The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Western Australian Branch

WA Eating Disorders Framework 2025-2030

Mental Health Commission

September 2024

Improve Access and Equity

WA Branch
The Royal Australian and New Zealand College of Psychiatrists
On Whadjuk-Noongar Boodja-k
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Acknowledgement of Country

We acknowledge Aboriginal peoples as the state's First Nations and recognise them as traditional owners and occupants of the land and waters of Western Australia.

We acknowledge that the spiritual, cultural, and economic practices of Aboriginal peoples come from their traditional land and waters, that they maintain their cultural and heritage beliefs, languages and laws which are of ongoing importance, and that they have made and continue to make a unique and irreplaceable contribution to the state.

We honour and respect Elders past and present, who weave their wisdom into all realms of life – spiritual, cultural, social, emotional, and physical.

This submission was developed on Whadjuk Noongar Boodja.

Recognition of Lived and Living Experience

We recognise those with lived and living experience of a mental health condition, including community members, RANZCP members, and RANZCP staff. We affirm their ongoing contribution to the improvement of mental healthcare for all people.

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is the peak organisation representing the medical speciality of psychiatry in Australia and New Zealand with over 8500 members. The RANZCP is responsible for training and educating psychiatrists in addition to advocating on their behalf for excellence and equity in the provision of mental healthcare.

The RANZCP WA Branch has more than 680 members including 490 qualified psychiatrists and over 180 members who are training to qualify as psychiatrists. Psychiatrists have a critical role within the mental health and wellbeing system as medical specialists, including through the provision of best practice treatment, care and support, academia and research, service improvement, and clinical leadership roles.

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Introduction

The RANZCP WA Branch (the Branch) welcomes the Mental Health Commission's development of the WA Eating Disorders Framework 2025-2030 (the Framework). We recognise the recent State Government achievements in eating disorders service expansion with an acknowledgement that much work remains to be done to bring the state on a par with its counterparts in Australia.

The Framework foreshadows a significant investment in eating disorders services, and the Branch commends the plan for a residential inpatient service as one of our key advocacy objectives in 2024. We look forward to working with the Government in the implementation and supporting the objectives of the Framework.

Key recommendations

- The State Government funds the Mental Health Commission to develop an integrated dataset on eating disorders in Western Australia.
- The Mental Health Commission amends the Framework to address more clearly the increasing complexity of eating disorder presentations in priority populations.
- The Mental Health Commission amends Focus Area 2 to reflect the two distinct functions of system navigation and psychosocial support.
- The State Government invests in clinical navigation support as a discrete component of the proposed navigation system for people with eating disorders.
- The State Government and the Mental Health Commission address the workforce implications of service expansion and develop a plan of action to increase the resources to match rising demand.

Structure of the Framework

The overall structure of the Framework is clear and suitable to a high-level overarching document guiding service development for eating disorders. The structure and content align well with the National Eating Disorders Collaboration's National Strategy and the stepped system of care for eating disorders.

Draft Vision, Goal, Purpose, and Guiding Principles

We welcome the emphasis on recovery-oriented, multi-disciplinary, and collaborative care for people with eating disorders. Adequate services will ensure that care for the consumer is a combination of medical, dietetic, and psychological interventions as required, as recommended by the RANZCP clinical practice guidelines for the treatment of eating disorders.

The Branch supports the Draft Vision, Goal, Purpose, and Guiding Principles of the Framework, with some recommended modifications:

- The Vision should be more clearly articulated as a statement which directs the actions under the Framework in minimising the health and wellbeing and social and economic impacts of eating disorders.
- The Purpose should more clearly encapsulate care coordination, system integration, and seamless access to a responsive system of care for people experiencing eating disorders.

Focus Areas

In general, the focus areas reflect the key issues and priorities identified by clinicians who work with people with eating disorders. Focus areas would benefit, however, from clearer identification of priority populations and the specific workforce solutions required to meet their needs.

Psychiatrists play a vital leadership role within multidisciplinary teams. Their holistic understanding of the physical, mental, social, and behavioural aspects of mental health allows them to recognise and treat both the physical and emotional effects of mental ill health. The leadership role of psychiatrists is particularly important in *addressing the complexity of eating disorders in priority populations*, including young people and people in rural and regional areas.

- Young people are experiencing a marked rise in eating disorders and a general increase in psychological distress, as is acknowledged in the Framework.
    - We must recognise the rising rates of prosocial disengagement of youth, and the need for increased social supports to address those most affected and vulnerable.
    - More child and adolescent psychiatrists, consultant-liaison psychiatrists, and eating disorder specialists are required to meet the direct mental health needs of young people.
- Australians living in rural and remote areas generally experience poorer health and welfare outcomes than people living in metropolitan areas. Access to psychiatric care is a significant challenge because of the severe shortage of psychiatrists and mental health services in rural areas.
    - Creating greater linkages between metropolitan and rural services to enable access to specialists would assist regional areas to fill recruitment gaps and to provide the treatment, care, and support needed in rural and regional Western Australia.

Without system capacity to meet the increasing complexity of presentations, many people with eating disorders will continue to fall through the service gaps. Potential solutions include:

- Service models that improve the transition between private primary care and public health systems, such as linking Primary Health Networks and Health Service Providers to ensure shared care between GPs and mental health practitioners.
- Temporarily engaging private psychiatrists on a sessional basis to support the public patients through face-to-face and telehealth consultation; especially in rural and regional areas, for youth, and for areas experiencing socio-economic disadvantage.

