Practice Nurses in Eating Disorder Care: Identification, Safety and Support

National Eating Disorders Strategy 2023–2033

National Eating Disorders Collaboration

Evidence Experience Expertise

Acknowledgment of Country

NEDC acknowledges Traditional Custodians of Country throughout Australia, and we recognise the continuing connection to land, water, and community.

We pay our respect to Aboriginal and Torres Strait Islander cultures and peoples; and to Elders past and present.

Sovereignty was never ceded.

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Recognition of Lived Experience

NEDC recognises and values the perspectives of people with lived experience, and the depth this brings to our understanding of eating disorders.

We also recognise and value the perspectives of family and supports of people with lived experience.

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Looking after yourself and each other

Eating Disorders, disordered eating and body image concerns are common. So is weight bias, stigma and discrimination. These modules cover information that may be sensitive for some people.

Please look after yourself and others.

Eating Disorder Specific Supports

- Butterfly National Helpline - 1800 33 4673
- Eating Disorders Victoria Hub - 1300 550 236

Other support services

- Lifeline – 13 11 14
- Suicide Helpline – 1300 651 251
- 1800 Respect – 1800 737 732
- Switchboard - 1800 184 527 (Free telephone counselling, info & referrals for VIC & TAS LGBTQIA+ communities)
- Yarning SafeNStrong - 1800 95 95 63 (Confidential phone crisis line for Aboriginal and Torres Strait Islander People)

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Session Overview

- Eating disorder **myths & misconceptions**
- **Identification** of eating disorders – warning signs
- Skills to support **engagement**
- Supporting access to an **initial response**
- **Next steps** in your PD
- **Q&A** – Putting it into practice

National Eating Disorders Strategy 2023–2033

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Pre-session survey

- The survey takes 2–3 minutes to complete.
- Participation is voluntary.
- Data is de-identified and may be used by NEDC to:
  - Understand effectiveness
  - Report to the Government
  - Publish or present at conferences
  - Provide educators anonymous data
- Your input helps us to improve our teaching and response to practice nurses

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Interactive Learning

What comes to mind when you think of eating disorders?

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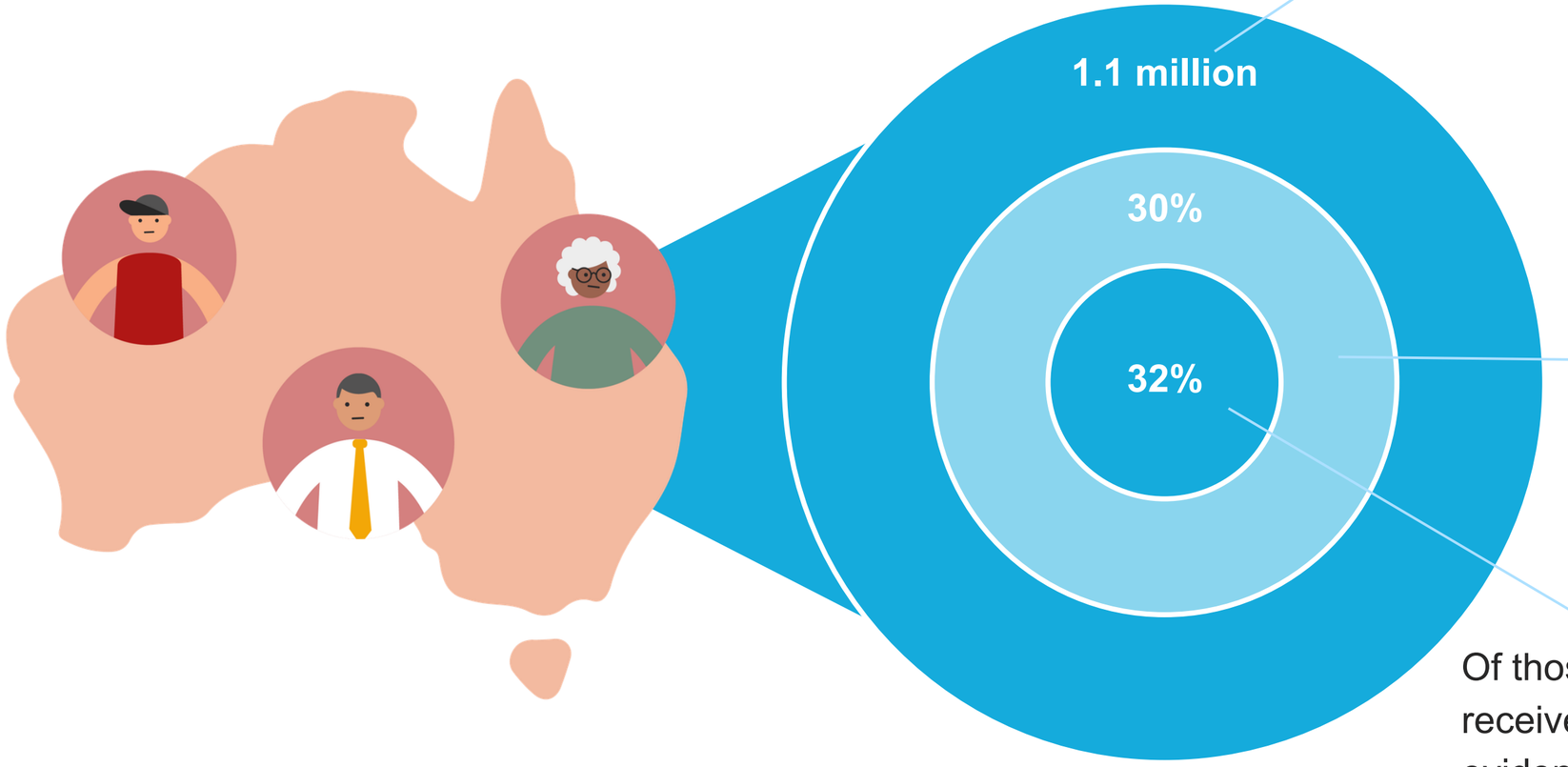
Learning about eating disorders

The “big why”

Of the 1.1 million people experiencing eating disorders in Australia.



