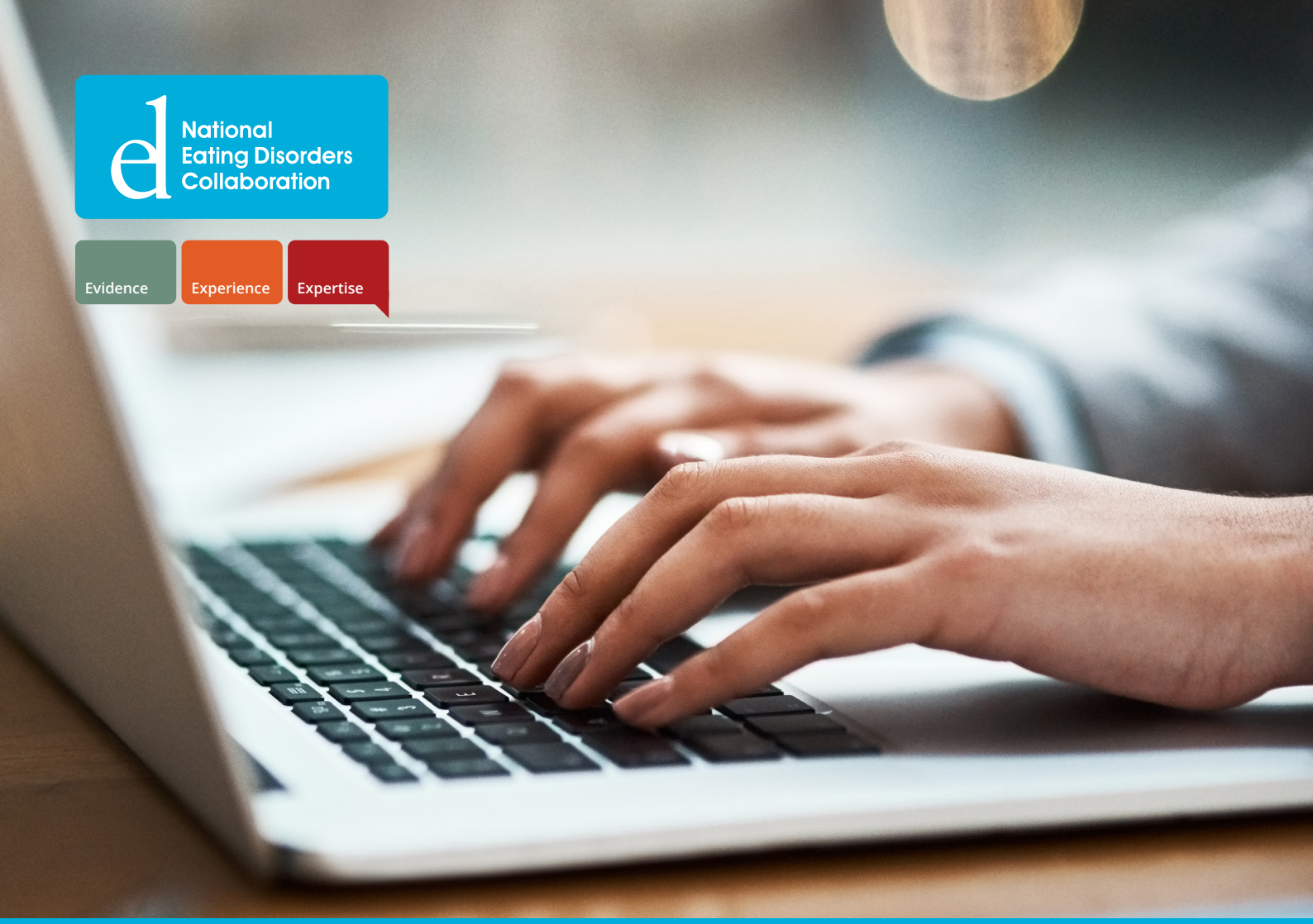
National Eating Disorders Collaboration

Evidence Experience Expertise



National Framework for Eating Disorders Training - A guide for training providers

The National Eating Disorders Collaboration (NEDC) is funded by the Australian Government Department of Health & Aged Care.

This document was first published in January 2022 and revised in May 2023.

The National Framework for Eating Disorders Training – A guide for training providers was developed by NEDC and the NEDC Training Providers Reference Group.

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Acknowledgements

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Context

By recommendation of the Medicare Benefits Scheme (MBS) Working Group on Eating Disorders and with the financial support of the Australian Government, the Australia & New Zealand Academy for Eating Disorders (ANZAED) and the National Eating Disorders Collaboration (NEDC) partnered to develop a credentialing system for mental health and dietetic eating disorder treatment providers. The ANZAED Eating Disorder Credential (the Credential) is formal recognition of qualifications, knowledge, training, and professional development activities needed to meet minimum standards for delivery of safe and effective treatment. The Credential has been developed in comprehensive collaboration with practitioners, researchers, and people with lived experience of eating disorders.

The criteria for the Credential are built on the NEDC workforce core competencies [1] and the ANZAED clinical practice and training standards [2, 3, 4]. The competencies and standards prescribe the minimum knowledge, practical skills, and experience required of mental health and dietetic professionals to successfully respond to, provide treatment for, and support people experiencing an eating disorder, and constitute a basis for content of professional development and training.

In addition to clinical experience, and ongoing supervision and professional development, to be awarded the Credential clinicians are required to complete two core trainings: introduction to eating disorders and treatment provision training. Treatment provision training consists of one evidence-based treatment model for mental health professionals and evidence-informed dietetic practice for dietitians. These training requirements have been included with the recognition that in typical health and mental health tertiary education programs, introductory content, and treatment approaches for eating disorders are generally not covered, or not covered in depth. Treatment of eating disorders requires specific knowledge and skills that are currently outside the scope of foundational allied health or medical training [5]. Such knowledge includes broad scientific knowledge in areas such as nutrition, dieting, biology of weight and body size, physical complications, risk and maintenance factors, and culture [6] as well as diagnostic and symptom assessment, treatment approaches, and the importance of working in interdisciplinary teams.

It is important that all health professionals receive training to equip them to provide support for people experiencing an eating disorder, appropriate to their role. This includes identifying, assessing, and supporting a person to access treatment. Some mental health professionals and dietitians require further training to provide evidence-based or evidence-informed eating disorder treatment and it is this group that would be interested in and seek to be awarded the Credential.

In 2018, NEDC comprehensively mapped training opportunities in Australia delivered by a national or state government funded agency, and by ANZAED as the peak professional body for eating disorders [7]. The review found a high level of variability in course content, delivery format, duration, cost, and availability of training. Training is also promoted in different ways and the amount of information readily accessible to potential learners is variable. To help address gaps in training opportunities for health professionals, the NEDC workforce core competencies [1] and the ANZAED clinical practice and training standards [2, 3, 4) have detailed the knowledge and skill required for all health professionals working with people at risk of or are living with an eating disorder. It is NEDC's goal for these competencies and standards to be consistently adopted across the sector and to support workforce development across Australia.

Purpose and scope of the National Framework for Eating Disorders Training

The National Framework for Eating Disorders Training – A guide for training providers (the Framework) has been developed by NEDC in collaboration with training providers across Australia. Its purpose is to align with the Credential criteria and national standards, ensuring consistency and quality across the trainings required for the Credential. The Framework seeks to guide the development of training which engages, inspires, and equips the workforce with the knowledge and skill to safely and effectively respond to, and provide treatment for people living with an eating disorder and to respond to increasing demand.

The Framework outlines core Guiding Principles, General Standards, and Content Standards to support and guide individuals and organisations in the development of eating disorder introductory training for health professionals and treatment provision training for mental health professionals and dietitians.

