GOVERNMENT OF WESTERN AUSTRALIA

Mental Health Commission

Western Australian

Eating Disorders Framework 2025-2030

Acknowledgement of Country

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country and its waters. The Mental Health Commission wishes to pay its respects to Elders past and present and extend this to all Aboriginal people seeing this message.

Recognition of Lived Experience

We recognise the individual and collective expertise of those with living and lived experience of mental health, alcohol and other drug issues, including their families and carers.

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Feedback

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Acknowledgement of the National Eating Disorders Strategy 2023-2033

The Mental Health Commission acknowledges the extensive work of the National Eating Disorders Collaboration in developing the National Eating Disorders Strategy 2023-2033. The Western Australian Eating Disorders Framework 2025-2030 aims to build on and align with the National Strategy.

Disclaimer

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Need support?

If you or someone you care about is struggling with an eating disorder, please reach out. Help is available.

Butterfly Foundation
Free and confidential support for anyone concerned about eating disorders or body image issues, including online chat or email.

Phone: 1800 ED HOPE (1800 33 4673)

Website, online chat and email: butterfly.org.au

Eating Disorders Families Australia (EDFA)
Provides support, resources, and a community for families and carers, including online counselling and peer support.

Phone: 1300 195 626

Website: edfa.org.au

Here For You
A statewide confidential, non-judgemental, telephone service for anyone in WA concerned about their own or another person's mental health issues and/or alcohol and other drug use.

Phone: 1800HERE4U (1800 437 348)

Email: hereforyou@mhc.wa.gov.au

Rurallink
After-hours telephone service for people in rural and regional Western Australia experiencing a mental health crisis.

Phone: 1800 552 002

Website: emhs.health.wa.gov.au/Hospitals-and-Services/Mental-Health/Inpatient-and-Other-Services/Rurallink

Mental Health Emergency Response Line (MHERL)
24-hour telephone service for people in the Perth metropolitan area experiencing a mental health crisis.

Phone: 1300 555 788 (Metro) 1800 676 822 (Peel)

Website: mhc.wa.gov.au/getting-help/helplines/mental-health-response-line/Rurallink

headspace
Support for young people aged 12 to 25 years.

Phone: 1800 650 890

Website: headspace.org.au

Kids Helpline
A free confidential 24/7 online and phone counselling service for young people aged 5 to 25 years.

Phone: 1800 55 1800

Website and webchat: kidshelpline.com.au

QLife
Anonymous and free LGBTIQ+ peer support and referral for people in Australia wanting to talk about sexuality, gender, bodies, feelings or relationships.

Phone: 1800 184 527

Website and webchat: qlife.org.au

13YARN
Crisis support line for Aboriginal and Torres Strait Islander people.

Phone: 13YARN (13 92 76)

Website: 13yarn.org.au

MensLine Australia
Free help, referrals and counselling for men.

Phone: 1300 78 99 78

Website: mensline.org.au

Lifeline
24 hour crisis support and suicide prevention services for anyone experiencing emotional distress.

Phone: 13 11 14

Website and online chat: lifeline.org.au

Suicide Call Back Service
Service providing 24/7 phone and online counselling to people affected by suicide.

Phone: 1300 659 467

Website: suicidecallbackservice.org.au

Resources for Clinicians and Community Services

The National Eating Disorders Collaboration (NEDC) Service Locator provides information about eating disorder-specific clinical services.

For information about individual practitioners, you can search:

- the connect.ed directory for Australia & New Zealand Academy for Eating Disorders (ANZAED) Credentialed Eating Disorder Clinicians;
- the Butterfly Foundation's Referral Database; or
- InsideOut's Treatment Services Database.

In an emergency, call an Ambulance on 000

Foreword

Minister for Mental Health

The development of the Western Australian Eating Disorders Framework 2025-2030 reflects the State Government's commitment to improving the lives of all Western Australians experiencing, or at risk of eating disorders and the people who care for them.

Eating disorders are serious, complex conditions with far reaching impacts. Eating disorders can affect any person of any gender, age and body size, and present in varying ways, including anorexia nervosa, bulimia nervosa and binge eating disorders. Tragically, there were 1,273 deaths due to an eating disorder in Australia in 2023 – more than the annual national road toll.[1]

The Western Australian Eating Disorders Framework 2025-2030 outlines strategic priorities across prevention, early intervention, treatment, and support services for people experiencing or at risk of eating disorders, their families and significant others.

Following the State Government's investment in 2021-2022 of $31.7 million to expand eating disorders services across Western Australia (and an additional $8.6 million from the Commonwealth), three new specialist eating disorders services are progressively being implemented in the North, South and East metropolitan areas, with each service commissioned to provide access to services for people living in regional areas across the state. These multidisciplinary services provide much-needed treatment within the community, preventing hospital admissions and supporting those leaving hospital. The State Government has also funded the expansion of community-based support services and invested in additional transition coordination and support for young people moving from child to adult services, and for those in regional and remote areas. In addition, new bed-based services planned for Cockburn Mental Health Clinic will provide a dedicated women's mental health facility, with a particular focus on eating disorder services.

With the expansion of eating disorders specialist services and programs across the state, and the release of the National Eating Disorders Strategy 2023 2033, the release of the Western Australian Framework lays the foundation for a statewide coordinated approach for the next five years to address service gaps and identify opportunities for change. This includes building on existing strengths to deliver a high-quality and coordinated system of care, while putting a greater focus on prevention and early intervention, and placing individuals at the centre of holistic, comprehensive, wrap-around care.

Hon. Amber-Jade Sanderson MLA
Minister for Health; Mental Health

Foreword

Mental Health Commissioner

I am proud to present the Western Australian Eating Disorders Framework 2025-2030 (the Framework) that has been developed in partnership with our stakeholders and the community.

This Framework outlines a coordinated statewide approach for an individualised, comprehensive, equitable, and culturally responsive system of care for all Western Australians impacted by eating disorders.

I would like to thank those with a lived and living experience of eating disorders, their families and significant others, as well as the specialist research and clinical expertise of a dedicated and passionate workforce who have been involved in the Framework's development. Your commitment, experiences and expertise has been invaluable.

I would also like to thank the members of the Eating Disorders Framework Advisory Group (Advisory Group), comprising Lived Experience, government, non-government and private sectors representatives. Led by the highly experienced and knowledgeable Co-Chair Shannon Calvert, Lived Experience Systemic Advisor Educator, the Advisory Group provided strong oversight and guidance of the Framework's strategic directions.

In addition to the Advisory Group's input, outcomes of previous eating disorder specific national and state consultations were reviewed. Additional targeted consultations were also conducted with current eating disorders services in Western Australia, researchers and prevention specialists, organisations representing people with a lived experience, Lived Experience (Peer) workers, and most importantly, people with a lived experience of eating disorders, their families and significant others. This has helped to ensure the Framework reflects evidence-based policy and best practice to meet the needs of Western Australians impacted by eating disorders.

The Framework aligns to the National Eating Disorders Strategy 2023-2033, developed by the National Eating Disorders Collaboration for the Commonwealth Government, as well as the Western Australian Mental Health, Alcohol and Other Drugs Strategy 2025-2030, which is due for release in 2025. These strategies provide the evidence-based foundation for the Framework to enable a system-wide response. It is through the balancing of efforts across the continuum of stepped care that we can help to prevent eating disorders, intervene early and provide appropriate treatment and support when and where it is needed.

The Mental Health Commission looks forward to continuing to collaborate with the sector to support the Framework's implementation and continue this important work.

Maureen Lewis
Commissioner, Mental Health Commission

WA Eating Disorders Framework 2025-2030 *Summary*

Purpose

To guide a coordinated approach to address eating disorders in Western Australia from 2025 to 2030, that supports an individualised, comprehensive, equitable, and culturally responsive system of care.

Guiding principles

- Equity of access
- Person and family-centred care
- Recovery-oriented care
- Trauma-informed care
- Lived experience guidance, leadership and support
- Clinical expertise, leadership and collaboration
- Timely, flexible and coordinated care
- Evidence-based approaches
- Culturally safe and secure practice
- Review, refine and enhance existing programs

Focus areas

- Strengthen mental health promotion and prevention
- Increase access to early intervention, community support and treatment
- Increase access to specialised holistic community and hospital bed-based care
- Increase education and training for health and mental health professionals and Lived Experience (Peer) workers
- Improve access to system and care navigation
- Build an evidence-base for eating disorders programs and services

Horizons overview

Consolidate and integrate – within two years

- Consolidate and integrate new services across the system
- Invest in evidence-based prevention
- Increase access to support in the community
- Commence early scoping for screening and early intervention
- Build the capacity and capability of the workforce
- Develop strategic coordination and advocacy.