Around 30% (1 in 3) seek and receive help.

Of those who do receive help only 32% receive and eating disorder specific, evidence-based approach.

Slide References: Ali et al., 2024; Austin et al., 2021; Walker & Lloyd, 2011; McGuire et al., 2019;

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Learning about eating disorders

The “big why”

New graduates and experienced health professionals consistently report being underprepared to effectively identify potential eating disorders, support people to access treatment and care, and provide an evidence-based response within the scope of their role.

Myths, stereotypes & misinformation persist that prevent people from identifying and supporting these concerns in the people they support

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Stepped System of Care

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“The best thing any health practitioner can do for the treatment of an eating disorder is considering that an eating disorder may be present in the first place”

- National Institute for Clinical Excellence, 2017

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Eating Disorder Identification Skillset

Identify warning signs or symptoms of disordered eating, body image concerns, or eating disorders.

Engage with the person and/or their family, supports or community if appropriate.

Support access to an initial response (assessment, treatment, and other supports).

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Eating disorder myths

1. Only white middle class cisgender women and girls experience eating disorders
2. Eating Disorders can only be found in small bodied women
3. Eating disorders are not serious – they are a lifestyle choice
4. Dieting is a normal part of life
5. Parents are to blame

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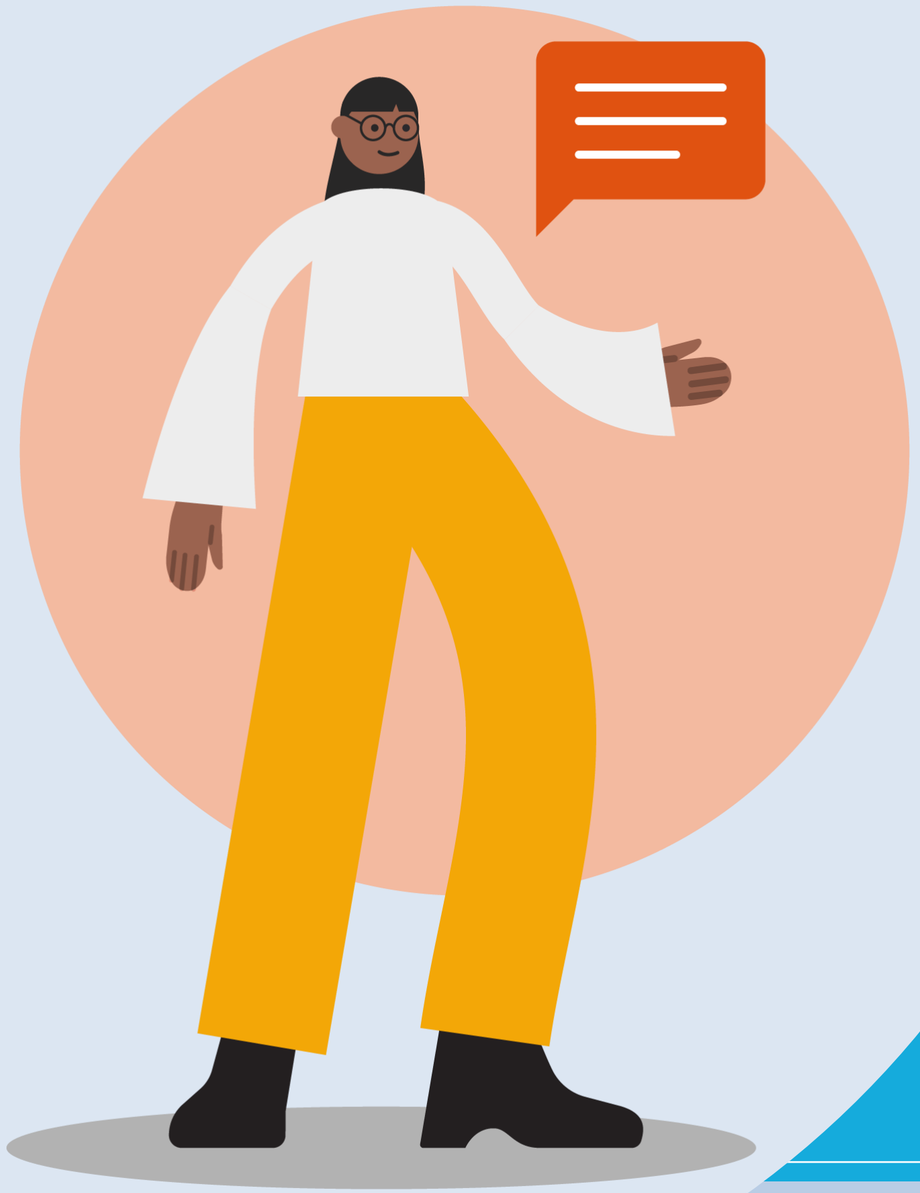

Identify warning signs or symptoms of disordered eating, body image concerns, or eating disorders

The spectrum of eating and body experiences

“Normal” eating and body image

- Eating when hungry or attuned to body needs (e.g. during times of illness or low energy)*
- Eating a variety of different foods from all food groups (where there is access)
- Eating with flexibility, spontaneity and for enjoyment*
- Body acceptance, tolerance or neutrality
- Engaging in movement for health, enjoyment or function
- Having a range of ways to regulate emotions

Disordered eating and body image

- Restricting food intake to control weight or shape
- Eating to regulate emotions
- Compulsive eating or overeating
- Using diet pills or appetite suppressants
- oLimited or inflexible food intake (not related to food access)
- Firm dietary rules
- Engaging in diet culture
- Negative body image or body dissatisfaction
- Body avoidance or checking behaviours
- Engaging in movement to burn calories in response to eating

Eating disorders

- Binge eating
- Restriction of food variety or intake
- Not eating enough to meet body needs
- Irregular eating
- Vomiting/laxative use
- Diuretic use
- Steroid/creatine use
- Compulsive or excessive exercise
- Checking behaviours