The Framework offers training providers clarity about what is required for training to align with the Credential and best practice guidelines and standards. Establishing this consistency and quality in training aims will contribute to building a skilled and competent workforce able to provide safe and effective treatment for people experiencing an eating disorder. Training in the treatment of eating disorders for other professions including the peer workforce and medical practitioners is outside the scope of the Framework.

The trainings relevant to this Framework are:

- Introduction to eating disorders for health professionals
- Evidence-based eating disorder treatment model (mental health)
- Evidence-informed dietetic practice for eating disorders

The key documents that have informed the Standards in the Framework are:

- NEDC workforce core competencies for the safe and effective identification of and response to eating disorders [1] (a component of NEDC National Practice Standards for eating disorders [8])
- NEDC National Practice Standards for eating disorders [8]
- ANZAED practice and training standards for dietitians providing eating disorder treatment [2]
- ANZAED practice and training standards for mental health professionals providing eating disorder treatment [4]
- ANZAED eating disorder treatment principles and general clinical practice and training standards [3]

Use of the National Framework for Eating Disorders Training

In 2022, NEDC commenced an approvals process for eating disorder trainings relevant to the Credential: Introduction to eating disorders for health professionals; evidence-based eating disorder treatment model; and evidence-informed dietetic practice for eating disorders. All clinicians applying for the Credential are required to have completed approved trainings in order to be awarded the Credential.

The Framework has been designed to support and guide training providers in the design, structure, and content of eating disorder training for mental health professionals and dietitians. It is recommended that all other eating disorder training aligns with the Guiding Principles outlined in this document.

The Framework underpins a training providers' application for approval of training. Training providers will be required to address each General and Content Standard and provide evidence of inclusion in the training.

All information regarding applying for approval of training, including documents and the online application form, can be found on the NEDC website: https://nedc.com.au/nedc-training-approvals/.

Impact of the National Framework for Eating Disorders Training for people experiencing an eating disorder, families, and supports

In any given year, 4 per cent of the Australian population are living with an eating disorder – approximately 1 million people [9].

People with lived experience of an eating disorder and their loved ones must navigate a system of care that does not always meet their needs. Accessing affordable, empathetic, effective care at the right time and place is often raised as a challenge. For many people, their first interaction within the system is with a primary care or allied health worker who does not specialise in eating disorder care. It is therefore important that all health professionals develop the knowledge and skills needed to identify, assess, and support a person to access treatment and their families and carers to access information and support.

Seeking treatment can also be difficult because of the various layers of stigma attached to eating disorders. Research commissioned by Butterfly Foundation found high levels of stigmatising views towards people with eating disorders among the general population, and even higher levels of self-stigma among those at risk of developing or living with an eating disorder [10]. The experience of stigmatising views among the health workforce is unfortunately one that is common to many of those who make contact with lived experience organisations.

The Eating Disorder Alliance of Australia (EDAA) member organisations have heard many stories of inadequate responses within the health system, both through direct engagement with the community and through research reports. For example, a survey of people seeking treatment for eating disorders found that 57 per cent of respondents said that their experience of care would have been improved if the health professional had a greater knowledge of eating disorders [11].

As organisations working with and for people with lived experience, we welcome the principles which include a focus on incorporating the lived experience perspective in training. People affected by eating disorders offer a unique perspective on the system of care, including powerful insights that have developed through the recovery process [12].

We thank the NEDC and ANZAED for their work on this initiative. The new Credential brings a sense of hope for people affected by eating disorders and provides the foundation for a much-needed uplift in health system practice.

Eating Disorder Alliance of Australia

Scope of practice for treatment providers

Scope of practice refers to the areas of practice in which a practitioner is educated, skilled, and competent to perform. It directly relates to the provision of safe and effective treatment and is influenced by a practitioner's education and training, experience, the setting and context in which a practitioner works, and the person's health and mental health needs.

Scope of practice is an essential and ongoing consideration for all professionals providing treatment for people experiencing an eating disorder. As such, training should support reflective practice and recognition of scope of practice as aligned with discipline-specific guidelines and standards.

Training is one way of increasing and consolidating the knowledge and skill of clinicians in eating disorder treatment. In attending introductory and treatment provision training, mental health and dietetic professionals are provided with fundamental information about eating disorders, before going on to learn evidence-based or evidence-informed approaches to providing treatment for people experiencing eating disorders across diagnostic presentations and age groups.

Attending training does not equate to competence as a treatment provider, and clinicians should always work within their scope of practice relative to their discipline and within their identified skill set. Scope of practice is not a static concept but continually shifts as a result of training, learning, and experience. Training providers should highlight scope of practice as a concept within training. They should also provide a framework to help guide a clinician to understand and reflect on their own scope of practice, built from discipline-specific guidelines. Areas to consider include a clinician recognising the distinction between an area of knowledge and an area in which they can practice. The areas of knowledge and practice include but are not limited to mental health, medical or nutrition knowledge, provision of treatment for people experiencing specific diagnostic presentations, co-occurring conditions, and supporting people from different age groups. For example, a mental health professional may have nutritional knowledge but should not be practicing within the scope of dietetics. Similarly, a dietitian might have knowledge of co-occurring conditions and experiences such as autism spectrum disorder and trauma but should not be practicing in the field of mental health (unless they have had specific mental health training).

Training should sit within a professional development portfolio which includes supervision, reflective practice, and continuing professional development (CPD). In this way, the clinician establishes and maintains knowledge and skill at a basic level through training, and is supported through practice, reflection, learning, and discussion to further their skill and competence in implementing treatment in practice.

Training Principles and Standards

Training Principles and Standards

The Framework addresses three types of training. These align with the requirements of the Credential:

- **Introduction to eating disorders for health professionals**
- **Evidence-based eating disorder treatment model**
- **Evidence-informed dietetic practice for eating disorders**

The Framework outlines three components to guide the design and provision of training for mental health professionals and/or dietitians:

Guiding Principles	Thirteen principles which the training provider uses to inform the design and delivery of training. The Guiding Principles do not need to be included in training content, but rather underlie the teaching and practice. Training providers are not required to provide evidence of the inclusion of the Guiding Principles in their application for approval of training. These Principles should inform the development of any eating disorders training for health professionals.
General Standards	Nine practical training components which are designed to strengthen participant learning, help consolidate knowledge and skill, and enhance clinical practice. Training providers need to provide evidence of meeting each of the General Standards in their application for approval of training.
Content Standards	Specific competency areas that must be addressed within each of the three types of trainings described within this Framework. Training providers need to provide evidence of meeting each of the Content Standards in their application for approval of training.

Guiding Principles

The thirteen Guiding Principles outline areas which guide and inform training. These Principles do not need to be covered through focused teaching content, for example, in a PowerPoint slide, but are underlying principles to be embedded throughout the development and delivery of training.

Principle	Description
1. Evidence-based and evidence-informed approaches	Research and evaluation are integral to prevention, early intervention, and treatment approaches for eating disorders. Training should incorporate the most recent evidence and be aligned to evidence-based and evidence-informed treatment guidelines.
2. Training content tailored to match clinician knowledge and skillset	Training content should be appropriate for the audience. Where training content is appropriate for intermediate to advanced levels, this needs to be articulated in training promotional material and within the training itself. Training can be defined by the level of complexity and depth of learning and skill attainment, and the application of knowledge and skills. Where prior knowledge and skill in the specific topic is not required, the training should be described as appropriate for beginner levels. See the following resources for further information: • Australian Qualifications Framework
3. Stepped system of care for eating disorders	A stepped system of care delivers evidence-based services that increase or decrease in intensity according to a person's psychological, physical, nutritional, and functional needs at any given time. People experiencing an eating disorder require access to a stepped system of services that matches their needs by delivering an appropriate intensity and focus of treatment and that allows healthcare providers to respond flexibly to changes in the person's needs. Training should equip clinicians with a sound understanding of the system of care at local, state, and national levels, and be able to support a person experiencing an eating disorder, and their family and supports to navigate and access the appropriate intensity and focus of treatment across mental health, medical, and psychosocial areas. For more information see: • Stepped System of Care for Eating Disorders in Australia
4. Lived experience, family, and carer voice	The experience and insights of people living with or who have recovered from an eating disorder, and their families and supports should be embedded in training. This is in alignment with national mental health plans and agendas which emphasise consumer and carer participation in mental health system design and delivery. Training should involve meaningful input from people with lived experience, and their families, supports, and communities across planning, development, delivery, and evaluation.

