

Victorian Eating Disorders Strategy

**Response to consultation
November 2022**

Recipient


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About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8000 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have a fundamental role in the prevention, treatment and management of eating disorders.

This submission was prepared with input from members of Dietitians Australia following the [Conflict of Interest Management Policy](#) and process approved by the Board of Dietitians Australia. Contributors include Dietitians Australia members with wide ranging expertise in eating disorders.

Recommendations

Dietitians Australia recommends

1. The Victorian Eating Disorders Strategy adopt a stronger focus on the specific challenges of regional, rural and remote communities
2. The Victorian government consider funding access to comprehensive eating disorders continuing professional development for dietitians and other clinicians, especially for those in private practice and those in generalist practices in regional, rural and remote settings

Discussion

Vision

Thinking about what Victoria's system of care for people affected by eating disorders should ideally look like by 2031, what three areas would you like to see prioritised?

Dietitians Australia recommends that the Victorian Eating Disorders Strategy adopt a much stronger focus on addressing the specific and significant challenges that people experiencing eating disorders in regional, rural and remote areas face when trying to access appropriate and adequate care.

We recommend the following be prioritised:

1. Resourced, coordinated care pathways for all Victorians of any age, using a hub and spoke model, such as the current outreach services in Queensland.¹ This model allows for specialised services (hub) to provide support and resourcing to regional, rural and remote centres (spoke) ultimately improving integration, building skills in regional sites and improving capability of regional partners in service delivery to people experiencing eating disorders²
2. Increased investment in resourcing of regional practitioners in a multidisciplinary model of care, with prioritised skill and pathway development
3. Eating disorders mandated as core business of mental health with established service reporting and accountability for service provision to people experiencing eating disorders

Why have you nominated these?

Due to the varied health needs of regional, rural and remote communities, most local health care centres are generalist clinics and do not have specialised eating disorders services. Regional community dietitians also often have generalist practices receiving referrals for a range of conditions, not just for eating disorders. And eating disorders are not considered core business for some Area Mental Health Services. As a result, a person's treating team, (whether adult or paediatric,) can include a mix of public and private services, often none of which has eating disorders expertise.

Current regional eating disorders services have limited availability in both the public and private sector. While the increased number of Medicare rebates for private dietitians and psychologists has improved access for people experiencing eating disorders, the low rebate amount does not provide a financial incentive for private practitioners to bulk bill. Hence, many people are unable to access private services because they can't afford the gap fees, and there are limited public mental health or public dietetic services.

Further barriers to adequate and appropriate care include:

- The cost of travel to metropolitan services can be prohibitive and there is often limited capacity to access services outside of one's own region
- Set Body Mass Index criteria prevent many people from being eligible to access specialised services
- The lack of a Medicare rebate for private psychologists or dietitians to collaborate or use case conferencing potentially increases the fragmentation of service provision.

Service provisions

To what extent do the gaps and issues in the service continuum for eating disorders align with your understanding?

Dietitians Australia agrees with the identified gaps and issues and recommends the following priorities:

- Lack of accessible services, including outreach support
- Eating disorders not currently viewed as core business for medical and mental health services
- Lack of comprehensive and coordinated approach to building and supporting workforce capacity
- Lack of family inclusion in treatment planning and support (mainly for adults)

Are there any further gaps and issues?

1. Workforce capacity

Dietitians Australia believes that comprehensive eating disorder-specific continuing professional development needs to be made more accessible to dietitians and other clinicians. Dietitians Australia recommends that the Victorian government consider funding subsidised entry to approved courses to incentivise uptake of this type of continuing professional development, to promote upskilling and to ensure safe, effective practice in eating disorders across the State.

We view non-specialised eating disorder services as the "forgotten treatment teams". We recommend that processes be put in place to ensure these teams are recognised and provided the training and support they need.

2. Access to services

Services for regional, rural and remote adults, with both acute and chronic eating disorder presentations are limited and fragmented. We recommend a focus on improving access in regional, rural and remote areas, particularly for adult inpatient and outpatient services.

3. Service integration

To aid linking of services across Victoria, Dietitians Australia recommends that the Victorian government consider funding eating disorder coordinators in some capacity (as per the NSW model³).

Should the strategy prioritise any of these gaps or issues? What evidence do you have to justify this focus?

1. Workforce capacity

Dietitians Australia believes that improving access to eating disorder-specific continuing professional education and training of qualified dietitians and other qualified clinicians is essential. Accredited dietetic courses offer a sound foundation in eating disorders management in alignment with the [National Competency Standards](#), but there is a need for more comprehensive eating disorders training for early-career dietitians, other early-career clinicians and any practitioner moving into eating disorders from other areas of practice. This is important across the board, but it is especially so for practitioners operating in generalist clinics in regional, rural and remote settings. There is a need for comprehensive training in risk-mitigation strategies such as effective screening skills, early identification skills and knowledge of eating disorder referral pathways.

As dietitians are increasingly working in generalised private practice settings upon graduation,^{5,6} there is an increased likelihood that they will have clients with undiagnosed eating disorders or sub-clinical disordered eating behaviours. Many people seek treatment for symptoms of their eating disorder even in the absence of a formal diagnosis.⁷⁻¹⁰ For dietitians and other clinicians to act effectively in this essential “early responder” role, Dietitians Australia recommends that greater access to continuing professional development be made available. Given the high costs often involved in establishing a private practice, practitioners may have limited capacity to undertake costly continuing professional development due to financial constraints. By providing subsidised access to training, the Victorian government will mitigate the need for these practitioners to delay or miss out on comprehensive further training.

2. Access to services

The gaps identified on page 17 of the strategy allude to a need to provide adequate services **across the State**, however, Dietitians Australia believes this should be strengthened, such that it specifically includes regional, rural and remote communities: *“Lack of resources and accountability for articulating, establishing, and supporting care pathways for eating disorders **across Victoria, including regional, rural and remote areas.**”*

Prioritising regional, rural and remote service capacity building in the strategy would ensure *all* Victorians experiencing eating disorders can access high quality, supportive care and treatment.

As previously discussed, we recommend strengthening coordinated pathways with specialised centres in a hub and spoke model.

What currently works well or could work well for consumers, their families, carers and supporters and / or providers?

Dietitians Australia members report that services that are currently successful are characterised by the timely provision of care that is inclusive, consistent and evidence-based and where all members of the treatment team, including family, prioritise inclusion and communication.

Priority populations

In the discussion paper we have listed a series of groups that may need a greater focus in the strategy. Is this list appropriate? (Yes/No)

Dietitians Australia recommends the statement of priority populations be altered to include '*people living in **regional, rural and remote communities***'. Regional centres often bear the burden of referral from rural and remote services but have no capacity to manage the specialised referral base.

If not, which other higher risk groups do we need to prioritise in the strategy for targeted action?

While we agree it is important to identify particularly vulnerable and higher risk populations, we would argue that the entire Victorian population at risk of or experiencing eating disorders is vulnerable due to the severity and life-threatening nature of these illnesses. *All* Victorians at risk of or experiencing eating disorders would benefit from the Victorian government ensuring the availability of culturally competent, accessible eating disorder services **across the State** that are inclusive of all presentations.

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