Stepped system of care for eating disorders

Stepped care is defined as "an evidence-based, staged system comprising a hierarchy of interventions, from the least to the most intensive, matched to a person's needs. Within a stepped care approach, a person is supported to transition up to higher-intensity services or transition down to lower-intensity services as their needs change" (1).

Stepped system of care for eating disorders

Eating disorders are a distinct group of complex illnesses with treatment requirements that are different to other types of mental illness due to the complex overlapping nature of mental health and physical health needs. The National Eating Disorders Collaboration (NEDC) has developed a model of the stepped system of care for eating disorders, with examples of care and treatment services that patients may require across the course of illness and recovery (shown in Figure 1 below). The provision of a stepped continuum of care for people with eating disorders is supported by expert consensus as the ideal approach where the continuum includes a full spectrum of levels of intensity, skilled assessment of need and coordinated transition between services as the person's needs change.

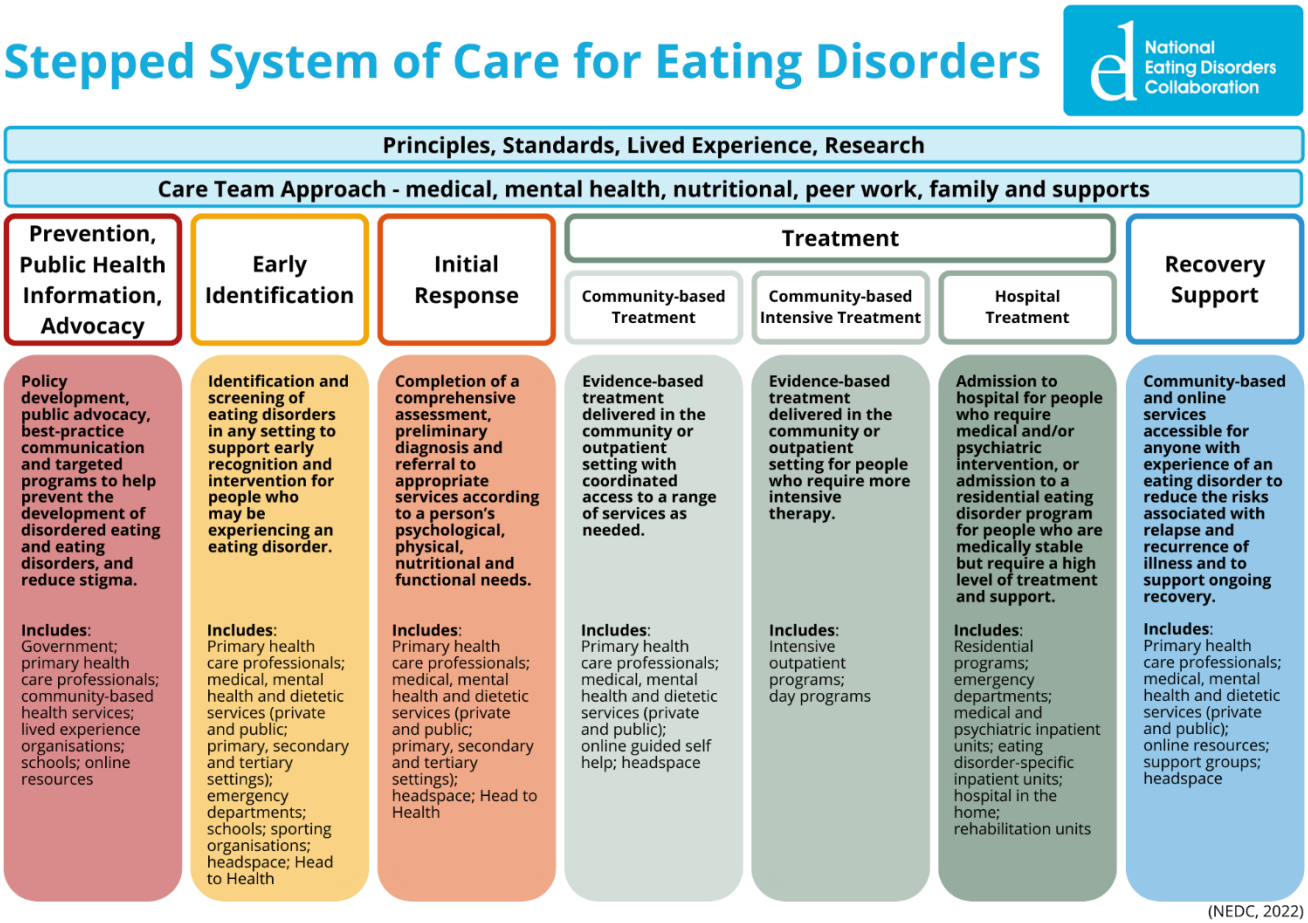

Figure 1: The stepped system of care for eating disorders (NEDC, 2021)