Principle	Description
	See the following resources for further information: • Consumer and Carer Engagement: A Practical Guide (National Mental Health Commission, 2018) • Lived Experience Framework (Mental Health Commission of NSW, 2018) • Insights into Recovery: A consumer-informed guide for health practitioners working with people with people with eating disorders (Butterfly Foundation, 2016) • Paid Participation Policy for people with a lived experience of mental health difficulties, their families and support people (National Mental Health Commission, 2019)
5. Impact of stigma	Training should include information on the impact of mental health and eating disorder stigma and weight bias which may prevent people from accessing support. Clinicians need to understand the experience of stigma, feelings of fear and shame and fear of judgement regarding the experience of eating disorder symptoms and behaviours and the challenge this poses to help-seeking. Clinicians need to understand the impacts of weight bias on the person and its implications on healthcare and the importance of appropriate and inclusive language. See the following resources for further information: • The Management of Eating Disorders for People with Higher Weight: Clinical Practice Guideline • NEDC Weight Stigma factsheet
6. Recovery-oriented person and family-centred care	Care and treatment should sit within a recovery-oriented, person- and family-centred, and strengths-based approach. Recovery-oriented modes of treatment aim to support individuals in taking responsibility for their personal journey of recovery and offer a collaborative and holistic framework to work within. Services should be delivered with a strengths-based approach, building on the strengths and resources of the person, supporting long-term recovery, and tailored to meet individual decision-making capacity and needs as they develop over the course of the eating disorder. Training should refer to and embed principles of recovery-oriented person- and family-centred care to support clinicians to understand why and how this can be applied in clinical practice.

Principle	Description
7. Culturally safe, sensitive, and competence practice	Cultural safety is essential when working with diverse populations who experience mental health concerns. Cultural safety seeks to promote respect, social justice, and equity. Culturally safe practice requires that clinicians are equipped to identify, assess, and respond to important aspects of culture, identity, disability, neurology, and history when working with people who have an eating disorder. Clinicians should be aware of the impacts of intersectionality, that everyone has their own unique experiences of discrimination and oppression and how these may combine to create unique health and wellbeing disparities, risk and maintaining factors that interact with and influence the person's experience of an eating disorder. For example, client experience of racism, misogyny, homophobia, trans phobia, ableism, and stigma. Cultural safety requires a clinician to reflect on their own cultural identity, privilege and the power differential that may exist between a person and a healthcare provider. Evidence for the efficacy of evidence-based treatment models and evidence-informed dietetic practice that are helpful for people experiencing an eating disorder from specific cultural contexts is yet to be established. Training should be updated to include the latest evidence for culturally safe care for all people experiencing eating disorders as this arises. Until this occurs, training should be guided by and demonstrate application of principles of culturally safe practice, person-centred care, clinical judgement, and monitoring treatment efficacy. Training should support clinicians to think critically about the ways in which the aspects of a person's identify and experience of discrimination influences their eating disorder and equip them to transfer existing skills and knowledge regarding culturally safe practice within their work with people experiencing eating disorders. Clinicians who are not aware of culturally safe practice should be directed to resources to upskill in this area. See the following resources for further information: • Framework for mental health in multicultural Australia; Towards culturally inclusive service delivery (Mental Health Australia, 2014) • Good practice guide: Working with people from culturally and linguistically diverse backgrounds (Embrace Multicultural Mental Health, 2020) • The health and wellbeing of the lesbian, gay, bisexual, transgender, intersex and queer population in Victoria (Victorian Agency for Health Information, 2020)

Principle	Description
8. Inclusive care	Inclusive care requires clinicians to consider the impact of lack of representation, microaggressions and unconscious bias on equality of access to health care, and client wellbeing. Training should equip clinicians to consider ways to practice inclusive care for people with eating disorders across the following areas: • Diverse age ranges and life stages • Neurodivergence (e.g., Autism, ADHD, learning disabilities), which is particularly underdiagnosed in women and girls • Diverse gender identity (e.g., Trans, non-binary, or other gender-diverse individuals) and cisgender men • Diverse sexual identity (e.g., Lesbian, Gay, Bisexual, or other sexually diverse individuals) • Intersex biological characteristics or other natural variations in sex characteristics • Diverse cultural identity, ethnicity, or language (e.g., Aboriginal and/or Torres Strait Islander people, other Culturally and/or Linguistically Diverse people) • Religion or spirituality • Physical, cognitive, intellectual, or sensory disability Training should use inclusive language and include research and lived experience examples that support awareness of the diversity of eating disorder lived experience. See the following resources for further information: • LGBTIQ Inclusive Language Guide (Victorian Department of Premier and Cabinet, 2022) • A guide to language about disability (People with Disability Australia, 2021)
9. Working with Aboriginal and Torres Strait Islander people	Clinicians should understand Aboriginal and Torres Strait Islander peoples' holistic concepts of social and emotional wellbeing (SEWB), mental health and healing. This includes recognising that SEWB is affected by social, historical, and political determinants, including intergenerational and ongoing impacts of colonisation, trauma, grief, racism, social exclusion, and discrimination [15]. In 2015, the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) released the Gayaa Dhuwi (Proud Spirit) Declaration [16], which aims to improve the mental health of Aboriginal and Torres Strait Islander peoples by supporting their leadership within the mental health system and promoting mental health system responses which appropriately balance clinical and cultural considerations. NATSILMH called for the Declaration to be adopted and implemented across the Australian mental health system [17]. The Australian Government committed to supporting implementation of the Gayaa Dhuwi (Proud Spirit) Declaration in The Fifth National Mental Health and Suicide Prevention Plan [18].

Principle	Description
	Evidence for the cultural appropriateness and efficacy of current evidence- based treatment models and dietetic practice has not yet been established for Aboriginal and Torres Strait Islander people experiencing an eating disorder. Clinicians should be guided by principles of cultural safety, trauma-informed care, person-centred care, as well as clinical judgement and treatment efficacy. See the following resources for further information: • Culturally safe health care for Indigenous Australians (Australian Government, 2020) • Aboriginal and Torres Strait Islander cultural safety (Australian Government, 2021) • Improving cultural competency (Australian Commission on Safety and Quality in Health Care, 2017) • LGBTIQ Inclusive Language Guide (Victorian Department of Premier and Cabinet, 2022) • A guide to language about disability (People with Disability Australia, 2021)
10. Trauma-informed care	Care and treatment should be approached from a trauma-informed lens which recognises the high prevalence of trauma experiences and the impact that the trauma can have on the person and their recovery from an eating disorder. It adopts practices that promote a culture of safety, trust, choice, collaboration, empowerment, and respect for diversity. Providing treatment specifically focused on a person's personal experience of trauma is outside the scope of this document. Training should refer to and embed practices and principles of trauma- informed care.
11. Working with families and supports	The active involvement of families, supports, and communities in the care team is a key principle of eating disorder treatment. Clinicians should strive to involve families and supports in all stages of treatment and recovery, ensuring families and supports receive their own care, skills and strategies, education, and information as needed to enable them to support the person experiencing an eating disorder and to maintain their own personal wellbeing. Training should incorporate information on the importance of involving family and supports across all stages of treatment and recovery and explore opportunities for meaningful family involvement and support.

