

EATING DISORDER SERVICES - OUTER EAST METROPOLITAN MELBOURNE

How to use this document

This document outlines available services for people in Outer East Metropolitan Melbourne requiring treatment and support for eating disorders and related mental health issues. This document has been designed for professionals, and may be used by allied health clinicians, school welfare staff, medical professionals and others in a similar role.

To use this document effectively, it is recommended that you:

- 1) Use the Glossary on pages 2-5 to determine the relevant diagnostic category.
- 2) See the summary on page 6 to get an overview of eating disorders services by age group, diagnosis and severity.
- 3) Explore details of the appropriate services on pages 7-14, which list eligibility criteria, service information, contact details and referral methods.

This document has been developed by the following organisations:



SUMMARY - OUTER EAST METROPOLITAN MELBOURNE EATING DISORDER SERVICES

	Mild e.g. Disordered Eating	Moderate e.g. BN (medically stable), BED & OSFED with low medical risk, no co-morbidities	Severe e.g. AN; AN like OSFED, AAN, ARFID ; BN or BED with ≥ moderate medical or psychiatric risk; ED where other approaches have been unsuccessful			
				Community Treatment	Day Program	Inpatient Care
Age: <18	<ul style="list-style-type: none"> • GP, consider Paediatric referral • Involve parents • Self-help, books & online • Body Image Programs • Counselling • School Welfare • Community Health/Private Dietitian • Support Groups • Eating Disorders Helpline 	<ul style="list-style-type: none"> • GP + Paediatrician • Involve parents • Mental Health interventions e.g Headspace, Inspiro, Yarra Ranges Youth Services, EACH, EMMML, ATAPS, Eating Disorders Victoria • Community Health Dietitian/Private Dietitian • Support Groups • Eating Disorders Helpline 	Mental Health	Child & Youth Mental Health Service (CYMHS) includes : <ul style="list-style-type: none"> • ED Integrated Assessment Clinic (Paediatrics, Mental Health, Dietetics) • Case management and treatment: FBT, CBTE, AFT, SSCM, IPT via community team clinics* <i>* + referral to dietetics as indicated</i> 	Southern Health Wellness & Recovery Program (SHWRC) Butterfly Day Program (12 – 24yo)	Adolescent acute psychiatric unit Statewide Child acute psychiatric unit
			Medical	<ul style="list-style-type: none"> • GP and Paediatrician • Outpatient paediatric = eating disorders clinic, Box Hill Hospital (limited capacity only - follow up of complex clients referred from Box Hill Paediatric Inpatient Unit) 		Box Hill Paediatric Unit eligibility criteria: <ul style="list-style-type: none"> • Aged < 18 years • Heart rate < 55 beats per minute (<i>If < 45 bpm awake, may need transfer to a Tertiary Paediatric Unit</i>) • Blood pressure, 80 mmHg systolic • Postural hypotension 20 mmHG lying to standing • Postural tachycardia 20 bpm lying to standing • Hypothermia temperature < 35°C • Electrolyte abnormalities • Dehydration
Age: 18 –24	<ul style="list-style-type: none"> • GP • Self-help, books & online • Body Image Programs • Counselling • School Welfare • Community Health/Private Dietitian • Support Groups • Eating Disorders Helpline 	<ul style="list-style-type: none"> • GP + Paediatrician • Involve parents • Mental Health interventions e.g Headspace, Inspiro, Yarra Ranges Youth Services, EACH, EMMML, ATAPS, Eating Disorders Victoria • Community Health Dietitian/Private Dietitian • Support Groups • Eating Disorders Helpline 	Mental Health	Child & Youth MH Service (CYMHS): <ul style="list-style-type: none"> • ED Integrated Assessment Clinic (Paediatrics, Mental Health and Dietetics) • Case management and treatments including FBT, CBTE, AFT, SSCM, IPT via local community team clinics* <i>* + referral to dietetics as indicated</i> • BETRS Outpatient 	<ul style="list-style-type: none"> • BETRS Day Program • Southern Health Wellness & Recovery Program (SHWRC) Butterfly Day Program (12 – 24yo) 	<ul style="list-style-type: none"> • BETRS Inpatient eating disorders Unit • EH Inpatient psychiatric unit
			Medical	<ul style="list-style-type: none"> • GP 		<ul style="list-style-type: none"> • BETRS Inpatient eating disorders Unit • EH medical Inpatient unit
Age: 25+	<ul style="list-style-type: none"> • GP • Self-help, books & online • Body Image Programs • Counselling • School Welfare • Community Health/Private Dietitian • Support Groups • Eating Disorders Helpline 	<ul style="list-style-type: none"> • GP + Paediatrician • Involve parents • Mental Health interventions e.g Headspace, Inspiro, Yarra Ranges Youth Services, EACH, EMMML, ATAPS, Eating Disorders Victoria • Community Health Dietitian/Private Dietitian • Support Groups • Eating Disorders Helpline 	Mental Health	<ul style="list-style-type: none"> • Eastern Health Adult Mental Health + / or • BETRS Specialist ED Service (Assessment & Treatment Planning Service) 	<ul style="list-style-type: none"> • BETRS Day Program 	<ul style="list-style-type: none"> • BETRS Inpatient eating disorders Unit • EH Inpatient psychiatric unit
			Medical	<ul style="list-style-type: none"> • GP 		<ul style="list-style-type: none"> • BETRS Inpatient eating disorders Unit • EH Medical Inpatient unit