Extend and expand – within three to five years

- Establish place-based screening and early intervention – especially in the regions
- Review and expand existing prevention initiatives
- Review and expand community treatment and supports
- Grow and develop specialist services
- Consolidate workforce development and coordination
- Continued integration and system improvement.

Innovate and transform – beyond five years

- Review and evaluate the system to identify further opportunities to innovate and transform.

About eating disorders

Eating disorders are a group of serious and complex mental health conditions characterised by problems associated with disordered eating, body weight control and severe concern with body weight and shape.[2]

Commonly recognised eating disorders include:

- **anorexia nervosa** – characterised by the persistent restriction of food and water intake, intense fear of gaining weight and disturbance in self perceived weight or body shape;
- **bulimia nervosa** – characterised by repeated binge eating episodes followed by compensatory behaviours like self-induced vomiting or laxative misuse;
- **binge eating disorder** – binge eating disorder – characterised by repeated episodes of binge eating, often with a sense of loss of control while eating;
- **avoidant-restrictive food intake disorder** – avoidant-restrictive food intake disorder – characterised by abnormal eating or feeding behaviours that result in the intake of insufficient quantity or variety of food to meet adequate energy or nutritional requirements;
- **other specified feeding or eating disorder** – people with this disorder present with many of the symptoms of anorexia nervosa, bulimia nervosa or binge eating disorder, but may not meet the full criteria of one or more of these disorders.[3]

While eating disorders are more common among young people, particularly females, they can occur in people of any age, weight, shape, neurotype, gender identity, sexuality, cultural background or socioeconomic group.[4]

The risk and protective factors associated with eating disorders involve a range of biological, psychological, and sociocultural factors[5]. Awareness of these factors is essential when designing programs and services to ensure better outcomes across prevention, early identification and intervention, treatment and support.

Risk factors

include biological and genetic factors (family history of eating disorders or mental health conditions), psychological and behavioural factors (dieting, perfectionist traits, anxiety, experience of trauma, abuse or neglect) and socio-cultural factors (peer pressure, teasing or bullying about body shape, pressure to succeed). Biological and social transition periods (onset of puberty, change in relationship status, pregnancy and postpartum) can also contribute to the onset of eating disorders.[6]

Protective factors

are generally grouped around media literacy (developing the ability to critically assess and evaluate media), a healthy relationship with food and eating (enjoying eating, having a variety of different foods, being comfortable eating alone and with people), family factors (eating regular meals with family, belonging to a family that doesn't emphasise weight or physical attractiveness), individual factors (high self-esteem, positive body image, emotional wellbeing, problem solving skills) and sociocultural factors (involvement with sport or industry where there is no emphasis on thinness or physical attractiveness, peer or social support structures where weight and appearance are not of concern).[7]

In addition to the health and medical costs associated with the provision of care and treatment of eating disorders, there are significant social and economic impacts. People with an eating disorder can find it challenging to maintain employment and also report experiencing a range of factors that contribute to a marked reduction in wellbeing, often sustained over the life-course. These factors include social exclusion; trauma from inappropriate treatment or care; financial, housing and food insecurity; and distress from a worsening eating disorder or co-occurring conditions.[8]

Eating disorders facts

Approximately

1.1m

Australians were living with an eating disorder in 2023.

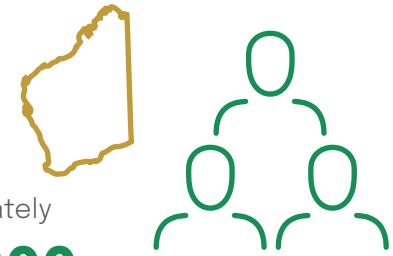
an increase of 21 percent since 2012.[9]

In 2022, approximately

114,000

Western Australians

were impacted by an eating disorder.[10]



Many more people experience

disordered eating

(i.e. behaviours consistent with an eating disorder such as restrictive dieting, binge eating, vomiting, laxative use)

that do not meet criteria for an eating disorder.[11]

Rates of suicide and suicidal behaviour are

higher

among people with anorexia nervosa, bulimia nervosa and binge eating disorder

compared to the general population.[12,13,14]

Eating disorders

especially anorexia nervosa, have amongst the

highest mortality rates

in mental health[15]

In 2023, there were an estimated

1,273

deaths nationally

due to an eating disorder.[16]

The total national health care cost in 2023 **was estimated to be**

$251.4m.[17]

The national economic and social cost of eating disorders **has grown to**

$66.9b

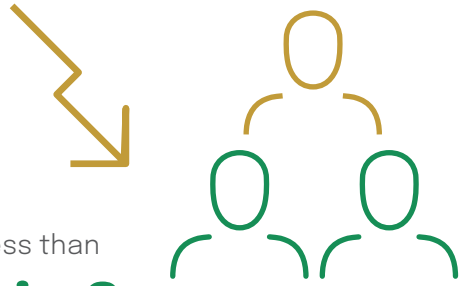
in 2023 – a 36% increase since 2012.[18]

Less than

1 in 3

(30%) of those with eating disorders

seek help.[19]



People with an eating disorder **lose an additional**

10 days

of work per year.[20]

Stepped system of care for eating disorders

The National Eating Disorders Strategy 2023-2033 (National Strategy), released in August 2023, was developed following extensive consultation with stakeholders with the aim of building and embedding a system of care that meets the needs of people experiencing or at risk of eating disorders, and their families, significant others and communities.

The National Strategy includes a Stepped System of Care for Eating Disorders and provides an evidence-based foundation for a Western Australian Framework. The 'stepped care' approach comprises a hierarchy of interventions and is a key concept within mental health policy and service provision.

"The Stepped System of Care refers to a full ***continuum of coordinated, effective, evidence-based services and supports,*** *which are matched to a person's needs, and increase or decrease in intensity according to the person's changing psychological, physical, nutritional, and psychosocial needs. Progression along the continuum is not linear, and a person may require recurrent episodes of treatment and support, at different levels in the stepped system of care and from different service providers".*[21]

Figure 1 provides a simplified overview of the Stepped System of Care for Eating Disorders; with a detailed version provided in the Appendix. For a deeper understanding of the Stepped System of Care for Eating Disorders, including detailed definitions, please refer to the Stepped System of Care for Eating Disorders (nedc.com.au).

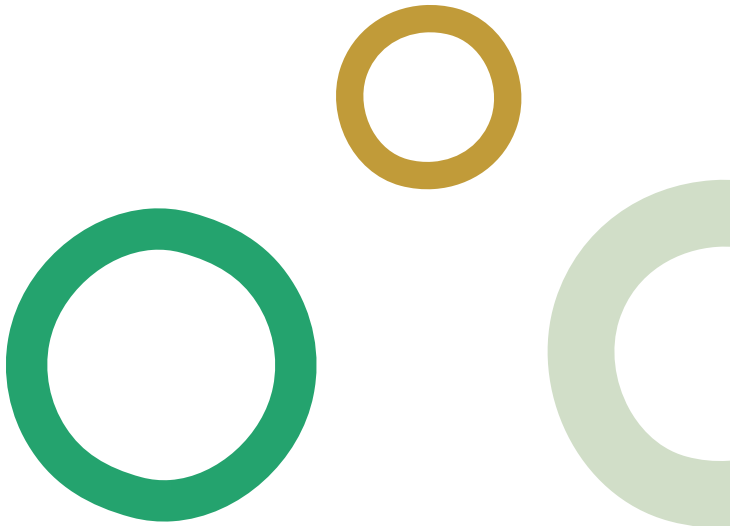
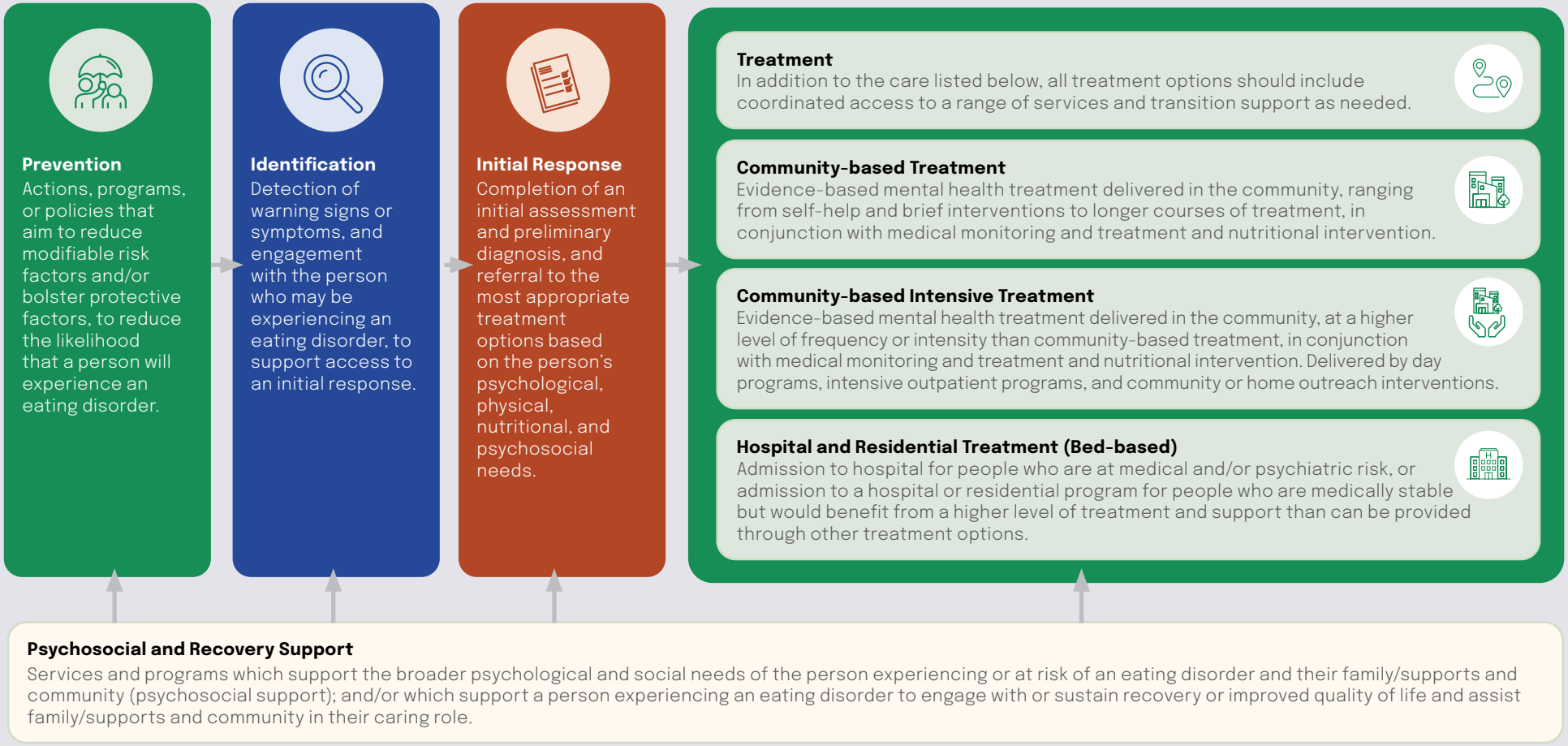