Principle	Description
12. Scope of practice	Understanding of, and commitment to, always working within one's scope of practice and recognising when to refer to another clinician/service is essential to a safe system of care. Completion of training in treatment provision for eating disorders provides basic skills in the specific model or dietetic practice but should always sit alongside professional development activities including supervision. Clinicians should be aware of and adhere to their own profession scope of practice guidelines. Training content should match the level of experience and skill of the target audience. Training should provide clinicians with a working understanding of scope of practice and a framework for understanding how training content fits within and changes a clinician's scope of practice, as well as implications for ongoing professional responsibility. Further information can be found on page 8. Clinicians should also refer to their professional Scope of Practice Guidelines, accessed through the relevant professional bodies.
13. Professional responsibility	Clinicians should be aware of and maintain professional practices including clinical supervision and professional development to ensure safe and ethical practice and to manage their own health and mental health wellbeing. Clinicians need to engage in reflective practice, consistently evaluating and addressing challenges and limitations in knowledge and experience. Clinical supervision and continuing professional development (CPD) aim to upskill clinicians, support reflective practices, aid the provision of high-quality treatment, and supports clinicians to recognise and explore the complex interpersonal dynamics that can arise in the treatment of complex mental health issues. Training should emphasise the importance of reflective practice and activities which support and maintain professional, ethical, and legal responsibilities and support a clinician to work within their scope of practice as defined by their professional body.

General Standards

The nine General Standards outline the requirements of the practical delivery of eating disorder training, including assessment and evaluation.

Training providers are required to incorporate each of these standards into their training and address them in their applications for approval.

Standard	Description
1. Clinical experience involved in planning, developing, delivering, and evaluating training	A health professional with clinical experience in providing treatment for people experiencing an eating disorder must be involved in all stages of training development and delivery. For model-specific training, the training provider should have significant experience using and applying the model in clinical practice. Training providers of evidence-based treatment model and evidence-informed dietetic practice should meet the eligibility criteria of the ANZAED Eating Disorder Credential and are required to provide evidence of this in their application for approval of training. Training providers of Introduction to Eating Disorders for Health Professionals should have clinical experience in providing support for people experiencing eating disorders.
2. Lived experience, family and/or support contribution to training	The lived experience perspective needs to be incorporated into training development and delivery. The co-design framework can assist training providers in evaluating and determining the level of lived experience input into training. For more information see: Co-Design. Shared perspectives on authentic co-design. For example, this can be through live or pre-recorded visual, audio, and/or written information sharing. This may also be through presenting research on the experience of living with or providing support for someone experiencing an eating disorder, or on the experience of a particular treatment approach. Training providers may also consider using publicly available lived experience stories and recordings provided consent is sought and obtained.
3. Inclusion of preparatory activity/activities to improve educational value	Preparatory activities are completed prior to the formal training for evidence-based treatment model and evidence-informed dietetic practice training. These activities could include pre-reading or pre-watching and are designed to adequately prepare the clinician for meaningful engagement with the training. Note: this Standard is not required to be met for Introduction to Eating Disorders training.

Standard	Description
4. Learning outcomes are described in the description of training and at the commencement of training	Explicitly stated learning goals and outcomes support clinicians to choose the training most appropriate for their learning needs, increasing transparency between the training provider and the clinician seeking training in a particular area. Learning outcomes also assist the training provider in establishing a framework from which to build appropriate content and supports a clinician to reflect on and discuss what they have learned. Any promotion or listing of training should include a description of the intended learning outcomes. Within the training, clinicians should be allowed space for reflection on learning outcomes.
5. A mixed training format of didactic, interactive, and experimental approaches	Training should be interactive, with a focus on participant engagement, active learning, and application, whether face-to-face or via online formats. Training should enhance opportunities for learning and skill and knowledge retention and attend to different learning styles. Suggested approaches include: • Opportunities for participants to view examples of specific mental health or dietetic clinical skills and techniques via live or pre-recorded demonstrations • Participants to view responses and techniques of fellow participants • Participant feedback mechanisms provided throughout the training so participants can review their progress (thus modelling reflective practice) • Small group discussion and roleplay of clinical skills using predefined scenarios For asynchronous training (training that is not live), include content questions and practice scenario-based examples with subsequent answers and/or explanations. Video roleplays should also be used in the teaching of skills such as assessment.
6. Assessment of learning	An assessment of learning and skill development for the clinician should be included. Reflective practice should be a component of this activity, assisting the clinician to recognise areas of development and future learning needs. Assessment of learning may include quizzes, role plays, and group discussion.
7. Evaluation of training: Participant feedback	Participant feedback on training could include presenter style, training approach and methods, quantity, and quality of content, preparatory and reinforcing activities, and clinician confidence, skills, and preparedness to apply skills.

Standard	Description
8. Duration of training	The duration of e-learning activities should be comparable to those trainings offered face-to-face. Introduction to eating disorders training: minimum of 5 active hours. Evidence-based treatment model training duration will be determined by the model: • FBT, CBT-E, MANTRA, AF, IPT-ED, FPT, DBT-ED, CBT-AN, CBT-BN, CBT-BED – minimum of 12 active hours • SSCM – minimum of 6 active hours • CBT-GSH – minimum of 5 active hours Evidence informed dietetic practice: minimum of 12 active hours Active hours are defined as the time spent engaged in learning. This does not include break times.
9. Evidence-based and evidence-informed approaches	Training should incorporate the most recent evidence and be aligned to evidence-based and evidence-informed treatment guidelines. Data and research cited within training should be appropriately referenced.

Content Standards

The Content Standards outline specific areas of competency which need to be addressed within the three types of trainings:

- Introduction to eating disorders for health professionals
- Evidence-based eating disorder treatment model
- Evidence-informed dietetic practice for eating disorders

Specific content standards are provided for each type of training. Training providers are required to address each of the competencies within their training and provide supporting evidence when applying for approval of the training with NEDC. Templates are provided for training providers to utilise in their application.

Content Standards:

Introduction to eating disorders for health professionals

Introductory training aims to provide health professionals with the knowledge and skill to effectively identify, respond, engage, and refer people experiencing an eating disorder, and provides basic knowledge about treatment approaches for eating disorders. It is not aimed to equip a health professional with the knowledge and skill to be able to provide treatment for people living with an eating disorder.

Introductory training should be designed for, and relevant to, all professional disciplines that provide healthcare for people experiencing an eating disorders. These professional groups include, but are not limited to, counsellors, dietitians, general practitioners, nurses, occupational therapists, peer workers, psychiatrists, psychologists, psychotherapists, and social workers.

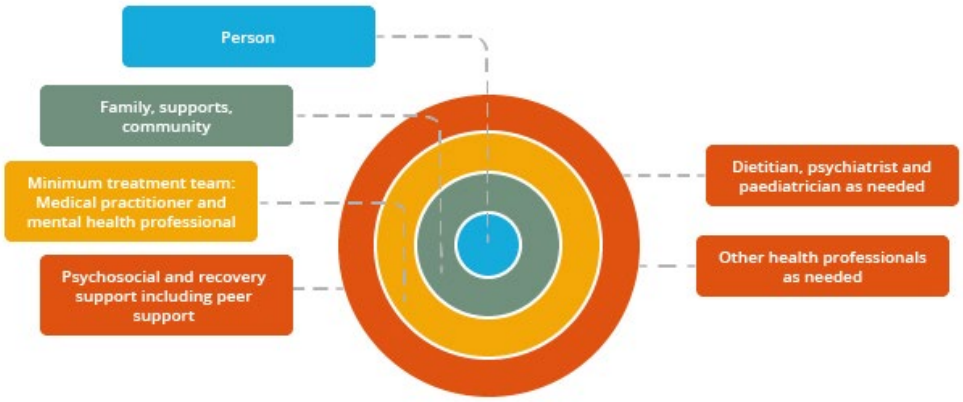
The Guiding Principles (see page 11-17) should underpin and inform the development of introductory eating disorder training for health professionals.

