Mental Health and Suicide Prevention Agreement Review

The below written submission is provided from the National Eating Disorders Collaboration (NEDC) to the Australian Government regarding the Mental Health and Suicide Prevention Agreement Review

About NEDC

NEDC is a national sector collaboration dedicated to developing and implementing a nationally consistent, evidence-based system of care for the prevention and treatment of eating disorders. NEDC is funded by the Australian Government through the Department of Health and Aged Care.

NEDC's work is led by National Director Dr Sarah Trobe and Chair Professor Phillipa Hay with a Steering Committee of national sector leaders and experts. NEDC's contract with the Commonwealth Government is administered by the Butterfly Foundation.

Overview

The National Mental Health and Suicide Prevention Agreement (Bilateral Agreements) sets out the shared intention of the Commonwealth and state and territory governments to work in partnership to improve the mental health of all Australians, reduce the rate of suicide toward zero, and ensure the sustainability and enhance the services of the Australian mental health and suicide prevention system.

These agreements have proven to be effective in improving access to care and integrating services for those experiencing or at risk of an eating disorder. This submission outlines recommendations for future bilateral agreements in relation to eating disorder-focused targets. These partnerships will support the establishment of an equitable and accessible stepped system of care as aligned with the National Eating Disorders Strategy 2023-2033.

National Eating Disorder Strategy 2023-2033

The National Eating Disorders Strategy 2023-2033 (National Strategy) provides a clear roadmap to guide sector development and policy decision-making for the next decade. It is the culmination of extensive consultation and review and sets a shared direction for the sector and the broader system of care.

The National Strategy articulates the key components, standards and actions that are required to achieve an effective, equitable and coordinated system of care, and the roles of different stakeholders. Implementation of the National Strategy will help to achieve evidence-based national consistency and ensure that people experiencing or at risk of eating disorders, and their families/supports and communities can access the care that they need, when they need it.

Successful and sustained implementation of the National Strategy requires change driven by 'top-down' planning, authority, and leadership across the system of care, in conjunction with 'bottom-up' context-specific system-building initiatives that align with the National Strategy Standards and Actions. NEDC provides overarching coordination, guidance, resources, and evaluation, to help to drive change, maximise impact, and reduce duplication

Background: Eating disorders

It is estimated that more than one million Australians experience an eating disorder in any given year. It is reported that there were 21% more Australians with an eating disorder in 2023 compared with 2012. (Deloitte, 2023).

Across Australia, services have reported a marked increase in presentations of both new and relapsing eating disorders across diagnostic presentations, and in the level of acuity and severity of these presentations. In 2023, there were estimated 1,273 deaths due to eating disorders in Australia (Deloitte, 2023).

Relationship between eating disorders and risk of suicide

Research consistently highlights that individuals with eating disorders, particularly anorexia nervosa, bulimia nervosa, and binge eating disorder (BED), are at significantly heightened risk of suicide compared to the general population due to the shared psychological, emotional and behavioural factors (Arnold et al., 2023; Akgul, 2023; Bodell, 2014; Joiner et al., 2022). Suicidal behaviours are often used as maladaptive coping mechanisms in response to emotional distress in individuals with eating disorders. (Muehlenkamp et al., 2012; Pisetsky et al., 2017; Smith, Zuromski, et al., 2018). In binge-purge populations, suicidal ideation was particularly prevalent and of greater intensity than other presentations (Arnold et al., 2023; Akgul, 2023; Bodell, 2014; Joiner et al., 2022).

Adolescents and young adults with an eating disorder are two times more likely to have suicide ideation/suicide attempts than those without an eating disorder (Butterfly Foundation, 2024). Anorexia nervosa carries one of the highest mortality rates among psychiatric conditions, with suicide contributing to up to 20% of deaths in this group (Harris & Barraclough, 1998; Arcelus et al., 2011). The risk extends to other eating disorders as well, with individuals suffering from bulimia nervosa showing a marked increase in suicidal ideation, particularly in relation to the severity of binge-purge behaviours (Franko & Keel, 2006). About half of youth that are in an inpatient setting with anorexia nervosa binge/purge subtype or bulimia nervosa have a lifetime prevalence of suicidal ideation and suicide attempts. (Arnold et al. 2023). And suicide has been identified as being among the leading causes of death in patients with eating disorders (Arnold et al. 2023).