Focus Area 1: Strengthen prevention and early intervention programs and services in the community, particularly in regional areas

The Branch welcomes the recognition that media literacy programs play a significant role in preventing eating disorders. Current work undertaken in Australia, such as the Media Smart program developed for schools by Flinders University, is evidence based and of high quality, and should be replicated across the sector to meet the increasing demand.

It is important to include the recognition that early intervention critically prevents long-term physical and mental ill-health from eating disorders because it addresses the complexity of presentations and rising prevalence of eating disorders in the community. Rapid-access early intervention programs such as FREED in the UK are already proven to work and could be funded and rolled out statewide.

Focus Area 2: Improve access to system navigation and transition support between programs and services, as well as psychosocial support across the care continuum

This Focus Area is critically important, but it contains two separate challenges: system navigation and psychosocial support services are different and discrete functions in a mental health care system.

System navigation refers to a function which supports the mental health consumer to access and navigate all aspects of their mental health care, from providing information and increasing awareness of different components of the care system, to accessing the services they need.

Psychosocial support, however, includes a diverse range of services located on a broad spectrum of recovery-oriented, person-centred care, and support for broader social and wellbeing needs of the person.

The Branch supports both critical measures but recommends that these be separated into two distinct Focus Areas, and that actions under each area are further refined to reflect their distinct roles.

The planning for psychosocial support services for eating disorders must bridge the disconnect between clinical treatment and services, on the one hand, and the psychosocial supports, on the other hand. Anecdotally, our members report that mental health consumers experience adverse effects when poorly designed psychosocial supports are disconnected from clinical treatments, putting them at risk of aggravated disability and impairment which ultimately results in worsening outcomes.

The Branch recommends that the State Government invests in *clinical navigation as an active intervention* undertaken by a highly skilled clinician, such as a nurse consultant. The inherent fragmentation in care for people with complex eating disorders – between rural and metropolitan, youth and adult, physical and mental health, clinical and psychosocial support – needs to be bridged through building relationships between currently siloed services and should ideally include *funded roles that facilitate access to integrated care*.

Focus Area 3: Increase education, training, and system navigation support to health and mental health care professionals and Lived Experience (Peer) workers in community and health services

The Branch supports the system navigation function aimed at health professionals and peer workers across the eating disorder service sector.

We recommend more specific actions that reflect the cross-sector collaboration required to meet the challenges in service provision, for example:

- Providing clinical observerships as opportunities for health professionals from a range of settings to build knowledge, skills, and relationships they later use in their work in the home service.
- Formalising education and training pathways for peer workers.

Focus Area 4: Improve equitable access to trauma-informed, specialised bed-based care within hospitals and the community that addresses the complexities of co-occurring conditions

Psychiatrists most often work at the interface of complex conditions and in services that are ill-equipped and lacking in design to provide the required care. It is not often acknowledged that emergency departments and acute medical wards provide care for the most high-risk cohort of youth and adults with eating disorders, but without any capacity to reconcile the significant mismatch between demand and resources. The lack of dedicated clinical roles leads to high rates of burn-out among medical and nursing staff in consultant-liaison psychiatry teams, reflecting the crisis in the state's psychiatric workforce.

While the Branch welcomes the opening of the Cockburn Clinic which will provide care to patients who are clinically stable, this will not address the unmet needs of patients on involuntary orders, who exhibit high rates of co-occurring behavioral and emotional dysregulation.

The lack of service integration for this cohort of people with eating disorders is a concern shared by clinicians, consumers, advocates, and service leaders alike. *It requires a concerted effort and dedicated funding to provide adequate clinical care in purpose-built environments, guided by trauma-informed principles, and co-designed in a genuine partnership with consumers and carers*.

Focus Area 5: Build an evidence base for eating disorders programs and services, with a focus on research, data, and evidence generation across the care continuum, particularly for priority populations

Research is an essential role performed by psychiatrists across all settings. The lack of dedicated funding for non-clinical research time is a systemic weakness in the health system. It represents a barrier to implementing actions described in this Focus Area. The Branch advocates for this essential research time

for psychiatrists as an essential part of comprehensive professional development and evidence-based practice.

The Branch strongly supports the initiative for a comprehensive dataset on eating disorders in Western Australia, particularly data on First Nations communities, culturally diverse groups, LGBTQIA+ people, and people with co-occurring conditions. *This integrated dataset will support best practice across a continuum of care, enable a robust evaluation of outcomes, and support translational research*.

The implementation of the Framework should be informed by the relevant data and workforce planning that account for changing and innovative models of care. It is also necessary to undertake comprehensive demand modelling with consultant-liaison psychiatry services across the state to better understand the mismatch between activity and available resources, and plan for the services that are required accordingly.

Conclusion

The Branch welcomes the opportunity to contribute towards the development of the Framework in recognition of the worryingly increasing prevalence of eating disorders among priority populations such as children and youth. This submission draws on expertise and experience of our members in providing services to Western Australians with eating disorders as a genuine contribution to the important service developments. We would welcome further opportunities to discuss specific service models, potential solutions to the workforce pressures faced by our members and look forward to a collaborative partnership with the Mental Health Commission in the implementation.

References

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RANZCP, Position Statement 65, Rural Psychiatry

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