At the conclusion of introductory training, a mental health professional or dietitian has acquired knowledge and skill in the following seven competency areas as described in the NEDC workforce core competencies [1] and ANZAED eating disorder treatment principles and general clinical practice standards [3].

Competency Area	Course Content
1. General knowledge of the clinical features of eating disorders and the individual experience of recovery	a. Understand the current diagnostic criteria for eating disorders and the clinical features of related appearance, feeding and eating conditions, and equip practitioners to be able to distinguish differential diagnoses
	b. Be able to describe eating disorders, their progression and impact on a person's psychological and physical health, function, and quality of life
	c. Understand the risk factors that contribute to the development of eating disorders, including awareness of populations at high risk for developing an eating disorder
	d. Be able to describe the range of physical complications related to eating disorders and understand medical risks associated with eating disorder behaviours across diagnostic presentations, including the risk of death
	e. Be able to explain the health impact of rapid weight loss, and/or very low BMI on cognition and overall health, including information on starvation syndrome
	f. Be aware of health and mental health conditions which can co-exist with eating disorders. This includes but not limited to diabetes, polycystic ovarian syndrome, mood disorders, anxiety disorders, post-traumatic stress disorder and trauma, substance use, autism spectrum disorder, obsessive compulsive disorder, and non-suicidal self-injury.
	g. General knowledge of developmentally appropriate eating, nutritional principles, and relationships with food and how these relate to disordered eating and eating disorders
	h. Understand the concept and experience of recovery for a person, relating to the opportunity for choice and being able to live a meaningful, satisfying, and purposeful life

Competency Area	Course Content
2. Ability to identify warning signs of eating disorders and disordered eating and to conduct initial assessment within the scope of professional role	a. Be able to recognise the signs of disordered eating and eating disorders
	b. Be able to screen for eating disorders using valid and reliable screening tools
	c. Use assessment tools and tests as appropriate for the diagnostic presentation and the professional discipline of the treating clinician (e.g., EDE-Q, EDI, RMI, HEADSS, EAT-26, BEDS-7)
	d. Contribute to the comprehensive assessment of children, adolescents, and adults in relation to eating disorders and within the scope of usual professional role. For further information, please see Table 1 of ANZAED practice and training standards for mental health professionals providing eating disorders treatment (5. Mental health assessment), and Table 1 of ANZAED practice and training standards for dietitians providing eating disorders treatment (3.1 Nutrition assessment) for specific areas of assessment.
	e. In completing the assessment, using a strengths-based approach, collaborating with the person to identify their strengths, risks for relapse, and individual needs for support

Competency Area	Course Content
3. Ability to engage that person living with an eating disorder and their family/supports in a non-judgmental manner and to motivate engagement with relevant health services and treatments	a. Demonstrate an empathetic understanding of ambivalence and fear of change as they relate to recovery in people experiencing an eating disorder and understand strategies to overcome barriers to self-disclosure a person may experience. Be aware of the complex interplay between therapeutic alliance, readiness for change, self-efficacy, and early behaviour change.
	b. Understand the role of families and supports in assessment, engagement, treatment, and recovery support for children, adolescents, and adults
	c. Engage family and supports and work collaboratively with them throughout the assessment and referral process
	d. Work within the limitations of confidentiality if the person experiencing an eating disorder does not want family or supports involved in care and treatment

Competency Area	Course Content
4. Ability to contribute to multi-disciplinary team assessment and care planning within scope of usual professional role	a. Understand the significance and importance of a multidisciplinary team (MDT) in treatment and the role of each member. At a minimum, the MDT should consist of a medical practitioner (GP or other) and a mental health professional (i.e., those professions eligible for the Credential: counsellors, general practitioners, mental health nurses, nurse practitioners, occupational therapists, psychiatrists, psychologists, psychotherapists, and social workers). A dietitian is also often part of the treatment team. Other professions that may be involved in the treating team include (but are not limited to) psychiatrists, paediatricians, dental practitioners, exercise physiologists, other health professionals and medical specialists, and peer support workers. Please see Appendix A – The Care Team – for further information.  b. Have a working knowledge of medical, mental health, nutritional and psychiatric impacts of eating disorders and associated treatment approach for each area. This includes: • Medical: eating disorders can result in serious medical consequences. Medical assessment and monitoring by a medical practitioner with eating disorder knowledge is required for all people experiencing an eating disorder. • Mental health: eating disorders are characterised by disturbances in behaviours, thoughts, and attitudes towards food, eating and body weight and shape. Core principles involved in mental health treatment include behaviour change, behavioural experiments, counselling skills, modifying cognitions, managing affect, and addressing underlying perpetuating factors. • Nutritional: Nutrition intervention aims to support a person to reinstate normal eating behaviours required to achieve a regular, balanced, and sustainable approach to eating [13]. Dietitians play an important role in

Competency Area	Course Content
	eating disorder treatment, supporting a person and their family and supports to understand the interaction between nutrition and wellbeing, and supporting someone to change their eating behaviour as aligned with the treatment and recovery goals [2]. Clinicians should have a basic knowledge of nutritional issues relevant to eating disorders (e.g., regular eating, consequences of starvation or low energy availability, effects of binge eating and compensatory behaviours, body weight, paediatric growth charts, refeeding syndrome), the importance of nutritional rehabilitation, and understanding of the importance of weight and health recovery. • Psychiatric: eating disorders often co-occur with other mental health disorders [14]. Clinicians should have an awareness of common co-occurring psychiatric presentations, and the ability to assess and respond to a risk of harm to self, and suicidal ideation. An assessment by a psychiatrist, preferably one experienced in eating disorders, is recommended where risk is identified, a complex formulation and treatment plan is required, and/or when medication is required.
	c. Understand how to establish a care team consistent with the person's eating disorder diagnosis and treatment model being delivered, including the range of professions required to safely address all aspects of illness. The roles of each member and process for communication should clearly be documented, and a care team coordinator nominated if appropriate.

Competency Area	Course Content
5. Understand and work within the local stepped system of care to support the person experiencing an eating disorder and their families and supports to access the right level of care for their needs	a. Demonstrate knowledge of the stepped system of care for people experiencing an eating disorder and be able to apply this to the local context to identify and map services and systems available (e.g., acute medical hospitalisation, specialist eating disorder programs and units, intensive outpatient, peer mentoring). This includes indicators for referral for a higher or lower level of care and the aim of each level of care. See Appendix B – NEDC Eating Disorder Stepped System of Care – for further information.
	b. Understand the need for a personalised approach for all individuals, including culturally safe, inclusive, and respectful practice
	c. Demonstrate knowledge of supports and resources available for people experiencing eating disorders and their families and supports. This should

	include information on Medicare services available across all types of eating disorders, and lived experience supports.
	d. Understand processes for and be able to support referral, communication, and transfer between services and service providers to address a person's physical, psychological, and nutritional needs, ensuring continuity of care
	e. Identify signs of risk (medical and psychiatric) and be able to link the person in with the appropriate psychiatric and medical review and/or support, including referral to a hospital emergency department

Competency Area	Course Content
6. Knowledge of current clinical practices and standards in the treatment of eating disorders	a. Understand the importance of early intervention for people experiencing an eating disorder
	b. Awareness and knowledge of the standards for safe treatment. See ANZAED clinical practice & training standards for mental health professionals and dietitians providing eating disorders treatment and ANZAED eating disorder treatment principles and general clinical practice and training standards [2, 3, 4]
	c. Knowledge of the clinical practice guidelines for treatment of DSM-5 feeding and eating disorders. At a minimum, treatment should be specific to the person's age, diagnosis, and stage of illness.