Glossary of Terms and Diagnostic Categories

For the purposes of this document, eating disorders and related issues can be broadly categorised as Mild, Moderate or Severe. Note this classification system is not universally used and has been created to facilitate ease of use in identifying appropriate care pathway for professionals who may be less familiar with treatment options for eating disorders.

MILD ZONE

Disordered Eating

Disordered eating refers to a wide range of abnormal eating behaviours, such as chronic restrained eating, compulsive eating and habitual dieting. Disordered eating includes irregular, chaotic eating patterns which may reflect some but not all symptoms of recognised eating disorders, such as Anorexia Nervosa or Bulimia Nervosa. Behaviours or relationships with food which are obsessive, irregular or chaotic may fall under the category of disordered eating when they cause a level of discomfort or disruption to a person's life. Disordered eating negatively impacts a person's emotional, social and physical wellbeing. While a behavioural pattern may not fall under a specified category of eating disorder, doesn't mean it cannot have a widespread and destructive impact on a person's life. Disordered eating patterns may lead to fatigue, depression, malnutrition or decreased concentration, depending on the nature of the behaviour.

MODERATE ZONE

Bulimia Nervosa

According to DSM-5 criteria, to be diagnosed as having Bulimia Nervosa a person must display:

- Recurrent episodes of binge eating. An episode of binge eating is characterised by both of the following:
 - a) Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
 - b) A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent inappropriate compensatory behaviour in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise.
- The binge eating and inappropriate compensatory behaviours both occur, on average, at least once a week for three months.

- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Binge Eating Disorder

According to the DSM-5 criteria, to be diagnosed as having Binge Eating Disorder a person must display:

- Recurrent episodes of binge eating. An episode of binge eating is characterised by both of the following:
 - a) Eating, in a discrete period of time (e.g. within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
 - b) A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).

The binge eating episodes are associated with three or more of the following:

- a) eating much more rapidly than normal
 - b) eating until feeling uncomfortably full
 - c) eating large amounts of food when not feeling physically hungry
 - d) eating alone because of feeling embarrassed by how much one is eating
 - e) feeling disgusted with oneself, depressed or very guilty afterward
- Marked distress regarding binge eating is present
 - Binge eating occurs, on average, at least once a week for three months
 - Binge eating not associated with the recurrent use of inappropriate compensatory behaviours as in Bulimia Nervosa and does not occur exclusively during the course of Bulimia Nervosa, or Anorexia Nervosa methods to compensate for overeating, such as self-induced vomiting.