Figure 1

National Eating Disorder Strategy 2022-2033 Stepped System of Care



Note - Stepped Care System of Care. Adapted from the National Eating Disorders Strategy 2023-2033 (p. 34), by National Eating Disorders Collaboration 2023, NEDC.

Recognising specific needs

It is recognised that eating disorders can occur in people of all genders, body types, ages, socio-economic groups and ethnolinguistic backgrounds; however, some cohorts are identified as having additional specific needs.

Further work is required to better understand the prevalence and needs of individuals and population groups to ensure flexible and appropriate service responses. This includes increasing the capacity of eating disorders services and fostering the provision of shared care arrangements to enable general mental health and health services to better support people with co-occurring needs.

Eating disorders can occur in people of all genders, body types and ages and across thesocio-economic groups and ethnolinguistic backgrounds.

Complex and co-occurring needs, including mental health issues and neurodiversity

- Feeding difficulties and eating disorders are overrepresented in neurodivergent people, including in autism, attention-deficit/hyperactivity disorder (ADHD), intellectual disability, and Tourette's disorder.[22]
- A number of key stakeholders identified that those with neurodiversity and mental health issues can often find it challenging to navigate and access services due to the complexities of their co-occurring and/or differing needs.
- Neurodiversity-affirming environments, support systems, treatment and care pathways can support the recovery of neurodivergent people.

Children and young people

- Nearly one-third (31.6%) of Australian adolescents aged 13 to 17 years engage in disordered eating behaviours within any given year.[23]
- The average age of onset for eating disorders is between 12 and 25 years of age.[24,25]
- Given the severity and burden associated with eating disorders, and the vulnerability across the adolescent and young adult period, there is a need to develop and implement evidence-based prevention strategies for this population.[26]
- Effective mental health promotion and prevention strategies can prevent people from developing eating disorders and their associated, potentially long-term, mental and physical health consequences.[27]
- Families and significant others play an important role in supporting children and young people throughout their treatment journey.[28]
- There are challenges for the individual and their families and significant others with the transition of children and young people into adult eating disorder services.[29]

Families and significant others

- The term "families and significant others" is a broad term that refers to family members and friends in caring and supporting roles, and includes the terms Carer, Family/Carer and Support Person.
- The average caregiver provides 12.4 hours of care per week to a person with an eating disorder.[30]
- The National Carer Survey 2022 found that carers provided an average of 103.8 hours per week of care.[31]
- Families and significant others can play a crucial role in the care, support and recovery of a loved one with an eating disorder. This includes supporting engagement with treatment, supporting implementation of treatment and supporting recovery.[32]
- Families and significant others also need to support for themselves, which may include connecting with a support group or seeking counselling or professional support.
- The *Carers Recognition Act 2004* recognises the role of carers in the community and outlines how carers are to be treated and involved in delivering services that affect them and their caring role.
- The WA Carers Strategy provides guidance to service providers and the community towards greater support for and recognition of carers and their needs.

Women, men and people who are gender-diverse

- Women are twice as likely as men to experience an eating disorder.[33]
- Evidence suggests that the prevalence of binge eating disorder may be nearly as high in men as in women[34] and that the percentage of men among people with eating disorders could be higher as their experiences may be overlooked or misdiagnosed.[35]
- There is emerging evidence that gender non-binary and transgender people have a two to four-times greater risk of experiencing an eating disorder than their cisgender counterparts.[36,37,38,39]
- Men and gender-diverse people are likely to experience stigma and face challenges in the early identification, early intervention and treatment of their eating disorder.[40]

Aboriginal people

- There is limited research on the prevalence of eating disorders among Aboriginal people; however, emerging research suggests that Aboriginal people experience eating disorders and body image issues at a similar or higher rate than non-Aboriginal people.[41]
- Further work is required, in collaboration with Aboriginal people, to understand the prevalence and to develop trauma informed and culturally appropriate screening tools and interventions for Aboriginal people.[42]

People with Binge eating disorder

- Binge eating disorder is the most prevalent of eating disorders and its prevalence is increasing.[43]
- Many people with binge eating disorder may be in larger bodies, and therefore their experiences of eating disorder-related stigma may also be compounded with experiences of weight stigma.[44]
- Binge eating disorders are often underdiagnosed and undertreated.[45]

People with longstanding eating disorders

- While there is currently no set definition of a longstanding (severe and enduring) eating disorder, the most common criteria relate to a long duration and a number of unsuccessful treatment attempts.[46]
- People with a longstanding eating disorder and their families and significant others face significant challenges, particularly in the context of palliative care.[47]
- Further work is required to ensure dedicated and compassionate pathways of care, including more nuanced and holistic approaches aimed at improving the quality of life for individuals with longstanding eating disorders.[48]

Programs and services in Western Australia

In recent years, the State and Commonwealth Governments have significantly increased investment in eating disorder programs and services in Western Australia.

New statewide eating disorders programs and services, including the three Western Australian Eating Disorders Specialist Services (WAEDSS), the expansion of the Body Esteem Program and the recently commenced Cockburn Mental Health Clinic are progressively being implemented and increasing access to community and specialist services. Further gains are expected as these services become fully operational. A number of private services also provide high-quality care for people experiencing eating disorders and disordered eating in Western Australia.

However, there is more that can be done across the stepped system of care, particularly for people living in regional and remote areas and for priority groups who may have specific needs. These include people with complex and co-occurring needs, children and young people, families and significant others, LGBTQIA+SB people, Aboriginal people and ethnolinguistically diverse people.

Programs and services in Western Australia

Currently, the following eating disorders specific programs and services are available in Western Australia:

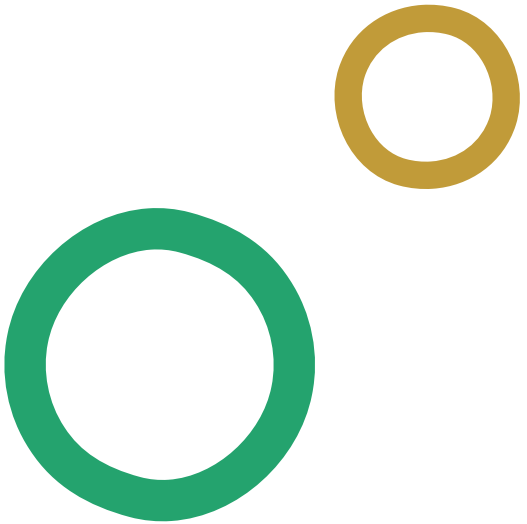
- WAEDSS*
  - Kara Maar (South Metropolitan Eating Disorder Specialist Service)
  - North Metropolitan Eating Disorder Specialist Service
  - East Metropolitan Eating Disorder Specialist Service
- Western Australian Eating Disorders Outreach and Consultation Service
- Perth Children's Hospital Child and Adolescent Mental Health Service Eating Disorders Program
- Centre for Clinical Interventions
- Body Esteem Program (Luma)
- The Swan Centre
- Esus Centre
- Ramsay Clinic (Hollywood Hospital).