Competency Area	Course Content
7. Understand evidence-based treatment for eating disorders, including core principles	a. Understand the importance of and be able to provide psychoeducation relevant to a person's clinical presentation. Communication and information should be provided to the person experiencing an eating disorder, families, and supports. See Table 1 of ANZAED eating disorder treatment principles and general clinical practice and training standards for further information.
	b. Describe a range of evidence supported treatment modalities for eating disorders and their relevance to individual needs including CBT-E, CBT-Guided Self Help, FBT, SSCM, MANTRA, FPT, IPT. See Table 1 Recommendations for treating eating disorders (ED) summarised from current treatment guidelines taken from ANZAED eating disorder treatment principles and general clinical practice and training standards [3]. NOTE: these models will be updated in line with recent evidence.

c. Knowledge of specific evidence-based pharmacological treatments for eating disorders

Content Standards: Evidence-based eating disorder treatment model

Training in an evidence-based treatment model for eating disorders should be designed for professions providing mental health care and treatment. This includes (but is not limited to) counsellors, general practitioners, nurses, occupational therapists, psychiatrists, psychologists, psychotherapists, and social workers. In alignment with the Credential criteria, clinicians providing treatment for people experiencing eating disorders are required to have general mental health clinical experience.

To be eligible for the Credential, mental health professionals are required to be trained in at least one evidence- based treatment model for eating disorders. This does not imply that the clinician will only utilise the one model in their practice or that the model is utilised in isolation from other theoretical and therapeutic approaches, but that it provides them with the knowledge and skill in one specific therapeutic model and behavioural change sequence from which they can expand their knowledge and skill in providing eating disorder treatment.

The evidence-based treatment models included within the scope of the Credential are:

- Family Based Treatment (FBT)
- Enhanced Cognitive Behaviour Therapy (CBT-E)
- Cognitive Behaviour Therapy – Guided Self Help (CBT-GSH)
- Specialist Supportive Clinical Management (SSCM)
- Maudsley model of Anorexia Nervosa Treatment for Adults (MANTRA)
- Adolescent-Focused Therapy (AFT)
- Interpersonal Psychotherapy for Eating Disorders (IPT-ED)
- Focal Psychodynamic Therapy for Eating Disorders (FPT)
- Dialectical Behaviour Therapy for Eating Disorders (DBT-ED)
- Cognitive Behaviour Therapy for Anorexia Nervosa (CBT-AN)
- Cognitive Behaviour Therapy for Bulimia Nervosa (CBT-BN)
- Cognitive Behaviour Therapy for Binge Eating Disorder (CBT-BED)

On completion of the evidence-based treatment model training, clinicians should be equipped to begin to provide evidence-based treatment for someone with an eating disorder within that specified treatment model.

It is expected that all clinicians attending training in an evidence-based eating disorder treatment model have first completed an approved Introduction to Eating Disorders for Health Professionals training. It is not expected that training providers would revisit the introductory content in the treatment model training unless specifically related to the application of the treatment model.

In addition to the Guiding Principles, General Standards, and Content Standards, specific consideration should be given to the following areas when delivering training in an evidence-based treatment model:

- After completion of model training, what is the clinician's scope of practice to provide treatment for people experiencing an eating disorder?
- Training should sit within a professional development portfolio including supervision and continuing professional development to further enhance knowledge and skill in applying this model in practice. How can the clinician be supported in applying this knowledge and skill in professional practice?
- What might be the barriers and enablers for the clinician to be able to embed this treatment model in their practice?

Competency Area	Course Content
1. Theoretical underpinnings of the treatment model, including research and evidence	a. Outline the theoretical development of the model including the basic underpinning framework and thinking behind the factors which contribute to change
	b. Outline and critically present the research supporting treatment efficacy, including remission rate and outcomes for different populations and diagnoses
	c. Describe the diagnostic presentation/s for which the model has evidence. At a minimum, treatment should be specific to the person's age, diagnosis, and stage of illness.

Competency Area	Course Content
2. Ability to deliver an evidence-based treatment for eating disorders	a. Be able to implement an evidence-based treatment modality for eating disorders. This includes: • Formulation • Core tenets of the treatment • Treatment sequence, including key treatment steps and goals • Clinical tools used within the model
	b. Be able to provide psychoeducation relevant to the person's clinical presentation. Communication and information should be provided to the person experiencing an eating disorder, families, and significant others. See Table 1 of ANZAED eating disorder treatment principles and general clinical practice and training standards [3] for further information.
	c. Measure treatment outcomes using methods that are standardised or of an accepted standard in the field. This includes measures such as monitoring weight, frequency of eating disorder behaviours, or eating disorder psychopathology with psychometric measures throughout treatment.
	d. Understand the need for a personalised approach for all people experiencing an eating disorder. This includes scheduling treatment sessions at a frequency that matches the severity of the person's eating disorder, the treatment goals, and the treatment model being implemented.

Competency Area	Course Content
3. Ability to engage with and support the person experiencing an eating disorder and family in a non-judgmental manner	a. Be able to demonstrate an empathetic understanding of high levels of ambivalence and fear of change in people experiencing an eating disorder, their families, and supports
	b. Be able to arrive at a shared understanding of the illness with the person and their family and supports and reach a collaborative agreement on the approach to, and goals and topics of treatment
	c. Be able to engage and work collaboratively with the person's family and supports throughout treatment and work within the limitations of confidentiality in those instances in which the person does not consent to family input or involvement

Competency Area	Course Content
4. Ability to contribute to multi-disciplinary team planning and treatment	a. Within professional role and scope of practice, work collaboratively with professionals from other disciplines to implement and review the treatment plan

Competency Area	Course Content
5. Problem solving and managing challenges within the provision of treatment	a. Implement strategies to enhance motivation for change
	b. Be able to describe the contraindication/s for using the specific treatment model
	c. Assess for and manage medical, nutritional, and psychiatric risk throughout treatment (as fitting within the clinician's scope of practice) and make appropriate referrals to other professions as required (for example, medical practitioner, dietitian, psychiatrist)
	d. Be able to describe the most appropriate treatment setting for the treatment model within the stepped system of care for eating disorders. This includes recognising indicators for referral to a higher level of care (for example, as an inpatient or day patient) and the aim of each care level. See Appendix B – NEDC Eating Disorder Stepped System of Care – for further information.
	e. Understand why, when, and how non-negotiables should be applied within the treatment approach

Competency Area	Course Content
	f. Recognise indications of relapse or poor response to the model-based treatment and be able to develop a relapse management plan with the person to re-access treatment services post-treatment
	g. Understand and recognise the need for evidence-informed changes/adaptations to the implementation of the model when working with different populations, including when a person is experiencing a co-occurring mental health condition, is Aboriginal or Torres Strait Islander, from a culturally and/or linguistically diverse background, identifies as LGBTQI+, is neurodivergent, and/or has a disability.

Content Standards: Evidence-informed dietetic practice for eating disorders

Training in evidence-informed dietetic practice for eating disorders should be designed for dietitians seeking to provide treatment for people experiencing an eating disorder or be a member of the multidisciplinary care team for people experiencing an eating disorder.

On completion of the training, dietitians should be equipped to provide appropriate, safe, and effective dietetic management and treatment for people experiencing an eating disorder.