Note: Binge Eating Disorder is less common but much more severe than overeating. Binge Eating Disorder is associated with more subjective distress regarding the eating behaviour, and commonly other co-occurring psychological problems.

Other Specified Feeding or Eating Disorder (OSFED) (not AN like)

According to the DSM-5 criteria, to be diagnosed as having OSFED a person must present with a feeding or eating behaviours that cause clinically significant distress and impairment in areas of functioning, but do not meet the full criteria for any of the other feeding and eating disorders.

A diagnosis might then be allocated that specifies a specific reason why the presentation does not meet the specifics of another disorder (e.g. Bulimia Nervosa - low frequency). The following are further examples for OSFED:

- **Binge Eating Disorder** (of low frequency and/or limited duration): All of the criteria for BED are met, except at a lower frequency and/or for less than three months.
- **Bulimia Nervosa** (of low frequency and/or limited duration): All of the criteria for Bulimia Nervosa are met, except that the binge eating and inappropriate compensatory behaviour occurs at a lower frequency and/or for less than three months.
- **Purging Disorder**: Recurrent purging behaviour to influence weight or shape in the absence of binge eating
- **Night Eating Syndrome**: Recurrent episodes of night eating. Eating after awakening from sleep, or by excessive food consumption after the evening meal. The behavior is not better explained by environmental influences or social norms. The behavior causes significant distress/impairment. The behavior is not better explained by another mental health disorder (e.g. BED).

Unspecified Feeding or Eating Disorder (UFED)

According to the DSM-5 criteria this category applies to where behaviours cause clinically significant distress/impairment of functioning, but do not meet the full criteria of any of the Feeding or Eating Disorder criteria. This category may be used by clinicians where a clinician chooses not to specify why criteria are not met, including presentations where there may be insufficient information to make a more specific diagnosis (e.g. in emergency room settings).

SEVERE ZONE

Anorexia Nervosa

According to the DSM-5 criteria, to be diagnosed as having Anorexia Nervosa a person must display:

- Persistent restriction of energy intake leading to significantly low body weight (in context of expectations for age, sex, developmental trajectory, physical health).
- Either an intense fear of gaining weight or of becoming fat, or persistent behaviour that interferes with weight gain (even though significantly low weight).
- Disturbance in the way one's body weight or shape is experienced, undue influence of body shape and weight on self-evaluation, or persistent lack of recognition of the seriousness of the current low body weight.
- **Subtypes:**
 - Restricting type
 - Binge-eating/purging type

Avoidant/Restrictive Food Intake Disorder (ARFID)

According to the DSM-5 criteria, to be diagnosed as having ARFID a person must display:

- An Eating or Feeding disturbance as manifested by persistent failure to meet appropriate nutritional and/or energy needs associated with one (or more) of the following:
 1. Significant loss of weight (or failure to achieve expected weight gain or faltering growth in children)
 2. Significant nutritional deficiency
 3. Dependence on enteral feeding or oral nutritional supplements
 4. Marked interference with psychosocial functioning
- The behaviour is not better explained by lack of available food or by an associated culturally sanctioned practice.
- The behaviour does not occur exclusively during the course of Anorexia Nervosa or Bulimia Nervosa, and there is no evidence of a disturbance in the way one's body weight or shape is experienced.
- The eating disturbance is not attributed to a medical condition, or better explained by another mental health disorder. When it does occur in the presence of another condition/disorder, the behaviour exceeds what is usually associated, and warrants additional clinical attention.

Other Specified Feeding or Eating Disorder (OSFED) (with AN features)

According to the DSM-5 criteria, to be diagnosed as having OSFED a person must present with a feeding or eating behaviours that cause clinically significant distress and impairment in areas of functioning, but do not meet the full criteria for any of the other feeding and eating disorders. A diagnosis might then be allocated that specifies a specific reason why the presentation does not meet the specifics of another disorder (e.g. Bulimia Nervosa- low frequency). The following are further examples for OSFED:

- **Atypical Anorexia Nervosa:** All criteria are met, except despite significant weight loss, the individual's weight is within or above the normal range.

