9.00am – 5pm, Monday to Friday