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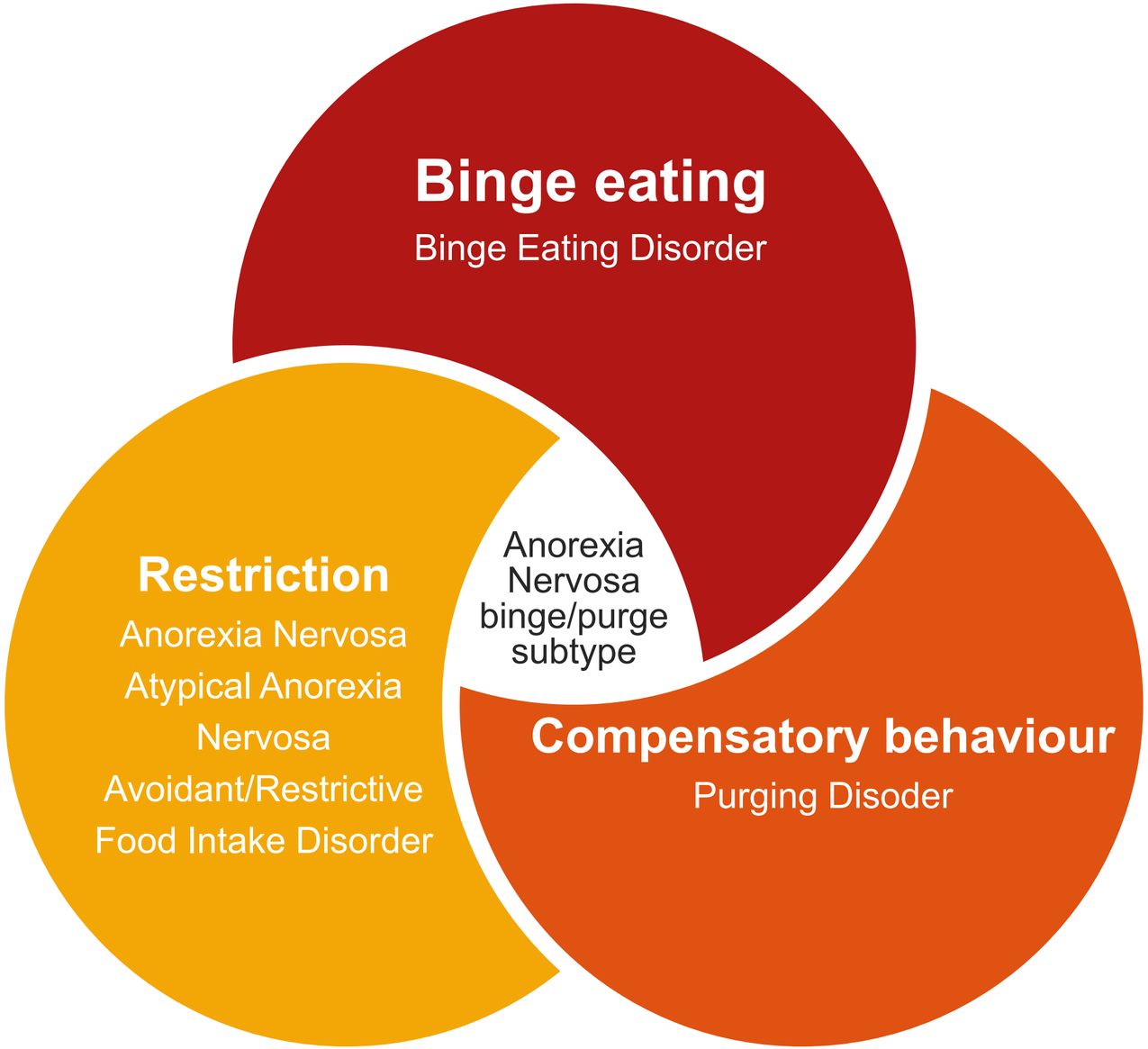
Eating disorder key features



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Warning signs

Physical

- Weight change
- Fatigue / lethargy
- Sleep disturbance
- Bloating or constipation
- Fainting or dizziness
- Compromised immunity

Behavioural

- Restricted range of foods
- Restricted intakes of foods
- Social withdrawal
- Excessive exercise
- Changes in clothing
- Drinking too much or too little

Psychological

- Preoccupation with eating, food, body and weight
- Anxiety
- Body dissatisfaction
- Low self-esteem
- Rigid thinking
- Depression

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Eating disorder key features

On the surface are behaviors and physical characteristics. These can look very similar and very different between people and over time.