Additional general programs and services are provided by:

- Community mental health programs, services and organisations
- General Practitioners (GPs), dietitians, clinical psychologists and psychiatrists
- Lived Experience (Peer) workers
- WA Country Health Service
- Public and private hospitals.

Eating disorders specific national organisations which provide a range of services in Western Australia include:

- National Eating Disorders Collaboration
- Butterfly Foundation
- Eating Disorders Families Australia.



* Note: each WAEDSS is committed to provide services across the State, including for people who live in regional and remote areas.

The Western Australian Eating Disorders Framework

The Western Australian Eating Disorders Framework 2025-2030 (Framework) lays the foundation for a statewide coordinated approach that supports an individualised, comprehensive, equitable, and culturally responsive system of care for those impacted by eating disorders.

The development of the Framework has been informed by national and state consultation undertaken by the National Eating Disorders Collaboration (NEDC) to develop the National Eating Disorders Strategy 2023-2033, along with previous Mental Health Commission consultation that has guided eating disorders service and program development specific to Western Australia. It has also been informed by: a review of current programs and services and gap analysis; guidance from the Western Australian Eating Disorders Framework Advisory Group; targeted engagement with members of the community and government, non-government and private organisations and service providers; and broad community consultation.

The Framework builds upon recent investments in eating disorder programs and services in the state, and takes a comprehensive, system-building approach by addressing the key areas where people experiencing an eating disorder require support. This includes prevention, early intervention, treatment, and support services in Western Australia. It identifies Focus Areas that include strategic priorities and examples of actions to demonstrate how the priorities could be implemented in practice. As the Framework has a system-wide focus, strategic priorities may be implemented across the sector, including through private, non-government and government initiatives. Accordingly, the Framework is cost and funder neutral.

The Framework aligns to the National Eating Disorders Strategy 2023-2033 that was developed by the NEDC for the Commonwealth Government and will also align to the Western Australian Mental Health, Alcohol and Other Drugs Strategy 2025-2030 (WA Strategy), which is currently in development. The Framework's Focus Areas sit across multiple areas of the overarching WA Strategy, as well as components of the National Stepped System of Care for Eating Disorders (refer to **Appendix**).

The Framework does not include clinical guidelines or recommendations about specific models of care but rather outlines key Focus Areas and strategic priorities aligned to its goal of preventing eating disorders and improving recovery outcomes and quality of life for individuals living with an eating disorder and their families, significant others and communities in Western Australia.

Western Australian Eating Disorders Overview

Goal

To prevent eating disorders and improve recovery outcomes and quality of life for individuals living with an eating disorder and their families, significant others and communities in Western Australia.

Purpose

To guide a coordinated approach to address eating disorders in Western Australia from 2025 to 2030, that supports an individualised, comprehensive, equitable, and culturally responsive system of care.

Guiding principles

Guiding principles[49] have been developed that underpin the Western Australian Eating Disorders Framework 2025-2030 and guide the development, commissioning, implementation and evaluation of eating disorders programs and services. These are:

- **Equity of access** including for people with complex and co-occurring needs and supporting those within regional and remote areas to access support closer to home.
- **Person and family-centred care** which aims to improve quality of life and recognises and responds to the unique and differing needs of individuals and families and significant others.
- **Recovery-oriented care** that aspires to full recovery but acknowledges that recovery is unique to each individual and there is no one definition of recovery.
- **Trauma-informed care** that responds to complex and co-occurring needs.
- **Lived experience guidance, leadership and support** in the development and implementation of programs and services.
- **Clinical expertise, leadership and collaboration** recognising that all health and mental health clinicians across the continuum of care have a role in supporting people with an eating disorder.
- **Timely, flexible and coordinated** transition support and treatment pathways across the stepped system of care.
- **Evidence-based** and evidence-generating approaches.
- **Culturally safe**, secure, sensitive, and competent practice.
- **Review, refine, and enhance existing programs** and initiatives.

Focus Areas

While Western Australia has seen a significant recent uplift in delivery of clinical eating disorders services, more can be done to ensure the system is coordinated, collaborative and person-centred, so that every person with an eating disorder is able to access support and treatment where and when it is needed across the service continuum.

Key issues and opportunities identified throughout the Framework's development have highlighted important themes to create a more effective, equitable and coordinated system of care. These themes have informed the Framework's Focus Areas, strategic priorities, and examples of actions, which as a whole support the development of a coordinated system of care.

Focus Area 1

Strengthen mental health promotion and prevention to keep people well and prevent the onset of disordered eating and eating disorders

Investment in mental health promotion and prevention programs and services will reduce the likelihood of people experiencing disordered eating and eating disorder.

Strategies that focus on raising awareness, reducing stigma and increasing knowledge of disordered eating and eating disorders in the community will help to keep people well and reduce the demand on Emergency Departments, hospitals and specialist services into the future.

Prevention requires a whole-of-population approach across government, health services, primary care, schools, media, and between individuals, families and communities, through a range of evidence-based strategies that aim to reduce modifiable risk factors and/or enhance protective factors. It is important that population-wide initiatives are complemented with place-based, targeted programs that meet the specific needs of priority groups, including Aboriginal people and people living in regional and remote areas.

It is important that prevention and promotion initiatives are evidence-based to ensure they are implemented in a way that do not contribute to unintended harms. The NEDC, in collaboration with La Trobe University, has developed the Eating Disorder Safe Principles[50] that provide safe and consistent communications across various settings to help minimise the risk and harm associated with eating disorders. These principles can be utilised for future prevention initiatives developed for Western Australia.

Key considerations identified during the development of the Framework in relation to mental health promotion and prevention initiatives include:

- In recent years, there is an emerging evidence-base of initiatives that provide opportunities to enhance health promotion and prevention and guide investment.
- Care needs to be exercised when implementing programs, as without an evidence-base there is a potential to cause harm.
- There are growing concerns in the community regarding the impact of social media on body image, with research demonstrating an association between social media use and increased body dissatisfaction and disordered eating.[51] Improving media literacy, particularly among young people, can have a positive impact on body image and reduce weight stigma.
- Mental health promotion initiatives with a focus on building resilience, increasing awareness of the impacts of media and promoting a more neutral body image experience can occur in any setting, however they may be targeted to specific priority groups, including children and young people in schools, education facilities and community settings.

- Experiences of weight stigma and weight-based discrimination within the general community and health settings may contribute to disordered eating and eating disorders.[52]
- Health promotion activities focussed on improving general mental wellbeing, including for example enhancing resilience and promoting self-esteem, will help to prevent the onset of disordered eating and eating disorders.
- A lack of information and education on eating disorders and their seriousness can perpetuate stigma within the community. Efforts to reduce stigma are required to encourage individuals, families and significant others to use appropriate language when discussing health, nutrition and weight and to support people to seek help early.
- Misconceptions persist around who experiences eating disorders and how they present, and often fail to acknowledge the breadth of eating disorders and disordered eating. Historically, there has been a focus on acute presentations of anorexia nervosa, however eating disorders and disordered eating exist on a spectrum and can present in different ways. Fostering a greater community awareness and challenging misconceptions around eating disorders will help to create environments where people can seek help and access the support they need.
- Increased awareness of eating disorders and disordered eating among people who engage with children and young adults, including education, sports and health professionals will provide key opportunities for early identification.

Strategic priorities

1.1 Ensure public policy and initiatives related to education, health promotion, food and nutrition, physical activity, weight management/dietary control, advertising and media do not inadvertently contribute to eating disorder risk.

1.2 Deliver a comprehensive range of evidence-based mental health promotion initiatives to create supportive environments and reduce stigma, enhance protective factors and reduce risk factors.

1.3 Strengthen awareness in the Western Australian community, including school and health professionals, of eating disorders, including common signs and symptoms; the importance of early intervention; and the intersection with co-occurring needs (for example neurodivergence).