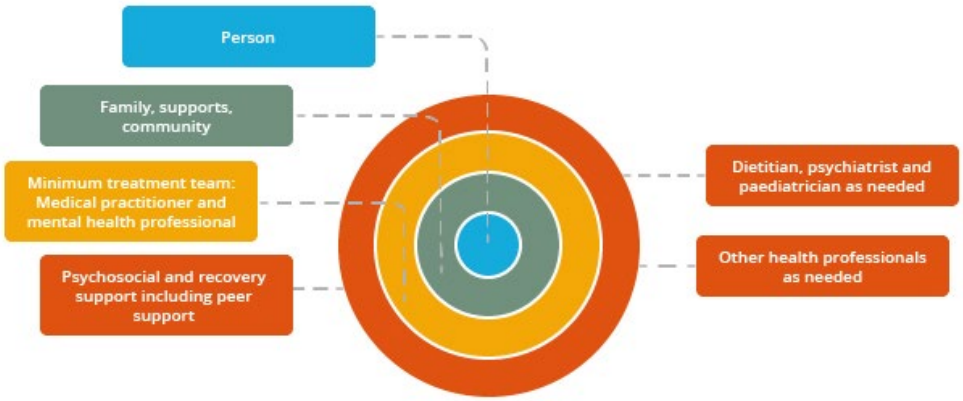
The Framework expects that, at the conclusion of the training, a dietitian has acquired knowledge and skill in the following six competency areas as described in the NEDC workforce core competencies [1] and ANZAED practice and training standards for dietitians providing eating disorder treatment [2].

In addition to the Guiding Principles, General Standards, and Content Standards, specific consideration should be given to the following areas when delivering training in evidence informed dietetic practice:

- Into which component/s of the stepped system of care would the treatment best fit (e.g., treatment settings)?
- After completion of evidence-informed dietetic practice training, what is the dietitian's scope of practice to provide treatment for people experiencing an eating disorder?
- Training should sit within a professional development portfolio including supervision and continuing professional development. How can the dietitian be supported in applying this knowledge and skill in professional practice?
- What might be the barriers and enablers for the dietitian to be able to embed this treatment approach in their practice?

Competency Area	Course Content
1. Ability to conduct a nutritional assessment of children, adolescents, and adults in relation to eating disorders	a. Be able to take a preliminary case history relevant to disordered eating and eating disorders using culturally respective practice and using dietetic assessment tools and tests as appropriate for the person
	b. Be able to describe the range of physical and health-related issues (e.g., malnutrition, diabetes, osteoporosis) related to the experience of eating disorders and understand the significant physical risks associated with eating disorder behaviours, including the risk of death
	c. Contribute to the nutritional assessment of children, adolescents, and adults in relation to eating disorders. This should include: • Food and nutrient intake • Food and nutrient administration • Medication and complementary/alternative medicine use • Knowledge and beliefs regarding body image disturbance, food and eating • Eating behaviour • Factors affecting access to food and food/nutrition-related supplies • Physical activity and function • Nutrition-related person-centred measures • Anthropometric measurements • Biochemical data, medical tests, and procedures • Nutrition-focused physical findings • Individual's history • Comparative standards See Table 1 of ANZAED practice and training standards for dietitians providing eating disorders treatment [2]

Competency Area	Course Content
2. Ability to engage the person experiencing an eating disorder and their family/supports in a non-judgmental manner and to motivate engagement with relevant health services and treatments	a. Demonstrate an empathetic understanding of high levels of ambivalence and fear of change in people experiencing an eating disorder and use strategies to support them to overcome barriers to self-disclosure
	b. Work flexibly and collaboratively with the person throughout treatment, being able to adapt the treatment approach to suit the person's needs at that time. This includes matching treatment intensity to the person's clinical presentation.
	c. Engage and work collaboratively with families and supports and encourage the person experiencing an eating disorder to allow their family and supports to share information with the treatment team
	d. Explain the range of education and support needs a person experiencing an eating disorder and their family and supports may require regarding nutritional management and rehabilitation

Competency Area	Course Content
3. Ability to contribute to multidisciplinary team assessment and care planning within the scope of professional role	a. Understand the significance and importance of a multidisciplinary care team in providing treatment for people experiencing eating disorders and understand the key role and function that the dietitian plays within the team. The care team can visually be understood through the following diagram:  Please see Appendix A – The Care Team – for further information.
	b. Within professional role and scope of practice, work collaboratively with professionals from other disciplines to implement and review the treatment plan

Competency Area	Course Content
4. Understand and work within the stepped system of care to support the person living with an eating disorder and their families and supports to access the right level of care for their needs	a. Understand processes for and be able to refer people experiencing eating disorders to relevant services within the stepped system of care to address their physical, psychological, and nutritional needs. This includes acting on identified warning signs to facilitate a person's access to the appropriate mental health and medical review and/or support. See Appendix B – NEDC Eating Disorder Stepped System of Care – for further information.

Competency Area	Course Content
5. Knowledge of current dietetic and clinical practices and standards in the treatment of eating disorders	a. Knowledge of the standards for safe treatment. See ANZAED clinical practice & training standards for dietitians providing eating disorders treatment [2] and ANZAED eating disorder treatment principles and general clinical practice and training standards [3].

Competency Area	Course Content
6. Ability to make nutritional diagnoses and implement nutritional intervention	a. Identify specific nutrition problems and diagnoses resulting from the psychological and physical complications associated with an eating disorder (for example, malnutrition, micronutrient deficiencies). Note: these are not medical or psychiatric diagnoses
	b. Knowledge of the management of malnutrition, including weight restoration and micronutrient deficiencies within the context of treatment for people experiencing an eating disorder
	c. Awareness of the risks of re-feeding syndrome, the need for medical care in nutritional restoration, and the role of the dietitian in managing re-feeding syndrome
	d. Identify and manage co-occurring nutritional and health-related conditions the person with an eating disorder may present with (for example, diabetes, pregnancy), including understanding risk associated with co-occurring conditions

Competency Area	Course Content
	e. Understand the importance of and be able to provide nutrition education relevant to the person's clinical presentation. Communication and information should be provided to the person experiencing an eating disorder, their family, and supports.
	f. Provide nutrition counselling to the person and their family and supports. This may include, but not limited to, monitoring eating behaviour, beliefs and attitudes about food and health, and factors affecting eating behaviour and nutritional status.
	g. Identify, plan, and implement nutrition interventions with the purpose of modifying the person's nutrition-related health status, behaviours, knowledge, and attitudes to achieve physical, psychological, and nutritional recovery
	h. Conduct nutritional monitoring, taking into consideration the measurement of treatment adherence outcomes by other members of the multidisciplinary care team
	i. Monitor progress and measure outcomes relevant to professional role
	j. Treatment sessions should be scheduled at a frequency that matches the severity of the person's eating disorder, the treatment goals, and the treatment approach being implemented

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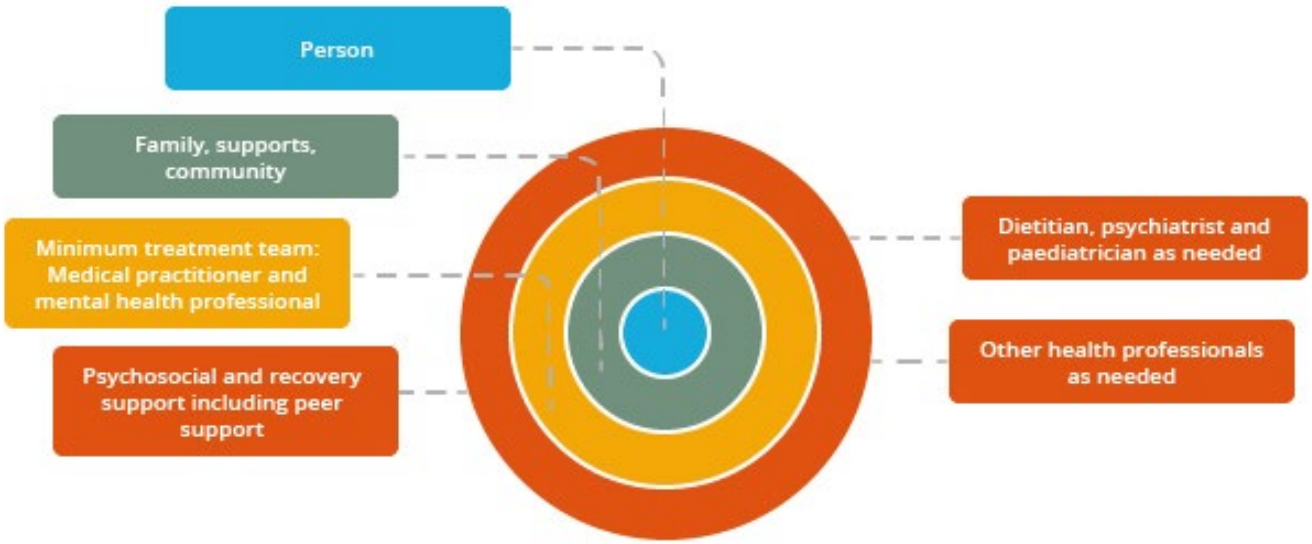
Appendix A: The Care Team