Visible behaviors and physical characteristics

Thoughts Feelings Sensations Experiences

Medical conditions

Neurotype Biology Marginalisation Racism

Culture Gender identity Sexuality Weight bias

Trauma Attachment trauma

Knowledge Wisdom Understanding

Strengths Capacities Ways of knowing, being and doing

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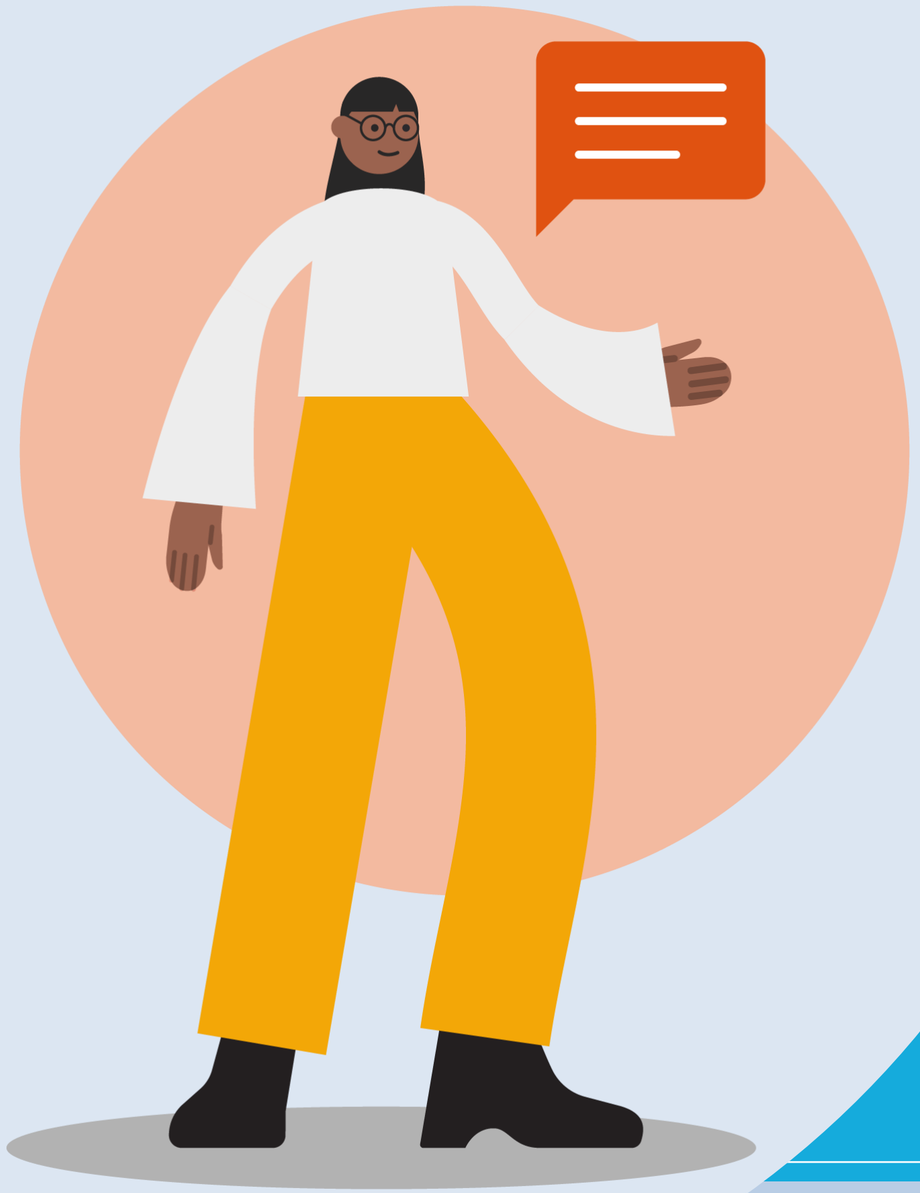

Engage with the person and/or their family, supports or community if appropriate.

National Eating Disorders Collaboration

Lived Experience Video

Engagement

Eating Disorder Identification Learning Modules for Tertiary Education

A Real Case Study by a Primary Health Nurse

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Meet Lina

Setting: GP Clinic, Community Health
Patient: Lina, 27-year-old cisgender Gadigal woman
Scenario: You're an experienced practice nurse in a GP clinic.
Today you're supporting childhood immunisations.

Lina brings her 10-week-old baby for their scheduled immunisation. You greet her and start the routine postnatal questions while preparing the vaccine.

Lina appears tired, has a flat affect, and seems anxious when asked about how she's coping. She says quietly, "I'm just really tired. I don't think I'm doing a good job."

She shares she lives with her partner but doesn't have close family or social supports nearby. She says she's breastfeeding but has noticed her supply seems low and the baby isn't settling. She laughs it off, saying "I barely eat anything most days anyway – I just forget."

You check her vitals – her blood pressure is low, and she looks visibly slim/emaciated. You also note her iron levels are flagged low in recent bloods. She admits she's been skipping meals due to stress and body concerns since giving birth.

Case study: Early Warning Signs

- **Physical Signs**
  - Weight loss / appearing underweight
  - Low blood pressure
  - Fatigue beyond expected postpartum levels
  - Low iron / nutritional deficiencies
- **Behavioural signs**
  - Skipping meals
  - “Forgetting to eat” (often minimisation)
  - Reduced intake while breastfeeding
  - Difficulty managing daily functioning
- **Psychological signs**
  - Flat affect
  - Anxiety
  - Low self-worth (“not doing a good job”)
  - Body image concerns
  - Social withdrawal

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Case study: Lina

- **Non-modifiable factors - These increase vulnerability but we can't change them**
  - Female, 27 years old - higher risk demographic
  - Postpartum period (10 weeks) — high-risk window
  - Hormonal changes after birth
  - First-time motherhood (implied — uncertainty/confidence issues)

- **Modifiable risk factors - this is where nurses can intervene**
  - Low social support (no family nearby)
  - Sleep deprivation
  - Breastfeeding challenges (low supply, unsettled baby)
  - Low nutritional intake / skipping meals
  - Body image concerns post-birth
  - Stress and anxiety
  - Low iron levels / physical depletion
  - Emerging negative self-talk ("I'm not doing a good job")

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Notice, Pause, Ask, Support

Step 1

Pause, soften your tone, turn towards her

Slow the moment down

Step 2

“It sounds like things have been really overwhelming for you?”

Acknowledge don’t correct

Step 3

“How are you feeling in yourself, not just physically, It can also become really hard if you’re not getting enough support.”

Gently open the door

Notice, Pause, Ask, Support

Step 4

“A lot of women feel pressure having a baby but it can also become really hard if you’re not getting enough support?”

Normalise without dismissing

Step 5

You are not rushing, you are not diagnosing.

You are holding the space for HER

Contain the space

Step 6

“Would it be okay if we got a bit more support around this? There are GP’s and services that really understand this stage.”

Bridge to support

Barriers to seeking help

- Stigma and shame
- Minimisation or not recognising the extent of the problem
- Practical barriers (e.g., cost of treatment)
- Low motivation to change,
- Negative attitudes towards seeking help
- Lack of encouragement from others to seek help
- Lack of knowledge about help resources
- Belief that others can't help

Slide References: Ali et al., 2017.

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Stages of change

1.Pre-contemplation

Signs: Unaware or in denial, not considering change soon.

Approach: Raise awareness, educate, encourage reflection.

2. Contemplation

Signs: Ambivalent, weighing pros and cons, open to future change.

Approach: Explore barriers, highlight benefits, support decision-making.