What this might look like

Actions aligned to Focus Area 1 strategic priorities may include:

- Delivering population level mental health promotion activities to support general mental wellbeing and resilience and prevent the onset of disordered eating and eating disorders.
- Embedding eating disorder communication guidelines to reduce stigma and support best practice in public health campaign messaging and broader health communications, including those that relate to physical activity, nutrition, bodies and weight.
- Enhancing the delivery of evidence-based media literacy, social media and body image-based programs within schools and/or community organisations.
- Enhancing the delivery of evidence-based eating disorder literacy training for people who engage with children and young adults, such as education, sports and health professionals.

Focus Area 2

Increase access to early intervention, community support and treatment, facilitating support sooner and closer to home

Providing support when and where it is required across the continuum of care can positively impact a person's experience and health outcomes. Providing support to people who live in regional and remote areas where services are traditionally harder to access is particularly important.

Screening, early identification and early intervention can occur in various settings, including health and mental health services, schools, community-based services and with GPs. Early identification and rapid access to support and treatment in the community will ensure those with early signs of disordered eating and eating disorders receive care early to prevent their condition progressing in severity, and increase the likelihood of recovery. This in turn will allow for the provision of more appropriate care in the community and reduce the need for more intensive interventions provided by Emergency Departments, hospitals and specialist services.

Psychosocial supports include services and programs which support a person's broader psychological and social needs and can provide assistance with daily activities (such as helping people to participate in education and employment or obtain financial or housing support).[53] Recovery support services and programs can help to foster hope for recovery, reduce risk of relapse, and support people to continue to engage in recovery when moving between levels of care.[54] Peer support work is a form of psychosocial and recovery support that involves connecting with others who have had similar experiences or challenges.[56] People experiencing eating disorders, their families and significant others may engage in a range of support services and programs across the care continuum, at different stages of their journey. In some cases, these services may be provided through the National Disability Insurance Scheme (NDIS).

Strengthening service coordination and providing greater access to community support, treatment and psychosocial supports can facilitate people to "step up" in the system of care if required (for example stepping up from community services to hospital or residential rehabilitation); and can support people as they "step down" or transition back to the community (for example from hospital to community-based treatment options).

Key considerations identified during the development of the Framework in relation to early intervention and community treatment and supports include:

- Person-centred care is integral to services, and as part of this approach, Lived Experience (Peer) support workers can play a significant role in the provision of support in the community, including psychosocial and recovery support.
- People living in regional and remote areas encounter additional barriers to accessing services, and embedding a regional focus into existing services and programs is crucial to achieving equitable access across Western Australia.
- Increased training for GPs, health and mental health professionals and education professionals, and fostering shared care approaches can enable enhanced support for people with disordered eating and eating disorders, close to home.
- The NDIS is an important component of the system of care, however publicly available data suggests only a small number of people living with eating disorders have NDIS access.
- While the interface between eating disorders and psychosocial disability remains challenging, there is an opportunity to better support people with longstanding eating disorders and co-occurring conditions through the NDIS.

Strategic priorities

2.1	Strengthen the capacity of metropolitan and regional community treatment and support services, including general mental health services, to support people with an eating disorder.
2.2	Promote person-centred care that is inclusive of families and significant others, across the continuum of care.
2.3	Facilitate access to innovative, evidence-based programs to support individuals and their families and significant others while they are waiting to receive treatment.
2.4	Ensure access to person-centred timely treatment in the community, at the level of intensity people require, as close to home as possible (including digital options and virtual care pathways).
2.5	Strengthen access to place-based early intervention and community-based intensive treatment options, including psychosocial supports, particularly for those in regional and remote areas.

2.6	Strengthen and facilitate access to psychosocial and recovery support services and programs, Lived Experience (Peer) support groups and the NDIS for people experiencing eating disorders and their families and significant others.
2.7	Consolidate and integrate community-based treatment services to ensure coordinated, equitable and timely access.
2.8	Strengthen clinical coordination and improve communication between health and mental health professionals, within the multidisciplinary team, and between services.

What this might look like

Actions aligned to Focus Area 2 strategic priorities may include:

- Promoting and making available early identification kits, screening tools and/or resource packages in relevant community settings, including in schools.
- Developing and enhancing place-based approaches to screening, early identification, early intervention and training in regional areas.
- Expanding Lived Experience (Peer) support and community support programs (including online programs and programs for young people).
- Implementing place-based rapid, early intervention and community support programs in community mental health services.
- Implementing innovative digital programs to support people in the interim prior to receiving treatment.
- Ensuring regional access to metropolitan community-based intensive treatment options and services, delivered close to home or virtually.
- Optimising existing and new community treatment services, to ensure coordination and equity of access, particularly for those with complex and co occurring needs and those who live in regional and remote areas.
- Promoting awareness of psychosocial supports available and improving navigation and application support for people with an eating disorder through the NDIS and other systems.
- Expanding opportunities for collaborative and integrated shared care arrangements, through training, education and leadership.

Focus Area 3

Increase access to specialised holistic community and hospital bed-based care that addresses the complexities of co occurring conditions

Specialised hospital bed-based care provides the highest level of treatment and support for people who are at medical and/or psychiatric risk and require immediate attention to address physical and mental health concerns.

Many people who access hospital-based care have complex and co-occurring needs and require support from a multidisciplinary team. The integration of hospital-based services and those in the community is essential.

For those who are medically stable but still require treatment, care may be provided in the community through intensive day programs, specialist services or holistic residential treatment (community bed-based care). Residential services can provide a level of care to those who require additional support and respite services, or when day programs do not meet their needs. There are currently no residential community-based services in Western Australia.

Increasing the availability and capacity of community treatment and community support services to provide treatment for people with complex or co-occurring needs who are medically stable, will mean that people are less likely to require intensive bed-based care, and will better facilitate appropriate levels of care in a timely manner. This also means that hospitals will be able to better support those who need the most intensive care.

Key considerations identified during the development of the Framework in relation to the development and delivery of community and hospital bed-based services include:

- Each person who requires intensive levels of treatment and support for their eating disorder has unique needs and differing past experiences. An experience of trauma and/or the presence of complex and co-occurring conditions or needs (including physical and mental health conditions or neurodiversity) can impact how a person responds to treatment.
- Providing dedicated multidisciplinary teams within hospital settings can ensure that care is person-centred, trauma-informed and addresses the co occurring conditions and complex needs that may be present. Utilising a specialised team to oversee all aspects of a patient's medical (including physical) and psychiatric needs would allow for a more effective and holistic approach to the treatment of eating disorders in hospitals.
- Patient care coordinators are a key component of the multidisciplinary team as they can support Emergency Departments to provide rapid and thorough assessments, offer a point of contact for individuals throughout their hospital admission, and assist them in the transition to community-based services.
- Creating safe, non-threatening clinical spaces within hospitals that minimise any impact on distress and do not contribute to the risk of trauma is crucial to the individual's engagement with treatment in the hospital setting and their overall recovery.

Strategic priorities

3.1. Explore options for the provision of community-based residential services within the system of care that supports individuals and their families and significant others.

3.2. Identify service gaps and develop solutions for trauma-informed, specialised bed-based services for people across age groups and provide greater access to beds.

3.3. Embed eating disorders as core business within mental health services and hospitals, including Emergency Departments.

3.4. Provide person and family-centred, neurodivergent-affirming and trauma-informed environments and care for people who require bed-based care.

3.5. Ensure the system of care allows for equitable access across the continuum of care, regardless of geographical location, gender, or age.

What this might look like

Actions aligned to Focus Area 3 strategic priorities may include:

- Ensuring equitable access to dedicated bed-based services, with integration and coordination across the system.
- Undertaking needs assessments to determine the need and scope of a community-based residential rehabilitation program.
- Strengthening the capacity of public hospitals to provide seamless medical and psychiatric inpatient care for people experiencing eating disorders or assisting them to establish and document pathways for timely assessment and supported referral.
- Supporting dedicated multidisciplinary teams including patient care coordinators trained in the care of patients experiencing eating disorders.
- Providing dedicated specialised eating disorder inpatient beds for adults (people aged 16 years and older); and young people (up to the age of 16 years).
- Ensuring hospital and residential services are appropriate, do not contribute to harm and are inclusive of families and significant others, and priority groups with additional needs, including those who are neurodivergent and those who have experienced trauma.
- Increasing patient navigation and care coordination, so that people and their families and significant others are supported as they move between and through services, including across community-based and bed-based treatments.
- Establishing clear pathways to support people who do not live in metropolitan areas, to access care and support as they step up to higher levels of treatment or as they step down to community treatment and support services.

Focus Area 4

Increase education and training for health and mental health professionals and Lived Experience (Peer) workers

In recent years, there has been significant work undertaken through the Eating Disorder Credentialling Project, the Australia and New Zealand Academy of Eating Disorders Clinical Practice and Training Standards and the NEDC Workforce Core Competencies.