Bulimia Nervosa – severe

Moderate medical risk, daily compensatory behaviours

Binge Eating Disorder – severe

Moderate medical risk, daily compensatory behaviours

SERVICE DETAILS - OUTER EAST METROPOLITAN MELBOURNE EATING DISORDER SERVICES

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral & costs
MILD					
BEARS (Body Embracing Acceptance n Real Self) (Lilydale)	N/A, must be able to travel to clinic	8 week preventative program for young people and their parents	12-16 yo (Grade 7-12)	Diagnosed eating disorder	Ph: 9801 6088 GP referral needed No cost
Dietitians - private	N/A	Provide nutritional assessment, eating plans, nutrition education. Support young people and parents/carers in weight restoration (meal planning) and working towards normal eating	Requires regular GP review and involvement and a mental health clinician	Some dietitians will not work with eating disorders due to inexperience or complexity	GP referral ('allied health team care arrangement'). Fees vary, Medicare rebates available.
Eastern Health Angliss Dietitians (Angliss Hospital)	Knox, Yarra Ranges (or others willing to travel)	Community Health Dietetics	All ages, all ED presentations. Must be clinically stable & willing to link in with medical & mental health support	Unmotivated to change. If patients require intensive intervention (e.g. weekly), encourage them to see private dietitian	Ph: 9764 6229 Low cost (appointments limited)
Eastern Health Yarra Valley CH dietitians (Healesville, Yarra Junction)	Rural regions of Yarra Ranges (north east of Coldstream and Seville). Includes Yarra Glen, Healesville, Yarra Junction and surrounds	Dietetics including meal planning and liaising with other professionals. Can do shopping tours, cooking, creating safe eating environments, promoting healthy body image and healthy eating	All ages, all ED presentations. Must be clinically stable & willing to link in with medical & mental health support	Unmotivated to change. If patients require intensive intervention (ie weekly), encourage them to see private dietitian	Ph: 1300 130 381 Accept self-referral and GP referral Low cost (Community Health Fees) Prioritise disadvantaged families
Eating Disorders Victoria (Abbotsford)	N/A	Information, support, resources, community- based psychological	All ages, all ED presentations. Must be clinically	N/A	Ph: 1300 550 236 E: help@eatingdisorders.org.au Most services free or low-cost

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral & costs
		treatment, referral, support groups	stable & willing to link in with medical & MH support		Medicare rebates available for therapy (with GP referral)
GP	N/A	Identification, referral, ongoing management	N/A	N/A	Fees vary
Inspiro CHS dietitians (Lilydale)	N/A, must be able to travel to clinic	Dietetics including meal planning	Required regular GP involvement/review and mental health clinician	Medically unstable	Ph: 9738 8801 Low cost
National Eating Disorders Collaboration (online)	N/A	Resources, referral	N/A	N/A	www.nedc.com.au
School welfare team	N/A	Initial identification and referral	School aged young people	N/A	N/A
MODERATE					
Dietitians - private	N/A	Provide nutritional assessment, eating plans, education. Support young people & parents/carers in weight restoration (meal planning) and working towards normal eating	Requires regular GP review and involvement and a mental health clinician	Some dietitians will not work with eating disorders due to inexperience or complexity	GP referral ('allied health team care arrangement'). Fees vary, Medicare rebates available.
EACH (Eastern Access Community Health) Youth & Family Services (Ringwood)	N/A Must be able to travel to clinic	Youth Clinic Early intervention & counselling		Young people requiring intensive mental health support and case management	Ph: 9871 1800 E: youthandfamilyvic@each.com.au Centre-based (may offer outreach depending on specialist team referred to)
EACH (Eastern Access Community Health) Youth Clinic (Ringwood)	N/A Must be able to travel to clinic	Youth medical clinic	GP clinic for YP 12-25 years– will see any young person willing to attend for medical monitoring		Ph: 9871 1800
Eastern Health Angliss	Knox, Yarra	Community Health	All ages, all ED	Unmotivated to	Ph: 9764 6229