3. Preparation

Signs: Committed to change, setting goals, making small steps.

Approach: Help plan, set goals, identify supports.

4. Action

Signs: Actively changing behaviour, taking steps.

Approach: Reinforce efforts, provide support, address challenges.

5. Maintenance

Signs: Sustaining change, preventing relapse, integrating habits.

Approach: Build coping strategies, manage triggers, celebrate progress.

6. Lapse/Relapse

Signs: return to old behaviours, part of the process, not a failure.

Approach: Identify triggers, adjust the plan, continue to work towards the goal

Slide references: Prochaska & Norcross, 2022

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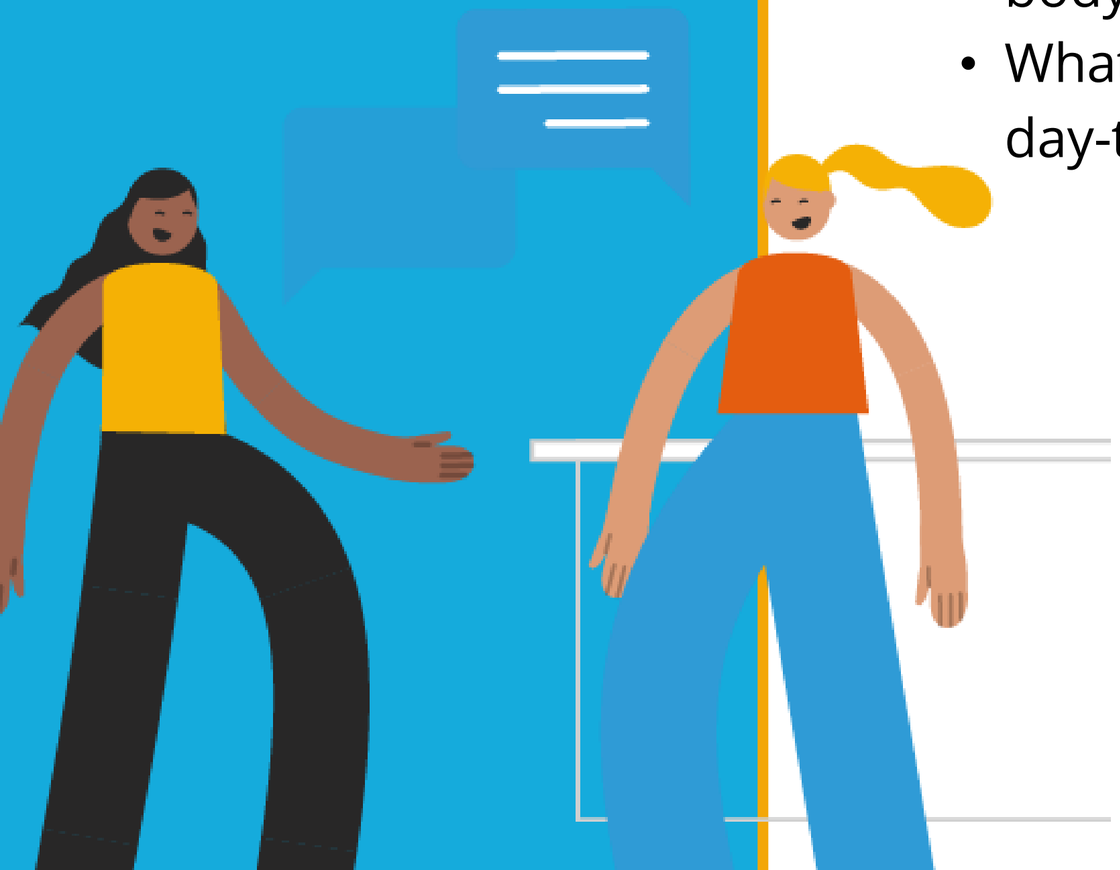
How to start the conversation



- Can you tell me about your relationship with food?
- How do you feel about moving your body?
- Have you noticed any recent changes in your body that concern you?
- What do your current eating habits look like day-to-day?

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Things to avoid

- Don’t offer simple fixes (e.g., “just eat”).
- Avoid blame, criticism, or “you” statements.
- Don’t guilt them with emotional appeal
- Don’t force the conversation - pause and try again later if needed
- Avoid focusing on food, weight, or diagnosis
- Stay calm - don’t show anger or frustration.
- Don’t comment on their body or overwhelm them with info.
- Prioritise empathy and connection - take it one step at a time.

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Evidenced- Based Screening and Assessment Tools

Eating Disorder Screen for Primary Care (ESP)