The stepped system of care for eating disorders delivers coordinated, evidence-based services that increase or decrease in intensity according to a person's changing psychological, physical, nutritional and functional needs. Progression along the continuum is not linear and response to treatment is individual and variable. People may require recurrent episodes of treatment, at different levels in the continuum of care and from different service providers.

The following paragraphs describe in more detail each element of the stepped system of care.

Prevention, public health information and advocacy

Prevention, public health information and advocacy has an important role in preventing the development of disordered eating and eating disorders. Individuals and organisations across a broad range of sectors can contribute to this, including but not limited to governments, lived experience organisations, health professionals, schools, and online settings.

Early identification

Early identification and screening of eating disorders is important to support early recognition and intervention for people who may be experiencing an eating disorder. This can occur with primary health care professionals or in medical, mental health and dietetic services (private and public; primary, secondary and tertiary settings), emergency departments, schools, sporting organisations, headspace and Head to Health.

Initial response

Initial response involves the completion of a comprehensive eating disorders assessment, provisional diagnosis and referral to appropriate services according to a person's needs. This can occur in medical, mental health and dietetic services (private and public; primary, secondary and tertiary settings) and can be conducted by primary health care professionals, mental health professionals, and dietitians, as examples.

Treatment

Treatment extends across three levels of the stepped system of care, with the treatment intensity increasing across these three levels. Decisions about the level of treatment required must be informed by the evidence for eating disorders and the potentially high risks associated with treatment failure at lower levels of intensity. As such, the lowest level of treatment may not be an appropriate starting point for treatment. For example, hospital services may be required as soon as someone is identified as having an eating disorder.

The first treatment level is **community-based treatment**, which refers to evidence-based treatment delivered in the community or outpatient setting, with coordinated access to a range of services as required. This can occur in medical, mental health and dietetic services (private and public) and be delivered by appropriately skilled primary health care professionals. It can include the provision of online guided self-help, where appropriate. Community- based treatment can be used as a step in at first diagnosis or first occurrence of symptoms, or a step down from community-based intensive treatment or hospital treatment.

The second level of treatment is **community-based intensive treatment**, when treatment at a higher frequency and intensity is required. This can be delivered in the community through intensive outpatient programs and day programs. Peer workers may also be involved alongside community-based intensive treatment. Community-based intensive treatment can be used as step in at first diagnosis or first

occurrence of symptoms, a step up when a patient is not responding to community- based treatment, or as a step down from hospital treatment.

The third treatment level is **hospital treatment**, when admission to hospital is required 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. This can be delivered in emergency departments, medical and psychiatric inpatient units, eating disorder-specific inpatient units, hospital in the home, rehabilitation units and eating disorder-specific residential programs. Hospital treatment can be used as a step in at first diagnosis or first occurrence of symptoms when a person is at medical and/or psychiatric risk. People can also step up to hospital treatment for medical and/or psychiatric intervention to manage complications and risk or if the person requires a structured eating disorder program.

Recovery support

Recovery support refers to the provision of 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. These services and support can be provided by primary health care professionals, community-based mental health and dietetic services (public and private), and support groups. Online resources can also support recovery.

Principles, standards, lived experience and research

Underpinning the stepped system of care are key principles, standards and research, including the National Practice Standards for Eating Disorders (2), NEDC's Workforce Core Competencies for the safe and effective identification of and response to eating disorders (3), the Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders (4), the Australia and New Zealand Academy for Eating Disorders (ANZAED) eating disorder treatment principles and general clinical practice and training standards (5), and NEDC's National Framework for Eating Disorders Training - A guide for training providers (6). Alongside these principles, standards and research, lived experience input throughout the design, delivery and evaluation of services within the stepped system of care is essential.

Care team approach

Across the continuum of care, a multidisciplinary care team approach is required which includes medical and mental health care professionals at a minimum, dietetic care as appropriate, and other mental health and medical input in line with the person's needs, including peer workers. Family and supports are an integral part of the care team.

References:

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