The increasing prevalence of eating disorders in Australia, along with the alarming rates of suicide ideation and attempts among this group, presents an opportunity for the bilateral agreements to make a significant impact through evidence-based, targeted funded initiatives. These agreements not only enhance available support for individuals with eating disorders but also contribute to reducing suicidality rates through established integrated care pathways for those experiencing mental health and physical health challenges.

Alignment of existing activities which align with bilateral agreement initiatives

According to the Bilateral Agreements Schedule the main initiatives for federal and state/ territory collaboration are the following:

Bilateral initiatives	Alignment with eating disorders initiatives– current and future opportunity
Adult Mental Health Centres and Satellite Networks – also referred to as Head to Health	InsideOut providing training and support to upskill clinicians in Binge Eating eTherapy (BEeT) Brief Binge Eating eTherapy (Brief BEeT)
Investing in Child Mental Health and Social and Emotional Wellbeing- also referred to as Head to Health Kids hubs	Nil to date
Enhancement and Expansion of Youth Mental Health Services – also referred to as Headspace sites	InsideOut providing training and support to upskill clinicians in BEet and Brief BEeT. NEDC working with headspace National re. Eating Disorder Safe care and support for the headspace National education team
Aftercare Services to support individuals after a suicide attempt and/or crisis	N/A
Distress Intervention Trial Program: A Scottish program based on preventing and reducing suicidal behaviour in non-mental health settings	N/A
Postvention Support for individuals who are bereaved or impacted by suicided	N/A
Perinatal Mental Health Screening- Usually described as iCOPE digital platform and centralized data set for public antenatal and postnatal care settings	Nil to date
National phone/digital Intake Service: An intake and assessment service that integrates the state's care system and will be using the Initial Assessment and Referral tool for a seamless pathway into and between services	See below IAR update
Initial Assessment and Referral (IAR) tool to support consistent intake, referral and integration across both Commonwealth-funded and state funded clinical setting.	NEDC is working with the National EAG to update IAR-DST to support clinicians to interpret the service levels for people experiencing eating disorders. Resources and training to support clinicians to understand eating disorders and referral

	pathways when using the IAR-DST are being developed to rollout via PHNs.
Workforce development in line with the National Medical Workforce Strategy and/or the National Mental Health Workforce Strategy.	NIL to date. *Opportunities*: national professional development program targeted towards mental health professionals not yet skilled to provide eating disorder treatment. This could replicate the Credential Professional Development program rolled out between 2021-2023.
Regional Planning and Commissioning	NEDC works proactively with PHNs across Australia to support their response to eating disorders as aligned with the ED-QI best practice actions which includes regional planning and commissioned services. Via the Right Care, Right Place project, project leads and eating disorder coordinators are working with commissioned services to enhance their response to eating disorders.

Existing bilateral agreements and State/Territory successes

Existing bilateral agreements have allowed for the development of focused eating disorder programs and/or services which. By establishing clear funding arrangements and performance targets, these agreements create alignment between federal and state/territory initiatives, enabling a more coherent and cohesive system of care.

Bilateral agreements for eating disorders exist in four states and territories, leading to new programs or services being established. We believe that the bilateral agreements enhance state/territory capacity to fill important gaps in the system of care that address their priority needs and align with national priorities.