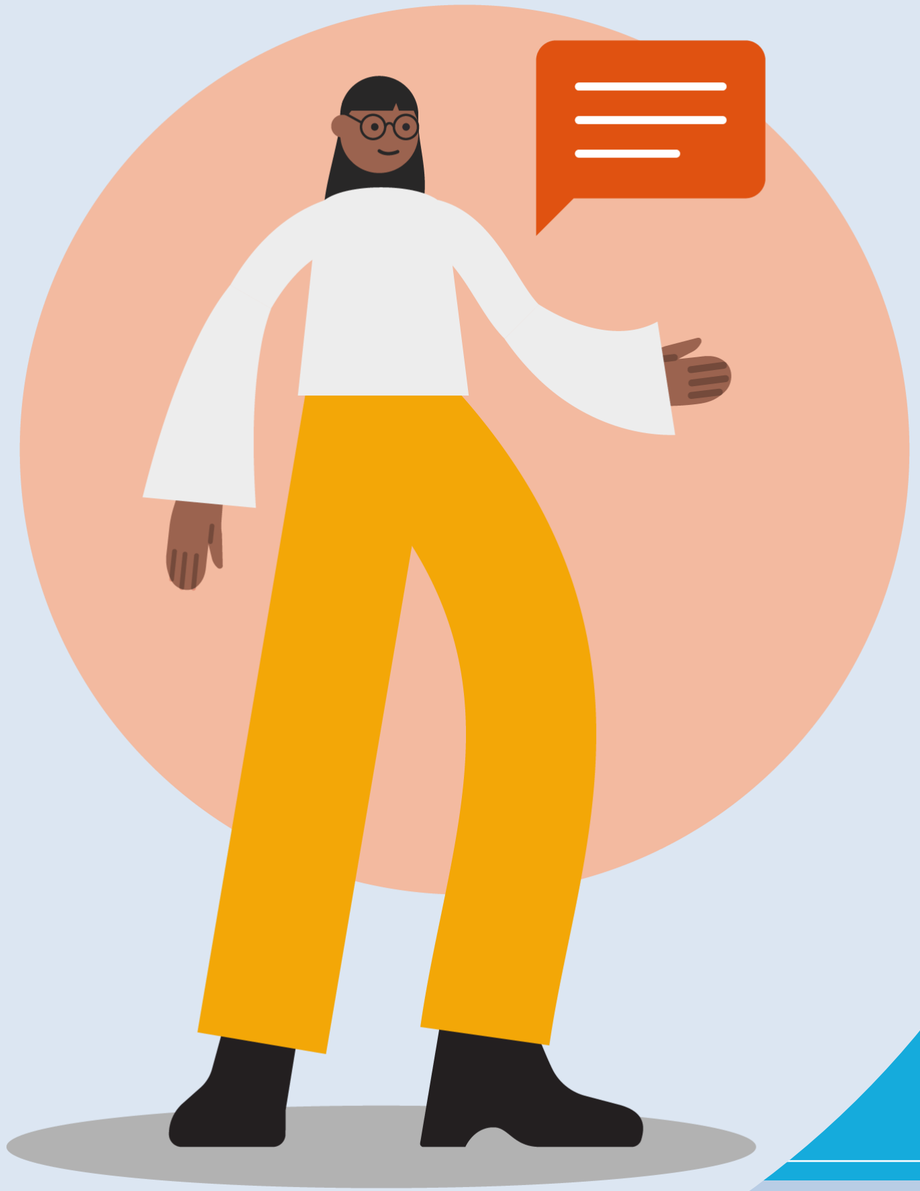
- Validated for use in primary care and specialist care settings
- Five questions
- Any abnormal response indicates that the client needs further assessment

Eating Disorder Examination Questionnaire (EDE-Q)

- Self-reported questionnaire
- Can assist in forming an opinion on diagnosis
- Compulsory component of the MBS Eating Disorders Plan (EDP)

CEED Screening Tool (SCOFF)

- The Victorian Centre of Excellence in eating Disorders
- Five-question screening tool
- A “yes” answer indicates the need for a more comprehensive assessment



Support access to an initial response (assessment, treatment, and other supports)

Steps you can take as an identifier

1. Identify and support the person around any possible risks to physical or psychological safety
2. Help the person understand what to expect next
3. Connect the person with a GP
4. Connect the person to support services
5. Foster motivation and hope

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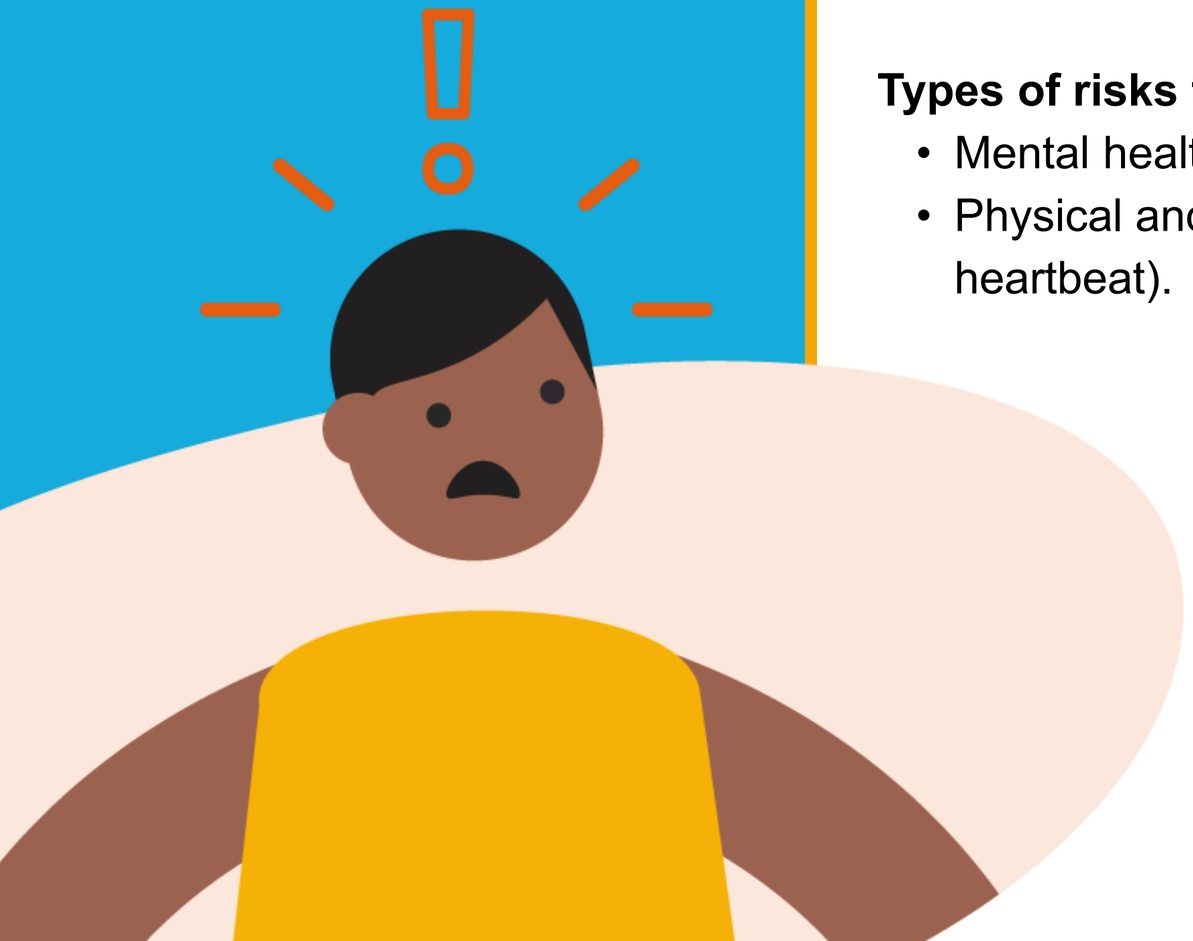
Identify and support the person around risk