Eating disorders are complex and multifaceted. While the minimum treatment team is a medical practitioner and a mental health professional, input from practitioners from a range of disciplines is often necessary for comprehensive care. Family and supports are integral to the care team.

The care team consists of the person experiencing an eating disorder and all people who will be involved in providing care, support, and/or treatment. The treatment team consists of the professionals within the care team who are providing treatment for a person living with an eating disorder.

The care team



As shown in the figure above, at the centre of any care team is the person experiencing an eating disorder and their family and supports. Treatment plans should always be developed within a person-centred, family and culture-sensitive and recovery-oriented framework (NEDC, 2018) and thus information and decision making is shared between all members of the care team, including the person experiencing an eating disorder, their families, and supports.

Minimum treatment team

Minimum treatment team: Medical practitioner and mental health professional

At a minimum, a treatment team in the community (as opposed to those in a hospital setting), should be made up of a medical practitioner and a mental health professional.

A ***medical practitioner*** could be a GP, paediatrician, physician, psychiatrist, or other qualified medical practitioner that is able to provide treatment and management of the physical symptoms and impacts of the eating disorder. This includes medical monitoring and treatment of medical complications associated with eating disorders, and sometimes prescribing medications.

A ***mental health professional*** is an umbrella term for those professions that can provide psychological support and evidence-based psychological treatment for people living with an eating disorder. These professions include psychologists, social workers, occupational therapists, psychiatrists, counsellors, mental health nurses, nurse practitioners, and psychotherapists. A mental health professional may specialise in providing treatment for different types of eating disorders, or sometimes just one type of eating disorder depending on their training and experience. The type of treatment provided will vary depending on the type of eating disorder the person is experiencing. In addition, eating disorder mental health professionals can:

- Identify, assess, and diagnose eating disorders and other mental health problems
- Develop and implement an evidence-based treatment plan
- Provide psychoeducation and support for the individual, family and supports
- Identify the need for referral to other professionals and levels of treatment within the stepped system of care

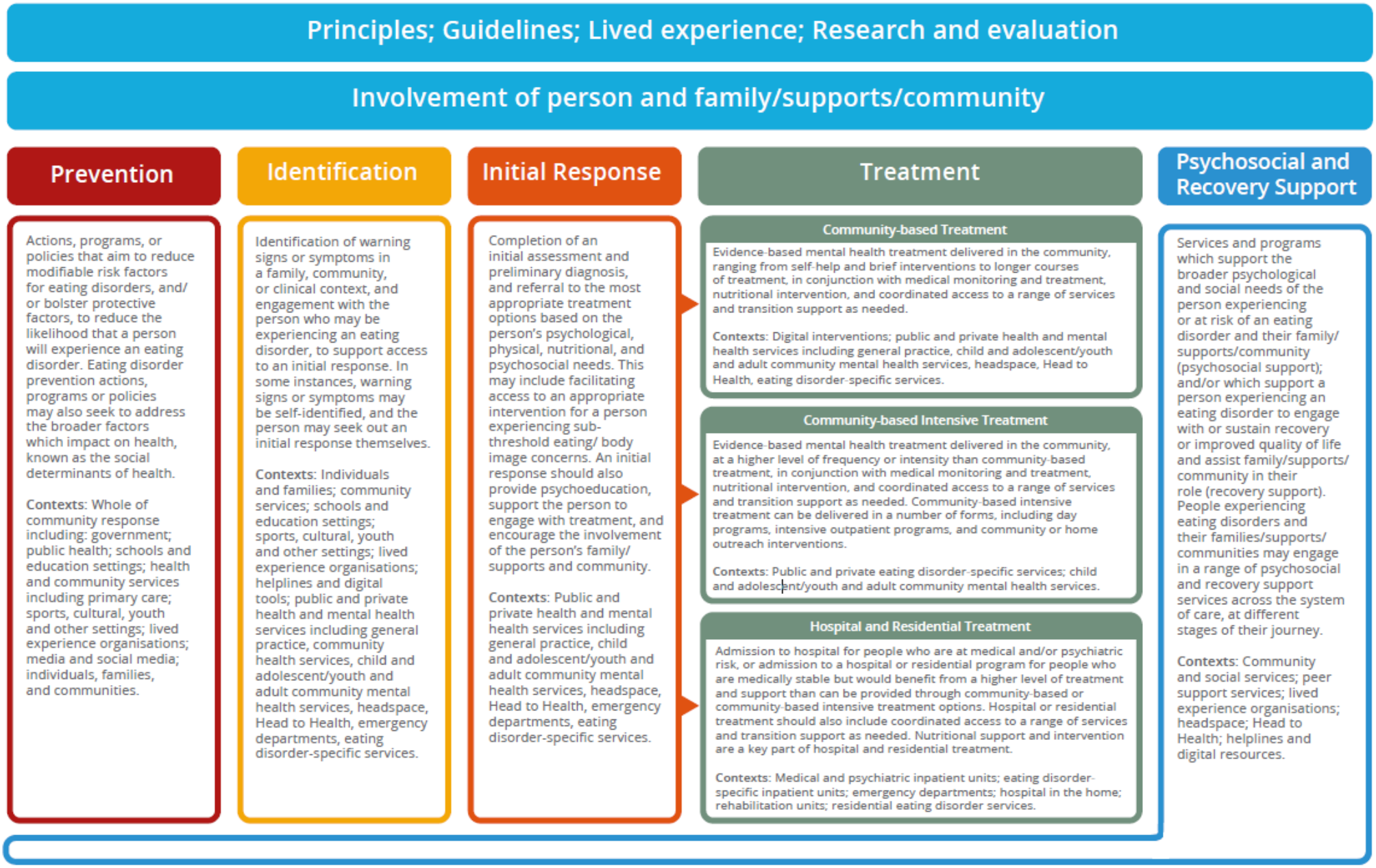
A mental health professional is an essential part of the treatment team and will work collaboratively with a medical practitioner to provide holistic treatment and support for the person living with an eating disorder and their family and supports.

How the treatment team works

As portrayed in the outer circles of the diagram above, a treatment team may involve other professions, depending on the needs of the person experiencing an eating disorder. This will be determined by the type of eating disorder, the type and severity of symptoms, the treatment setting, and the need to meet the person's physical, psychological, nutritional, and functional needs. A treatment team's capacity to work collaboratively in assessment, treatment planning, and treatment review is essential for safe and effective treatment. With the different components of treatment working collaboratively together, progress in one domain (such as physical or psychological) will enable and support progress in each of the other domains.

Further information on the care team can be found on the NEDC website.

Appendix B: Stepped System of Care for Eating Disorders



Building a safe, consistent and accessible system of care for people with eating disorders

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