The Western Australian Lived Experience (Peer) Workforces Framework provides a guide to the development of these workforces as a discipline in their own right.

Increasing education and training support to health and mental health professionals will mean that when a person seeks help, professionals will be better equipped to provide individuals and their families and significant others with the support they need.

Key considerations identified during the development of the Framework in relation to education and training include:

- There has been a view that eating disorders are a 'specialist' clinical area which has led to a lack of understanding and confidence in the health and general mental health workforce to assess and treat eating disorders. Educating, upskilling, and providing opportunities for supervision will empower the broader health and mental health workforce to better support people with eating disorders.
- The coordination and delivery of education and training, and the provision of opportunities for clinical supervision can help to build capacity of the health and general mental health workforce in identifying and treating eating disorders in the community. Building skills, knowledge and confidence can enable this workforce to better support the people they care for.
- Education and training that broadens the focus beyond acute presentations of anorexia nervosa and challenges common misconceptions and stigma can create safer environments in the community for those who are impacted by eating disorders and enable them to access the care and support they require.

- Treatment for eating disorders requires a multidisciplinary team approach, which integrates medical, nutritional, psychological and psychiatric treatment. In addition to the person with an eating disorder, the multidisciplinary team may include a GPs, nurse (including mental health nurse or school nurse), dietitian, psychiatrist, psychologist, counsellor, occupational therapist, physiotherapists, social workers, and psychosocial recovery and support, including Lived Experience (Peer) workers, and other medical specialists as appropriate.[55] Families and significant others are also an integral part of the care team.
- GPs and community support organisations play a vital role in early identification, and ongoing support for people with an eating disorder as they progress through different levels of care. There is an opportunity to provide more support, training and shared care opportunities so that GPs and community support organisations are supported in their role.

Strategic priorities

4.1. Provide education, training and support to health and mental health professionals to deliver best practice and trauma-informed care and navigation support, including those working in Primary Care.

4.2. Provide coordinated, evidence-based and consistent approaches to the dissemination of information, provision of professional development and consultation liaison to support health and mental health professionals in early identification and early intervention.

4.3. Embed eating disorders as a workforce priority in general health and mental health services.

4.4. Build capacity of the health and mental health sector to ensure the provision of best practice and trauma-informed care.

4.5. Build capacity of a skilled and diverse Lived Experience (Peer) workforce to operate across the system of care.

What this might look like

Actions aligned to Focus Area 4 strategic priorities may include:

- Expanding eating disorders education, training and supervision for health and mental health professionals and members of the multidisciplinary team to facilitate:
  - greater understanding by Emergency Department and general hospital staff of eating disorders and co-occurring conditions, and the provision of trauma-informed care in the context of eating disorders – including through undergraduate and postgraduate tertiary courses;
  - increased knowledge, skills and confidence for GPs to support assessment, early intervention and system navigation;
  - increased awareness of the breadth of eating disorder presentations;
  - ohigh-quality, ongoing clinical supervision and observerships for members of multidisciplinary teams, including general health and mental health clinicians, GPs, dietitians, Aboriginal Mental Health and Health workers and Lived Experience (Peer) workers, enhancing capacity for reflective practice and continuous improvement;
  - increased capacity to deliver interventions and treatment, including psychological interventions for people who are neurodivergent and to support young people and their families and significant others.
- Developing a system navigation resource for GPs and other health professionals to support people, their families and significant others find the help they need.
- Assessing opportunities to further engage with and support GPs.
- Developing and disseminating communication tools to better support interactions within the multidisciplinary team, and between services (for example, structured referral and transition letters, care plans and discharge summaries).
- Expanding clinical consultation liaison services to meet the needs of health and mental health professionals.
- Facilitating eating disorders sector engagement with the broader health and mental health sectors to strengthen training and professional development opportunities (including in trauma-informed care, culturally safe practice, transdiagnostic approaches and co-occurring conditions and complex needs).
- Developing statewide eating disorders Lived Experience (Peer) workforce infrastructure and training to assist organisations to grow their workforce to provide timely access to support in the community.
- Developing innovative strategies to deliver education and training that is freely available to all members of the multidisciplinary team, including online and digital options, including in both regional and metropolitan areas.

Focus Area 5

Improve access to system and care navigation between programs and services for the individuals, families, health professionals and the community

The provision of coordinated, accessible and tailored information, guidance, and navigation support can assist individuals, their families and significant others and health professionals to locate the information, advice, treatment, care and support they require in a timely manner.

Additionally, the provision of transition support is important when moving from one hospital or community-based service to another; transitioning from metropolitan to regional services; stepping up or down to more or less intensive treatment options; and moving between public and private services.

Key considerations identified during the development of the Framework in relation to improving access to system and care navigation include:

- In Western Australia, there are high quality, evidence-based programs and services being delivered across government, non-government, community and the private sector. However, for the general community and some health and mental health professionals, the system can appear fragmented and challenging to navigate.
- Integrating services, improving communication and collaboration, and establishing flexible pathways and individualised treatment options can better equip professionals to meet the needs of people experiencing eating disorders and those who support them.
- Providing people, including health professionals and individuals, families and significant others and communities, with easy-to-access information and location-based navigation support will mean that people receive the care and support they require, at an earlier stage of their condition. People can delay seeking help in the absence of timely and accessible information and support, which may result in requiring more intensive care at a later stage.
- A continued focus on transitional support for 16 to 17 year olds as they move from child to adult services is a priority, particularly in regional and remote areas. High-quality transition care and support with developmentally appropriate interventions has the potential to improve a young person's outcomes.[56]

Strategic priorities

5.1. Support people experiencing or at risk of eating disorders, their families and significant others to easily locate and navigate services in a timely manner.

5.2. Support continuity of care for people experiencing or at risk of eating disorders, their families and significant others to transition between services and levels of treatment, through clear communication and tailored care navigation.

5.3. Support individuals and their families and significant others as they transition through hospital and community-based services, particularly those with complex and co-occurring needs and people who live in regional and remote areas.

5.4. Ensure there is continuity of care and support for 16 to 17 year olds as they transition from child to adult services.

5.5. Facilitate opportunities for people and their families and significant others to access timely and responsive individual advocacy to provide a voice to those impacted by eating disorders.

5.6. Ensure programs and services across the continuum of care are inclusive of the full range of eating disorder presentations.

5.7. Strengthen coordination and integration across the stepped system of care and across public and private services to facilitate supported transitions and access to appropriate services.

What this might look like

Actions aligned to Focus Area 5 strategic priorities may include:

- Scoping and implementing further opportunities to provide strategic oversight, coordinated and integrated care, and effective patient navigation support across the whole system.
- Creating a centralised hub of state-specific information, resources and system navigation guidance, and individual and systemic advocacy.
- Strengthening Lived Experience (Peer) and psychosocial support programs for people, their families and significant others in community mental health services.
- Providing accessible, eating disorder-specific information on treatment options, criteria for admission and admission pathways for public inpatient and outpatient settings.
- Providing accessible information on available support services and programs through health and mental health services.
- Providing more step-up and step-down support for people as they transition between differing levels of support, including between hospital and the community.
- Undertaking cross sector consultation to identify opportunities to strengthen care for 16 to 17 year olds transitioning from child to adult services.
- Providing transition coordinators to support people moving between programs and services, with a particular focus on those with co-occurring conditions and complex needs and those in regional areas.

Focus Area 6

Build an evidence-base for eating disorders programs and services focusing on research, evaluation and evidence generation across the care continuum, particularly for those with specific needs

It is critical that the development of any system-wide improvements is underpinned by a robust and sustainable evaluation and research base and access to appropriate data.

This is particularly important where there is an existing deficit in the evidence base for particular strategies and approaches such as prevention, and for learning more about the needs of specific priority population groups, including Aboriginal people and LGBTQIA+SB people.

The Australian Eating Disorders Research and Translation Strategy 2021-2031 outlines five strategic priorities and provides a framework for bringing together partners across government, health, academia, research, private and nongovernment organisation, and people with a lived experience, their families and supports. This can help to guide future efforts in this area.

In addition, monitoring developments both nationally and internationally can help to inform future directions. For example, it is noted that the NEDC and Southern Cross University are currently developing First Nations-specific companion document to the Eating Disorder Safe principles.