As an identifier, you are responsible for:

- Having a basic understanding of common risk factors.
- Being able to offer a first response when concerns arise.
- Informing the person about possible risks in a calm, supportive way.
- Empowering and guiding the person to seek further help from qualified professionals**.**

Types of risks to be aware of:

- Mental health risks (e.g., suicidal thoughts, severe anxiety or depression).
- Physical and medical risks (e.g., rapid weight loss, fainting, irregular heartbeat).

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Help the person understand what might happen next

As an identifier, it's important to help paint the picture of what comes next. This includes:

- Answering any questions they might have and dispel any myths
- Support self-agency
- Share information in a calm, non-directive way
- Acknowledge any uncertainty or fear

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Link the person with information and support services

Provide details for trusted national and state-based services that offer information, peer support, and helplines:

- Butterfly Foundation Helpline
- Eating Disorders Victoria
- Eating Disorders Families Australia

You can also share self-guided tools designed to support readiness for help-seeking:

- InsideOut eClinic
- Reach Out and Recover
- Centre for Clinical Interventions - Eating Disorder Self Help Resources

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Hold hope

Shame, stigma and internalised bias contribute to delays in seeking treatment.

Hold hope by reassuring the person that:

- Eating disorders are not lifelong conditions
- Recovery/healing is possible
- Eating disorders are no ones fault
- Validating - This is serious
- Don’t watch and wait, the sooner the better
- Build readiness
- Stay connected with the person outside of the eating disorder

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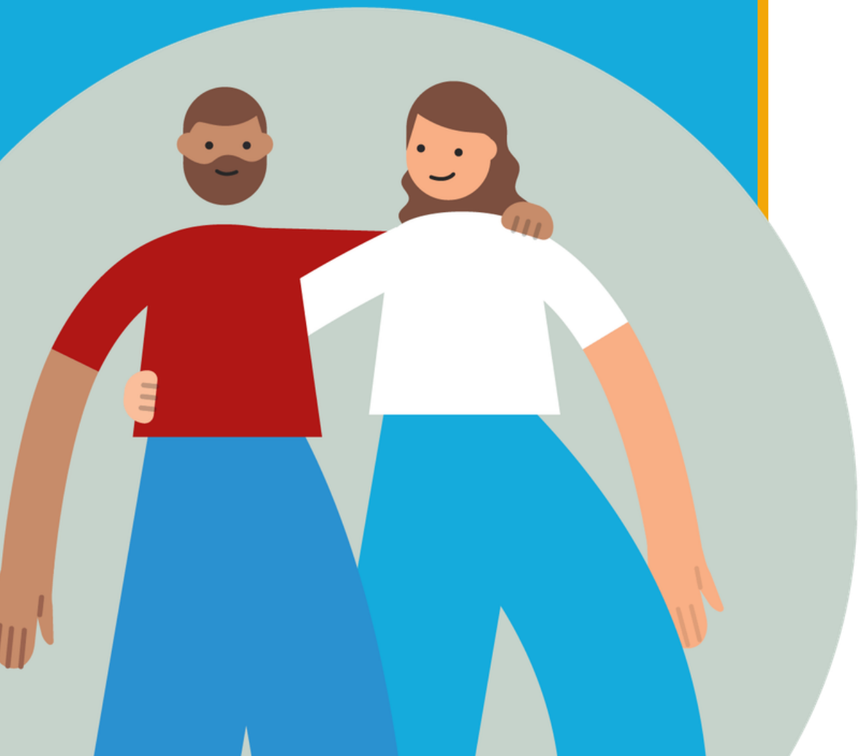
Staying within scope of identification



- **Don’t diagnose** - your role is to identify and refer
- **Stay open** - the person may or may not be experiencing an eating disorder
- **Use their language** - avoid labelling or making assumptions.
- **Guide, don’t advise** - support access to appropriate information and qualified health professionals.