State/ territory	Bilateral agreement – Eating disorder focused targets	Key outcomes over the past three years	Future opportunities
Queensland	Early Intervention community support programs	Early establishment of the FREED model within the Queensland Eating Disorders Service. Expansion of eating disorder community based psychosocial	Continued rollout of early intervention community programs, with consideration to rollout the BiTE program to other states and territories.

		support for individuals and families by Eating Disorder Queensland (EDQ) (e.g., bITE program). Introduction of early identification program, Nourish, Nurture, Notice by Eating Disorders Families Australia (EDFA).	Establish an Eating Disorder Advisory Group to support regional activation of the National Eating Disorder Strategy. Extension and expansion of eating disorder coordination and service navigation supports via the Right Care, Right Place project. This will complement existing state-funded eating disorder services, with a focus on primary care, allied health workforce development, and region-specific solutions.
Western Australia	Funding to address gaps in the system of care. Multidisciplinary eating disorder services based in East Metropolitan region including an intensive day program and outpatient clinic with a step-down service from inpatient. Completion of a residential eating disorder centre	Launch of the WA Eating Disorder Framework. Establish the Eating Disorders Specialist Services in North Metropolitan and South Metropolitan Health Services. Establish the East Metro Eating Disorder Specialist Service (EMEDSS) Expansion of the Body Esteem Program provided by Luma (Formerly Women's Health and Family Services) Patient transition and coordination at the WA Country Health Service and Child and Adolescent Health Service Cockburn Facility (Inpatient): women's mental health facility with a focus on eating disorders. Bipartisan election commitment to establish a residential treatment centre.	Co-funded programs which align with the National Strategy and WA Eating Disorder Framework. For example: • Psychosocial and recovery support programs, including peer support • Increases access to early interventions, community support and treatment particularly in regional and remote areas and for First Nations peoples • Support programs for families across age groups • Expansion of eating disorder coordination and service navigation supports via the Right Care, Right Place project in collaboration with WAPHA
Tasmania	Support establishing and operating 3 eating disorder day	Tasmania Eating Disorder Service (TEDs) is established.	Development of a statewide eating disorder strategy or framework to ensure ongoing development,

	programs that is integrated with the SSOC for eating disorders Completion of a residential eating disorder centre	Established Community of Practice in three regions of Tasmania Day Patient Program is on track to open. Launch of TEDS navigation, integrated with the area mental health referral system. The residential centre is being established.	coordination and cohesion of the system of care in TAS. Co-funded programs which align with the National Strategy. For example: • Expansion of eating disorder coordination and service navigation supports via the Right Care, Right Place project in collaboration with Tas PHN, with a focus on strengthening primary care, including GPs and allied health workforce. • Targeted workforce development initiative, focused on the mental health, dietetic and medical workforce to identify, respond and treat eating disorder • Establish early intervention programs, similar to those established in Qld.
Australian Capital Territory	To improve access to Early intervention services for eating disorders (EISED), reduce demand on specialist tertiary and acute inpatient services	ACT eating disorder residential centre opened in August 2024. The Model of Care aligns with the National Eating Disorder Strategy. State level admission guidelines for general and paediatric services have been issued. The ACT ED Hub offers access to early intervention treatment with provisional psychologists, parent support, and longer interventions for young people and adults experiencing an eating disorder.	Development of a statewide eating disorder strategy or framework to ensure ongoing development, coordination and cohesion of the system of care in ACT. Co-funded programs which align with the National Strategy. For example: • Expansion of eating disorder coordination and service navigation supports via the Right Care, Right Place project in collaboration with Capital Health PHN with a focus on strengthening primary care, including

			GPs and allied health workforce. • Establishment of psychosocial and recovery support programs, including peer support • Establish early intervention programs, similar to those established in Qld.

As illustrated above, bilateral agreements create opportunities to strengthen the system of care as aligned with the National Strategy and specific to local needs via Federal and state/territory governments leadership and partnership.

States/territories without bilateral agreements

New South Wales, Northern Territory, Victoria, and South Australia do not currently have eating disorder focused targets as part of their bilateral agreements. Below, an outline is provided of system building progress within each of these regions, as well as opportunities for establishing targeted initiatives that align with jurisdictional need via future bilateral agreements.