Key considerations identified during the development of the Framework related to research and evaluation include:

- Research is required to better understand the prevalence of eating disorders among Aboriginal people, as is the development of culturally appropriate programs, screening tools, interventions and treatment models for Aboriginal people.
- Emerging research suggests that Aboriginal people experience eating disorders and body image issues at a similar or higher rate than non-Indigenous people,[57] however a collaborative and place-based approach is required to further understand eating disorders within the Aboriginal community and co-develop localised solutions to the issues of greatest need.
- There is limited research into other priority groups with additional needs, including people from ethnolinguistically diverse backgrounds, neurodivergent people, LGBTQIA+SB people, people in larger bodies, people with co-occurring conditions, and people with longstanding eating disorders. Research can help inform the development of inclusive and tailored interventions and guidelines for these groups and ensure provision of care which recognises the complex and differing needs of individuals.
- Whilst in more recent years there has been an emerging evidence-base and evaluations of initiatives, investment in research will help to identify further opportunities to enhance health promotion and prevention and guide investment.
- Further work is needed to improve data collection, so that prevalence rates and outcomes are better collected.

Strategic priorities

6.1. Build an evidence-base for mental health promotion and prevention initiatives to guide investment and model best practice.

6.2. Support mental health services to proactively identify people who may be experiencing or be at risk of eating disorders through the development of co-designed screening tools for priority population groups including those who have co-occurring conditions or complex needs (including those who are neurodivergent), LGBTQIA+SB people, Aboriginal people, and those from ethnolinguistically diverse backgrounds.

6.3. Promote and generate data, evaluations and research to build the evidence-base to reduce the prevalence of disordered eating and eating disorders and improve recovery outcomes and quality of life for people with eating disorders.

6.4. Actively monitor eating disorders activity in Western Australia and embed robust evaluation methods into eating disorders programs and services.

6.5. Undertake research to better understand the needs for specific age groups and for priority population groups, across the care continuum.

What this might look like

Actions aligned to Focus Area 6 strategic priorities may include:

- Undertaking research on the incidence and prevalence of various types of eating disorders among Aboriginal people.
- Developing culturally appropriate and co-designed screening tools for Aboriginal people.
- Developing and evaluating eating disorders programs and services which are place-based, culturally secure and aligned to a Social and Emotional Wellbeing (SEWB) approach.
- Undertaking research on the incidence, prevalence and treatment needs for neurodivergent people.
- Developing and implementing co-designed screening tools and guidelines for those who are neurodivergent.
- Undertaking research with priority population groups with additional needs, including people who have co-occurring conditions and complex needs, LGBTQIA+SB people, and those from ethnolinguistically diverse backgrounds, to better understand prevalence and to develop and implement co-designed tailored screening tools and guidelines.
- Evaluating new and existing eating disorders services and programs in Western Australia, including the increased collection of standardised patient-reported outcome measures.
- Building the evidence-base for the role of Lived Experience (Peer) workers in the treatment of eating disorders as part of a multidisciplinary team.
- Developing a de-identified pipeline model to better understand how and when people move through the continuum of care including:
    - prioritising the development and collection of outcomes relating to eating disorders and disordered eating, to monitor and evaluate the prevalence and incidence of eating disorders in Western Australia.
    - utilising data and undertaking needs assessments and modelling in metropolitan and regional areas to inform an equitable response to workforce planning and service planning;
    - tracking long-term outcomes of people with eating disorders; and
    - better understanding when and why people are unable to access services, or do not receive appropriate treatment in a timely manner.

Consolidate and Integrate: Key Actions

The Framework is a statewide and cross-sector document, which outlines strategic priorities that may be implemented by the State Government, health, mental health, education and community sectors; the Commonwealth and Commonwealth-funded organisations; non-government organisations; private organisations; and the whole Western Australian community.

Implementation of the Framework requires a flexible and phased approach to enable careful consideration of existing, new and emerging evidence-based services and programs, and to ensure the system and sector are well coordinated. This will enable better outcomes for the whole Western Australian community, and more specifically, for people experiencing eating disorders, their families and significant others.

The implementation of the Framework from 2025 to 2030 will be over three time horizons (refer to **Table 1**). Horizon One will be delivered within the first two years and will focus on consolidating and integrating recently developed and implemented services; and addressing key gaps in mental health promotion and prevention.

Table 1 - Three time horizons

Horizon One: Consolidate and Integrate – within 2 years	**Horizon Two:** Extend and Expand – within 3 to 5 years	**Horizon Three:** Innovate and Transform – beyond 5 years
• Consolidate and integrate recently implemented services across the system • Invest in evidence-based prevention • Increase access to support in the community • Commence early scoping for screening and early intervention • Build the capacity and capability of the workforce • Develop strategic coordination and advocacy	• Establish place-based screening and early intervention – especially in the regions • Review and expand existing prevention initiatives • Review and expand community treatment and supports • Grow and develop specialist services • Consolidate workforce development and coordination • Continued integration and system improvement	• Review and evaluate the system to identify further opportunities to innovate and transform

More specifically, key actions in Horizon One will include:

- Consolidate and integrate new services, by fully operationalising the new WAEDSS hubs and Cockburn Mental Health Clinic, and working towards increased collaboration, coordination and equitable access.
- Invest in evidence-based prevention and mental health promotion programs including the:
    - delivery of evidence-based educational programs (including media literacy and body image programs) to support children, young people and their families and significant others; and
    - development and promotion of language and communication guidelines for the community, media, schools and government departments to ensure their communications do not inadvertently contribute to eating disorder risk and to minimise any harm.
- Increase access to support in the community through:
    - provision of navigation support for people experiencing eating disorders and disordered eating and their families and significant others;
    - expansion of community-based peer supported programs provided in person and virtually;
    - delivery of community-based online support for people prior to receiving treatment; and
    - scoping to increase place-based screening and early intervention initiatives in the community.

Consolidate and Integrate: Key Actions

- Commence scoping of activities to support a neurodiversity-affirming approach to early identification and early intervention including:
    - research into the prevalence of neurodiversity and eating disorders in Western Australia;
    - implementing co-designed and co-developed screening tools; and
    - adaptation of referral pathways and treatment guidelines to enable the provision of neurodiversity-affirming care and support.
- Build the capacity and capability of the workforce, including scoping opportunities to increase training and support for health and mental health clinicians in the community and hospitals.
- Develop strategic coordination and advocacy, including scoping options to establish a state specific centralised hub to enable ensure cross-sector coordination, system navigation support and advocacy.

Horizon Two, Extend and Expand (3 to 5 years), and Horizon Three, Innovate and Transform (5+ years) will build on achievements of the first horizon. In addition, further work will be undertaken to identify additional opportunities across the three time horizons, including through new State funding opportunities and collaboration with the Commonwealth and non-government sectors to further meet the strategic priorities identified in the Framework.

Monitoring and Evaluation

Monitoring and evaluation is essential to support the successful implementation of the Framework and will build on the evaluation tool developed by the National Eating Disorders Collaboration to support the implementation of the National Strategy.

An example of key outcomes from the National Strategy are identified below in **Table 2**.

Table 2 - Outcomes from the National Eating Disorders Strategy 2025-2035

National Strategy Progress Indicators
Eating disorder rates are reduced for our service users.
Increased number of our service users receive care in the community.
Hospital admission and readmission rates are reduced.
Eating disorder recovery outcomes are improved.
There is increased availability of a skilled and diverse workforce within our service.

Monitoring and evaluation of the impact of the Framework will consider the wellbeing of people living with an eating disorder, their families and significant others across a range of domains and will be utilised to assess system-wide progress against the six Focus Areas. Monitoring and evaluation of the Framework will align with, and form part of the monitoring and evaluation initiatives for the Western Australian Mental Health, Alcohol and Other Drugs Strategy 2025-2030 and the Outcomes Measurement Framework, which are currently under development.

Summary

The Framework is a statewide and cross-sector document, which outlines strategic priorities that may be implemented by the State Government health, mental health, education and community sectors; the Commonwealth and Commonwealth-funded organisations; non-government organisations; private organisations; and the whole Western Australian community.