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral & costs
Dietitians (Angliss Hospital)	Ranges (or others willing to travel)	Dietetics	presentations. Must be clinically stable & willing to link in with medical & mental health support	change. If patients require intensive intervention (ie weekly), encourage them to see private dietitian	Low cost (appointments are limited)
Eastern Health Yarra Valley CH dietitians (Healesville, Yarra Junction)	Rural regions of Yarra Ranges (north east of Coldstream and Seville). Includes Yarra Glen, Healesville, Yarra Junction and surrounds	Dietetics including meal planning and liaising with other professionals. Can do shopping tours, cooking, creating safe eating environments, promoting healthy body image and healthy eating	All ages, all ED presentations. Must be clinically stable & willing to link in with medical & mental health support	Unmotivated to change. If patients require intensive intervention (ie weekly), encourage them to see private dietitian	Ph: 1300 130 381 Accepts self-referral and GP referral Low cost (Community Health Fees) Prioritise disadvantaged families
Eating Disorders Victoria (EDV) (Abbotsford)	N/A	Information, support, resources, community-based psychological treatment, referral, support groups	All ages, all ED presentations. Must be clinically stable & willing to link in with medical & mental health support	N/A	Ph:1300 550 236 E: help@eatingdisorders.org.au Most services free or low-cost Medicare rebates available for therapy (with GP referral)
GP	N/A	Identification, referral, ongoing management	N/A	N/A	Fees vary
Headspace ATAPS or Mental Health Nurse (Yarra Ranges Youth Services, Lilydale)	N/A	ATAPS (12 Allied Health sessions) Mental Health Nurse	Disadvantaged or under 25yrs, severe mental illness	Cannot receive ATAPS if receiving Better Access in same year Mental health nurses unable to see CYMHS Clients	Headspace Intake (assessment can be by phone and in Lilydale)
Headspace Knox Intake (Westfield Knox Ozone)	Contact service for details	Triage, assessment and referral	12-25yrs	Anorexia Nervosa, Atypical AN, ARFID, severe BN or BED	Ph: 9801 6088 E: info@headspaceknox.com.au Walk-in service GPs refer via EMMML Access &

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral & costs
					Referral Centre
Inspiro CHS counsellors (Lilydale)	N/A	Counselling (unlimited sessions)	N/A	N/A	Ph: 9738 8801 No cost
Inspiro CHS dietitians (Lilydale)	N/A, must be able to travel to clinic	Dietetics including meal planning	Requires regular GP involvement/review and mental health clinician	Medically unstable	Ph: 9738 8801 <18 years free >18 years low cost
Inspiro Youth Health Clinic (Lilydale & Belgrave)	Live in Yarra Ranges	Community Health Nurse assessment and referral	13-25 Any health issue		Ph: 9738 8801 Walk-ins welcome
Medicare Local, Eastern Melbourne (EMML) (Knox)	Yarra Ranges, Knox, Maroondah	Child Mental Health Service, ATAPS (12 sessions), Mental Health Nurse	0-11 yrs, Disadvantaged or under 25yrs, severe mental illness	Can't receive ATAPS if receiving Better Access in same year, MH nurses unable to see CYMHS clients	Ph: 9871 1000 No cost
Yarra Ranges Council Youth Services counselling (Lilydale, Yarra Junction, Healesville, Belgrave)	Live, work or study in Shire of Yarra Ranges	Counselling for young people and families 12 - 25 years			Ph: 9294 6716
SEVERE					
BETRS (Body Image Eating Disorders Treatment & Recovery Service) (Kew & Austin Hospital)	North-east metro and regional areas of Victoria	Intake Service, Assessment & Treatment Planning Interventions: - Family sessions - CBT-E - Day program (DPP) - Outpatient program - Inpatient service	18+ Treatment options dependent on outcome of assessment	Treatment options dependent on outcome of assessment	Ph: 9854 1718 (9.30-11.30am) E: betrs@svhm.org.au Self-referral accepted following discussion with health professional, referrals accepted from GPs. Inpatient admissions arranged via BETRS Intake Service