State/ territory	Progress updates	Future opportunities
New South Wales	InsideOut Insititute launched the GP Hub and eClinic, both funded by the Australian Government, Department of Health and Aged Care. NSW eating disorder residential treatment is on track to open March 2025 NSW Department of Health is updating the current Eating Disorders State Plan for 2025-2030.	Alignment of NSW initiatives with the National Eating Disorder Strategy. Establish early intervention programs, similar to those established in Qld.
Northern Territory	Introduction of eating disorder coordination and service navigation supports via the Right Care, Right Place project. RCRP is active in this territory, with two sites rolling out the project – Alice Springs and Top End.	Continuation and expansion of eating disorder coordination and service navigation supports via the Right Care, Right Place project in collaboration with NT PHN. This project provides real opportunity to strengthen primary, secondary and tertiary

		care in NT via collaborative efforts, relationship building, workforce development, and community awareness raising. Establish early intervention programs, similar to those established in Qld, and ensuring cultural safety of the program.
Victoria	Launch of the Victorian Eating Disorder Strategy Introduction of eating disorder coordination and service navigation supports via the Right Care, Right Place project. RCRP is active in NW PHN Launch of EDV Early Help seeking teams including: The EDV Hub, telehealth nurse, telehealth counselling and career coaches. State government funding for: • Regional day program • 10x early intervention coordinators • 2x In-home intensive and early engagement program for young people • Additional bed-based support at three hospitals	Implementation of the Victorian Eating Disorders Strategy would include opportunities such as: enhanced service navigation, increased community awareness, public intervention programs, community intensive treatment programs, and peer support led programs. Expansion of the Right Care, Right Place project via local PHNs with a focus on strengthening primary care, including GPs and allied health workforce.
South Australia	Introduction of eating disorder coordination and service navigation supports via the Right Care, Right Place project in Adelaide PHN. Approved funding to establish a residential treatment facility which will provide non-residential and residential support. Services provided by the SA Eating Disorders Service including clinical programs and training is ongoing.	Development of a statewide eating disorder strategy or framework to ensure ongoing development, coordination and cohesion of the system of care in SA. Continuation of the Right Care, Right Place in Adelaide PHN and expansion of the project to Country SA PHN with a focus on strengthening primary care. Targeted workforce development initiative, focused on the mental health, dietetic and medical workforce to identify, respond and treat eating disorders. Establish early intervention programs, similar to those established in Qld.

The bilateral agreements could enhance the system of care through targeted funding for eating disorder initiatives as outlined above. These would support:

- Strategic and consistent approach to system building within all states and territories
- Enhanced primary care response to eating disorders, leading to earlier identification, faster access to treatment, and reduced chronicity of the eating disorder
- Clearer service navigation and service interconnection within Primary Health Networks
- The establishment of a skilled health and mental health workforce that can prevent, identify, respond and treat eating disorders
- Access to early intervention programs that reduce the burden on secondary and tertiary health and mental health services

Ultimately, the initiatives supported through the bilateral agreements will bridge gaps in and between the components of the system of care, improving outcomes for individuals experiencing eating disorders and their families and supports.

Alignment of recommendations with the National Eating Disorders Strategy

Within the National Strategy there are specific priority actions that fall within the remit of shared agreements between commonwealth and state/territory governments. The Priority Actions (and their corresponding Standards) from the National Strategy which align with the opportunities outlined above are included in the table below.

Component of the stepped system of care	Standards	Priority Actions
Initial response	1. Mental health professionals at key entry or referral points can conduct an initial eating disorder assessment including psychiatric risk, make a preliminary diagnosis, provide psychoeducation, refer the person to the appropriate level of treatment and supports, and continue to engage the person and family/supports throughout any waiting time for treatment.	1.1 Training providers to ensure that mental health professionals are trained to conduct an initial eating disorder assessment including psychiatric risk, make a preliminary diagnosis, provide psychoeducation, refer the person to the appropriate level of treatment, and continue to engage the person and family/supports throughout any waiting time for treatment.
		1.2 Mental health services to ensure staff are trained to provide an initial response according to their scope of practice and clinical role.