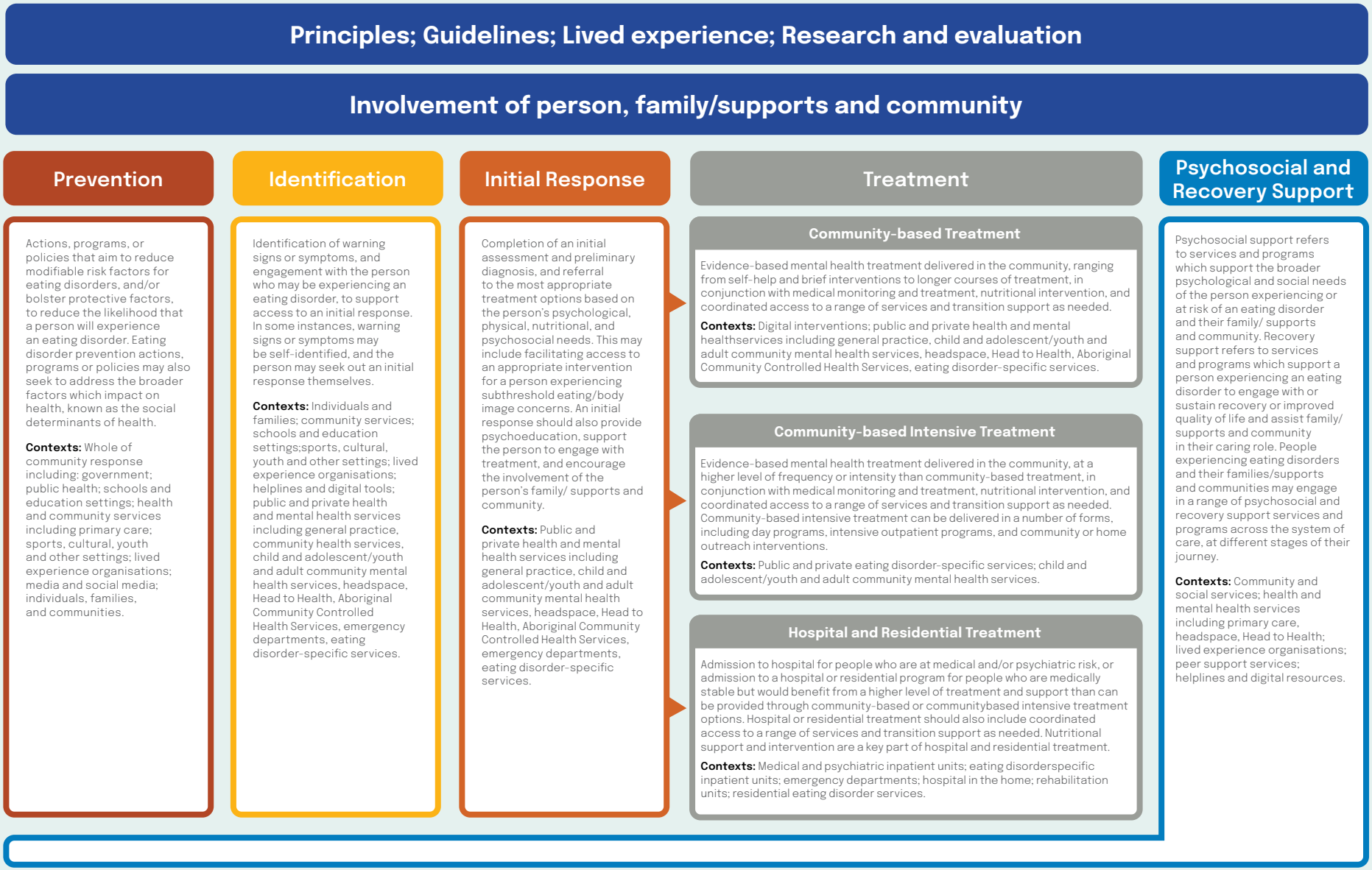
The Framework outlines what is required to achieve a coordinated eating disorders system that supports an individualised, comprehensive, equitable, and culturally responsive system of care for all Western Australians experiencing eating disorders, their families and significant others.

The Western Australian eating disorders sector is striving to provide high quality, evidence-based programs and services, delivered across government, non-government, community and private sectors. As the new WA Eating Disorders Specialist Services, expansion of the Body Esteem Program and the Cockburn Mental Health Clinic are operationalised and reach full capacity, further gains will be made.

Whilst aspirational, over the next five years, this Framework outlines key strategies to provide a coordinated approach to address eating disorders in Western Australia from 2025 to 2030, that supports an individualised, comprehensive, equitable, and culturally responsive system of care, with an increased focus on prevention and early intervention and community support, which will ultimately result in better recovery outcomes and quality of life for individuals and their families and significant others, and reduced pressure on acute services.

Appendix A

National Eating Disorders Strategy 2023-2033 Stepped System of Care[58]



Key terms

Aboriginal people

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Reference to Aboriginal people throughout this document is respectfully inclusive of Torres Strait Islanders.

Co-occurring conditions

Co-occurring conditions, or comorbidity, is the co-occurrence of two or more physical or mental health problems. People experiencing eating disorders are at an increased risk of experiencing co-occurring psychiatric or medical conditions. The most common co-occurring psychiatric disorders include mood disorders, anxiety disorders, post-traumatic stress disorder and trauma, substance use disorders, personality disorders, sexual dysfunction, non-suicidal self-injury, and suicidal ideation. Common co-occurring medical conditions include type 1 and 2 diabetes, polycystic ovarian syndrome, osteopenia and osteoporosis, hypotension, gastrointestinal problems, joint pains, headache and migraine and menstrual problems.[58]

Culturally responsive

An approach that recognises and respects the unique backgrounds, beliefs, values, customs, knowledge, lifestyle, and social behaviours of all individuals. Fostering culturally responsive environments can enable the creation of culturally appropriate information, programs, screening tools, interventions, and treatment models.

Disordered eating

Disordered eating sits on a spectrum between normal eating and an eating disorder and may include symptoms and behaviours of eating disorders, but at a lesser frequency or lower level of severity.

Early intervention

The identification of symptoms and implementation of support and treatment for a person as soon as symptoms are recognised. Prioritising early intervention initiatives can significantly reduce the severity and duration of eating disorders.

Eating disorders

Eating disorders are serious, complex, and potentially life-threatening mental illnesses. They are characterised by disturbances in behaviours, thoughts and feelings towards body weight and shape, and/or food and eating.

Equity of access

People have access to affordable treatment and support services when and where they are needed, and regardless of where they live, their age and co-occurring needs.[59]

Family/Significant Other

The term "families and significant others" is a broad term that refers to family members and friends in caring and supporting roles and includes the terms Family/Carer and Support Person and Carer as defined in the *Carers Recognition Act 2004*.

LGBTQIA+SB

LGBTQIA+SB is used to refer to lesbian, gay, bisexual, transgender, queer, intersex, asexual, sistergirl and brotherboy people, or people otherwise diverse in gender, sexual orientation and/or innate variations of sex characteristics. However, it is recognised that many people and populations have additional ways of describing their distinct histories, experiences and needs beyond this acronym.

Lived or living experience of an eating disorder

A person who has previously or is currently experiencing an eating disorder (diagnosed or undiagnosed) or disordered eating or body image concerns. The term includes people with personal lived experience (consumers) and family and significant others (carers).

Mental health professional

An umbrella term for those professions that can provide psychological support and evidence-based psychological treatment for people experiencing an eating disorder, including psychologists, social workers, occupational therapists, psychiatrists, counsellors, mental health nurses, nurse practitioners, and psychotherapists.

Neurodivergence

An innate form of neurocognitive functioning that is significantly different from societal understandings of 'typical'. The terms neurodivergence and neurodivergent can encompass autism, attention deficit/hyperactivity disorder (ADHD), dyslexia, dyspraxia, dyscalculia, dysgraphia, apraxia, misophonia, intellectual/learning disability, giftedness, synaesthesia, and Tourette's syndrome (TS).[60]

Prevention

In the context of eating disorders, prevention refers to initiatives that aim to reduce modifiable risk factors and/or enhance protective factors, to reduce the likelihood that a person will experience an eating disorder.

Psychosocial and recovery support

Psychosocial support refers to services and programs which support the psychological and social needs of the person experiencing the eating disorder and their families and significant others and the community. Recovery support refers to services and programs which support a person to engage with or sustain recovery or improved quality of life and assist families and significant others and community in their caring role.

Recovery/recovery-oriented

There is no singular or consensus definition of recovery. For many people, recovery from an eating disorder signifies an end to eating disorder thoughts, feelings or behaviours, and improved physical and psychological wellbeing. For others, recovery may be an ongoing process of moving forwards or maintaining a personally defined state of wellbeing or quality of life.

Risk and protective factors

A range of biological and genetic, psychological, and behavioural and sociocultural factors which may increase (risk factors) or decrease (protective factors) the likelihood of developing an eating disorder.

Social and Emotional Wellbeing (SEWB)

The traditional Aboriginal understanding of health is holistic and does not refer to the individual but encompasses the social, emotional, and cultural wellbeing of the whole community. The social and emotional wellbeing (SEWB) of Aboriginal people is strongly influenced by their connection to family, Elders, community, culture, Country, and spirituality. These connections work together to provide a culturally safe environment for Aboriginal people and helps individuals to maintain and enhance their SEWB.

System navigation

The provision of assistance to individuals, families, significant others, carers, and community members to easily locate the information, advice, treatment, care and support they require in a timely manner.

Transition support

The provision of coordinated and tailored information, guidance, and practical support to individuals, their families and significant others to assist in the transition between public and/or private programs and services, and between the community and hospital, particularly in regional areas.

Trauma-informed

An approach that recognises the high prevalence of trauma experiences among people experiencing eating disorders; the impact that the trauma can have on the person; and the importance of working to minimise re-traumatisation.

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