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral & costs
<p>Eastern Health: Child & Youth Mental Health Service (CYMHS) (Lilydale, Upper Ferntree Gully, Ringwood, Box Hill)</p> <p>Eastern Health:</p> <ul style="list-style-type: none"> • Paediatric Unit • Eating Disorders • Paediatric Outpatient Clinic • Assessment Clinic 	<p>Maroondah, Knox, Yarra Ranges, Manningham, Whitehorse and Monash (except for southwest corner) (Local Government Areas)</p>	<p>Triage & referral, integrated mental health, paediatric & dietetic assessment, case management & treatment (FBT, CBT-E, AFP, SSCM, IPT). Shared care with Paediatrician/GP and/or EH Paediatric Ward, medical wards or BETRS.</p> <p>Paediatric ED outpatient clinic: limited service only for review of complex patients discharged from Paediatric Unit.</p> <p>Paediatric Unit: 4 designated ED beds for acute medical/psychiatric instability.</p> <p>Secondary consultation and training.</p>	<p>0-24yrs. AN, Atypical AN, Avoidant /restrictive food intake disorder (ARFID), severe BN, BED or Purging disorder, other EDs where co-morbidity meets CYMHS criteria.</p> <p>Paediatric Unit admission criteria: < 18 years</p> <ul style="list-style-type: none"> - Heart rate < 55 beats per minute** - Blood pressure, 80 mmHg systolic - Postural hypotension 20 mmHG from lying to standing - Postural tachycardia 20 beats per minute from lying to standing - Hypothermia temperature < 35°C - Electrolyte abnormalities - Dehydration <p><i>** Patients with heart rate < 45 bpm awake may need transfer from Eastern Health Emergency Department to a Tertiary Paediatric Unit</i></p>	<p>Mild to moderate BN, BED or purging disorders</p>	<p>CYMHS Access team Ph: 1300 721 927 (option 2) No cost</p> <p>Box Hill Paediatric Unit Box Hill Hospital Emergency Department Phone: 9895 3560 – GP use only Fax: (03) 9895 4828 Advice: To seek advice, call the switchboard on 1300 342 255 and ask for the relevant on-call registrar, or consultant.</p>
<p>Monash Health Butterfly Eating Disorder Day Program (Clayton)</p>	<p>Priority to Southern Health region referrals. <u>Long</u> waiting list if</p>	<p>Day Program</p> <p>Group therapy</p>	<p>18yrs+, Eating or body image problem</p>	<p>BMI <14 Medically unstable, unmotivated to change/attend</p>	<p>Ph: 9568 4785 Initial phone referrals by MH clinician. MH Clinician to complete referral</p>

Name of agency	Catchment	Services	Inclusion criteria	Exclusion criteria	Contact, referral & costs
	not in Southern Health catchment.	Family therapy Dietetic support	DPP: Low BMI, motivated to restore health and change behaviours Inpatient program: Needs medical rescue or actively seeking IP care to assist with recovery		documentation
GP	N/A	Identification, referral, ongoing management	N/A	N/A	Fees vary
Medical Inpatients (Maroondah Hospital)	Resident of Yarra Ranges, Maroondah, or Knox City Council	Inpatient service	Over 18 yrs with medical instability	If stable and motivated should go to BETRS Unit at Austin	Referral via Emergency Departments
Paediatricians – Private	N/A	Ongoing management	N/A	N/A	Fees vary GP referral necessary
MENTAL HEALTH SECONDARY CONSULTATION, EDUCATION & SERVICE DEVELOPMENT					
CEED (Victorian Centre for Excellence in Eating Disorders) (Parkville)	N/A	Secondary clinical consultation to public MH and other services, training for health professionals, service development support, online resources			Info: 8387 2673 Consultation: 8387 2669 Free or subsidised
Eating Disorders Victoria (Abbotsford)	N/A	Education and training for teaching staff, students, community members, health professionals	N/A	N/A	Ph: 1300 550 236 E: help@eatingdisorders.org.au