	2. GPs and other medical professionals including emergency department staff can conduct an initial eating disorder assessment including medical and psychiatric risk, make a preliminary diagnosis, provide psychoeducation, refer the person to the appropriate level of treatment, engage the person and family/supports, and continue to provide medical monitoring/treatment throughout any waiting time for mental health treatment.	2.1 Training providers to ensure that general practitioners are trained to conduct an initial eating disorder assessment including psychiatric and medical risk, make a preliminary diagnosis, provide psychoeducation, refer the person to the appropriate level of treatment, engage the person and family/supports, and continue to provide medical monitoring/treatment throughout any waiting time for mental health treatment.
		2.2 Health services to ensure staff are trained to provide an initial response according to their scope of practice and clinical role.
	3. Dietitians can conduct an initial eating disorder assessment including a dietetic assessment, provide nutrition education and dietetic intervention, refer the person for assessment of medical and psychiatric risk and a preliminary diagnosis, and continue to engage the person and family/supports throughout any waiting time for treatment	3.1 Training providers to ensure that dietitians are trained to conduct an initial eating disorder assessment, including a dietetic assessment, provide nutrition education and dietetic intervention, refer the person for assessment of medical and psychiatric risk and a preliminary diagnosis, and continue to engage the person and family/supports throughout any waiting time for treatment.
		3.2 Services to ensure that dietitians are trained to provide an initial response according to their scope of practice and clinical role.
	5. Health professionals, mental health professionals and the community can easily access information about the treatment and support options available face-to-face, through telehealth, and online for their region, including brief treatment interventions and peer support programs, to assist	5.1 Every Primary Health Network to provide comprehensive HealthPathways for eating disorders with up-to-date localised information about treatment options, for GPs and other health professionals.
		5.2 Commonwealth, state and territory governments, and regional

	referrals during the initial response stage.	health planners to consider provision of funded community-based eating disorder care navigation roles or mechanisms.
Treatment	1. People can access timely treatment and at the level of intensity they need, as close to home as possible (including digital options), and move between levels of treatment intensity in a seamless and supported way.	1.1 Government and health and mental health service leaders to endorse eating disorders treatment as a core public health service accountability and workforce planning priority.
		1.2 National, state/territory, and regional planners to ensure adequate access to treatment services in every region (including rural and remote) and for each age group (children and adolescents, transition age groups (16-25), adults, and older adults).
	2. Eating disorders clinical support, consultation and system navigation support is accessible to treatment providers (both public and private) across the system of care.	2.1 Commonwealth and state/territory governments to provide funding and accountabilities to public eating disorder-specific treatment services to provide clinical support, consultation and system navigation support within their region.
	3.Treatment is person-centred and inclusive of families/supports and communities.	3.1 At every service entry point, treatment services to provide people experiencing eating disorders and their families/supports with psychoeducation, information about treatment options (e.g., private or public, treatment provider, level of care) and how to navigate the system of care.
	4.Treatment models and practices are effective and evidence-based.	4.2 Treatment providers to have the required skills in line with national eating disorder clinical and training standards.

	6. Eating disorder treatment meets the needs of people across the full range of eating disorder presentations.	6.1 Regional planners to ensure that services are inclusive of and meet the needs of all eating disorder presentations, including people experiencing ARFID, people with longstanding eating disorders, and people with co-occurring conditions.
	7. Eating disorder treatment is provided by a multidisciplinary team, with a mental health professional and medical practitioner as a minimum. Dietitians, psychiatrists and paediatricians can often be an integral part of the multidisciplinary team, with other professionals as needed (e.g., peer support workers, exercise physiologists). In the case of self-help or brief digital therapies, the person may not have a multidisciplinary team, but should be connected to medical care to ensure safety.	7.1 Primary Health Networks and other regional health planners to consider options to support the establishment of multidisciplinary teams (including virtual teams) such as through funded community-based eating disorder care coordination/navigation roles or mechanisms.
	8.Treatment is affordable.	8.3 Training providers and relevant professional organisations to ensure that GPs and mental health professionals are equipped to utilise the Medicare Eating Disorder Treatment and Management Plan items.
	9.Treatment providers are trained and skilled for the level of treatment they provide in line with national training standards.	9.1 Mental health and health services to ensure treatment providers meet minimum training standards in line with the National Framework for Eating Disorders Training and relevant professional guidelines.
Community-based treatment	1. Community-based public mental health services (including child and adolescent/youth mental health services, adult mental health services, headspace, Head to Health, Aboriginal Community Controlled Health Services) provide evidence-based treatment ranging from guided self-help and brief interventions, to longer courses of treatment as clinically indicated, for binge-eating	1.1 Government and health and mental health service leaders to endorse eating disorders as a core public health service accountability for public health services.