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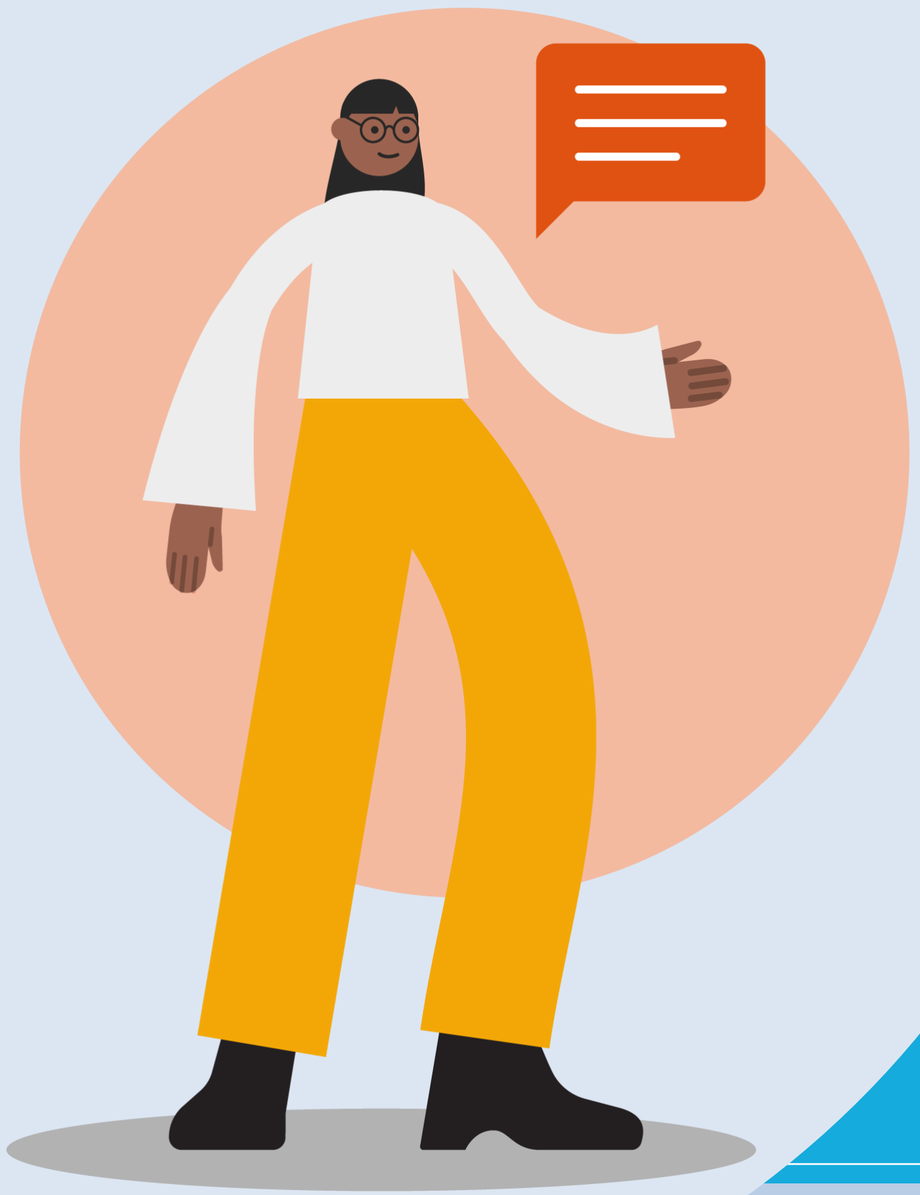

Next Steps

Next steps in your learning

Prevention

- Introduction to the Eating Disorder Safe Principles
- Eating Disorder Safe: Healthcare

Identification

- Foundations of Eating Disorders: Identification

Initial Response

- Foundations of Eating Disorders: Initial Response

Treatment

- ED Intro training – GP Core Skills
- InsideOut Institute eLearning & GP Hub

The University of Sydney
Eating Disorders for Primary Health Nurses

NEDC

- Eating Disorders and Higher Weight eLearning
- Fertility care eLearning
- Workforce Development Hub

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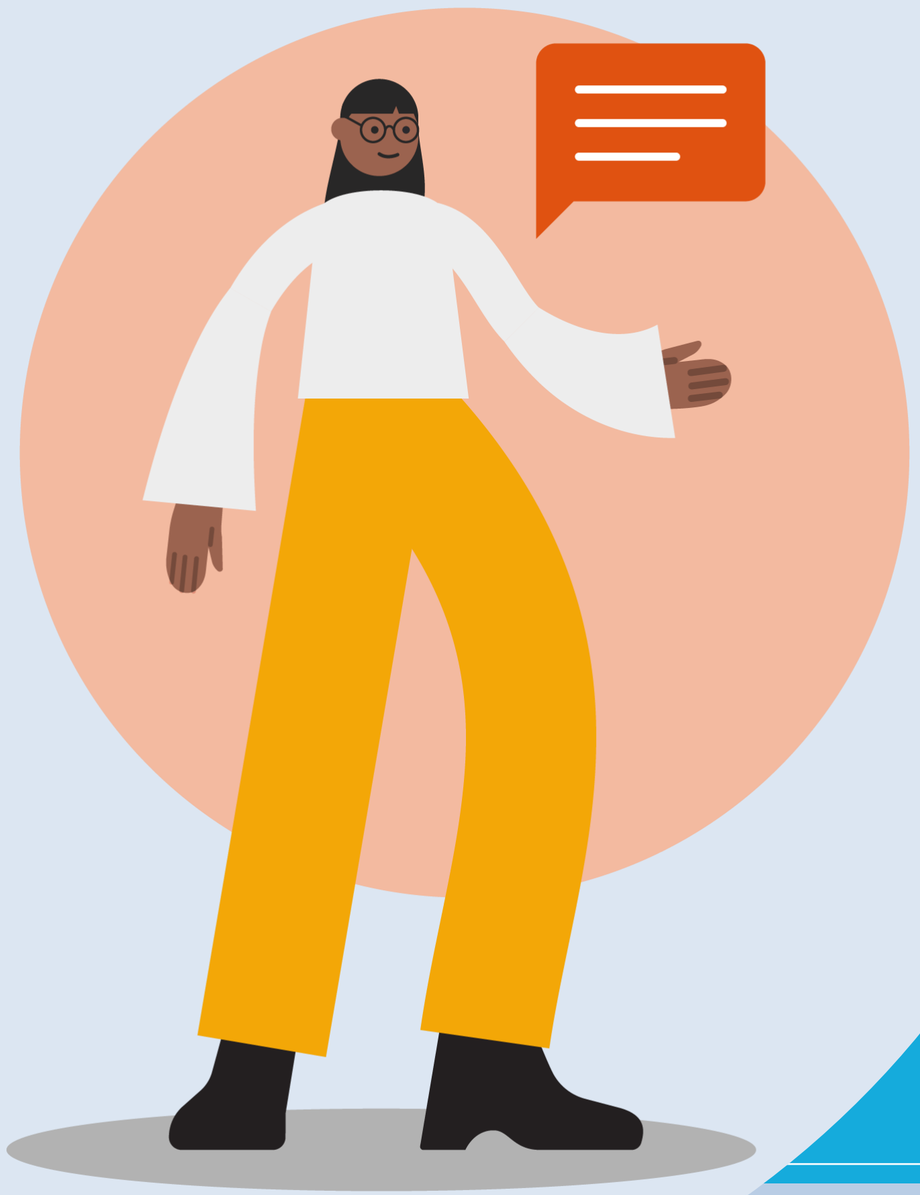

Discussion

Post-session survey

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Building a safe, consistent and accessible system of care for people with eating disorders

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Evidence Experience Expertise