	disorder, bulimia nervosa, OSFED (excluding atypical anorexia nervosa), UFED, and sub-threshold eating disorders, and provide or refer to treatment for anorexia nervosa, atypical anorexia nervosa, ARFID, pica, and rumination disorder.	
	2.Treatment services routinely offer or refer to early and brief community interventions for people with binge-eating disorder, bulimia nervosa, OSFED (excluding atypical anorexia nervosa), UFED, and subthreshold eating disorders where clinically indicated.	2.1 Treatment providers to be trained and supported to provide early and/or brief interventions for people with binge-eating disorder, bulimia nervosa, OSFED (excluding atypical anorexia nervosa), UFED, and sub-threshold eating disorders where clinically indicated.
		2.2 Services providing eating disorder treatment to ensure staff have capacity to offer, or refer to, early and brief interventions (online or face-to-face) such as single session interventions, guided self-help or other brief manualised interventions where clinically indicated.
		2.3 Service commissioners and funders to fund early intervention pathways in treatment services.
Community-based intensive treatment	1. People can access a community-based intensive treatment option delivered close to home or virtually (e.g., day programs, intensive outpatient programs, outreach support).	1.1 Commonwealth, state/territory governments and regional planners to support additional community-based intensive treatment options, due to significant gaps for step-up and step-down treatment.
Psychosocial and recovery support	1.People experiencing eating disorders and their families/supports have access to psychosocial and recovery support services and programs, according to their needs.	1.1 Clinical services to provide information about available psychosocial and recovery support services and programs to people experiencing eating disorders and their families/supports, and facilitate connection to these services and programs as required.
		1.5 State/territory and regional planners to consider availability of

		psychosocial and recovery supports when conducting service planning.
		1.6 Providers of referral databases and practice guidelines to include psychosocial and recovery support interventions.
Workforce	2. Eating disorders are a workforce priority in mainstream health and mental health services.	2.1 Government and health and mental health service leaders to endorse eating disorders as a core service accountability and workforce planning priority for public health and mental health services.
		2.2 Health and mental health services to routinely include consideration of eating disorder-specific skills in workforce planning to match the scope of the service.
		2.3 Health and mental health services to ensure sufficient eating disorder expertise for their team to meet the needs of people presenting with eating disorders.

Conclusion

When both the federal government and state health systems commit jointly to eating disorders targeted outcomes, there is a greater chance of more substantial system development and care improvements. National consistency is lacking within the eating disorder sector, with some regions having insufficient or unevenly distributed services.

By enhancing eating disorders focused targets in the bilateral agreements, there could be improved access to clear, consistent, structured pathways for consumers, ensuring that people know where to go for support and what options are available. A well-mapped service navigation system would save individuals time and effort, easing their journey through the healthcare system. Bilateral agreements would allow each region to address its unique challenges, such as workforce development or better access to care in remote areas.

NEDC offers ongoing support and collaboration with the implementation of the National Mental Health and Suicide Prevention Agreements through its alignment with the National Eating Disorder Strategy. We will continue to work in a proactive way with the eating disorder sector and broader health and mental health sector to raise awareness and support improvements in the system response to eating disorders and suicide.

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